

# Health Impacts of Employment a review



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Health Impacts of Employment: A Review

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# 1. Introduction

The Institute of Public Health was set up to promote co-operation for public health between the North and South of Ireland. It is committed to increasing understanding of the wider determinants of health on the island. Factors like age, sex or genetic makeup are central, as are lifestyle decisions such as diet, exercise or smoking. But health is also largely influenced by our social and economic circumstances. Living and working conditions, educational advantages or disadvantages and social and community networks are all important determinants of health.

Life expectancy in the North and South of Ireland is below that of many of our European neighbours and there are severe health inequalities on the island. Poor people die younger and experience more illness throughout their lives than the rest of the population.

To improve health, it is important that decision makers in all policy areas consider the potential health impacts of what they do. But to do this, decision makers need to know precisely how their policy area might affect health. The Institute of Public Health produced this evidence briefing to shed light on the impact of employment policies on health. The sources are fully referenced to enable policy makers to read further where required.

The Institute has also produced a similar briefing on Transport. Both documents are available at [www.publichealth.ie](http://www.publichealth.ie).

## 2. Employment and health

Employment is one of the most important determinants of health. Having a job or an occupation is an important determinant of self-esteem. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment. The World Health Organisation identifies a number of ways in which employment benefits mental health.<sup>1</sup> These include the provision of structured time, social contact and satisfaction arising from involvement in a collective effort. Therefore the loss of a job or the threat of losing a job is detrimental to health.<sup>2</sup> The type of job a person has and the working conditions he or she is exposed to will also affect health. It is also important to consider the impact that employment has on other aspects of people's lives that are important for health – for example, family life, social life and caring responsibilities for family members.

While this report concentrates on the impacts of employment on health, it is also important to mention the impacts of health on employment. A healthy workforce is a prerequisite for economic success and improvements in health will help to increase efficiency and productivity.

## 3. Unemployment and health

In 2003 unemployment rates in the North and South were, respectively, 4.7% and 5.2%, a total of 126,000 people. Unemployment hits the most disadvantaged sections of society the hardest and this contributes to health inequalities.

### 3.1 Mortality

Unemployment is a cause of premature mortality.<sup>3</sup> Studies show that unemployed people with no previous illness were more likely to die at a younger age than the general population.<sup>4</sup> For example, one study showed that unemployed people with no previous illness were 37% more likely to die over the following 10 years than the general population.<sup>4</sup>

### 3.2 Unemployment and poverty

Long-term unemployment is associated with socio-economic deprivation. People in poverty die younger, have less healthy lifestyles and live in less healthy environments.<sup>3</sup> The financial strain of unemployment also has direct health impacts, with people in debt being more prone to depression.<sup>5</sup>

### 3.3 Unemployment as a stressful life event

The loss of structured time, social contact and status have negative effects on health. Unemployed people have lower levels of psychological well being ranging from symptoms of depression and anxiety to self-harm and suicide. The loss of 'position' or status and the loss of self-esteem are linked to depression. This can activate stress mechanisms that increase risk of diseases such as coronary heart disease.<sup>6</sup>

### 3.4 Unemployment and lifestyle

People who are unemployed are more likely to smoke and to drink to excess (although there is disagreement as to whether this behaviour or the loss of a job comes first).<sup>5</sup> A spell of unemployment may have knock on effects that increase stress and affect mental health such as loss of home and relationship breakdown.

### 3.5 Unemployment as a recurring event

A person who is unemployed once runs a greater risk of being unemployed again. This may lead to chronic job insecurity, a higher than normal exposure to poor quality jobs and a lack of control over working life, all of which have health

implications (detailed below).<sup>5</sup> This will particularly affect older or middle-aged workers. People from lower socio-economic groups are also more likely to move in and out of employment. Many are unable to find work subsequent to recession or industrial structural change and have a tendency to drop out of the workforce. Some who do return to the workforce may do so at a lower occupational status or level of seniority and on lower wages.

### **3.6 Unemployment and health inequalities**

The health impacts identified above will fall disproportionately on some vulnerable sections of society.

People with disabilities in Ireland are more likely to be unemployed than other sections of the population. The 2002 census in the South shows that 23% of those with a long lasting health problem or disability are at work, compared to 53.1% for the total population.<sup>7</sup> Exclusion is particularly acute for people with poor mental health.

A large proportion of older unemployed people will be suffering illness or disability even before a job loss. The stress of unemployment may exacerbate this, making it even more difficult to regain access to the labour market. In addition, negative attitudes of employers towards older workers in general, (see Section 5.3) will impede re-entry to the workforce and place older people at greater risk of poor health.

Women are under-represented in the labour force in Ireland.<sup>8</sup> In the South, the female participation rate for the first quarter of 2003 was 48.9%, compared to 70.4% for men. This gap increases considerably in the older age groups.<sup>9</sup> In the North, the rate in 2001 was 60.5% compared to 70% for men.

Other groups facing high levels of exclusion from the labour market are Travellers and migrants. For example, in a study on the health of asylum seekers in the South, 89% of respondents reported “not being allowed to work” and 76% reported “loneliness and boredom” as sources of post-migratory stress.<sup>10</sup> Over half of the participants suffered from anxiety and 47% suffered from depression.

## 4. Physical environment of work and health

Exposure to physical hazards in the workplace and conditions such as musculo-skeletal disorders and fatigue are on the increase in Europe. The potential dangers to health include high-level noise, physically repetitive work, carrying of heavy loads and working in painful positions.<sup>11</sup>

The pace of work that an individual is exposed to has potential health impacts. A survey showed 1 in 4 European workers work at a high speed all or almost all of the time and that health problems such as backache, muscular pain, stress and fatigue, are higher among this group than for people who work at a normal pace.<sup>11</sup>

Older workers are particularly vulnerable in this regard, with 70% of workers aged between 45 and 54 years attributing the back problems they suffer to work.<sup>12</sup>

Workplace accidents and diseases play a role in the development of disability or chronic illness. For example, in the South, work-related accidents and diseases are the main reasons for impairments and disabilities for people aged 45 to 54.<sup>13</sup> The reduction of physical hazards will make a valuable contribution to improving the health of the population and ensuring a healthier workforce.

The number of accidents in the workplace in Ireland in recent years has been reduced following interventions by the Health and Safety Authority in the South and the Health and Safety Executive in the North. However, the number of women injured in the workplace in the South has risen by 50% since 1998. The HSA attribute this increase to the “significant increase in the number of women in the workplace together with a possible increase in the number of women in riskier industries.<sup>14</sup> The majority of workplace fatalities occur in construction and the agricultural, hunting and forestry sectors.<sup>15</sup>

## 5. Psychosocial environment of work and health

According to the World Health Organisation psychological risks to health such as stress, “accumulate during life and increase the chances of poor mental health and premature death”.<sup>1</sup> Employment may play a large role in inducing stress and this is manifested by feelings of irritability, general tiredness and exhaustion, difficulty sleeping and depression.<sup>16</sup> A survey on stress in the South of Ireland shows that having too much work, having responsibility for others at work and the physical working environment are important causes of stress.<sup>17</sup>

### 5.1 Control over the work environment

The greater the level of control over the work environment, the better someone's health is likely to be. However, levels of autonomy are unequally distributed, with more skilled workers having more control.<sup>11</sup> Working conditions that place a high psychological demand but give limited scope to control those conditions pose a health threat.<sup>18</sup> A study of civil servants in the U.K. showed that men and women with low job control were nearly twice as likely to report coronary heart disease than other workers.<sup>19</sup>

People in ‘high-strain’ jobs who have good coping skills and opportunities within the workplace to deal with stress are more likely to remain healthy.<sup>20,21</sup> Increasing the capacity of individuals to cope through training or other methods will have health benefits. This is particularly important for older workers, who receive less training than younger workers.<sup>12</sup>

### 5.2 Intimidation in the workplace

Different forms of intimidation in the workplace such as bullying and sexual harassment can cause psychological stress and may have an impact on mental and physical health. In the South, a survey showed that 7% of people experienced bullying in a six month period and that the rate among women was 1.8 times higher than among men.<sup>22</sup> With over 3% of women reporting experience of sexual harassment in the workplace in Europe compared with less than 1% of men, health impacts will fall disproportionately on women.<sup>11</sup>

### 5.3 Discrimination in the workplace

Discrimination within the workplace and discrimination that excludes people from employment both have negative impacts on health. Narrower occupational opportunities and limited career advancement may also be pathways to low work control and stress.

Women who work earn less than men. Women in Europe earn 84% of the average gross hourly wage of men.<sup>23</sup> This gender pay gap is a pathway to poverty and ill-health for women and their dependents, particularly in single parent households. Women are more frequently employed in the service sector and on a part-time basis and are under-represented at a management level.<sup>9</sup>

The stigma attached to people with disabilities in the workplace (in particular those with mental health disabilities) creates social isolation, which can undermine health. Also, many people have negative preconceptions about the ability of people with disabilities to be productive in the workplace and this can lower advancement opportunities and self-esteem.

The experience of racism is a feature of work life for migrants which will negatively affect their mental health and wellbeing.<sup>10,24,25,26</sup> Also, Travellers who hide their ethnic identity to secure and retain employment describe the process as “very stressful and emotionally draining”.<sup>27</sup> Negative attitudes to Travellers means they may experience poorer job security. Research on Travellers’ experience of mainstream employment also shows that their work status was frequently downgraded on discovery of their ethnic status.<sup>27</sup>

For migrants who find work, concerns over their legal status and right to remain in the country produces job insecurity. “Deskilling” due to a failure to recognise qualifications and experience can have negative effects on self-esteem and mental health. It may also lead migrant workers into ‘unhealthy’ jobs with poor physical working conditions, low job control and poor support from superiors and peers. Migrants tend to be concentrated in unskilled and semi-skilled occupations.<sup>28</sup> Low pay and enforced overtime are also common.

## 6. The flexible labour market and health

Labour market flexibility is an increasingly common feature in employment nationally and internationally. In Europe 'flexible' employment (defined as part-time working, working with a temporary contract or self-employment) increased by 15% between 1985 and 1995.<sup>29</sup> Flexibility can have either positive or negative impacts on health, depending on the circumstances. Where flexibility is freely chosen as a means of improving work/life balance the impacts are likely to be positive. Where it is non-voluntary or 'imposed' by labour market conditions, the health impacts are more likely to be negative.

### 6.1 Job insecurity

Low job security is frequently associated with flexibility and this has significant adverse effects on self-reported psychological and physical health outcomes.<sup>13</sup> Health deteriorates when people are anticipating job loss.<sup>30</sup> A study of British civil servants showed those who experienced job insecurity reported a significant worsening of self-rated health compared with those who experienced continuing job security. Women who experienced reduced job security reported an increase in long standing illness. Women also showed a larger elevation in blood pressure associated with reduced job security, marking them at risk for cardiovascular disease.<sup>31</sup>

Older workers are particularly vulnerable to the negative health impacts of job insecurity. A Finnish study on the health impacts of downsizing among local government employees showed older workers were more likely to suffer long periods of sick leave than younger employees.<sup>32</sup> Sickness absence is a recognised measure of ill health and is an effective predictor of future mortality.<sup>33</sup>

### 6.2 Physical and psychosocial work hazards

People in insecure jobs have a higher than normal exposure to both physical and psychosocial work hazards.<sup>16</sup> Temporary workers are more exposed to poor working conditions such as vibrations, loud noise and hazardous products and are more likely to carry out repetitive work and work to tighter deadlines than permanent workers. They are less likely to receive the type of training that would enable them to deal with workplace demands and may be less capable of dealing with the stress of job strain.<sup>11</sup> People on fixed term and temporary agency contracts report higher levels of fatigue, show less satisfaction with their working

conditions, are more exposed to carrying heavy loads and working in painful positions and have less control over aspects of their working life. As the less skilled, manual workers tend to be most exposed to low paid, temporary or insecure jobs, their health is more adversely affected than more skilled workers.<sup>11</sup>

### **6.3 Part-time work**

Where part-time work is freely chosen and enables a satisfactory work/life balance, it is likely to have a positive health impact. However, where part-time working is due to limited occupational choices, particularly for women, the danger of negative health impacts increases. This may have negative health impacts associated with low income and share some of the characteristics of psychological stress associated with unemployment.

## 7. Work/Life balance and health

Employment largely dictates the patterns of our lives and these life patterns in turn have an impact on the health of individuals and families. Finding an appropriate work/life balance is important for promoting health. Work/life balance can be defined as “not automatically about working less but about having control and flexibility over when, where and how to work.”<sup>11</sup> The balance between work and the rest of our lives is partly determined by developments in the labour market, such as working hours and irregular work patterns, and partly by wider developments such as commuting and changes in family life. To promote health, all of these dimensions need to be addressed.

### 7.1 Working hours

Long working hours can impact on health negatively. A European survey shows men in the South of Ireland work an average of 44.7 hours per week, the highest in the European Union, which has an average for men of 41.6 hours.<sup>11</sup> Researchers say that there is “sufficient evidence to raise concerns about the risks to health and safety of long working hours”.<sup>34</sup> One refers to links between long working hours and cardiovascular disease, diabetes, poor self-reported health and fatigue.<sup>35</sup> Japanese and South Korean studies demonstrate negative effects of regular overtime on the cardiovascular system.<sup>36,37</sup>

### 7.2 The double workload - combining household and paid employment

Women continue to have a disproportionate work burden at home and a more active participation in the home and family. European statistics on this “double workload” show a very sharp gender inequality in caring for children and in household tasks (e.g. with 86% of women compared to 25% of men being the main contributors in this area).<sup>38</sup> They illustrate the strain which female workers bear in combining dual roles in the household and in paid employment. For example, in Sweden, women undergoing a ‘double exposure’ to job strain and greater domestic responsibility suffered negative health impacts.<sup>38</sup>

This gender imbalance may have a number of impacts on health. It may prevent women from gaining employment and therefore expose women to the negative health impacts of unemployment. For women on low incomes, the prohibitive cost of childcare may negate the health and monetary benefits of employment.

For the increasing numbers of women entering or planning to enter the workforce in Ireland, the double workload may be damaging to health. Initiatives that promote harmonisation of these dual roles, such as more flexible working arrangements and improved access to childcare facilities, may help to promote health.<sup>39,40</sup>

Women provide valuable unpaid care to children, the elderly and others.<sup>41</sup> As more women enter the workforce, the health of the recipients of care needs to be protected by the provision of quality, alternative affordable caring facilities and an appropriate work/life balance for carers joining the workplace.

### **7.3 Work/life balance for older workers**

The European Employment Strategy aims to increase the participation of older people in the workforce in coming years. People will be encouraged to retire later and many who have retired may return to the workforce. There are a number of potential health impacts that need to be considered. Older people need time to attend to their health needs, such as taking medication, preparing nutritious meals or performing regular exercise. Common ailments such as diabetes require a strong commitment to lifestyle changes. Ongoing or increased work commitments can reduce the time older people have to care both for themselves and for dependents. Employment policies that consider an appropriate work/life balance for older workers would be beneficial to health and would help to prolong people's working life.

Many older people leave the workplace to care for a dependent.<sup>42</sup> Others may be engaged in the care of extended family such as grandchildren. The wider health impacts of a potential reduction in the caring capacity of older people needs to be evaluated by decision makers.

### **7.4 Night work and shift work**

Shift work and night work are now common in Ireland. In the South, 20% of people work at least 1 night per month and over 200,000 people do shift work.<sup>43</sup> Over half of these worked shifts because there was no similar job with regular hours available. Negative health impacts of shift work include "poorer daytime sleep, reduced night time alertness and performance and an increased accident rate compared to those on day shift". This can lead to health problems such as

chronic sleep disorder, increased incidence of cardiovascular disease and an increase in late-onset diabetes.<sup>44,35</sup> One researcher states that the “inherent conflict between the interest of the worker and the enterprise over unsocial hours can be mitigated by improvements in working conditions and by advice to the worker on coping strategies”.<sup>35</sup>

## **7.5 Commuting**

The changing patterns of travel to work in Ireland, North and South, may be damaging to health. In the South in 2002, 55% of all workers drove to work, up from 46% in 1996.<sup>43</sup> In the North the figure in 2001 was 56%. The percentages using public transport, cycling and car sharing have fallen. Workers travelled on average 9.8 miles to work in 2002, up from 6.7 miles in 1996 and more than 13% of car journeys to work were a mile or less. A European comparison in 2000 showed that 17.1% of the Irish workforce spent between 1 and 2 hours travelling from home to work and back, the second highest in the EU.<sup>11</sup>

This will have a number of negative health impacts on individuals, including reduced physical exercise and added stress due to travelling longer distances and increased traffic jams. Increased commuting also has wider health implications for society through increased air pollution, accidents, noise and other factors. Flexible working arrangements that reduce commuting could therefore be beneficial to health.

## **Teleworking**

Teleworking is often designed to enable a better work/life balance. Where teleworking enables an improved work/life balance or enables access to the labour market where it did not exist before, the health impacts are likely to be positive. However, some of the potential negative health impacts of teleworking include inferior ergonomic arrangements outside of the workplace and working in isolation without the benefit of teamwork and consultation.<sup>45</sup>

## 8. Conclusion and recommendations

Being employed is better for health than being unemployed. As this document shows, the material wellbeing and sense of purpose that a job provides are beneficial to health. However, the document also shows that some types of work are healthier than others. Stressful working conditions, bullying, harassment and low pay are all detrimental to health. The disruption of work/life balance through long or irregular working hours and stressful commuting is also unhealthy.

This document shows the variety of ways that employment can affect health and shows that a holistic and comprehensive approach is required by decision makers who are committed to promoting the health of the workforce. It also suggests that there is much opportunity to improve health both through government policy and through action in the workplace by employers. A healthier workforce will also pay economic dividends in terms of reduced absenteeism and increased productivity.

It is beyond the scope of this briefing to analyse the wide range of employment policies currently being pursued in Ireland, both North and South. Neither is it the intention to provide detailed recommendations on policy or to consider all the elements of relevance to a health-promoting workplace. However, based on the evidence covered in this report, the following actions are likely to promote health.

### 8.1 Actions in the workplace

- give employees more variety in tasks to mitigate potential damage to health of repetitive tasks
- build coping skills through training and education for individuals to deal with job strain
- introduce mechanisms to enable good ongoing two-way communication between employers and employees to allay anxiety and stress
- prevent workplace bullying.

### 8.2 People with disabilities, employment and health

Much of the exclusion of people with disabilities from the labour market is a result of negative societal attitudes. Awareness raising to tackle misconceptions about the productive capabilities of people with disabilities would help to overcome these attitudinal barriers.

### **8.3 Older workers, employment and health**

To help combat the relatively severe health impacts of unemployment, older workers unemployed for a period (e.g. six months or more) should be provided with a programme of advice and assistance with employment and training options. To help ensure continued participation rates of older people in the workforce (as recommended by the European Employment Strategy) in a way that would protect health, the following could be pursued:

- improve access to training opportunities for older people in the workplace to enable them to cope better with workplace demands
- develop a strategy to encourage more gradual retirement for older people who would prefer to continue working.

### **8.4 Women, employment and health**

In anticipation of increased female participation in the labour market as targeted by the European Employment Strategy, comprehensive research in both the North and the South of Ireland should be undertaken on those aspects of women's work most likely to impact on health. These areas include:

- male-female wage differentiation
- incidence and nature of part-time working
- harassment and bullying
- reasons for narrower occupational opportunities and limited career advancement towards professional and managerial positions.

To combat potential negative health impacts on women due to the pressure of combining dual roles in the household and in paid employment the following actions could be pursued:

- support initiatives to promote work/life balance that address harmonisation of these dual roles
- advocate for the provision of adequate low cost or subsidised childcare places for women moving into low-income jobs.

### **8.5 Travellers**

A comprehensive study to measure and actions to address the following issues:

- unemployment and related poverty
- lack of access to education and training
- risk of physical hazards and discrimination in the workplace.

## **8.6 Migrant workers**

A comprehensive study to measure and actions to address the following issues:

- “deskillling” and its negative effects on self-esteem and mental health
- poor physical working conditions
- discrimination in the workplace and experience of racism
- low job control
- low pay.

## **8.7 Commuting**

Address commuting times and healthier routes to work such as cycling, walking and public transport by providing:

- health promotion and financial incentives to both employees and employers to increase cycling and walking to work. This should concentrate particularly on the large percentage of workers who drive short distances to work.
- targets and incentives to reduce commuting and improve work/life balance through teleworking and other flexible working arrangements.

## **8.8 Data collection on employment and health**

There is a scarcity of data showing direct impacts of employment on health in Ireland, North and South. Questions on employment that would enable measurement of such impacts could be included in national surveys (such as SLAN in the South and Health and Social Well-being survey in the North). Similarly, questions on health could be included in national labour force surveys.

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