



Bringing Organizations Back in: Going from Healthy Work to Healthy Workplaces¹

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ABSTRACT

The aim of this article is to discuss how the concept of inequality regimes can contribute to theoretical and methodological advances in occupational health research. We posit the mutual advantages of bringing together feminist intersectional analysis of inequality in working life with studies of working conditions and health. The job demands and control model (JDC) is used as a starting point for the discussion. Reintegration of organizational analysis into studies of working conditions and health is warranted, as organizations influence how working conditions are distributed and individuals are stratified in the labor market. We refer to that development as going from healthy work to healthy workplaces. We discuss how the concept of inequality regimes is open for mixed method analysis and how it can be used as a theoretical framework for unraveling the ways in which inequalities in working conditions and health are (re)created in different types of organizations.

KEYWORDS

Gender / healthy work / inequality regimes / intersectionality / JDC model / organization / psychosocial / work / working conditions

Introduction

A long-standing research practice in occupational health studies is to show how work contributes to employees' (ill) health and how healthy working conditions are unevenly distributed among groups of employees in different parts of the labor market. Less is known about the underlying mechanisms that can explain the patterns found. The domination of individual-oriented strategies and measurements on behalf of organizational analysis in occupational research has been proposed as one central explanation. The need to develop a holistic perspective of a work environment that includes the organizational context has been underscored in various research disciplines exploring healthy work (Artazcoz et al. 2007; Härenstam 2017; Lindberg & Vingård 2012; MacDonald et al. 2008; Morgeson et al. 2010; Vänje 2015). This means that individual working conditions and the organizational context in which they are created have mainly been studied separately (Barley & Kunda 2001; Baron & Bielby 1980; Wharton 1994), due in

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part to a lack of genuine organizational data (Dhondt 2003). The lack of organizational analysis has been identified as a problem in studies of street-level bureaucracies (Brodkin 2016) and social work (Hasenfeld 2015) as well. The separation between disciplines contributes to a methodological divide, in terms of qualitative and quantitative studies, further complicating the linking of levels of analysis (Härenstam 2017).

Organizations constitute the primary context of work and are thus important forces in social stratification. The desire for flexibility in working life has led to changes in how work is organized and regulated, and who is to be integrated into organizations as employees (Kalleberg 2013), including health factors as a recruitment strategy (Maravelias 2015). Reintegrating organizational analysis into occupational health research facilitates exploring how inequality in working conditions and work-related health is related to changes in how organizations are organized and staffed. However, this presupposes methodological and theoretical development in studies of work and health. First, organizations need to be included as analytical units (and diagnosed in the same way as employees) in empirical analyses of working conditions and health. With data about both employees and organizations, the relation between them can be assessed and analyzed. Second, organizational measurement should be based on a theoretical framework that understands organizations and their association with inequality in employees' working conditions, and that provides the rationale for integration of organization theory into the field of work and health. Although stress models, such as the job demands and control (JDC) model (Karasek & Theorell 1990), are based on the theoretical assumption that organizations have an impact on job design, they are insufficient for organizational analysis.

The overall aim of this paper is to discuss how Joan Acker's (2006a, 2009) conceptualization of inequality regimes can contribute to theoretical and methodological development in the field of occupational health. Acker (2009: 202) defines inequality regimes as 'systematic disparities between participants in power and control over goals, resources, and outcomes'. Such inequalities can be uncovered in, for example, how work is organized, job security, pay, and decision-making in the workplace.

We propose that the inclusion of an organizational context, such as the concept of inequality regimes, is a way forward for occupational health studies, both theoretically and methodologically. Such concepts are useful tools when investigating the working conditions of various employee groups as well as the practices and processes that influence work-related health. The concept of inequality regimes synthesizes an intersectional analysis of gendered and racialized processes with an analysis of how the production process is organized and staffed. This means that its focus on processes and structures can constitute a theoretical framework for the analysis of how inequalities in working conditions and health are created and maintained in varying types of organizations. Accordingly, we underline the necessity of renewed discussion and dialogue between the fields of organizational gender studies and occupational health. Departing from Acker's conceptual and empirical research, we seek to contribute to this dialogue. We propose further that, while quantitatively influenced research on occupational health should open up to feminist approaches, the growing interest in intersectional perspectives in gender studies must also pay attention to and recognize the extensive body of research in the field of occupational health. Such openness between these fields can be mutually beneficial and improve equality in working conditions among groups in the labor market. Problems regarding unhealthy working conditions and high sick leave absenteeism have

been found mainly in sectors and occupations gender-marked as female or numerically dominated by women (Biletta et al. 2018; Björk 2013; Forsberg Kankkunen 2014; Vänje 2015). These patterns imply structural changes and differences in power and influence between groups for which individual strategies of health promotion are insufficient.

The paper is structured as follows: In the first part, we use the JDC model to discuss work and health as a multilevel phenomenon and as a background to the challenges in the field of work and health. In the second part, we discuss how the concept of inequality regimes can be useful as a theoretical linkage between feminist intersectional organizational studies and theoretical models of work and health. The methodological divides between those theoretical concepts and models are discussed in the third part. In the final section, we argue for the advantages of synthesizing feminist intersectional analyses of inequality in working life with studies of working conditions in empirical studies of work and health.

Setting the scene: What can be solved by going from healthy work to healthy workplaces

Working conditions and health are multilevel phenomena, as they are interrelated with factors operating at different analytical levels in society. Individuals as well as organizations are embedded in larger environments or social structures that restrict or promote individual and organizational actions and behaviors in different ways. As stated by, for example, Martikainen et al.:

... psychosocial factors, at least in the context of health research, can be seen as: (1) mediating the effects of social structural factors on individual health outcomes, or (2) conditioned and modified by the social structures and contexts in which they exist. The definition thus raises the question of what the relevant broader social structural forces are, and how such forces might influence health through their effects on individual characteristics. (2002, p. 1091)

In the Luxembourg declaration on work health promotion, work-related health is described as a result of what individuals bring with them to the workplace, and of what happens when individuals are at work (Shain & Kramer 2004). This dual nature of working conditions was the ground for the development of research on work and health, as the research field started out as field studies in specific organizations, and organization theory was also tightly linked to the study of job design and work practices. When organizations theory was established at the beginning of the nineteenth century, business executives played a central role (Thompson & McHugh 2009) in, for example, establishing the administrative school (Fayolism) by Henri Fayol and the influential theory of scientific management (Taylorism) by Frederick W. Taylor. However, from the late 1960s, research on organizations and working conditions began to divide due to specialization and was carried out in different disciplines (Barley & Kunda 2001). Most organizational research turned to business schools while work and health research, in terms of job stress, was mainly carried out from a biopsychological or public health perspective (Xie & Scaubroeck 2001). Development within the field of organizational



research at that time changed its focus from internal questions of organizing, closely related to work practices, to issues regarding associations among the environmental factors of organizations and the design of organizations, referred to as open perspectives on organizations (Scott & Davis 2017).

A valuable tool for illustrating the practical divide, as well as common theoretical starting points, between the fields of occupational health and organizational research is the job demands–control (JDC) model by Karasek and Theorell (1990), one of the best established models, that has been guiding how work environment conditions are conducted and measured. The JDC model brought together two theoretical perspectives on work and health: the qualification perspective and the stress perspective (Karasek 1979). According to Karasek (1979, p. 285), it is likely that contradictory results from studies on the relationship between the work’s design and health were due to the fact that they occurred within two mutually exclusive theoretical traditions, and that the solution to this was to merge them into one model, thereby enabling more accurate analyses. The result is the JDC model. The two main dimensions of the JDC model are job demands and job control. ‘Job demands’ refer to psychological stressors in the work environment (Karasek 1979), while ‘job control’ refers to the individual worker’s possibility of controlling his or her own activities and utilization of skills (Karasek & Theorell 1990, p. 60). The model assumes that healthy work is achieved when the degree of job control is higher than the degree of job demands. Such ‘active’ jobs promote learning and motivation, while ‘high-strain’ jobs transform energy into strain rather than action, as the employee lacks control over meeting his or her job demands.

The JDC model makes a distinction between the organization and the individual. Both job demands and control are seen as environmental factors; ‘This is a stress-management model of strain which is environmentally based’, and Karasek emphasizes the need to see the working environment as primarily determined by the organization’s design and the type of business and, secondarily, as depending on the individual’s capabilities and perceptions (Karasek 1979, p. 287). Consequently, the theoretical foundation for the existence of an objective and a subjective side of the working environment is expressed, which, instead of being seen as one thing, can instead both be studied in relation to each other. This is expressed in how job demands and control are usually measured, which Kristensen refers to as ‘independent, self-rated and average’ (1996, p. 23), and emphasizes the need to correlate the employee’s experience regarding requirements and control (self-rated) to more objective measures of requirements and control by, for example, starting from the average level in the profession (average) or using more objective (independent) metrics of actual exposure at work, such as the number of customers per hour, number of lifts, work cycle, and so on.

The more objective part of the work environment is closely related to the organizing of the workplace, and is associated in that sense with the place rather than the individual. In order to understand the individual’s experience of job demands versus control at work, the employee should be analyzed in his or her context, that is, in the organizational context. The job rather than the profession is therefore the analytical unit of the model. The job places the individual in an organizational structure, and the job position is in turn linked to other positions. The way in which different positions link to each other depends on how the workplace is organized—on a flat or hierarchical structure, or on whether according to flow-based processes or more specialized. The JDC model takes its starting point from a workplace that is organized based on tayloristic

principles. When it comes to understanding an organization, certain assumptions are made: 'Job demands (especially work load demands) probably express the overall output level of the firm, and job decision latitude is probably closely related to the firm's authority structure and technology' (Karasek 1979, p. 287), but Karasek points out that more research is needed to specify these links. In the book *Healthy Work* by Karasek and Theorell (1990), the reasoning is further developed, and the links are emphasized by taking the lead in organizing according to Taylor's scientific management (1990, pp. 24–30). The principle of distinguishing work planning and execution results in socioeconomic differences in job control, as the white-collar workers plan the work of the blue-collar workers. A way to improve control for blue-collar workers is therefore to change the authority structure (1990, p. 16). In sum, technology changes and use of the above principle of division of labor laid the foundation for unhealthy working conditions such as job-strain. Hvid (2009) refers to those factors when he suggests that the conceptualization of job control needs to be developed as an adjustment to the changes that have occurred in the labor market, changes such as increased remote control of jobs, due to a combination of increased standardization and self-management, are likely to change the association between skill discretion and task authority as well.

Later models, such as the job demands–resource model (JDR) by Bakker and Demerouti (2007), were developed as a response to the JDC model that was considered too narrow in its definition of psychosocial factors at work. The JDR model makes it possible for researchers to choose what factors to be tested as job demands and resources in their analyses. Still, the theoretical assumption of a balance between demands and the resources invested to handle those demands remains the same. However, even though the JDR model states more clearly that organizational factors are important for health, it does not make as clear a distinction between organization and individuals as analytical levels as the JDC model does, making it complicated to use the JDR model for developing an organizational perspective on work and health.

Models of healthy work assume that changeable health risk factors are identifiable at both the individual and organizational levels, and that employees' health outcomes are directly linked to how an organization itself is designed. However, organizations as the social context of working conditions have been more of an assumption than a proposition to be empirically tested or theoretically developed in the field of work and health. Instead, research has mainly focused on validating theoretical assumptions of the association between the psychosocial dimensions at work and varying (poor) health outcomes by, for example, testing the dimensions' operationalization and conceptualization and whether relationships can be generalized to other populations. Research has been successful in making it possible to regulate how jobs should be designed to promote health and avoid health risks at work, and has resulted in validated items to be used in questionnaires.

Bridging theoretical divides

Even though the JDC model is mainly used to study employees' work-related health, it affords a contextual analysis of working conditions, as it is based on the underlying theoretical assumption that psychosocial working conditions are linked to the design of the organization itself. Specifically, the authors highlight how organizations designed by



principles of scientific management cause problems due to their low degree of employees' job control (Karasek & Theorell 1990). Organizations are seen as deliberately designed entities that are, therefore, redesignable. By altering the way work is organized, job stress can be reduced: 'Its cure lies in the transformation of the workplace' (Karasek & Theorell 1990, p. 2). With its focus on how job design is linked to the organizational structure itself, the model follows a rational perspective on organizations (Scott & Davis 2017). The process of organizing creates a certain organizational structure with a scheme of job positions staffed with employees having certain characteristics.

As mentioned above, the JDC model is beneficial as a starting point in the field of occupational health, as it theoretically separates organizations and individuals as units for analysis. In that sense, it addresses the dual nature of working conditions as both an individual experience and an exposure to factors in a specific organizational context. The employees' risks and opportunities at work depend on what job position they hold in a certain type of organization. For example, in an organization designed by principles of scientific management, blue-collar workers are assumed to have a lower degree of job control than white-collar workers, since planning and the performance of work are separated at the work floor. The JDC model also assumes that job demands are partly determined by what type of business is being carried out, which explains the rationale of using the job matrix as one way to measure exposure at work (Karasek & Theorell 1990; Kristensen 1996). Especially job demands are referred to as determined by what type of activity is carried out (Karasek & Theorell 1990), although studies have found that job demands are also affected by how work is organized within organizations (Bolin 2009). Nevertheless, the JDC model is open for integration of organizational theories based on the assumption that the organizational context of work will affect employees differently, depending on where they are in a certain organization, which is determined by their job position.

In order to reintegrate organizational theory into studies of work and health today, it is not enough to explore how working conditions are affected by the formal structure. Although work environment issues and work-related inequalities based on gender are in the headlines of political agendas, bringing inequalities to the headlines does not automatically guarantee the questioning or reworking of existing inequality structures, which makes it still more important to inquire into the gendered subtexts of organizations (Acker 1990, 2012; Bendl 2008; Benschop & Doorewaard 1998). Therefore, we argue that it is essential to explore the interaction of what is made explicit in the headlines, on the one hand, and what is taken for granted and made legitimate in the subtext, on the other, to analyze how a gender perspective is employed in such efforts (Olofsdotter & Sjöstedt Landén 2014). As shown by critical and feminist studies of work, the processes of power need to be revealed in order to achieve equality in working life. Gender research of organizations has thoroughly developed theories of how inequalities between employees are (re)created in organizations. Such research is important in explaining how traditional gender patterns are continuously produced in working life (Abrahamsson & Gonäs 2014; Acker 1990; Vänje 2015). Feminist and critical researchers have underscored the interplay between the composition of employees (staffing) and how organizations are shaped (organizing), as an explanation for why organizations create and maintain inequalities between groups, especially based on gender. For example, organizations have difficulties changing due to resistance against strategies that challenge gendered patterns (Abrahamsson 2014), and prerequisites for

management differ in male and female activities (Forsberg Kankkunen 2014). Thus, identifying the barriers to equality in organizations requires recognizing that all organizations have inequality regimes based on class, gender and ethnicity.

Acker (2006a, 2006b) developed the theory and model of inequality regimes as a means of examining the production and reproduction of inequalities in organizations. An early example of how gendered inequality in organizations is (re)produced is described by Acker and van Houten (1974) in their critique of the famous Western Electric wiring room studies from the 1930s. They argued that gender—not just due to heightened attention from the researcher, the so-called Hawthorne effect—influenced workers' pliability. Acker and van Houten argued that the researchers failed to consider the importance of gender as a dynamic in workers' compliance and how 'management uses worker's gender for various ends' (Martin 2018, p. 6).

We argue that contextual analyses based on the concepts of inequality regimes make it possible to identify and understand the interplay between organizational structures and processes with employees' working conditions and health. To our knowledge, Acker has not been used in occupational health research, but Acker's contribution to and impact on the fields of gender and organizational studies cannot be overstated. Her work on the gendered substructures in organizations and the conceptualization of inequality regimes as a strategy for analyzing the mutual creation of gender, race, and class inequalities in organizations has influenced feminist researchers all over the world, not the least of which in the Nordic countries. Taking the gendering of organizational processes as a point of departure, Grosen et al. (2012) examined some jobs seen as 'naturally female' in a Danish bank. Sayce (2012), in turn, explored what it means to be a female or male pension trustee in 'a man's world'. Drawing on Acker's concept of inequality regimes, Boreus and Mörkenstam (2015) analyzed inequalities between different groups of employees at a housing company in Sweden, and Bryant and Jaworski (2011) examined skills shortages in Australian food and beverage processing and mining industries. In addition, Healy et al. (2011) explored the interrelationship of gender and ethnicity in the public sector, and Koivunen et al. (2015) examined recruitment and selection processes. Altogether, these studies show how productive the concept of inequality regimes can be for understanding the relationship between the organization of work and the working conditions and health.

Acker distinguishes six interacting, mutually constituent dimensions of inequality regimes: *the bases of inequality, the shape and degree of inequality, the organizing processes that produce inequality, the visibility of inequalities, the legitimacy of inequalities, and, finally, control and compliance* (Acker 2006a, 2006b, 2009). The concepts can be used to capture both structural and individual levels of inequalities in organizations. These dimensions specify the interconnected processes in organizations that produce and maintain inequality in relationships at work among individuals in different job positions. *The bases of inequality* vary between organizations, but gender, class, and race processes are typically present.

The second dimension, *the shape and degree of inequality*, visualizes the steepness of the organizational structure and the degree of job segregation in the hierarchy (Acker 2006b, p. 446). When using the concept of inequality regimes as a theoretical framework in studies of work and health, an initial step is to identify the formal structure by the dimensions referring to the organizational processes of organizing and staffing. *Organizing processes* that produce inequalities include changes in job positions and processes



of matching individuals to varying positions, for example, opportunities for flexibility; job and wage classification systems; recruitment, hiring, and promotions; wage setting; and supervisory practices (Acker 2006b, p. 451). *The visibility of inequalities* is the degree of awareness of inequalities in organizations. The practices that generate inequality can be fleeting and difficult to observe. Acker also argues that visibility varies with the position of the beholder. For example, managers may be unaware of inequalities that subordinates find oppressive: ‘one privilege of the privileged is not to see their privilege’ (Acker 2009, p. 211). With regard to *the legitimacy of inequalities*, some inequalities are accepted as normal, for example, between managers at different levels and between managers and non-managers. Productivity, efficiency, and adjustment to the market can also legitimize inequalities (Acker 2006b). Furthermore, masculine ideal images influence the legitimacy of inequalities, such as gendered stratification, both vertically and horizontally, in the organizational structure. The last dimension, *control and compliance*, refers primarily to maintaining the power of managers and ensuring that workers act in accordance with organizational goals through controls, including unobtrusive or indirect controls and internalized controls. Therefore, the job position held in the production process of a specific formal organization, not an occupation, is the starting point for analyses of inequality with Acker’s theory.

The identification of the formal organization is in line with earlier organizational theories and new attempts within the European Union (EU) to measure organizations. The difference between these and Acker’s concept is that Acker assumes that the formal organization and the organizational processes implemented to design it are gendered and racialized, and need to be analyzed to understand how organizations contribute to inequality in working conditions and health. This is done by exploring how those organizational dimensions of inequality interconnect with other dimensions in the inequality regime. Still, Acker underscores the importance of societal context, especially for succeeding with change efforts in organizations:

Under some circumstances an organization’s inequality regime may be shaken. This may happen when the visibility of inequality is high, legitimacy is low, controls are weak, and the political/economic environment encourages dissent. (2006a, p. 129)

The way organizations adjust to or resist societal changes may alter the organizational context in which individuals perform their work. Although inequality regimes can be understood as linked to a specific organization, the analysis is based on an understanding of organizations as embedded in wider relationships of power and inequality (Acker 2012). While focusing on intraorganizational processes, Acker also had an eye on the wider context, stating, ‘Regimes are linked to inequality in the surrounding society, its politics, history, and culture’ (2006b, p. 443). For example, she not only observes how legislation may change organizational policies but also how new forms of employment and new types of dispersed organizations may influence inequalities in the labor market (2012).

Bridging methodological divides

To reintegrate research on work and health into research on organizational structures and practices, data are needed concerning both employees and organizations. The

conceptual framework of inequality regimes makes it possible to take a step forward in occupational health studies with the possibility of integrating qualitative intersectional research of inequalities with quantitative studies of occupational health. We suggest that Acker's conceptualization of inequality regimes can successfully contribute to an understanding of the identified patterns.

Over the years, a range of empirical measurements of organizations have been carried out. Weber's model of bureaucracy dominated earlier empirical measurements of formal organizations by the Aston group (Pugh et al. 1969) and others (LeGrand et al. 1996), while later attempts focused on flexibility strategies that alter the traditional structure (Karlsson & Eriksson 2000; OECD 1999). Lately, the European Company survey was carried out within the EU and used for identifying the organizational practices called *workplace innovation*—practices that contribute to both productivity in organizations and the well-being of employees (Oeij et al. 2017). The MEADOW (MEASuring the Dynamics of Organisations and Work) Guidelines are another example from the EU that focus on organizational change; it 'consider[s] a survey that links the interview of an employer with the interviews of his or her employees as the richest survey setting for measuring organizational change and its social and economic impacts' (www.meadow-project.eu/index.php/?/Article-dusite/Guidelines.html). In Sweden, the Swedish Work Environment Authority developed a proposal of indicators of good organizations based on MEADOW (Arbetsmiljöverket 2017). Other examples are earlier research of organizations and their impact on working conditions (Bolin 2009; Marklund & Härenstam 2010). Taken together, this data acquisition constitutes the empirical prerequisite for comparative studies of the existence of inequalities in working conditions inside or between organizations with varying organizational design and staff composition in diverse countries. This is highlighted, for example, in the comparative studies between female- or male-dominated workplaces that reveal how dissimilar organizational conditions in these workplaces created different outcomes in managers' work environments and health (Björk 2013; Corin 2016; Forsberg Kankkunen 2014). Additionally, critical studies of gendered and racialized structures and processes in organizations and working life have mainly been carried out in qualitative case studies outside the field of occupational health research (e.g., Dainty et al. 2004; Gherardi & Poggio 2001; Grosen et al. 2012; Healy et al. 2011; Johansson & Ringblom 2017; Mulinari 2015; Olofsson 2013; Sayce 2012; Watts 2007).

Meanwhile, traditional studies of working conditions and health have usually employed a gender-neutral perspective by controlling for gender as a variable in quantitative analyses to identify general associations between working conditions and differences in health outcomes (e.g., Härenstam 2009). Such gender-neutral perspectives can be problematic since they consequently omit any kind of analysis of gendered subtexts in organizations (e.g., Acker 2012; Bendl 2008; Benschop & Doorewaard 2012).

Multi-case studies are another development in the attempt to bring organizations back into studies of work and health and the contextual analyses of working conditions. Such research 'embeds subjectivities and explores intersections to highlight the texture and consequences of inequalities experienced by individuals and groups given their social membership' (Rodriguez et al. 2016, p. 202). Examples include Abrahamsson's (2000, 2003) studies in the industrial sector, in which she found that the gendered substructure in organizations prevents changes in how and by whom the actual work should be performed. These studies highlight the need for an intersectional perspective to understand



how ‘structures and processes in organizations’ have different meanings for different groups and to comprehend the emergence of resistance toward changes of existing orders.

Thus, various study designs and methods have been used in several disciplines when contextualizing working conditions, often followed by a methodological divide between qualitative and quantitative methods. Nevertheless, Härenstam (2017) calls for further methodological development and gave three suggestions for how studies of work and health can be more contextualized: performing field studies of real workplaces, linking analytical levels and using longitudinal designs, and comparing contexts to identify risk and beneficial situations, in terms of healthy work environments.

Inequality regimes open up mixed-method approaches in studies of work and health that expand our understanding of how working conditions are created and experienced across time and space in varying organizational contexts. The concept can be used as a tool to describe organizations at particular historical moments, compare organizations, and investigate how particular patterns of inequality are reproduced in organizations (Acker 2012, p. 220). Moreover, the concept enables defining organizational structures as dimensions of inequality, analyzes how structural dimensions of inequality in organizations alter over time, and how they are associated with changes in working conditions. To our knowledge, the concept of inequality has not been previously operationalized and used in comparative studies of working conditions and health in organizations, even though Acker pointed out that the organizational structure is a starting point for examining inequality in organizations. Furthermore, the concept can be used as a theoretical framework for analyzing differences in working conditions (within and among organizations), since intersectional inequalities in working conditions are created in the interplay between individual subjectivities and structural mechanisms in organizations. In summary, adopting inequality regimes as an analytical tool bridges the methodological gap between fields of research.

Conclusion: Inequality regimes as an analytical tool in occupational health studies

At the outset of this article, we suggest that the concept of inequality regimes successfully can contribute to theoretical and methodological advances in occupational health research. We also posit for the mutual advantages of bringing together feminist intersectional analysis of inequality in working life with studies of working conditions and health. The separation between these disciplines have contributed to a methodological divide between qualitative and quantitative studies, further complicating the linking of levels of analysis. In our discussion, we open up for reintegrating organizational analysis into occupational health research. This means that that organizations need to be included as analytical units (and diagnosed in the same way as employees) in empirical analysis of working conditions and health.

The job demands and control model (JDC) is used as a starting point for the discussion. The JDC model theoretically separates organizations and individuals as units for analysis. In that sense, it addresses the dual nature of working conditions as both an individual experience and an exposure to factors in a specific organizational context that can affect employees differently. We suggest that organizations constitute a relevant social structure for understanding inequality in working conditions and the health of

employees, and that it is a way forward for exploring how models of working conditions and health are conditioned in time and place. By exploring the role of organizations in creating healthy or unhealthy working conditions, it is possible to analyze for whom the JDC model is valid and under what circumstances. For example, it can be tested whether health effects of active jobs differ among varying types of organizations, and how such differences are maintained by organizational processes.

The inclusion of an organizational context greatly facilitates occupational health studies, both methodological and theoretical. We believe the ‘inequality regime’ can be one such analytical tool. Taking on such a perspective in occupational health studies is especially important, since critical perspectives have taken quite marginalized positions. Instead, biological/medical and ergonomic explanations have received a great deal of attention, and research into the psychosocial work environment has often been conducted from a health perspective, focusing on the individual rather than the organizational context (MacDonald et al. 2008; Marklund & Härenstam 2010; Oeij et al. 2017).

With its focus on structures and processes in organizations, the concept of inequality regimes can constitute a theoretical framework for the analysis of how organizations contribute to inequalities in working conditions and health. It synthesizes an intersectional analysis of gendered and racialized processes with an analysis of how the production process is organized and staffed, alongside the analysis of working conditions and employees’ health. Furthermore, such concepts make it possible to analyze how inequalities are created and maintained in the local practical activities of work in various types of organizational structures. That is, Acker facilitates the step from mapping differences in working conditions and health of employees to exploring underlying mechanisms that can explain the patterns found. Acker assumes that the formal organization and the organizational processes implemented to design it are gendered and racialized, and need to be analyzed to understand how organizations contribute to inequality in working conditions and health. This is done by exploring how those organizational dimensions of inequality interconnect with other dimensions in the inequality regime.

We argue that two primary processes at the meso level need to be made visible and problematized to understand how organizations contribute to unequal working conditions and work-related health. It is within organizations that decisions are made on 1) how the organization and job positions are designed, and 2) who will be employed to carry out the work in job positions. This means that the design of organizations affects the distribution of good and bad jobs in the labor market (Kalleberg 2013), and that organizations are important factors in social stratification, as it is within organizations that individuals are matched to jobs and thereby assigned their socioeconomic positions in the labor market (Barley & Kunda 2001; Tilly 2000). In other words, organizations influence how working conditions are distributed in the labor market and how individuals are stratified into assorted positions. Bringing organizations, as inequality regimes, into research on work and health enables an exploration of dissimilarities in working conditions and health outcomes that are related to organizing and staffing. By putting a job position in the formal structure of an organization as a starting point, the concept of inequality regimes facilitates connecting feminist and intersectional analyses of inequalities in working life with studies of working conditions in empirical studies of work and health. We hope that these suggestions for theoretical and methodological development trigger a dialogue between academic fields and, more importantly, contribute to enhanced equality in working conditions and health in all types of industries.

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