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The 'economy for the common good', job quality and workers' well-being in Austria and Germany

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Abstract

The Economy for the Common Good movement proposes an alternative economic model, which promises to offset many of the detrimental effects of the contemporary labour market. Yet, despite its increasing economic and social relevance in Europe, there is little research on Economy for the Common Good firms and the quality of the jobs they offer their employees. We thus, first, introduce the ideas of this movement and then present findings on workplace characteristics and the well-being of workers. Our results are based on our own survey of Economy for the Common Good employees from 2018 and on the sixth wave of the European Working Conditions Survey. Our analyses offer mixed support for the claims of the Economy for the Common Good – while Economy for the Common Good workers can be found in high-quality work settings, their absenteeism and presenteeism, as well as indicators of control, time pressure, direct participation and financial participation do not differ from other workers when controlled in a propensity score matching approach. Based on our findings and feedback from Economy for the Common Good representatives, we conclude that the introduction of Economy for the Common Good ideas might be too recent to see any positive effects, but also that Economy for the Common Good companies should place more focus on their employees' well-being.

JEL codes: P40, P52, J81, I14

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Absenteeism, Austria, economy for the common good, employment conditions, Germany, job quality, presenteeism, social economy, working conditions

Introduction

The Economy for the Common Good (ECG) is an alternative economic model, which was developed in Austria and Germany as a reaction to the negative effects of the global economic crisis and detrimental labour-market developments. These have been described in the literature on precarious work and deteriorating working conditions (Atkinson, 2010; Lewchuk, 2017; Wilson and Ebert, 2013). The ECG aims to offer a comprehensive response to socio-ecological crises, market failures and cyclical capitalist economic crises by promoting a market-based economic model that considers human values such as dignity, solidarity and social justice, ecological sustainability and democracy (Felber and Hagelberg, 2017). Serving the common good – understood as the well-being of the people and their environment (Felber, 2012: 16) – represents the main purpose of this economic system. Organisations following this model replace the logic of accumulation of capital and profit maximisation with that of achieving the greatest contribution to the society (Felber and Hagelberg, 2017).

Over the last few years, the ECG has spread around the world but still has a greater presence in Europe. A recent study identified 657 businesses that adhere to the ECG model to some extent and put it into action. Across 12 European countries, most of these companies are located in Germany (46%) and Austria (36%). These organisations tend to be small (59% employ up to 10 employees) and often perform economic activities within the service sector. Many have generated a Common Good Balance sheet (Sanchis et al., 2019). Alongside this economic realm, progress was also made in the political direction. This involved an endorsement by one regional German government (Baden-Württemberg) and by the European Economic and Social Committee, which advocated including the ECG in the legal framework of the European Union and its member countries (Economy for the Common Good (ECG), 2019c).

Yet, despite the ECG model's proliferation, we know little about the nature of ECG firms and the quality of the jobs they offer their employees. As of August 2019, a search using the term 'ECG' revealed only seven entries on Scopus and 12 entries on Web of Science. Our article, therefore, sets out to first describe some of the core principles of the ECG with a strong focus on workers' well-being. We then present descriptive results on four core dimensions of the ECG from our study of workers in ECG organisations in Austria and Germany. These descriptive results are followed by additional research on the overall quality of ECG work positions with the goal of assessing the effects of the ECG model on the actual quality of working conditions. Our results provide mixed support for the claims of the ECG – while ECG workers can be found in high-quality work settings, their absenteeism and presenteeism, as outcome variables of quality of work, do not differ from workers in comparable jobs. Subsequently, we confronted representatives of the ECG with our results. They pointed to the recency of this model as an explanation for its limited effect on the quality of work and shared two external experts' assessments

of their model with us. Based on our results and the experts' assessment of the ECG, we conclude that the ECG should place more emphasis on the internal quality of work. Furthermore, the extension of the ECG principles to low-quality jobs will tell if this movement can keep its promises in terms of increasing job quality in low-quality working conditions.

The ECG model

The ECG model is considered part of a new wave of alternative economic regions and organisations with social-oriented values and the goal of updating and revitalising the concept of the social economy or third sector[1] (Chaves and Monzón, 2018: 42). Historically, four categories of organisations have been considered traditional businesses within the social economy: cooperatives, mutual societies, associations and, at a later stage, foundations sector (see Note 1) (Chaves and Monzón, 2018; Commission EU and European Research Institute on Cooperative and Social Enterprises (EURICSE), 2013). The term 'social economy' refers to businesses characterised by their social–rather than profit–motivation. This includes the pursuit of general interest goals, the provision of goods and services to their members or communities, a governance system promoting democratic decision-making processes and, in many cases, a particular ownership structure (Commission EU and EURICSE, 2013: 21–22). ECG companies can be part of the social economy, but also go beyond this sector. Organisations participating in the ECG can adopt any kind of legal form unlike those in the social economy. At the same time, not all social economy firms need to follow ECG principles.

The ECG pursues a change of the value system at the business and political level through a bottom-up process (Felber and Hagelberg, 2017: 36). As a first step, an increasing number of businesses need to adopt the ECG principles on a voluntary basis and assess their progress toward common good goals by the means of the Common Good Balance sheets. Second, in response to public pressure, legislators at different regional levels need to make balance sheets mandatory, while local and regional governments decide to turn their territories into 'Common Good cities and regions'. Two main changes are expected to occur in Common Good cities and regions: the governments will require Common Good Balances sheets from the participating organisations and regional citizen assemblies will be set up. Citizens' voices will be incorporated at the national and supranational level, which will lead to a change in the constitution and establish a legal framework making way for an ethics-based economic system.

What sets the ECG apart are the different evolving tools that have been designed to assess and quantify the contribution of organisations to the ECG. These tools are the Common Good Matrix and the Common Good Reports. The Common Good Matrix measures to what extent the values of the ECG are put into action with respect to the main stakeholders identified by the model, namely, suppliers, owners, employees, customers and the social environment. The Common Good Reports provide additional detailed information on the companies and identify the organisational aspects that need to be improved (Felber and Hagelberg, 2017). The Common Good Balance sheet of an

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organisation is the combination of its Common Good Report and the certificate of its (audited) results of the Common Good Matrix (Blachfellner et al., 2017: 8).

The assessment of an organisation's contribution to the common good includes both positive aspects (i.e. the goal an organisation is expected to follow) and negative aspects (what it should not do). In the Common Good Matrix, the intersection of every value of the ECG (columns) and every stakeholder (rows) results in 20 criteria/themes to be evaluated. The Common Good Reports need to cover these 20 themes, and the ECG movement offers workbooks and templates for producing such Common Good Reports. These workbooks also include details on how the common good criteria are understood and how organisations should be rated (ECG, 2019b). The assessment itself consists of a qualitative and a quantitative part.

In the more qualitative approach, organisations categorise themselves according to different evaluation levels depending on their degree of accomplishment in relation to each theme. These levels range from baseline (meaning that organisations frequently adhere to ECG legal standards, but sometimes do not meet them), getting started, advanced, experienced and exemplary (Blachfellner et al., 2017: 9–10). The more quantitative assessment consists of allocating common good points. Each of the 20 themes scores a maximum of 50 points. Only measures transcending the minimum legal standards are rewarded with points. An organisation's maximum score is 1000 points (ECG). The idea is that depending on the score, organisations should be compensated by receiving tax and legal advantages.

The evaluations can be conducted by different groups: externally audited evaluations (performed by an ECG auditor), peer-reviewed evaluations (performed with the participation of other ECG organisations and with the support of an auditor) or self-assessments (merely informative, to be used as a guide to decide whether to follow an assessment process or not) (ECG, 2019a).

This assessment system has been designed to be implemented by different types of organisations by taking into account features affecting their functioning, and societal and environmental impacts. For instance, size and sector of the organisation, financial flow and social risks in the countries where their main primary products originate are considered 'weighting factors' when allocating common good points (a calculator is available at ECG, 2019b). Factors such as firm size and the number of times an organisation has conducted an assessment (evaluations are valid for 2 years) determine whether organisations can produce a compact or full version of the Common Good Balance sheet.

Job quality in the ECG model

The ECG model was also developed to improve the quality of jobs. In the scientific literature, job quality is considered a multidimensional concept capturing work and employment features. The concept has been characterised differently in the literature but, according to a literature review (Warhurst et al., 2017), the most frequent dimensions of job quality in empirical research entail: pay and other rewards, terms of employment and job security, intrinsic characteristics of work (including either objective characteristics such as autonomy or control, and subjective elements such as social support or meaningfulness), health and safety, work–life balance and worker participation (representation and voice).

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According to the ECG policy theory (see Note 2), the work-related criteria that have to be encouraged include:

1. *Human dignity* in the workplace and working environment. The concept of human dignity is comprised of three different components: employee-oriented organisational culture and structures (e.g. personal development, respect and constructive handling of conflict and task clarity), occupational safety and workplace health promotion and diversity (Blachfellner et al., 2017: 38–40).
2. *Self-determined working arrangements.* The ECG attaches great importance to work hours and earnings and, to a lesser extent, to contract types (Blachfellner et al., 2017: 41–43).
3. *Co-determination and transparency within the organisation.* The ECG bolsters several elements of workplace democracy, such as boosting transparency regarding critical data, participation in the selection of managers and the promotion of workers' direct participation (encouraging allowing workers to have input into essential company decisions by democratic or consensual means). The obstruction of works councils – a form of representative participation – is considered a negative criterion. In case of the absence of a works council, workers should be given equivalent rights of co-determination (Blachfellner et al., 2017: 48–49).
4. *Ownership and co-determination*. Ownership and co-determination facets of the ECG refer to the community where this economic system is located (thus considering not only employees but also clients, suppliers or non-active capital investors among others). With regard to employees, the ECG supports employee co-ownership, either as financial participation (employees taking part in profits and enterprise results) or as formation of worker cooperatives (Blachfellner et al., 2017: 36–37).

Job quality and workers' well-being

One of the core questions is whether these ideal descriptions also affect the workers' well-being and quality of work. Research agrees that work is an important social determinant of health, be it through working conditions or employment conditions. Workers with jobs of poorer quality are more likely to experience pernicious health outcomes (Benach et al., 2014; Benavides et al., 2000; Lewchuk, 2017; Underhill and Quinlan, 2011). The pathways considered to link employment precariousness to detrimental health entail: higher exposure to working conditions with damaging health implications, increased psychosocial stress related to limited control over professional and personal lives and adverse health repercussions of social and material consequences of precariousness (e.g. insufficient income, social deprivation, etc.) (Benach et al., 2014: 241–243).

In assessing the effects of the ECG, we focus on presenteeism – going to work despite feeling sick, and absenteeism – absence due to sickness; because of their direct link to job quality and their cumulative nature. Presenteeism is reported to be related to poor health (Martinez and Ferreira, 2012), as well as to health problems Taloyan et al., 2012) and future sick leave (Navarro et al., 2019). Health, well-being and mortality are all strongly related to the number of days of sick leave taken (Carneiro et al., 2013; Niedhammer et al., 2012), and

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are reported to show a stable pattern over many years (Johansen et al., 2009). As for the relationship between quality of work and absenteeism and presenteeism, studies are indicating that job quality is affecting workers' attendance behaviour via workers' powerlessness (by not being able to exercise the right to take sick leave) or poor organisation of work (in the form of excessive demands) (Navarro et al., 2019). In parallel, research on working conditions and health showed low job resources (Demerouti et al., 2009) and high job demands (Niedhammer et al., 2012) to be associated with a higher number of days of sick leave. Less absence due to illness has been found among workers under non-standard employment arrangements such as temporary employment (Janssens et al., 2017; Reuter et al., 2019; Virtanen et al., 2005) or those with atypical employment contracts (including temporary contracts but also fixed-term, casual, on-call, daily or no contracts) (Sanwald and Theurl, 2014). Presenteeism out of fear of losing the job has been one of the possible explanations for these results, along with the healthy worker effect (Virtanen et al., 2005) or due to legal restrictions for taking and receiving paid sick leave (Reuter et al., 2019). However, greater presenteeism has also been observed among those in a highly demanding work context, for instance, due to heavy workload and long working hours (Demerouti et al., 2009; Hansen and Andersen, 2008; Janssens et al., 2017; Miraglia and Johns, 2016) or understaffing (Miraglia and Johns, 2016). Having a supervisory role is related to presenteeism but studies yield mixed results: a positive relationship was found by Hansen and Andersen (2008) and a negative one by Miraglia and Johns (2016).

Because of the novelty of the ECG, little is known with regard to the health implications of the work-related features in organisations following this model. Likewise, studies analysing the well-being of workers in the social economy sector are scarce and yield mixed results. Existing research– especially with regard to the non-profit sector– has mainly been focussed on job satisfaction showing, in general, greater job satisfaction among workers in the non-profit sector (Benz, 2005; Lanfranchi and Narcy, 2008; McMullen and Schellenberg, 2003; Richez-Battesti et al., 2011).

Regarding health outcomes, a study encompassing all of the traditional social economy organisations in France shows lower levels of training in and knowledge of health and safety, as well as higher levels of exposure to verbal and physical violence compared to the public and for-profit private sector (Richez-Battesti et al., 2011). In contrast, a recent study on social enterprises in the field of elderly homecare in Wallonia found that workers in these firms reported limited psychosomatic stress symptoms and low levels of emotional exhaustion. The job quality components of perceived justice, work–life balance and work pace predicted workers' positive health outcomes (Casini et al., 2018). In relation to the health outcomes, which are the main interest in this article, different studies suggest higher absenteeism rates in cooperatives (Basterretxea et al., 2019; Grunberg et al., 1996; Ollé-Espluga and Bartoll, 2019); however, we did not find any study analysing presenteeism in the social economy.

The extent to which pro-social business initiatives, such as the ECG, are offering a good employment alternative for the working population is to date only partially known, and the existing evidence is inconclusive with regard to their work-related health outcomes. In the words of Casini et al. (2018):

> What is surprising is that majority of previous research, especially in social economy scholarship, gives so little attention to work and organisation-related dimensions, and implicitly advances the idea that the pursuit of a social mission [. . .] is *per se* a source of motivation, job satisfaction and well-being. (p. 1256)

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To fill in this knowledge gap, the objective of the study is to compare the health outcomes of workers employed in micro, small and medium organisations in Germany and Austria that follow the ECG model to those of the general working population in these countries. Considering the policy and organisational goals of the ECG, one would expect the health outcomes to be better among ECG workers compared to other workers. Yet, our literature review on health outcomes indicates the opposite effects in some occupations. We, thus, refrain from stating a directed research hypothesis and consider our analysis an exploratory research on the effects of the ECG on the quality of working conditions. Therefore, we first present descriptive findings on the four main dimensions of the ECG principles described in the previous section and subsequently scrutinise the effects of the ECG on workers in light of these dimensions as well as on absenteeism and presenteeism.

Data and methods

Our analysis is based on a cross-sectional study conducted in Austria and Germany, the countries in which the ECG is most widespread. We combine two data sources: the Austrian and German subsamples of the sixth wave of the European Working Conditions Survey (EWCS) (Eurofound, 2017) and our own survey of ECG employees. The combined sample consisted of 2218 individuals.

The EWCS is conducted by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) every fifth year. It targets employees and self-employed persons aged 15 years and older in various European countries and in Turkey. Samples correspond to multi-stage, stratified, random samples of the working population in each country. Fieldwork of the sixth wave of the EWCS was conducted between February and September 2015.

Based on the questionnaire from the sixth wave of the EWCS, we developed a questionnaire and sent it to all workers (volunteers were excluded from our sampling) in ECG organisations fulfilling the following selection criteria:

1. Firms which are members of the Association for the Promotion of the Common Good.
2. Firms with at least five employees, coinciding with the minimum of workers set by law that a workplace should have to set up a body of collective representation in Austria and Germany (Fulton, 2013).
3. Firms in which more objective Common Good Balances have been undertaken, namely peer-evaluated or externally audited (Economy for the Common Good, 2017, 2019a).
4. Firms with common good balances in force as of January 2018. Our sample universe is thus smaller than the ECG estimate of the study conducted by Sanchis et al (2019) as we are including only companies with five employees or more which undertook peer-evaluated or externally audited Common Good Balances and thus should show the greatest differences to ordinary companies.

Access to workers was gained through employers who also decided to whether use an online survey or a paper-pencil questionnaire. Fieldwork was conducted between May and October 2018. A lottery incentive was offered to raise the rate of participation: one EUR

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Table 1. Socio-demographic and organisational features in comparison.

		European Working Conditions Survey	Economy for the Common Good
		N = 1899	N = 319
Country	Austria	594 (31.26)[a]	175 (54.86)
	Germany	1306 (68.74)	144 (45.14)
Sex	Male	919 (48.39)	122 (38.85)
	Female	980 (51.61)	192 (61.15)
Age	15–30 years	354 (18.69)	70 (22.95)
	31–49 years	831 (43.88)	145 (47.54)
	50–65 years	648 (34.21)	90 (29.51)
	66 years or older	61 (3.22)	0 (0.00)
Occupational social class	Low skilled blue collar	294 (15.53)	9 (2.90)
	High skilled blue collar	305 (16.11)	25 (8.06)
	Low skilled white collar	716 (37.82)	118 (38.06)
	High skilled white collar	578 (30.53)	158 (50.97)
Legal form of the firm	Private	1529 (80.60)	161 (50.47)
	Public	205 (10.81)	104 (32.60)
	Joint private-public	99 (5.22)	0 (0.00)
	Not-for-profit	51 (2.69)	54 (16.93)
	Other	13 (0.69)	0 (0.00)
Economic sector	Primary	56 (2.96)	37 (11.60)
	Secondary	479 (25.29)	93 (29.15)
	Tertiary	1359 (71.75)	189 (59.25)
Firm size	02–09 workers	789 (41.53)	27 (8.46)
	10–249 workers	1111 (58.47)	292 (91.54)

[a]n and (%).

200 voucher to be spent at a business following the ECG principles. Out of the 49 micro, small and medium firms fulfilling our selection criteria, 23 agreed to take part in the survey. In six of the 23 firms participating in the survey, the survey was not sent to all the firm's workers but only to a some of them. Reasons provided by the management for not participating in the survey were that workers did not work with computers and/or that they had difficulties understanding German. This is why in total only 790 questionnaires were distributed out of a possible 1159. After discarding questionnaires with too much missing data, our database consisted of 319 responses. Based on the number of questionnaires sent, the overall response rate was 40%.

Our survey included a comprehensive set of questions on the characteristics of the company and the workplace; the socio-demographics of the worker (Table 1, results section); their perception of their working conditions in the four ECG dimensions 'human dignity', 'self-determined working arrangements', 'co-determination and transparency' and 'ownership and co-determination' (Table 2), as well as their health outcomes (Table 3).

After presenting the descriptive results in Table 1 through Table 3, we report results based on matching and controlling for differences between the EWCS sample and our

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Table 2. Working and employment conditions in comparison.

		European Working Conditions Survey	Economy for the Common Good
		N = 1899	N = 319
Human dignity			
Quality of leadership[a]	No quality or some	571 (34.40)	70 (26.42)
	Full quality	1089 (65.60)	195 (73.58)
Fair conflict resolution	No	116 (6.93)	28 (9.66)
	Yes	1557 (93.07)	262 (90.34)
Control[b]	Low	638 (33.72)	32 (10.88)
	Medium	741 (39.16)	124 (42.18)
	High	513 (27.11)	138 (46.94)
Self-determined working arrangements			
Employment relationship	Employed	1707 (90.41)	307 (96.54)
	Self-employed	181 (9.59)	11 (3.46)
Type of contract	Permanent	1446 (83.92)	265 (87.17)
	Fixed term	136 (7.89)	24 (7.89)
	Temporary agency	12 (0.70)	0 (0.00)
	Apprenticeship or training	29 (1.68)	8 (2.63)
	No contract or other	100 (5.80)	7 (2.30)
Type of working hours	Full-time (35 hours or more)	1156 (62.72)	159 (55.21)
	Voluntary part-time	600 (32.56)	120 (41.67)
	Involuntary part-time	87 (4.72)	9 (3.13)
Income quartiles (in purchasing power parity)	1st quartile	447 (26.31)	33 (12.55)
	2nd quartile	472 (27.78)	62 (23.57)
	3rd quartile	422 (24.84)	98 (37.26)
	4th quartile	358 (21.07)	70 (26.62)
Time pressure[c]	Low	661 (34.86)	81 (26.82)
	Medium	571 (30.12)	123 (40.73)
	High	664 (35.02)	98 (32.45)
Co-determination and transparency			
Regular meetings in which employees can express their views	No	880 (52.19)	55 (19.03)
	Yes	806 (47.81)	234 (80.97)
Representative participation	No	1146 (68.25)	122 (42.51)
	Yes	533 (31.75)	165 (57.49)
Ownership and co-determination			
Financial participation	No	1615 (93.95)	203 (78.38)
	Yes	104 (6.05)	56 (21.62)

[a]Quality of leadership is a scale based on the following variables: immediate boss respects worker as a person, immediate boss gives praise and recognition when doing a good job, immediate boss is successful in getting people to work together, immediate boss is helpful in getting the job done, immediate boss provides useful feedback on one's work and immediate boss encourages and supports workers' development. Cronbach's alpha test: 0.820.
[b]Control is a scale. Cronbach's alpha test: 0.734.
[c]Time pressure is a scale. Cronbach's alpha test: 0.691.

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Table 3. Health outcomes in comparison.

		European Working Conditions Survey	Economy for the Common Good
		N = 1899	N = 319
Absenteeism	No (0 days)	804 (46.34)	85 (31.84)
	Yes (1 day or more)	931 (53.66)	182 (68.16)
Presenteeism	No	1175 (68.55)	120 (51.06)
	Yes	539 (31.45)	115 (48.94)

Table 4. Average treatment effects on the treated (ATT).

	ATT	95% Confidence interval		N^t/N^c
Control	−10.312	−125.153	104.529	158/1326
Time pressure	0.029	−0.027	0.085	124/1341
Direct participation	−0.097	−0.261	0.011	113/1294
Financial participation	0.029	−0.088	0.145	105/1292
Absenteeism	0.014	−0.090	0.118	146/1250
Presenteeism	0.020	−0.125	0.165	101/1206

N^t: Number of treated, N^c: number of controls.
Bootstrapped standard errors (1000 repetitions).

sample (Rubin, 1973, see for an introduction) in Table 4. The idea of matching is to compare two groups that are as similar as possible on all known covariates with the sole exception of their treatment status. In our case, the 'treatment' variable was the organisation type where the respondent works (1 = an organisation following the ECG principles and 0 = EWCS sample).

As exact matching is difficult to perform when having to consider multiple pertinent covariates (the so-called 'curse of dimensionality'), we opted to perform propensity score matching. First, we estimated the propensity score, that is, the probability for every individual of being 'treated' given a set of observed covariates affecting both the treatment variable and the outcome(s) (Caliendo and Kopeinig, 2008). The propensity score was estimated by using a logit model with socio-demographic, job quality and organisational characteristics (see Tables A1 to A3, in On-line Supplemental Files, for all variables, http://journals.sagepub.com/doi/suppl/.org/10.1177/1035304620949949).

After estimating the propensity score, we matched units in the treatment and comparison groups using nearest neighbour matching without replacement. In this matching algorithm, treatment and comparison units are matched in a 1:1 ratio based on the closest distance between their propensity scores (Caliendo and Kopeinig, 2008). We then assessed the matching quality to check if significant differences existed in the means of covariates between matched 'treated' individuals (Caliendo and Kopeinig, 2008). Balance checking was assessed by using a two-sample t-test as well as standardised bias. Finally, we compared the outcomes between the 'treated' and 'controlled' individuals

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included in the matched data by means of the average treatment effect on the treated (ATT). Sensitivity analyses were also conducted (not shown) to check the robustness of the ATT results.

We limited our propensity score matching analyses to a few variables that represent the four ECG core dimensions and the health outcomes absenteeism and presenteeism:

- Control ('human dignity') is measured by an index based on the items: ability to choose order of tasks, ability to choose methods of work, ability to change speed/rate of work, job involves complex tasks, job involves learning new things and job involves applying own ideas in work. Response categories for all the original items were 'yes' (0) and 'no' (1) and when necessary items were re-codified to maintain the same direction of the association with the concept to be operationalised. The items' scores were summed using equal weighting and obtained a variable ranging between 0 (lowest control) and 1 (greatest control). When analysed as an outcome, we used the control index as a continuous variable while for the descriptive analysis, the index was transformed into a categorical variable using terciles representing low, medium and high control.
- Time pressure ('self-determined working arrangements') is analysed through an index comprising the items: job involves working at very high speed, job involves working to tight deadlines and job involves having enough time to get the job done. The response categories of the first two items involved a scale ranging from 'never' (7) to 'all of the time' (1), whereas the latter, from 'never' (5) to 'always' (1). All of the variables were rescaled to a range from 0 (lowest time pressure) to 1 (greatest time pressure) to be on the same scale. Time pressure is used as a continuous variable when analysed as an outcome, while for the descriptive analysis, the index was transformed into a categorical variable using terciles representing low, medium and high time pressure.
- Workers' direct participation ('co-determination and transparency') is examined through the question about the existence of a regular meeting in which employees can express their views about what is happening in the organisation. Response categories were yes, and no.
- Workers' financial participation ('ownership and co-determination') is tested through an overall measure including questions regarding payments based on profit-sharing schemes and income from shares in the company the worker works for. Two categories were considered: no and yes (profit sharing and/or shares).
- Absenteeism (outcome of quality of work) is analysed using the question regarding how many days the respondent has been absent from work due to sick leave or health-related leave over the past 12 months or, if they worked at the firm for less than 12 months, since the start of their main paid job. The question was then transformed into a variable with two categories: no absenteeism (0 days) and absenteeism (at least 1 day absent).
- Presenteeism (outcome of quality of work) is examined by asking whether the respondent did work while being sick in the past 12 months (or since the start of the main paid job). Response categories were yes and no.

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Results

Tables 1 to 3 show the key characteristics of the sample. With respect to socio-demographic characteristics, there is a higher prevalence of women in the sample of ECG workers, as well as of high-skilled white-collar workers. Among ECG respondents, there are no workers over 66 years. Groups also differ in terms of the characteristics of the organisations they are employed at: most of workers from the EWCS subsample (81%) work in the private sector, whereas slightly more than half of ECG workers work in this sector. Remarkably, 33% of the ECG workers are employed in the public sector and 17% in the not-for-profit sector. The tertiary sector is the most common sector among both groups of workers, but to a higher extent among workers from the EWCS subsample. Regarding firm size, the vast majority of ECG workers (92%) work at firms employing between 10 and 249 workers; among workers from the EWCS this percentage is 59%.

Furthermore, with respect to the actual working and employment conditions in ECG businesses, a parallel analysis of the job quality from an organisational perspective (using data reported by representatives from the organisation in their Common Good reports) revealed that these organisations stand out for providing more job quality features related to representative worker participation and higher control over work hours and tasks than the majority of firms in Austria and Germany. On the other hand, however, we observed a greater wage inequality and use of part-time employment in ECG organisations than in the overall Austrian and German economies (Ollé-Espluga et al., 2019).

Working and employment characteristics of the two groups of respondents according to the work-related standards promoted by the ECG are shown in Table 2. Workers in ECG organisations display better results regarding quality of leadership and control, but there are no major differences regarding fair conflict resolution between the two groups of workers. They also report working in more stable employment conditions since, compared to workers of the EWCS subsample, almost all the respondents work as employees (as opposed to self-employed) and a large share have a permanent contract. Most of the workers in both samples work full-time, but this type of work-hour arrangement is more common for EWCS workers than for ECG workers. Workers employed in ECG organisations report higher earnings (37% of ECG workers reported earnings in the 3rd quartile, whereas 25% of the EWCS subsample fell into this category). Higher levels of time pressure are reported by ECG workers. According to the descriptive results, ECG workers are involved to a larger extent in different types of participatory schemes, either in the form of direct (regular meetings), representative (existence of representative bodies) or financial participation (profit sharing schemes or receiving income from shares).

Table 3 presents the results regarding our two variables relating to quality of work. It suggests that workers in ECG organisations report worse health outcomes than those in the EWCS subsample: 68% of ECG workers report at least one day of absenteeism (54% in the EWCS subsample) and 49% went to work while sick (compared to 32% in the EWCS subsample).

The results presented in Table 1 through Table 3 were only descriptive results and ignored differences between our two samples. To control for possible biases, we performed a propensity score matching analysis with different outcomes related to job quality (control, time pressure, direct participation and financial participation) and health as

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a result of job quality (absenteeism and presenteeism). The results of the covariate balancing are reported in the On-line Supplemental File in Tables A1 to A3, http://journals.sagepub.com/doi/suppl/.org/10.1177/1035304620949949. After matching, the mean standardised bias was less than 10% for most of the covariates, while the average percentage of absolute standardised bias accounted for around 5% of all the analysed outcomes (control: 4.9%; time pressure: 5.5%; direct participation: 5.2%; financial participation: 5.4%; absenteeism: 5.6%; and presenteeism: 5.4%). The t-test shows significant results for all matching estimates. In contrast to the descriptive analysis, the matching procedure shows that working in an ECG organisation has no effect on any of the examined variables (Table 4). Additional analyses were also conducted regarding job satisfaction, self-rated health and mental well-being (not included in this article, but available from the authors on request. The results are similar to those reported in Table 4. In sum, ECG workers thus do not differ in their well-being from comparable workers in the general work force, nor in their job quality.

Discussion and conclusions

Our article introduced the alternative socio-economic movement 'ECG' and its work-related features. The ECG proposes an economic model that mitigates many of the negative effects of the current system. If properly implemented, the ECG model is supposed to have the potential of initiating changes to the economic system, for instance, by promoting the common good, equality, cooperation among organisations and environmental sustainability (Felber and Hagelberg, 2017). With regard to employment, the model aims to contribute to greater employment stability due to the reduction of cyclical crises. Firms and organisations are encouraged to adopt job quality practices such as worker participation, fair wages and reduced wage inequality, quality of leadership and self-determination over working hours. As a consequence, it could help to reverse the expansion of 'precarious work-societies' and mitigate their detrimental repercussions at the personal, community and society levels (Wilson and Ebert, 2013).

In the empirical part of our article, we first compared some of the workplace features of the ECG workers with those of the general working population in Austria and Germany. This overview showed that ECG workers are more often found in demanding and high-quality white-collar jobs. We then compared certain job quality and well-being outcomes of workers in organisations following the ECG model with those of workers in the general working population. The aim of our empirical analysis was to provide insights into the effects of the ECG on job quality, but also to contribute to a relevant research gap (Casini et al., 2018), namely, job quality in the social economy and the role of work-mediated characteristics on the health of workers in this sector. This is not a trivial matter since the social economy has traditionally constituted a way for achieving labour market integration, especially for vulnerable workers (Cace and Stănescu, 2013), and it has been favoured in different countries by political measures, such as tax advantages or social clauses in public contracts (for a summary about the situation in Europe, see (Monzón and Chaves, 2017: 47–55). However, to date there only exists limited research on this topic and it yields mixed results.

Our results are not conclusive either. The first part of our analyses shows that ECG workers are more often in high-quality jobs and – also observed through organisational data –have control over their working schedule. Yet, they also showed more presenteeism and absenteeism than the general work force. When controlling for a diverse array of socio-demographic and workplace characteristics in a propensity score matching analysis, the differences regarding control, time pressure, direct and financial participation, absenteeism and presenteeism, however, disappear between these two groups of workers.

Two reasons might explain why following the ECG model has no effect on workers' well-being and job quality, at least in the short term. On the one hand, it might be too early to detect positive consequences, especially if the initial organisational interests for adopting this model are more linked to other elements of the model (such as its prosocial and environmental components) rather than to labour-related aspects. Results from Mischkowski et al. (2018) are in keeping with this conjecture. According to this study, the main motivations behind the production of Common Good Balance sheets for organisations refer to sharing the social vision and mission of the ECG model, as well as using their contribution to the common good for brand differentiation and to present their company in a positive way. In the medium-to-long term, however, by signalling the aspects in need of improvement in the common good assessments, the ECG can have an influence on the working and employment conditions within these organisations as well as on work-related health outcomes. Currently, the main impacts ascribed to the production of a Common Good Balance sheet are to a greater extent related to non-labour elements, such as the increase of sustainability consciousness (12%), improved brand image (8%) and strengthening of cooperation strategies among businesses (7%). Little impact (2%) was observed regarding worker-related issues such as better communication and leadership, improved employee commitment and increased motivation and satisfaction (Sanchis et al., 2019: 31).

The hypothesis on limited time since implementation is in line with the opinions of representatives of the ECG movement. In the course of our research project, we also organised a workshop with ECG representatives at the University of Graz (October, 2019) and confronted them with our findings on the lack of differences in the quality of work between ECG workers and non-ECG workers once company characteristics are matched. One explanation was that many of these companies are at the beginning of their transformation process and that they just started completing reports recently. For instance, our estimates indicate that 48% of the firms taking part in this study produced their first Common Good Balance sheet between 2016 and 2017. The ECG representatives received positive feedback from the companies they have been working with and expect a wide range of positive effects to materialise soon. In addition, we also had access to two expert reports on the match between the legal Corporate Social Responsibility requirements in Germany and Austria (Deinert, 2019; Wagner and Ecker, 2017) and the reporting rules of ECG as well as the internal assessments of these reports by the ECG representatives (Personal email correspondence in December, 2019). The two external reports were generally positive but pointed out that some of the ECG reporting rules need to improve in scope and depth. As for workers' issues, they asked for the inclusion of reports involving dialogues with unions and the local community as well as for more detailed questions on

the actual measures taken to improve employee matters. The ECG movement is currently working on improving these elements and on new balance sheet rules. Overall, however, we need to add that the ECG rules focus more on the external relationships of companies and problems along the production chain.

An additional explanation for our results is that, after matching, we ended up comparing two groups of workers with many elements suggesting a good job quality overall. Perhaps, the adoption of ECG principles will produce stronger effects when extended to workers in more precarious employment situations, a type of worker we could only reach to a limited extent in our fieldwork. Although workers in the social economy sector tend to be employed under more precarious employment arrangements (e.g. temporary contracts, part-time work and lower salaries) (Bailly et al., 2012; McMullen and Schellenberg, 2003; Richez-Battesti et al., 2011), they also tend to enjoy more favourable working conditions in terms of organisation of work, control and autonomy, better work-life balance and higher possibilities for training and skill development (Ariza-Montes and Lucia-Casademunt, 2016; Bailly et al., 2012; Richez-Battesti et al., 2011). We, thus, assume that for low-skilled workers employed in social economy organisations, the quality of work is better than, at least, the private sector, and that these workers might have better well-being results than workers in the private sector. The endorsement of the ECG by the German province Baden-Württemberg and other policy makers will show if broadening the scope of ECG firms and the inclusion of companies from other economic sectors will change the outcome and bring more evidence for the effects of the ECG.

Finally, we also need to acknowledge that firms belonging to the Economy for the Common Good, like many other firms in the social economy, face the challenge that they often work in a field with high moral standards and a culture with internalised demands, which might result in employees overworking or even a collective pressure for self-exploitation, in particular if the firms are (partially) dependent on limited public funding and therefore have limited financial resources for their work. The ECG model should be further developed with a focus on employees' health. Managers of ECG firms should consider not just the common good but also the working conditions of their employees. This stake in sustainable working conditions could distinguish ECG firms from other social economy firms. Future research is thus needed to examine what working and employment conditions are offered to employees in organisations and how these conditions are related to workers' well-being.

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Supplemental material

Supplemental material for this article is available online.

Notes

1. In this article, we use the concept 'social economy' in a broad sense and as a synonym for the term 'third sector' (Monzón and Chaves, 2017: 17). While 'social economy' is linked to the Latin and French-speaking traditions, 'third sector' is more common in the Anglo-Saxon context.
2. We are detailing the work-related characteristics (or themes) proposed by the ECG based on the Common Good Matrix version 5 and its associated workbook (Blachfellner et al., 2017), adopted in 2017. In comparison with the previous version of the Common Good Matrix (version 4.1), in version 5 less emphasis is given to aspects related to the type of contract and part-time employment.

References

Ariza-Montes A and Lucia-Casademunt AM (2016) Nonprofit versus for-profit organizations: a European overview of employees' work conditions. *Human Service Organizations: Management, Leadership & Governance* 40(4): 334–351.

Atkinson W (2010) The myth of the reflexive worker: class and work histories in neo-liberal times. *Work, Employment and Society* 24(3): 413–429.

Bailly F, Chapelle K and Prouteau L (2012) La qualité de l'emploi dans L'ESS: Etude exploratoire sur la région des Pays de la Loire. *Revue internationale de l'économie sociale (Recma)* 323: 44–63.

Basterretxea I, Heras-Saizarbitoria I and Lertxundi A (2019) Can employee ownership and human resource management policies clash in worker cooperatives? Lessons from a defunct cooperative. *Human Resource Management* 58(6): 585–601.

Benach J, Vives A, Amable M, et al. (2014) Precarious employment: understanding an emerging social determinant of health. *Annual Review of Public Health* 35: 229–253.

Benavides FG, Benach J, Diez-Roux AV, et al. (2000) How do types of employment relate to health indicators? Findings from the Second European Survey on Working Conditions. *Journal of Epidemiology and Community Health* 54(7): 494–501.

Benz M (2005) Not for the profit, but for the satisfaction? – Evidence on worker well-being in non-profit firms. *Kyklos* 58(2): 155–176.

Blachfellner M, Drosg-Plöckinger A, Fieber S, et al. (2017) *Workbook Compact Balance Sheet 5.0*. Matrix Development Team. Available at: https://www.ecogood.org/media/filer_public/5d/4d/5d4d17bc-156b-44ec-9115-fe6b37c63187/ecg_compact_balance_sheet_workbook.pdf (accessed 12 April 2017).

Cace S and Stănescu SM (2013) Role of the social economy to increase social inclusion. *Procedia – Social and Behavioral Sciences* 92: 117–121.

Caliendo M and Kopeinig S (2008) Some practical guidance for the implementation of propensity score matching. *Journal of Economic Surveys* 22(1): 31–72.

Carneiro IG, Rasmussen CDN, Jørgensen MB, et al. (2013) The association between health and sickness absence among Danish and non-Western immigrant cleaners in Denmark. *International Archives of Occupational and Environmental Health* 86(4): 397–405.

Casini A, Bensliman R, Callorda Fossati E, et al. (2018) Is social innovation fostering satisfaction and well-being at work? Insights from employment in social enterprises providing long-term eldercare services. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 29: 1244–1260.

Chaves R and Monzón JL (2018) La economía social ante los paradigmas económicos emergentes: innovación social, economía colaborativa, economía circular, responsabilidad social empresarial, economía del bien común, empresa social y economía solidaria. *CIRIEC-España, revista de economía pública, social y cooperativa* 93: 5–50.

Commission EU and European Research Institute on Cooperative and Social Enterprises (EURICSE) (2013) *Social Economy and Social Entrepreneurship: Social Europe Guide*, vol. 4. Brussels: Publications Office of the European Union.

Deinert S (2019) *Gutachten zur Gemeinwohl-Ökonomie*. Fulda: Hochschule Fulda.

Demerouti E, Le Blanc PM, Bakker AB, et al. (2009) Present but sick: a three-wave study on job demands, presenteeism and burnout. *The Career Development International* 14(1): 50–68.

Economy for the Common Good (ECG) (2017) Common good matrix. Available at: https://www.ecogood.org/en/common-good-balance-sheet/common-good-matrix/ (accessed 25 May 2018).

Economy for the Common Good (ECG) (2019a) 3. Common good report. Available at: https://www.ecogood.org/en/our-work/common-good-balance-sheet/companies/3-common-good-report/ (accessed 9 December 2018).

Economy for the Common Good (ECG) (2019b) Common good matrix. Available at: https://www.ecogood.org/en/our-work/common-good-balance-sheet/common-good-matrix/ (accessed 9 December 2019).

Economy for the Common Good (ECG) (2019c) Development and achievements. Available at: https://www.ecogood.org/en/vision/development-and-achievements/ (accessed 13 January 2020).

Eurofound (2017) *European Working Conditions Survey Integrated Data File, 1991–2015* (Data Collection). Colchester: UK Data Service.

Felber C (2012) *La economía del bien común: un modelo económico que supera la dicotomía entre capitalismo y comunismo para maximizar el bienestar de nuestra sociedad*. Barcelona: Ediciones Deusto.

Felber C and Hagelberg G (2017) *The Economy for Common Good: A Workable, Transformative Ethics-Based Alternative*. Washington, DC: The Next System Project.

Fulton L (2013) *Worker Representation in Europe*. London: Labour Research Department and ETUI. Available at: http://www.worker-participation.eu/National-Industrial-Relations (accessed 24 April 2014).

Grunberg L, Moore S and Greenberg E (1996) The relationship of employee ownership and participation to workplace safety. *Economic and Industrial Democracy* 17(2): 221–241.

Hansen CD and Andersen JH (2008) Going ill to work – what personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science and Medicine* 67(6): 956–964.

Janssens H, Braeckman L, De Clercq B, et al. (2017) The relation between indicators of low employment quality and attendance behavior in countries of the European Union. *Journal of Public Health* 39(4): e127–e133.

Johansen K, Bihrmann K, Mikkelsen S, et al. (2009) Trends in sickness absence in Denmark. *Scandinavian Journal of Work, Environment and Health* 35(5): 334–341.

Lanfranchi J and Narcy M (2008) Différence de satisfaction dans l'emploi entre secteurs à but lucratif et à but non lucratif: le rôle joué par les caractéristiques d'emploi. *Annals of Public and Cooperative Economics* 79(2): 323–368.

Lewchuk W (2017) Precarious jobs: where are they, and how do they affect well-being? *The Economic and Labour Relations Review* 28(3): 402–419.

McMullen KE and Schellenberg G (2003) *Job Quality in Non-Profit Organizations*. Ottawa, ON: Canadian Policy Research Networks.

Martinez LF and Ferreira AI (2012) Sick at work: Presenteeism among nurses in a Portuguese public hospital. *Stress and Health* 28(4): 297–304.

Miraglia M and Johns G (2016) Going to work ill: a meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology* 21(3): 261–283.

Mischkowski NS, Funcke S, Kress-Ludwig M, et al. (2018) Die gemeinwohl-bilanz – Ein instrument zur bindung und gewinnung von mitarbeitenden und kund*innen in kleinen und mittleren unternehmen? *NachhaltigkeitsManagementForum/Sustainability Management Forum* 26(1): 123–131.

Monzón JL and Chaves R (2017) *Recent Evolutions of the Social Economy in the European Union*. Brussels: European Economic and Social Committee; CIRIEC.

Navarro A, Salas-Nicás S, Llorens C, et al. (2019) Sickness presenteeism: are we sure about what we are studying? A research based on a literature review and an empirical illustration. *American Journal of Industrial Medicine* 62(7): 580–589.

Niedhammer I, Sultan-Taïeb H, Chastang J-F, et al. (2012) Exposure to psychosocial work factors in 31 European countries. *Occupational Medicine* 62(3): 196–202.

Ollé-Espluga L and Bartoll X (2019) Health status and job satisfaction of worker cooperative members in the Basque country in a time of economic uncertainty. *ICA Review of International Cooperation* 105: 83–101.

Ollé-Espluga L, Muckenhuber J and Hadler M (2019) *Job Quality in Economy for the Common Good Firms in Austria and Germany* (Working paper CIRIEC 2019/21). Brussels: Centre international de recherches et d'information sur l'économie publique, sociale et cooperative (CIRIEC).

Reuter M, Wahrendorf M, Di Tecco C, et al. (2019) Do temporary workers more often decide to work while sick? Evidence for the link between employment contract and presenteeism in Europe. *International Journal of Environmental Research and Public Health* 16(10): 1868.

Richez-Battesti N, Petrella F and Melnik E (2011) Quelle qualité de l'emploi au sein de l'économie sociale et solidaire? Premiers résultats sur données françaises. *Revue Internationale de l'Economie Sociale (Recma)* 319: 57–77.

Rubin DB (1973) Matching to remove bias in observational studies. *Biometrics* 29(1): 159–183.

Sanchis JR, Campos V and Ejarque A (2019) *Economy for the Common Good Model: Statistical Validation of Its Metrics and Impacts in the Business Sphere*. València: Chair in Economy for the Common Good.

Sanwald A and Theurl E (2014) *Atypical Employment and Health: A Meta-Analysis* (Working Paper, May). Innsbruck: Faculty of Economics and Statistics, University of Innsbruck. Available at: https://econpapers.repec.org/paper/innwpaper/2014-15.htm (accessed 27 November 2019).

Taloyan M, Aronsson G, Leineweber C, et al. (2012) Sickness presenteeism predicts suboptimal self-rated health and sickness absence: a nationally representative study of the Swedish working population. *PLoS ONE* 7(9): e44721.

Underhill E and Quinlan M (2011) How precarious employment affects health and safety at work: the case of temporary agency workers. *Relations Industrielles/Industrial Relations* 66(3): 397–421.

Virtanen M, Kivimäki M, Joensuu M, et al. (2005) Temporary employment and health: a review. *International Journal of Epidemiology* 34(3): 610–622.

Wagner EM and Ecker D (2017) *Entspricht die Gemeinwohl-Bilanzierung 5.0 den Vorgaben der unternehmerischen Berichtspflicht des österreichischen Nachhaltigkeits- und Diversitätsverbesserungsgesetzes (NaDiVeG) vom 17.01.2017?* Linz: Johannes Keppler Universität Linz.

Warhurst C, Wright S and Lyonette C (2017) *Understanding and Measuring Job Quality: Part 1 – Thematic Literature Review*. London: CIPD.

Wilson S and Ebert N (2013) Precarious work: economic, sociological and political perspectives. *The Economic and Labour Relations Review* 24(3): 263–278.

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