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Cross-cultural comparison of work-related health issues:

An exploratory qualitative study of French and Japanese employees

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The aim of this paper is to make an exploratory study comparing representations of work-related health issues between French and Japanese people. In psychology, and more specifically in occupational psychology, research and theoretical frameworks suffer from an ethnocentric bias. Indeed, North-American models dominate research in psychology. However, culture and cross-cultural studies teach the importance of taking culture into account in human and social sciences, including psychology. For this paper, we have chosen to study the impact of culture on an important field: occupational health psychology. In this field, the objective of research is to help companies to prevent health troubles for their employees. Considering that health depends on the representations people have of it and these representations depend on culture, it seems difficult to use solutions from another cultural context. To that extent, we have decided to test the representations employees have of work-related health issues. In this paper, we shall present a comparison between a French and a Japanese sample of employees. The first part of this paper consists of the theoretical framework for this research. Then we will expose our methodology. Finally we will analyze the results and conclude.

4 Theory

1.1 Culture and work-related health issues

Several studies (Berry, 2015; Glover and Friedman, 2015; Licata and Heine, 2013) have noticed that research in psychology is based on Western theories and models, most of them from North America. Licata and Heine talk about Western ethnocentrism and Berry talks about Western Academic Scientific Psychology (WASP). With a few exceptions, studies on work-related health issues, stress and burnout are indeed based on theories from North America or studies from researchers close to that continent. For instance, the vast majority of studies on burnout are based on models drawn up by Christina Maslach, from the University of Berkeley in the United States, (Schoenenberger, Nowrouzi, Behdin, 2016). Some other models exist: Cherniss's model (American researcher), Pines's model (Israeli researcher who has worked with Maslach) and Shirom's model (Israeli researcher who completed his PhD in the United States and stayed there several times as a visiting lecturer). These models, more specifically Maslach's model, are used by researchers from other countries, without questioning cultural specificities.

In Camilleri's definition (1985), culture refers to

> "a more or less connected group of acquired interpretations of the world which are persistently shared by the members of a given group because they belong to the group. They spread these as a result of stimuli which come from their environment and from themselves, developing common attitudes, images and behaviors which build up their identity" (p13).

According to this idea, culture is a set of values and beliefs shared by a group, which influences the behavior of the group members. As a consequence, culture cannot be ruled out when explaining psychological and behavioral phenomena. Plivard (2014) reminds us of Poortinga, Kop and Van de Vijver's typology, where culture has varying degrees of influence depending on the level of analysis. In ascending order, culture influences physiology, perception, cognition, interpersonal relationships and society.

Hofstede's model introduces six dimensions which underline cultural differences, and define the areas in which different cultural groups will have different attitudes and

behaviors. The six dimensions are:

- **Power distance:** Refers to the extent to which a group accepts that power is distributed unequally. Cultures with a high level of power distance are based on hierarchical order in which everyone has a place and never re-assess it.

- **Individualism vs collectivism:** In collectivist cultures, people are a part of a group and act for the good of community while in individualist cultures, groups are composed of several independent individuals.

- **Masculinity vs femininity:** Cultures with a high level of masculinity have values of heroism, competition, material reward for success and a professional life more important than private life. Roles for men and women are strongly separated: men at work and women at home taking care of children. In feminine cultures, the main values are cooperation and quality of life.

- **Uncertainty avoidance:** Refers to cultures which avoid uncertainty and ambiguity. Cultures with a high level of uncertainty avoidance promote rigid codes and reject new ideas.

- **Long term orientation vs short term orientation:** Refers to the way cultures deal with time. Cultures with a low index are focused on tradition and norms. They are worried about change. On the other hand, cultures with a high score are more pragmatic, promote thrift and focus on the future.

- **Indulgence vs restraints:** Indulgence cultures promote gratification, enjoying life and having fun while restraint cultures are based on regulation, using strong social norms.

Let us consider the collectivist/individualistic dimension. Individualism focuses on the individual as an individual, while in a collectivist culture, an individual is seen as a member of a community which protects him, and which he also protects. In such collectivist cultures, the group and the appurtenance to the group are stronger and more important than in individualistic cultures. If we consider the differences between the collectivist and individualistic patterns, we may wonder about the international and cross-cultural transferability of the different models.

To illustrate this bias in methodology and the importance of culture, we can examine the validity of the French version of the Karasek and Theorell's questionnaire. This questionnaire measures job strain. For the authors, job strain depends on three factors: psychological demand (workload, job demands), decision latitude (autonomy in the process) and social support. They explain that an employee who feels high psychological demands, low decision latitude and low social support will feel high job strain. In this theory, decision latitude and social support protect people from high psychological demands and prevent stress at work. The authors who validated this questionnaire in France (Niedhammer, et al., 2002) didn't challenge the questionnaire and the theoretical model from the viewpoint of French culture (conceptually or in their interviews).

Karasek and Thorell's model for job strain highlights the importance of social support as a factor protecting employees from stress related to high demands at work and a lack of autonomy. Yet, in an individualistic society, does social support have the same protective role as in a collectivist culture? Therefore the application of Karasek and Theorell's model in research and professional practice cannot be generalized to other countries without any changes. However, current practices in research and professional activity still use Karasek and Thorell's model as originally defined by its creators.

When researchers from other countries want to base their work on these models, they use questionnaires created by the authors, they translate them into their own language and they validate them psychometrically, or they use a version that has been verified by other researchers. These scales are validated without questioning the theoretical models which underlie them – and their cultural compatibility. This is the lack of questioning reproached by Berry, Licata and Heine.

These observations deserve reflection and attention. While Leika and Jain (2010) reported, for the World Health Organization, that psychosocial hazards cost on average 3 to 4% of a country's GNP, how can a company diagnose their own employees' mental health and establish appropriate measures if the diagnostic tools at their disposal are culturally orientated and thus potentially inappropriate in its cultural context?

On the one hand, the answers to these questions will enable each team to suggest culturally adapted preventative actions to improve work-related health issues, and on the other hand, enable each team to identify invariables that could lead to recommendations and/or measures from the international community, such as the World Health Organization.

4.2 Focus on two countries: France and Japan

In this paper, we focus on two countries: France and Japan. Indeed, according to Hofstede's model, French and Japanese cultures show differences (Figure 1).
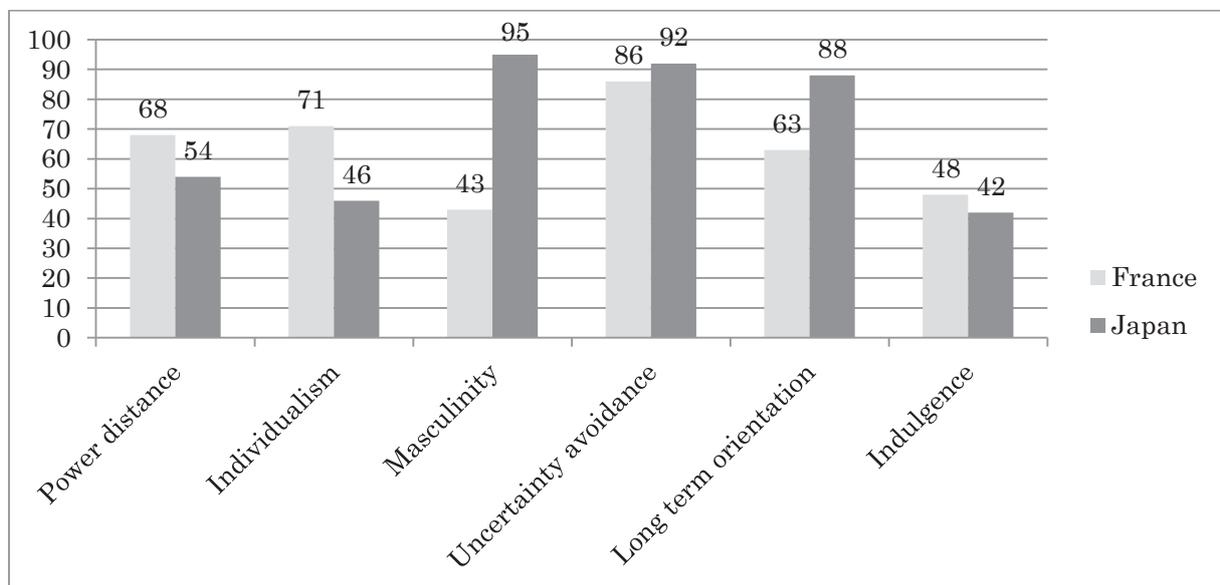

Figure 1: comparison between French and Japanese cultures, according to Hofstede's model.

As far as dimension <u>power distance</u> is concerned, Japanese culture seems less dependent on hierarchy. One of the roles for a Japanese manager is reassuring his employees (Poupée, 2013). Hierarchy is respected by Japanese people as a collectivist function for the group. Hierarchy structures behavior and actions (Doueiry Verne & Meier, 2013). However, French people are attached to marks of status and prestige (Meier, 2013) which explains that French culture has a higher score for the dimension power distance.

For <u>individualism vs collectivism</u>, we can see that French culture is more

individualistic than Japanese culture. Indeed, in Japan, people introduce themselves first with groups they belong to and secondly with their individual characteristics. They think that individualism is a threat to the group's stability. People are a part of the group and groups protect people. "Everyone deletes his own characteristics to play a role on behalf of an entity in which he merges himself and where his personal honor and responsibility are engaged just because he uses the logo and the colors" of the company (Poupée, 2013). People who do not contribute to the well-being of the group are banished.

The most important difference between those countries for this study is the dimension <u>masculinity vs femininity</u>. This means that Japan is a highly competitive country while France is a more cooperative country. In addition, as a masculine country, Japanese men use most of their time for working and are absent from family life, housekeeping, childcare (Taga, 2007). On the other side, in France, housekeeping and childcare are more shared between men and women. Of course, women still spend more time than men in housekeeping and childcare, however housework is more evenly distributed between the two genders. In 2005, French men spent 3.79 hours per day with their children and women 5.71. Japanese men spent 3.08 hours with their children and women 7.57. In both countries, women spent more time with children than men, but the difference is 1.92 hours in France and 4.49 hours in Japan; NWEC, 2005). This difference shows that in Japan, a masculine culture, gender roles are more separate than in France, a feminine culture.

In Japan, more than in France, people hate insecurity and instability (Poupée, 2013). More than French people, Japanese look for solutions among those solutions which were effective in previous situations. They avoid new ideas (Poupée, 2013). This is shown by the higher score in the dimension "<u>uncertainty avoidance</u>".

Japanese people have a <u>long term orientation</u>. They focus on the future and promote trust and fidelity (Doueiry Verne & Meier, 2013). Tradition is important in Japan, which is surprising and may seem to contradict a long term orientation. But Japanese culture avoids uncertainty. For that reason, people reproduce previous solutions to make decisions and this explains why traditions are important in Japan. People also

share a strong respect for others and their past.

Japanese people seem more <u>restrained</u> than French people. Poupée (2013) explains that to succeed in Japan, people have to follow the rules and local codes. She talks about the example of a foreign CEO. Despite his success in his previous companies, he failed in Japan. The problem was that he did not follow the Japanese rules and broke the silence rules which are important to the group's cohesion.

Japanese culture has high levels of masculinity and uncertainty avoidance. These scores show the importance of tradition, the role of seniors and the solidarity inside this country (Meier, 2013). The solidarity is shown by the level of collectivism as well.

Other research shows differences between French and Japan culture. For example, Meyer (2014) explains that French people use direct negative feedback: "Negative feedback to a colleague is provided frankly, bluntly, honestly […]. Criticism may be given to an individual in front of a group. Japanese people use indirect negative feedback "positive messages are used to wrap negative ones […] criticism is given only in private". French people confront each other when they disagree – French strikes are a good example of it – while Japanese people avoid conflict. This is so important in Japanese culture that avoiding quarrels is written in the constitution of the country (Meyer, 2014). In western countries, protests and claims are seen as a factor of progress. In Japan, it is the opposite: people prefer harmony and stability because they think it is essential for progress and survival (Servoise, 1995).

4.3 Thesis

The aim of this exploratory study is to compare the ways workers represent work-related health issues in several different countries: what does it mean? What are the factors they depend on? The comparison between countries with different cultures will allow us to answer some questions:

- What are the differences from one country to another? How can we adapt the existing models to different cultures and enable companies to gain access to tools that would be more relevant?

- Are there some invariables from one culture to another? Which dimensions of work-related health issues are culturally dependent and which differ from one country to another? Which dimensions are universal and therefore could be regulated by international measures of prevention?

Our main exploratory hypothesis is that attitudes towards work-related health issues will be different depending on the country's culture.

5 Methodology

5.1 Sample

Our Japanese sample is composed of 10 people: 7 men, average age 39 (SD = 12.8). They have different kinds of jobs: a journalist, industrial workers, employees in a hostel, a bicycle repairman. Our French sample is composed of 8 people: 5 men, average age 36 (SD = 6). They work as waitresses, an accountant, a carpenter, a banker, a secretary.

5.2 Tools

We held face to face interviews. The interviews took place in the respondents' home or in a public place. The interviews were held in French for all the French respondents and two Japanese respondents. The eight other interviews with Japanese people were held in English.

The first question was "what do you think when I say work-related health issues?" When the subject didn't understand, we asked "the link between your health and your job/work". Our specific theme was the causes of good or bad work-related health. We chose those questions because theoretical models in work psychology, especially in occupational health psychology, are based on workers' perception: for instance how workers perceive social support, or how they perceive their autonomy. Then, we tried to understand how employees relate to their work health.

5.3 Data analysis

As all interviews were not in the same language, a lexicographical analysis is not

possible. Then, we followed Attride-Stirling' method (2001) for thematic analysis. For each interview, we extracted basic themes. We brought these together to make clusters, the organizing themes. Finally, the organizing themes were brought together to form global themes. This last level of analysis corresponds to the themes we used to hold the interviews.

6   Results

We will present our results in three parts. The first one is the analysis of the French sample. The second one is the analysis of the Japanese sample. Finally, we will compare our samples. For each of these parts, we will analyze how employees define work-related health issues, and we will determine what they think are causes of good work/health relationship and bad work/health relationship.

6.1   The French sample

Theme 1: definition of work-related health issues

When people talk about work-related health issues, they refer to physical health (N = 7), psychosocial hazards (N = 7), activity (N = 6), positive factors (N = 4), work life balance (N = 3) and finally work environment (N = 1).

When people refer to physical issues, they refers to physical troubles (N = 4) like musculoskeletal disorders (N = 3) and ergonomics of the working environment (N = 3). They also refer to hard physical effort (N = 2), accidents at work (N = 1), noise (N = 1), exposure to chemical substances (N = 1), physical wear and tear (N = 1). For example, subject F 16 (man, 43 years old) explains that "with age we run less because of the pain caused by physical difficulties." The French respondents think that the work/health relationship is defined by physical work-related health issues. Almost every respondant spoke of physical health at the beginning of the interview, even if they work in an office with very little physical work and with much fewer risks than in physical jobs. People also talk about the ergonomics of the work environment and adapted tools. Subject F 16 (man, 43 years old) explains that if employees have good

tools, well-adapted to their work, it decreases health risks. Subject F 15 (man, 26 years old) explains that when the company provides good ergonomic tools, it reduces risks for employees. However, for subject F 13 (woman, 42 years old) "companies very rarely think about chairs, good sitting positions".

The second theme is <u>psychosocial hazards and their causes</u>. Actually, the French respondents talk about work conditions (N = 3), pressure (N = 2), stress (N = 2), harassment, violence, burnout, dangerous jobs, tirednesss, work conditions, overload, boreout and requests for higher performance (N = 1 for each of these elements). Subject F 17 (woman, 34 years old) explains that she feels there are two kinds of stress: real stress and other stress. For her, real stress is just part of the job, like the deadlines for example, and other stress refers to unpredictable events, like a printer breaking down. She explains that it is important to generally consider other stress. Subject F 13 (woman, 42 years old) defines one work-related health issue as psychological tiredness linked to making every efforts, especially in a new job. Subject F 16 (man, 43 years old) refers to pressure, harsh working conditions and how the company takes these into account. Subjects F 12 (man, 32 years old) and F 13 (woman, 42 years old) identify pressure at work, and excessive pressure for subject F 12.

When people talk about <u>positive factors</u>, they talk about acknowledgement (N = 2), well-being (N = 2), mental well-being (N = 2), liking the job (N = 1), feeling pleasure in the job (N = 1), tasks linked to expectations (N = 1), feeling ourselves to be useful (N = 1), motivation (N = 1) and creativity (N = 1). For subject F 18 (woman, 37 years old), acknowledgement refers to financial and hierarchical recognition: she doesn't want to feel underemployed. For subject F 10 (man, 33 years old), well-being is important for psychological health at work. For subject F 17 (woman, 34 years old), well-being depends on motivation at work, diversity of tasks, and gives self-confidence and a feeling of usefulness. She thinks also that to love her job and have tasks linked to her expectations are important for health at work. Subject F 16 (Man, 43 years old) explains that health at work is related to pleasure at work: "feeling pleasure in doing what we have to do, we will be glad of the picture we give. People we meet will be open, we will have positive feedback and everybody is happy and life is beautiful". Subject F 18 (woman, 37 years old) links health at work with the feeling of being

fulfilled, as an example, by being creative in her job.

About <u>work/life balance</u>, people talk about the journey to work (N = 2) and health care insurance (N = 1). Subject F 12 (man, 32 years old) thinks that "the journeys to work get on my nerves because I need 40 minutes to cover 20km". For subject F 16 (man, 43 years old), the journey to and from work can generate accidents and injuries. Subject F 15 (man, 26 years old) explains that work enables him to have health care insurance, which allows him to take care of himself and his family.

Finally, one respondent talks about the <u>work environment</u>. She explains that she works in an open-space office which is big enough for staff to move between the desks.

Theme 2: Causes of good health at work

People in the French sample talk about activity (N = 7), relationships (N = 7), private life (N = 5), results (N = 4), psychological issues (N = 3), environment (N = 3) and hours (N = 2).

<u>Activity</u> refers to having some stimulating tasks (N = 2), the possibility of in-service training (N = 2), how the company takes the working conditions into account (N = 2), autonomy, organization, movement and tools (N = 1 for each of these items). Subject F 17 (woman, 34 years old) explains that having varied tasks is important for good health at work. Subject F 10 (man, 33 years old) adds that it makes the working day more fulfilling. Subjects F 17 (woman, 34 years old) and F 18 (woman, 37 years old) explain that a good workplace encourages employees to train further. That helps them to feel good at their job. Then, employees have good health at work. For subjects F 15 (man, 26 years old) and F 16 (man, 43 years old), it is important to take into account working conditions: a tidy workplace and holidays, among others. Subject F 13 (woman, 42 years old) thinks autonomy at work is important because it allows workers to "make our job what we want it to be" and that prevents health troubles. Finally, subject F 11 (man, 44 years old) indicates that having good tools and machines are important to protect health at work. It avoids injuries, problems like back pain and musculoskeletal disorders among others.

About <u>relationships</u> at work, people talk about good relations with colleagues (N =

5), atmosphere (N = 2), solidarity, trust from the manager, communication with colleagues and managers, mutual-assistance and staff unity (N = 1 for each of those items). Relations with colleagues are important to a good health at work: "you can make some arrangements with your colleagues, we can help each other, exchange our working hours" (F 15, man, 26 years old). These possibilities of mutual assistance prevent stress if people have difficulties, for example if they are sick and need a day off to rest. The manager also plays an important part in the health of his employees. For our respondents, a good manager is able to unite the staff (F 16, man, 43 years old) and this brings increased solidarity between colleagues. Finally, subject F 17 (woman, 34 years old) explains that "if my boss trusts me and gives me autonomy, I wish to please him and work harder. I feel good, I feel gratitude".

When the respondents talk about their private lives, they broach family, think about work during personal time, leisure, holidays, health being everyone's personal responsibility and having a good lifestyle (N = 1 for each of those items). On one side, the respondents cite external factors and on the other side they cite internal factors. The external factors include family (F 18, woman, 37 years old), leisure (F 12, man, 32 years old) and holidays (F 15, man, 26 years old). Here, people refer to the free time they enjoy and the people they enjoy it with. They link that to good health at work. The internal factors correspond to not thinking about the job during private time (F 18, woman, 37 years old), having a good lifestyle (F 11, man, 44 years old) and that it is up to everyone to take care of himself (F 10, man, 33 years old). Then, the respondents think that, outside of the workplace, having a good health at work is equally dependent on each person and how they manage their free time.

Professional results for employees may have impact on work-related health issues. Five respondents explain that recognition is important: "managers have to be aware of the work their employees do [.;.] about the salary, if there is recognition you get more money so you can have a good lifestyle" (F 16, man, 43 years old). For our respondents, recognition means a good salary and more money with extra-hours. However, subject F 10 (man, 33 years old) explains that recognition increases the status of employees.

About psychological issues, this refers to loving our job (subjects F 13, woman, 42

years old; and F 17, woman, 34 years old) and feeling respect from the manager and colleagues (F 16, man, 43 years old). Those respondents think these factors are important in order to feel good at work and protect health at work.

The work environment refers to having a safe and ergonomic workplace (F 18, woman, 37 years old)   and access to good free time: sport's equipment, activities, restaurants (subject 17, woman, 34 years old; subject F 18, woman, 37 years old).

Finally, subjects F 15 (man, 26 years old) and F 18 (woman, 37 years old) explain that health at work is linked to working hours. Indeed, regular schedules are better for employees' biological rhythms. In addition, when the managers handle the schedule efficiently, it is easier for employees to manage their private life around their work.

Theme 3: Causes of bad work-related health

The respondents explain that a bad work-related health can be linked to several factors: activity (N = 6), relationships (N = 6), psychological issues (N = 6), results (N = 5), hours (N = 3), private life (N = 3) and physical issues (N = 1).

About activity, the main factor is pressure at work: "you feel high pressure, you have to do things quickly so you don't have time enough to check if you do them well or if you make mistakes" (F 15, man, 26 years old). Pressure at work is linked to profitability, increasing the rhythm, competition between companies, managers' objectives, harsh working conditions. Subject F 13 (woman, 42 years old) feels sad about pressure at work: "pressure at work becomes so important that we risk our health for our professional lives! We have to be stronger and stronger to handle the pressure" and "in job advertisements, it is written that applicants have to be able to resist pressure. I feel sad because it means that we are not good professionals, we do not have enough skills if we cannot able tolerate pressure and I think it is not normal for us to be under more and more pressure". Pressure also increases injuries and accidents at work. For subject F 13 (woman, 42 years old), lack of autonomy also harms good health at work.

When our respondents link bad health at work with psychological issues, they refer to dissatisfaction at work, professional values and identity, lack of motivation, loss of meaning in their the job, over-investment, frustration, boreout, stress, feeling of

uselessness and harassment. Indeed, subject F 11 (man, 44 years old) explains that "people feel useless because of the evolution of the labor market". This increases the feeling of boreout as well. For subject F 13 (woman, 42 years old), employees can feel a bad health at work if their work loses its meaning for them and if they have over-invested in it. In these cases, they are frustrated at work and this increases bad health at work. In the same way, subject F 17 (woman, 34 years old) explains that lack of motivation is also a health risk. Of course, these factors increase dissatisfaction at work which is related to bad health at work (F 10, man, 33 years old). Moreover, a lack of social recognition and positive perception of a job is a threat to professional identity and by extension to the subject's health (F 18, women, 37 years old).

About <u>results</u>, our respondents think that workplace health is impacted by low recognition at work and a low salary. Indeed, subject F 10 (man, 33 years old) explains that you can feel dissatisfied if you do not receive what you are expecting: a pay increase, recognition, being transfered to another workplace in another city".

Some <u>working hours</u> seem to impact health at work: including night shifts and shiftwork. Subject F 18 (woman, 37 years old) also explains that having a long break in the middle of the day, between the morning and evening shifts is negative as you have to get up early in the morning and stay up late at night.

About workers' <u>private lives</u>, our respondents explain that these impact health at work. Indeed, journeys between home and work may be dangerous and increase the risk of accident.

Subject F 18 (woman, 37 years old) also indicates that "your job has an impact on your family life". She mentioned that "there are three kinds of impact: leaving your workplace late, keeping on thinking of work at home, and spending only a little time with your children and your spouse".

Subject F 10 (man, 33 years old) explains that having a high physical investment is a risk for health at work.

6.2 Japanese sample

Theme 1: definition of work-related health issues

When people talk about work-related health issues, they identify the following factors: psychosocial hazards (N = 8), social dimensions (N = 7), physical injuries (N = 7), emotions (N = 6), time (N = 5) and private life (N = 4).

With regard to psychosocial hazards, people talked about stress (N = 5), excessive workload (N = 4), pressure at work (N = 2), accepting everything (N = 2), ways of reducing stress (N = 2), the rules they have to follow (N = 1) and the balance between good and bad stress (N = 1). For them, work is too stressful: too much to do, too much pressure, too short deadlines. Subject J 05 (woman, 34 years old) explains she has too much work and is under pressure linked to the risk of making mistakes. Subject J 04 (woman, 33 years old) says that her hierarchy increases her stress: "we cannot refuse the orders from the boss, it is more important even if we have many tasks which will therefore be delayed. It is annoying that I cannot do what I planned to do because I have to stay at work late to finish my work. I come back home late, I leave my workplace at about 11pm instead of 6pm". Subject J 01 (man, 31 years old) felt bad when he worked for a big company because he had to work until midnight and "it is Japanese, we have to accept everything". Two subjects explained how they reduce stress: relaxation, thinking about something else. When subject J 04 (woman, 33 years old) feels some stress, she goes to the toilet to stay alone and calm herself down. Subject J 08 (man, 44 years old) uses his leisure time to prevent stress: taking exercise, riding a motorbike. Stress seems a part of the job: excessive workload, orders from the hierarchy among others. However, when people talk about how to reduce stress, they talk about individual actions, if possible alone, without colleagues or witnesses. Then, the work is inevitably stressful and it is up to the individual to manage it by themselves. Stress is usually seen as negative. Only subject J 08 (man, 44 years old) talks about a good stress which prevents boreout at work.

The social dimension refers to relationships with colleagues, management and clients. For relationships with colleagues, the respondents talk about social support and hanging out with colleagues. For subject J 04 (woman, 33 years old), social support,

the atmosphere and an absence of conflict are linked to a good health at work. For example, she explains that in her job, people have too many tasks to do. So, she does not ask for days off because "if I have a day off, my colleagues will have to do my work and they already are overloaded. So I do not ask for holidays". Collective issues are very important. For subject J 10 (woman, 22 years old), being happy at work is linked to liking work with her colleagues. Subjects J 02 (man, 43 years old) and J 10 (man, 58 years old) like hanging out in the evening with their colleagues. Subject J 02 sees this as a way to increase connections with his team. For example, when he thinks a subordinate has some troubles, he hangs out with him to listen and help him. Finally, about relationships with clients, the respondents have divergent feelings. Five people see this as a good way to socialize while another subject has a negative opinion because she deals with the clients' complaints.

Our respondents define health at work as concerned with <u>physical injuries</u>. Two subjects talk about physical pain. Subject 06 (man, 62 years old) explains he has back pain (musculoskeletal) because of his job: as a bicycle repairman. Subject J 08 (man, 44 years old) refers to stomach pain linked to stress. Four respondents talk about tiredness and meal schedules or skipping meals. Subject J 09 (woman, 22 years old) explains that, in her previous job as a sales assistant, she could not eat her lunch. She had a lunch break but she also had too much work to do and she worked during her lunchtime. It was forbidden to eat during work time. So, regularly, she did not eat during the working day. Now, she feels better because in her new job she has time to eat. Tiredness and skipping meals can go together. For example, subject J 04 (woman, 33 years old) talks about her busy days. Regularly, she has to stay at work until 11pm, instead of leaving at 6pm. She arrives home around 11.30pm and has to wake up early to go to back to work the day after. Then, she has a choice between going to sleep without dinner or cooking and eating, reducing her sleeping period.

For our respondents, work-related health is linked to <u>emotions</u> at work and especially positive emotions. This means being happy at work (N = 3), the ability to be oneself (N = 2), being happy to go on working, wishing to do things well, liking our jobs, having a healthy life and having more experience of solving problems at work (1 person for each of these items). The three respondents who talk about being happy at

work have some similarities: they have all worked in a company with high pressure and low autonomy. They all have left those jobs and now work in hostels where they are happy.

Work time and schedules are evoked by our respondents to talk about health at work. They refer to schedules, overtime, rhythm of life and the lack of free time. We have already quoted subject J 04 (woman, 33 years old) who has to stay late at work. During her interview, she made an interesting remark. When we have asked her when she starts work every day, she answered 8.45am. We repeated "you arrive at 8.45 am at work?". Then, she answered "no, I arrive about 8am to answer my emails and prepare my day, but the staff meeting is at 8.45 am". For her, work schedule and time spent at the workplace do not mean the same thing. Subject J 05 (woman, 34 years old) explains she does about 100 overtime per month and her company pays her for those extra-hours. This is not the case for all the respondents: the company where subject J 04 works does not pay for overtime. The respondent J 08 (man, 44 years old) thinks that the best schedule is working 40 hours a week. However, he also explains that companies do not respect that and make employees work longer. In such companies, employees get sick. It seems that subject J 04 works in this kind of company. She also explains that she cannot take days off and holidays. According to the law, she can ask for 18 days off a year. However, her boss thinks that employees who ask for days off are lazy and he reduces the bonuses for these employees. So in order not to be considered as a lazy person, subject J 04 has not asked for any days off for 6 years. Subject J 01 (man, 31 years old) has opened his own hostel. Since its opening, he works every day and has no days off. However, he feels happier than in his previous job in a company and thinks he has better health at work.

The Japanese respondents also refer to their private lives: salaries, work/life balance, journeys and transfers. Subject J 01 (man, 31 years old, owner of a hostel for two months) finds he has a better private life, he gets more money, despite the fact that his work and private life are now combined. For subject J 03 (man, 28 years old), health at work is linked to a good work/life balance. Subject J 02 (man, 43 years old) transfers to another city every two years. He thinks this may prevent him having good health at work. In addition, his wife and children live in another city (3 hours away) and they

see each other once a month. He misses his family but his children have a more stable life, for example less change of friends. He accepts this situation because "if my children are happy, I am happy". Finally, subject J 10 (man, 58 years old) appreciates that in his work he can discover new things and travel regularly. His salary is high enough for him to travel by himself as well. For three subjects, J 04 (woman, 33 years old), J 04 (woman, 34 years old) and J 09 (woman, 22 years old), when people do not have a good health at work, it reduces the time available to go out and see their friends.

Theme 2: Causes of good work-related health

The Japanese respondents explain that causes of a good health at work are emotions (N = 6), relationships (N = 6), results (N = 6), activity (N = 6), time and schedules (N = 4) and work environment (N = 3).

About emotions, the respondents think that good health at work is possible if people can be themselves. Subject J 03 (man, 28 years old) compares his work in a hostel with the work of salaried employees: "be ourselves, without a mask, is important because if not, you pretend to be a good employee [means someone who fits into the company's categories] and it is hard to do this every day". Two respondents explain that good health at work comes from the motivation to see many people (J 07, man, 38 years old) and from your salary (J 08, man, 44 years old). For subject J 01 (man, 31 years old), pride and happiness in your work brings good health at work. Subject J 10 (man, 58 years old) thinks that good health at work comes from how much people love their job: "if you enjoy your job, your nerves work properly".

For relationships, three respondents explain that their relationships with clients are an important cause of good work-related health. They appreciate talking to their clients (J 03, man, 31 years old) and can learn things from their clients (J 07, man, 38 years). Subject J 01 (man, 31 years old, finds that client satisfaction is important: "if the clients are happy then I am happy". For subject J 06 (man, 62 years old), relationships with clients are important because it means you will have many clients and more money. Finally, our respondents talk about their relationships with colleagues. For subject J 02 (man, 43 years old), good relationships with colleagues mean you have interesting talks, new ideas and you do good work. These factors are important to him because they

reduce stress. Subject J 04 (woman, 33 years old) explains that good relationships with colleagues and managers help her to finish her work sooner.

About <u>results</u>, the respondents think that having good results brings you more money. This is good for health at work: they can buy high quality things, travel, have fun (J 05, woman, 34 years old). For subjects J 01 (man, 31 years old) and J 08 (man, 44 years old), money increases motivation and satisfaction at work. Subject J 06 (man, 62 years old) explains that good results increase clients' satisfaction and fidelity. Finally, for subject J 02 (man, 43 years old), good results – producing a good article in his job – decreases stress, it impresses him and the author is happy and will work better.

For the dimension <u>activity</u>, two respondents appreciate business trips (J 05, woman, 34 years old; J 10, man, 58 years old). For subject J 01 (man, 31 years old), liberty and autonomy in his work favour good health because: "I have no boss and this is good for my health because I can decide what I want to do: marketing, prices, schedules". For subject J 09 (woman, 22 years old), the impact of activities on work health is linked to the clothes she has to wear: in her previous job, she had to wear high-heeled shoes. This was difficult for her during periods with a high workload because, in these shoes, it was hard to go fast. Finally, for subject J 08 (man, 44 years old), activity is good for your health if there is a good balance between simple and difficult tasks.

<u>Schedules</u> promote a good health at work for four respondents. They explain that with good schedules they can have three meals per day (J 09, woman, 22 years old) and a lunch break long enough for rest (J 08, man, 44 years old). Good schedules also allow people to return home early (J 04, woman, 33 years old) and have days off and holidays (J 05, woman, 34 years old).

Finally, the last dimension linked to good health at work is the <u>work environment</u>. The respondent J 01 (man, 31 years old) has renovated the house in which he has opened a hostel. Therefore, he has created an organized and decorative work environment according to his point of view and wishes. For subject J 10 (man, 58 years old), an organized desk is important: "for the Japanese, good organization of the desk and office is important, it is important to work in a clean office".

Theme 3: Causes of bad work-related health

Our respondents expose that bad work-related health is caused by activity (N = 9), schedules (N = 5), relationships (N = 4), emotions (N = 2) and money (N = 1).

About activity, the majority of our respondents cite their workload, both qualitative and quantitative. They explain that they have too much work to do: "There are 50 of us and there needs to be 80 of us to do everything we have to" (J 04, woman, 33 years old). The respondents J 09 (woman, 22 years old) and J 10 (man, 58 years old) talk about difficult objectives and how they can cause bad health at work: "we have to achieve a certain amount and we fail, if there is a gap between the objective and the result, we get stressed" (J 10). Subject J 02 (man, 43 years old, journalist) talks about days with a high workload when there is a particular event: "we have to write a lot so it means many working hours (more than 15 hours per day), no days off for three weeks so we are tired and we drink energy drinks". For three respondents, the boss is a cause of bad work-related health. Subject J 01 (man, 31 years old) explains that, in his previous job, "the boss increased the stress because if we did not have the same opinion, it was his opinion which was the most important, so there was a conflict inside me which caused stress". In the same way, subject J 04 (woman, 33 years old) explains that her boss causes her stress because "I organize my day and the tasks I have to do. He arrives and gives me other tasks. This disorganizes my day. He is the boss so we cannot refuse, it is more important even if we have many tasks which will be delayed". Subject J 05 (woman, 34 years old) estimates that her boss "looks down on everyone", he speaks loudly, sometimes yelling. After the impact of the boss, our respondents talk about other dimensions of their activities. Subject J 08 (man, 44 years old) considers that being bored at work is bad for your health: "work gives the feeling of success, but if the tasks are too simple, work does not give this feeling". For the respondent J 06 (man, 62 years old), work may cause physical injuries. He had back pains but did not stop for rest. When clients came, he worked. So, he put money into new tools to buy a bicycle and reduce back pains. Despite these elements, subject J 02 (man, 43 years old) explains that "work is inevitably stressful".

Half of the respondents explain that bad schedules or high activity lead to bad health at work: skipping meals, working late, going to bed late and waking up early the

next morning, no days off, work during the week-end and/or no holidays. Subject J 04 (woman, 33 years old) explains that, officially, she can have 18 days holiday per year. However, she does not take them because: "the boss thinks that if we ask for holidays, it means that we do not want to work". This leads to less money (reduction of salary, loss of bonus) and fewer advantages (fewer lunches with clients paid for by the company). In addition, every day off for one employee means a higher workload for the colleagues who have to do their own work and the work of the absent worker. Subject J 09 (woman, 22 years old) explains that, in her previous job, she had so much work to do that she worked during her lunch break and had no time to eat a meal. Subject J 05 (woman, 34 years old) does 100 hours overtime per month and goes to her office some weekends. Finally, subject J 02 (man, 43 years old) cannot take a day off during weeks when there is an increase in activity.

The relationship dimension can cause bad health at work. It can be linked to a bad relationship with the boss or colleagues: "if someone at work is not a friend, it can leads to a bad ambiance" (J 10, man, 58 years old).

Emotions at work are cited as a source of a bad health at work. The respondents mean thinking about work during free-time: "thinking about it after work, arguments from my colleagues and what I should say" (J 03, man, 28 years old).   Subject J 08 (man, 44 years old) refers to success: "if work does not give a feeling of success, it could be bad for your health".

Finally, subject J 01 (man, 31 years old) lack of money causes bad work-related health: "less money means less happy and more stress".

6.3 Comparison between the French and Japanese samples

Theme 1: Matching definitions of work-related health

Our French sample (8 subjects) identifies work-related health as including six different elements: physical issues (N = 7), psychosocial hazards (N = 7), activities (N = 6), positive issues (N = 4), work-life balance (N = 3), and work environment (N = 1). From a different perspective, our Japanese sample (10 subjects) refers to stress (N = 8),

social dimensions (N = 7), physical injuries (N = 7), emotions (N = 6), time and schedule (N = 5), and private life (N = 4).

Firstly, <u>physical issues</u> seem to be shared by both cultures. In fact 7 out of 8 subjects from France and 7 out of 10 Japanese subjects report that dimension. They both identify that element with components such as physical pain (for example in the French sample, musculoskeletal disorders, or stomach pain in the Japanese sample). Moreover, participants from France also highlight other elements like the ergonomics of the work environment, physical effort, and exposure to chemical substances, accidents at work, noise and physical wear. In the same fashion, the Japanese respondents report that one cause of their physical problems could be linked to the habit of skipping meals (J 09, woman, 22 years old: she has to work during her lunch break).

Then, <u>psychosocial hazards</u> are common to both countries. According to our interviews, 7 out of 8 French subjects and 6 out of 10 Japanese report that dimension as important to health at work. To that extent, they both define stress as one component among many (5 Japanese participants and 2 French participants) and explain its causes: overwork, work pressure, accepting everything and the rules they have to follow. The French sample also mentions harassment, violence, burnout, having a dangerous job and tiredness. On the other hand, the Japanese are more focused on stress, ways to reduce it and the balance between good and bad stress.

When we take a closer look at the <u>positive issues</u> mentioned (French sample = 4) and <u>emotions</u> (Japanese = 6), we notice that they share some characteristics. In fact, both of them refer to being happy at work (French = 1 and Japanese = 3) and liking the job (French and Japanese = 1 each). Then French participants mention acknowledgment, well-being, feeling useful, creativity, "mental well-being", tasks linked to expectation, and motivation. However, the Japanese focused on their feelings: being able to be oneself, happy to go on working, wishing to do things well, having a healthy lifestyle, and having more experience of problem-solving at work.

Both cultures talk about <u>private life</u> (Japanese = 7) and <u>work-life balance</u> (French = 3). French and Japanese workers define the journey to work (French = 1 and Japanese = 2) and work-life balance (French = 3 and Japanese = 1) as elements to take into

account for work-related health issues. On the one hand, the Japanese add to that dimension: the salary, job transfers and hanging out with friends. It is interesting to observe that the three respondents who talk about friends are young: 22, 33 and 34 years old. On the other hand, one French participant mentions health care insurance.

Finally, elements such as social dimensions (N = 7), time and schedules (N = 5) were only used to refer to health at work in the Japanese sample.

Theme 2: Causes of good health

Table 1: Matching points and differences between our two samples.

Categories	Japanese (N = 10)	Shared	French (N = 8)
Activity	Trips (N = 2) No hierarchy (N = 1) Clothing choice (N = 1) Balance difficult-easy tasks (N = 1) Feeling of freedom (N = 1)		Challenging activities (N = 2) Opportunity to be trained (N = 2) Taking working conditions into account (N = 2) Moving/Thinking (N = 1) Wealth of daily experience (N = 1) Use of machinery (N = 1) Work organisation (N = 1) Autonomy (N = 1)
Schedule	Lunch break (N = 1) Being able to get three meals a day (N = 1) Days off (N = 1) To get home early (N = 1)		Regular schedules (N = 1) Management of the schedule (N = 1)
Relational	Relationship with customers (N = 3) Communicating with people (N = 2) Customers' manners (N = 1) Getting a lot of customers (N = 1) Getting on with people (N = 1) Introducing Japan (N = 1) Mutual assistance (N = 1)	Good understanding between colleagues (J = 3; F = 5)	Atmosphere (N = 2) Help from colleagues/boss (N = 2) Solidarity (N = 1) Managing (N = 1) Boss' trust (N = 1) Communication with colleagues (N = 1) Uniting the team (N = 1)
Psychological/ Emotional	Being able to be oneself (N = 2) Motivation (N = 2) Pride (N = 1)	Loving your job (J = 1; F = 2)	Respect (N = 1)
Private Life			Family life (N = 1) Not thinking about work (N = 1) Life hygiene (N = 1) Leisure (N = 1) Vacations (N = 1) Taking care of oneself (N = 1)

Environment	Remodeling (N = 1) Workplace organization (N = 1)	Good work environment (J = 2; F = 2)	Gym (N = 2) Activity (N = 2) Restaurants (N = 1) Safe workplace (N = 1) Ergonomics (N = 1)
Results	Writing a good article (N = 1) Using strategies (N = 1)	Pay (J = 4; F = 2)	Recognition (N = 5) Being valued (N = 1) Being paid for overtime (N = 1)

Table 1: Comparison of the causes of good health at work between the French and the Japanese respondents

Regarding <u>activities</u> in the workplace, Japanese people identify the balance between difficult and easy tasks (N = 1), clothing choices (N = 1), business trips (N = 2), feelings of freedom (N = 1) and not being supervised by the hierarchy (N = 2), as elements that promote good work-related health issues. In a different way, the French sample define good work-related health issues, they talk about challenging activities (N = 2), moving and thinking (N = 1), have a rich daily experience (N = 1), use of machinery (N = 1), work organization (N = 1), taking working conditions into account (N = 2), and the opportunity to be trained (N = 2).

If we take a look at <u>schedules</u>, the Japanese refer to lunch breaks (N = 1), being able to get three meals a day (N = 1), taking some days off (N = 1), and being able to go home early. On the other hand, regular schedules (N = 1), and being able to manage one's own schedule (N = 1) seem to be factors that improve French work-related health.

The third dimension is <u>relational</u>. In this part, the Japanese sample cites relationships with customers (N = 3), and communicating with people (N = 2), as important causes of good health. The following items have been noticed too, but only by one subject: customers' manners, having a lot of customers, getting on with people, introducing Japan and mutual assistance. The French sample identifies this dimension with solidarity (N = 1), managing (N = 1), assistance from colleagues and hierarchy (N = 2), trust from the hierarchy (N = 1), atmosphere (N = 2), communication with colleagues (N = 2) and uniting the team (N = 1). Both the Japanese and the French samples value a good understanding between colleagues (Japanese = 3 and French = 5) as a predictor of a good health at work.

Then, we have questioned people about the <u>psychological and emotional</u> fields. Being able to be oneself (N = 2), motivation (N = 2) and pride (N = 1), have been

highlighted by the Japanese sample as causes of good health. Whereas the French value respect (N = 1) as a factor of good health at work. Finally both cultures identify one common cause of good health: love for the job (Japanese = 1 and French = 2).

When we take a look at the area of private life, we noticed that the French refer to family life, not thinking about work at home, lifestyle, leisure, and vacation and taking care of oneself (one subject for each item). Unlike the Japanese sample which doesn't identify any health-related item in this category.

Restructuring (N = 1) and workplace organization (N = 1) are both environmental causes of good health at work for the Japanese. French people's health seems to be more influenced by access to the gym (N = 2), restaurants, activities, an ergonomic and a safe workplace (one subject for the last three items). In addition, both the Japanese and the French recognize a good working environment as a source of good health at work (Japanese = 2 and French = 2).

About results, both the French and the Japanese, think that their salary is an important matter for their health (Japanese = 4 and French = 2). Nevertheless, the Japanese also refer to using strategies and producing good work as important for good health at work. They differ from the French sample, which acknowledges good indicators of health in recognition (N = 5), being valued (N = 1) and being paid for overtime (N = 1).

Theme 3: Causes of bad health

Table 2 compares our two samples.

Categories	Japanese (N = 10)	Shared	French (N = 8)
Activity	Hierarchy (N = 3)	Targets set (J = 2; F = 2)	Working conditions (N = 2)
	Workload (N = 2)	Pressure (J = 2; F = 5)	Profitability (N = 2)
	Being bored (N = 2)		Competition between companies (N = 2)
	Physical activities (N = 2)		Accidents at work (N = 2)
	High-heeled shoes (N = 1)		Lack of training (N = 2)
	Busy day (N = 1)		Injustice (N = 2)
	Staffing crisis (N = 1)		Lack of activity (N = 1)
	Use of alcohol (N = 1)		Lack of personal contact(N = 1)
			Being treated as objects (N = 1)

			Mechanical evolution (N = 1)
			Hating the job (N = 1)
			Way of doing things (N = 1)
			Lack of autonomy (N = 1)
			Infectious complaints (N = 1)
			Increase in workload (N = 1)
			Physical effort (N = 1)
			Equipment (N = 1)
			Lack of promotion (N = 1)
			Too rapid work rate (N = 1)
Schedule	Skipping meals (N = 3) No days off (N = 1) Finish work late in the evening (N = 1) Going to bed late (N = 1) Not having vacations (N = 1) Work schedule (N = 1) Working on weekends in addition to the week (N = 1)		Shift work (N = 2) Night shifts (N = 1) Gaps in the schedule (N = 1)
Relational	Negative stereotyping from clients (N = 1)	Bad relationships with superiors (J = 1; F = 1) Bad relationships with peers (J = 2; F = 2)	Aggression (N = 1) Isolation (N = 1) Bad atmosphere (N = 1) Generational differences in the team (N = 1) Managing social relations (N = 1) Conflicts (N = 1) Clients (N = 1)
Psychological/ Emotional	Being less happy (N = 1) Constant reminders of work issues (N = 1)	Feeling useless (N = 1)	Harassment (N = 1) Boreout (N = 1) Stress (N = 1) Don't like the job (N = 1) Demotivation (N = 1) Frustration (N = 1) Overcommitment (N = 1) Losing meaning of job (N = 1) Professional value (N = 1) Job identity (N = 1) Dissatisfaction (N = 1)
Physical			Muskuloskeletal disorders (N = 1) Occupational diseases (N = 1) Physical investment (N = 1)
Private life	Family (N = 1)		Work-life balance (N = 1) Transport (N = 1) Incidents on the road (N = 1) Lack of health care (N = 1)
Results	Gap between results and goals (N = 1)	Not being paid enough (J = 1; F = 3)	Lack of recognition (N = 4) Promise of geographical transfer (N = 1)

Table 2: Causes of bad health at work
Comparison between Japanese and French samples

When we questioned both samples about the component of their <u>activities</u> which

are harmful for their health, responses were different. The Japanese report that hierarchy (N = 3), being bored (N = 2), an excessive workload (N = 2), hard physical effort (N = 2), busy days, uncomfortable shoes, staffing crises and the use of alcohol are causes of bad health (one subject for the last four items). Furthermore, the French identify different threats to health at work: workplace accidents (N = 2), lack of training (N = 2), competition between companies (N = 2), injustice in the workplace (N = 2), work organization (N = 2), working conditions (N = 2), profits before people (N = 2), lack of activities, lack of personal contact, treating people as machines, mechanical evolution, hating the job, way of doing things, lack of autonomy, infectious complaints, increases in the work rate, hard physical effort, equipment, speed and lack of promotion (one subject for each item). Besides, they share a common problem in the targets set (Japanese = 2 and French = 2) and pressure (Japanese = 2 and French = 5).

Then when we investigate issues concerning the schedule, the two groups don't share any common causes for bad health. On one hand skipping meals (N = 3), working late at night, going to bed late, not having any days off, not having any vacation, inconvenient work schedules and working on week-ends all have a negative impact on the Japanese sample's health (only one subject for the last seven items). And on the other hand, the French sample report that shift work (N = 2), gaps in the schedule (N = 1) and night shifts (N = 1) are elements which threaten their health.

Concerning the relational field, the Japanese identify stereotypes against the job (N = 1) as a source of bad health. On the contrary, aggression, isolation, bad atmosphere, generational differences in the team, managing social relations, conflicts and clients seems to negatively affect health in the French people's workplaces (one subject for each items). Moreover, both the Japanese and the French are sensitive to bad relationships with colleagues (Japanese = 2 and French = 2), and with hierarchy (French = 1 and Japanese = 1).

Regarding the psychological and emotional aspects of work, being less happy (N = 1) and constant reminders of work issues (N = 1) seems to be bad roots for good health at work in the sample from Japan. The French group's work-related health is threatened by harassment, bore-out, bad atmosphere, demotivation, frustration, over-

commitment, losing the meaning of the job, pointless of task undertaken, job identity and dissatisfaction (one subject for each item). During interviews we noticed that they both recognize feeling useless (French = 1 and Japanese = 1) as a cause of bad health.

During interviews, French individuals highlight that musculoskeletal disorders, professional diseases and physical effort can be harmful for their health at work (N = 1 for each item). The Japanese do not report any threats in a <u>physical</u> domain.

<u>Private life</u> is also an area that we have investigated. In Japan, one subject reported that is family can be a source of bad health at work (he was working with his wife). Transport, incidents on the road, lack of health care and the work-life balance are considered as threats to good health in France (N = 1 for each item).

If we take a look at the <u>results</u> from their job, the Japanese and the French share a cause of bad health, which is the fact of not being paid enough (Japan = 1 and French=3). In addition, the French sample also identifies lack of recognition (N = 4) and unkept promises of a geographical transfer (N = 1) as potentially harmful for their health.

7   Discussion

7.1   Results

The aim of this paper is to compare representations of health at work in France and in Japan. Our main exploratory hypothesis is that attitudes towards work-related health issues will be different depending on the country's culture. For this purpose, we held interviews with French and Japanese workers. After a thematic analysis, results show many differences between our two samples.

Before discussing the differences, we can see some similarities. Indeed, in both samples, people talk about some physical issues: pain, injuries. According to the typology from Poortinga, Kop and Van de Vijver, physical issues do not seem to be impacted by culture. In France and in Japan, bad working conditions expose employees to physical pain.

Apart from that, our results show many differences between the French and Japanese cultures.

The French respondents are interested in what they get out of work: acknowledgment, well-being, respect from others which are external rewards (from the outside of the individual). On the other hand, the Japanese are more interested in what they feel about their work: being happy to go to work, wishing to do things well, which are internal rewards (from the individual). French employees need some external rewards, this reinforces the hierarchical status of the leader. Yukl and Van Fleet (1991) explain that it is up to the leader to provide rewards, acknowledgements, motivation … In Japan, the hierarchy has the role of reassuring employees. This difference in discourse between our two samples can be linked to a difference in their cultures and how they deal with hierarchical distance. In France, it is important for employees to feel the leader is in charge. For that, the leader has to provide rewards. In Japan, employees accept everything, they give much time and energy to their company and they do not expect rewards. These results show that causes of good or bad health at work depend on culture. However, it is important to link this with one famous model for stress at work: Siegrist's model. Indeed, Siegrist (1996) suggests that stress at work depends on the balance between effort and rewards. This model claims that employees who make a lot of effort and – or who over-invest in their work and who have few rewards, will feel stress at work. Then, this model is linked to culture. How can rewards prevent stress for employees who do not perceive rewards? In France, rewards are important to health at work, but what about in Japan, if people do not talk spontaneously about it?

In the same way, when our respondents talk about the social dimension of their health, the French refer to social support (help from colleagues, solidarity) while the Japanese refer to discussion and sharing things (communicating with people, introducing Japan to customers). This shows that French people request relationships with others as a part of their work, they see how the group can help them with their tasks. This fits the individualist culture in France and the collectivist culture in Japan. Indeed, in collectivist cultures (Hofstede), people form tight-knit communities. They are supposed to look after each other. Social support is a norm which influences

behavior (Smith, Mackie, 2007). People who do not follow norms are excluded from the group (Augustinova, Oberlé, 2013). Then, people avoid behavior which does not conform to the norm. In Japan, social support is a norm of the group so employees support their colleagues. We suppose that they almost cannot imagine that an employee would not support someone and so they do not talk about it when we ask them to talk about work-related health issues. On the other hand, the French are more individualist. They notice social support because it is not a strong norm in their society so they realize that relationships can help them to have good health at work. This is important for occupational health psychologists. Indeed, in the theoretical introduction, we used Karasek and Theorell's stress model. These authors suggest that stress depends on the imbalance between psychological demand, decision latitude and social support. They explain that good social support prevents stress. They created a questionnaire, translated into several languages. However, our results suggest that, according to their culture, some people do not notice social support. Then, Karasek and Theorell's model seems not to fit every cultures and has to be questioned in some other countries.

When the French and the Japanese talk about their schedules, they both have issues with them. However, their problems are not the same. For the Japanese, schedules lead to problems because they do not have time to have meals or to get enough rest. For the French, schedules have to be regular and during the day: no nightshifts, no shift work. For the French, they do not have trouble with eating meals or rest because of their schedules. In Japan, the legal rules explain that people have to work on average 40 hours per week, with at least one day off and have between 45 minutes and 1h for lunch (International Labor Organization). In France, people have to work 35 hours per week (work law: article L.3121-27), with at least 20 minutes for breaks (work law: article 3121-16) which is usually longer at lunch time. However, the Japanese respondents explain that they cannot have those times. They have too much work to do and need to work during the lunch break so they agree to skip lunch to work. If the company needs it, they work overtime, sometimes during the weekend in addition to their week's work. This illustrates a collectivist culture where people are loyal to the group, in this case loyal enough to skip eating to work. In France this does not happen. French people have the right to have a lunch break, so they use this right. They think about their

physical needs before thinking about their work. This illustrates an individualist culture where people take care of themselves before thinking about the group (Hofstede).

We noticed that French people are more critical of their work and working conditions than Japanese people. When they talk about their activities, the French respondents criticize the organization: tools, opportunities to evaluate their job, the work rate. The Japanese respondents cite autonomy at work and sometimes some working conditions. Indeed, when our respondents explain what can cause bad health at work, the French cite 19 items while the Japanese cite only 8 items. We suggest that in Japan, it is harder to criticize the work organization and conditions, unlike in France. We can explain this result by two factors: uncertainty avoidance and restraint (Hofstede). Indeed, cultures with high uncertainty avoidance are cultures in which people avoid new ideas. They also reproduce behavior which has been effective. The French are more open to new ideas. We suppose that this allows French employees to criticize their jobs and encourages Japanese employees to avoid criticizing theirs.

In Japanese culture, employees have to "accept everything" (J 01, man, 31 years old). However, in our sample, three Japanese (31, 28 and 22 years old) workers succeeded in quitting their jobs to avoid that. They realized that they were unhappy at work and they acted to change this. They seem have a more individualist culture than the other respondents who, even if they are unhappy and stressed at work, stay in their jobs. In addition, three respondents regret that they do not have enough time for rest and hanging out with friends. These respondents are young: 22, 33 and 34 years old. Another respondent, older (43 years old), explains that younger Japanese workers are beginning to wish to have time for themselves. It is possible that there is a change in Japanese culture among our younger respondents.

For now, our knowledge cannot explain those results. More research is needed to explain and understand those differences. We refer to some differences: the French respondents evoked social factors in extreme contexts: violence, harassment, conflicts; when the respondents talk about how emotions cause bad health at work, the French cite external factors (harassment, stress) and the Japanese internal factors (being less happy).

In the theoretical part of this paper, we have talked about the model of job-strain proposed by Karasek and Theorell. With our interviews, we can discuss part of this model regarding the French and Japanese cultures. This model of job strain explains that social support is important to prevent stress at work. The questionnaire has some questions about social support from the hierarchy and from colleagues. These questions evaluate two kinds of social support: emotional social support (for instance if the respondent has friendly colleagues) and instrumental social support (for instance if the manager helps his employees to succeed in their tasks). Our results have suggested that, when asked about the causes of good work health, the Japanese respondents talk mostly in terms of relationships with customers and the French respondents talk more about solidarity, group cohesion with colleagues and the hierarchy. This is an important difference between these cultures and can have an impact on how people answer the questionnaire. Indeed, the French respondents spontaneously talk about their colleagues and hierarchy, how their help is important, how solidarity and cohesion are important to prevent stress at work. This corresponds to the dimension "social support" in Karasek and Theorell's model. However, the Japanese respondents do not mention this advantage in their work relationships. They talk about their relationships with colleagues and the hierarchy only to highlight the causes of bad work health, as do the French respondents. We can suggest that, for French people, their relationships with colleagues and hierarchy can prevent work stress or increase it, according to Karasek and Theorell's model. On the other hand, the Japanese respondents only see these relationships from a bad viewpoint with regard to how they can create stress. Their representations of relationships do not fit Karasek and Theorell's model. Then, if Japanese employees answer questions about social support, how can the results be interpreted? How can a scale of measurement show the protective effect of social support in a group who do not realize they are being supported or think in terms of social support? For this reason, the model of strain has to be studied with regard to the national cultures of the respondents before researchers translate it in their own languages.

7.2 Limits of the study

4.2.1 Impact of language

Our research has some limitations. The first limit is that we held the interviews in different languages, French and English. We can suppose that the interviews were easier for French people because there were in their mother tongue. However, for the Japanese respondents, the interviews were not in their native language. Then, it is possible that they could not express all they wished to. In addition, interviews in different languages may bias data because of the differences in meaning and vocabulary (Conway, 2002). Well, language and vocabulary are linked to culture. Then, it is possible that our analysis missed some cultural specificities because of the variations in vocabulary.

This study shows that French and Japanese employees seem to have some similar and some different perceptions of occupational health. We see similarities between the French and the Japanese respondents in term of physical injuries at work and work life balance. These issues are less impacted by culture. This means that studies about physical issues can easily be shared between countries. Conclusions drawn in one country can fit another country as well. For the psychological dimensions, it is not so easy. Because culture has an important role, the conclusions drawn in one country cannot be used in another.

This implies that theories in this field need to take culture into account. Currently, the dominant models in work psychology show the importance of several factors. For instance, Karasek and Theorell explain that job strain depends on psychological demands, decision latitude and social support. For Siegrist, stress at work depends on the imbalance between effort and rewards. During our interviews, the respondents show that they do not perceive these dimensions in the same way. Then, questionnaires translated into several languages without any cultural adaptation can cause bias. There is a high risk that, with only a translation and no cultural research, employees in one country cannot understand the questions.

This is very important in our globalized societies. While many things travel from a

country to another (in term of merchandise, economy, the arts and management, for instance), theories in work psychology cannot travel so easily. Then, there is a desire among psychology researchers to integrate cultural considerations into their studies. This will enable research projects and their conclusions and recommendations to correspond better to a particular country than if the researchers and the

4.2.2 Sample

Our sample is limited: 10 Japanese people and 8 French people. It is not representative of the population in terms of gender, age or occupation. Then, our conclusions cannot be generalized and more research is required to improve our conclusions.

7.3 Future research projects

Despite its limits, this study suggests that work-related health issues are linked to culture. Therefore, using a model elaborated in one country in another country represents a high risk of missing some important factors. For this reason, we suggest that, before translating a model and the creator's questionnaire into a new language, researchers should make exploratory studies with interviews to check if the model fits the culture concerned. Only after this control, should they can translate the original questionnaire and adapt it (delete or add items) according to the target culture.

Conclusion

This study shows that French and Japanese employees seem to have some similar and soùe different perceptions of occupational health. We see similarities between the French and the Japanese respondents in term of physical injuries at work and work life balance. These issues are less impacted by culture. This means that studies about physical issues can easily be shared between countries. Conclusions drawn in one country can fit another country as well. For the psychological dimensions, it is not so easy. Because culture has an important role, the conclusions drawn in one country cannot be used in another.

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This is very important in our globalized societies. While many things travel from a country to another (in term of merchandise, economy, the arts and management, for instance), theories in work psychology cannot travel so easily. Then, there is a desire among psychology researchers to integrate cultural considerations into their studies. This will enable research projects and their conclusions and recommendations to correspond better to a particular country than if the researchers and the practitioners are content to import foreign theories. ■

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