



How are changes to the ways people are employed affecting health?

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The Changing Employment Scene

- Long hours of work
- Short hours of work
- Non-standard hours of work, including night work
- Casual
- Contract
- Labour hire
- Piece rates

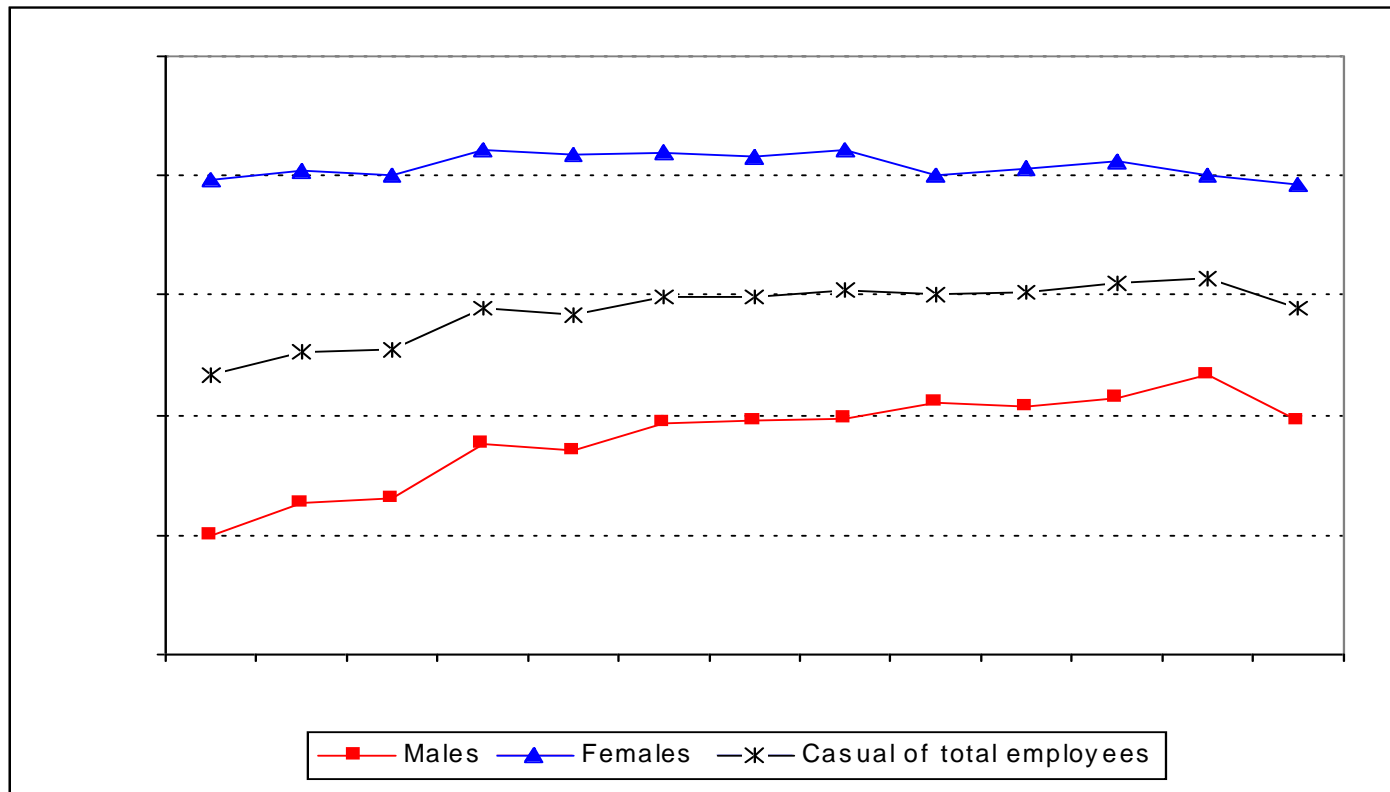
Non-standard forms of employment in Australia: 2004

	Number million	% of employed persons
Casual	1.9	20
Self-employed contractors	0.8	8
Fixed term	0.6	6
Labour hire	0.3	3

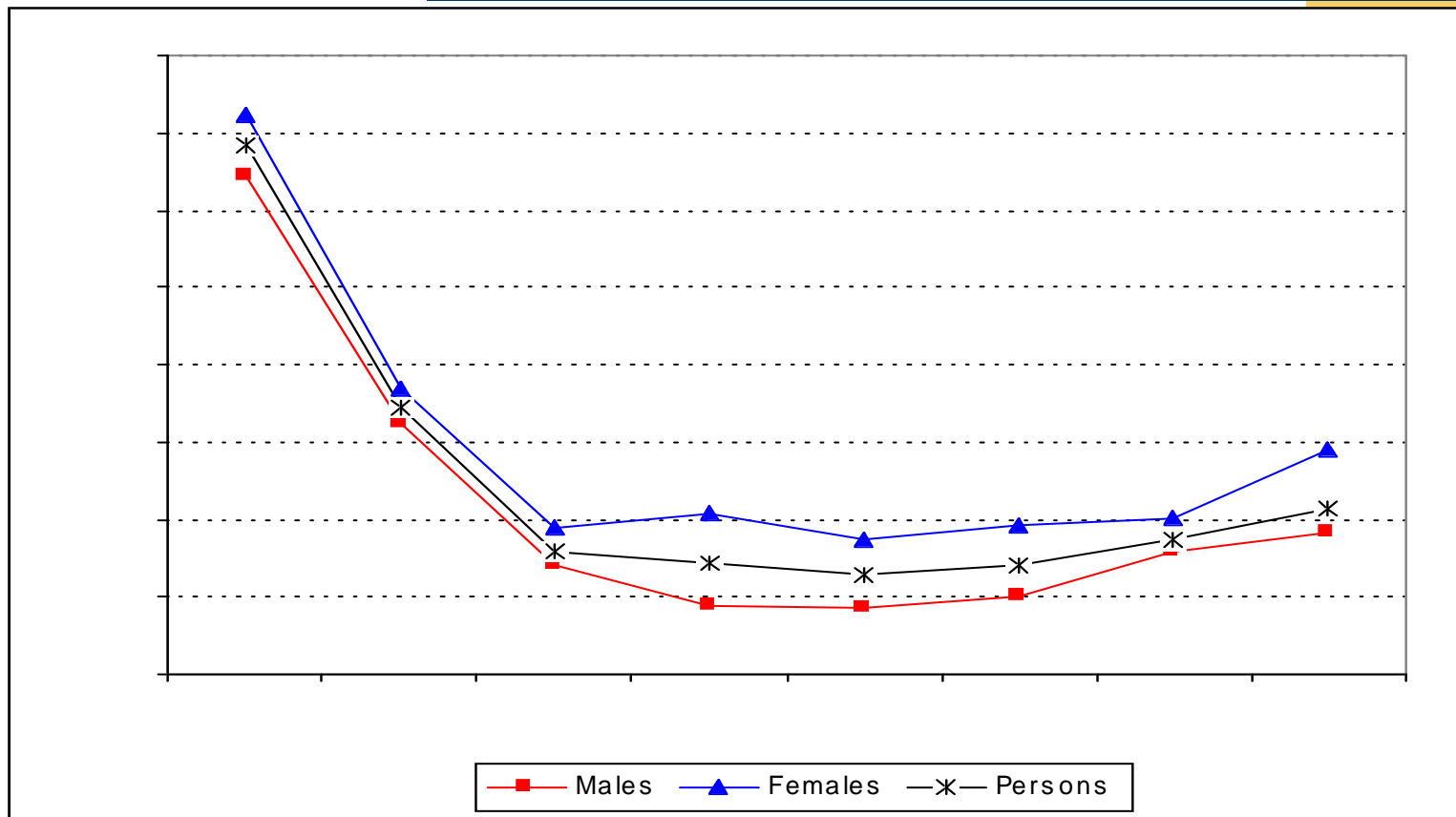
Changing forms of employment 1992-2006

			% in 1992	% of increase 1992-2006	% of increase 2005-2006
Male	Full-Time	Permanent	46	20	17
		Casual	3	10	19
	Part-Time	Permanent	1	5	6
		Casual	4	9	6
Female	Full-Time	Permanent	24	22	32
		Casual	2	5	6
	Part-Time	Permanent	7	20	21
		Casual	12	9	-8
TOTAL			100	100	100

Proportion of employees who were casual: 1993-2005



Proportion of employees who were casual, by age: 2006





The Questions

- 1. How have the forms of employment and unemployment been changing in Australia, in aggregate and by socio-demographic characteristics?
- 2. How do the main conditions of work vary under these different employment arrangements?

More Questions

- 3. To what extent are the various forms of contingent employment hazardous for the health of workers, and who is most at risk?
- 4. What aspects of contingent employment are associated with the harms or benefits?
- 5. Do the effects of contingent forms of employment on health vary systematically with the characteristics of workers?

Still More Questions

- 6. How do social resources (eg social capital) mediate relationships between employment arrangements and health?
- 7. What policies will be most effective in enabling Australia to gain the benefits of a flexible workplace, without harming the health of workers?

Economics and the impact of work

A person who does repetitive and boring work
*“becomes as stupid and ignorant as it is possible
for a human creature to become”* Adam Smith

More optimistically-- *“the business by which a person
earns his livelihood fills his thoughts during by far
the greater part of those hours in which his mind is
at its best: during them his character is being
formed by the ways in which he uses his faculties
at work”* Alfred Marshall

Work: Good for health

- Income
- Status, structure of time, constructive purpose, social contact, opportunities for control, use of skills
- Unemployed have worst physical and mental health, of those in labour force
 - anxiety, stress & increasing morbidity
 - excess mortality & worsened physical health through poverty, increasing stress level and detrimental behaviours such as alcohol abuse

Work: Bad for health

- Each year, about half a million Australians are injured at work;
 - there are more deaths caused by work than by road accidents;
 - about 250,000 working age Australians are unable to work because of work related injuries
 - burden of work injuries & death falls disproportionately on people in lower paid jobs.

Some forms of work are harmful

- Job insecurity is associated with psychological distress, anxiety, depression, exhaustion, heart complaints, high blood pressure, & high use of medical services
- People on contingent employment contracts have higher levels of stress, increasing the risk of heart disease, depression et al.
- Jobs with high demands and low control are harmful in similar ways

What is job insecurity?”

“the discrepancy between the level of job security a person experiences and the level she might prefer”

➤ Influenced by formal terms of employment

- Continuing or casual, labour hire, labour-only subcontracting, short-term contract
- Redundancy rights
- Unfair dismissal rules

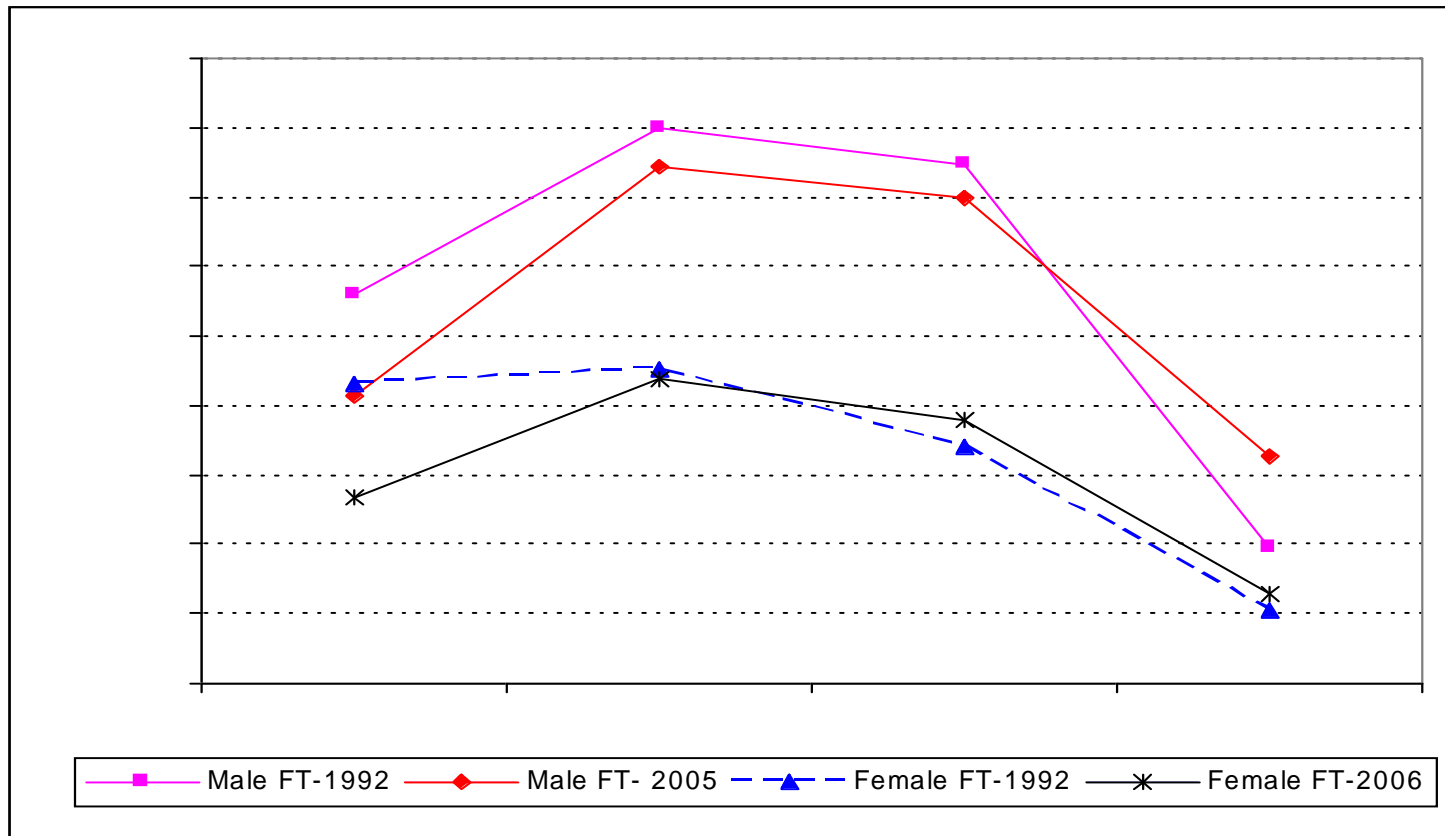
The employment environment

- Cultural norms around employment practices
- All developed nations regulate their labour market and the employment relation
 - Big variation in limits on rights to hire and fire, and terms (eg discrimination, notice, redundancy rights, unfair dismissal)
- Role of third parties
 - Unions, ombudsman, tribunals, employer assn

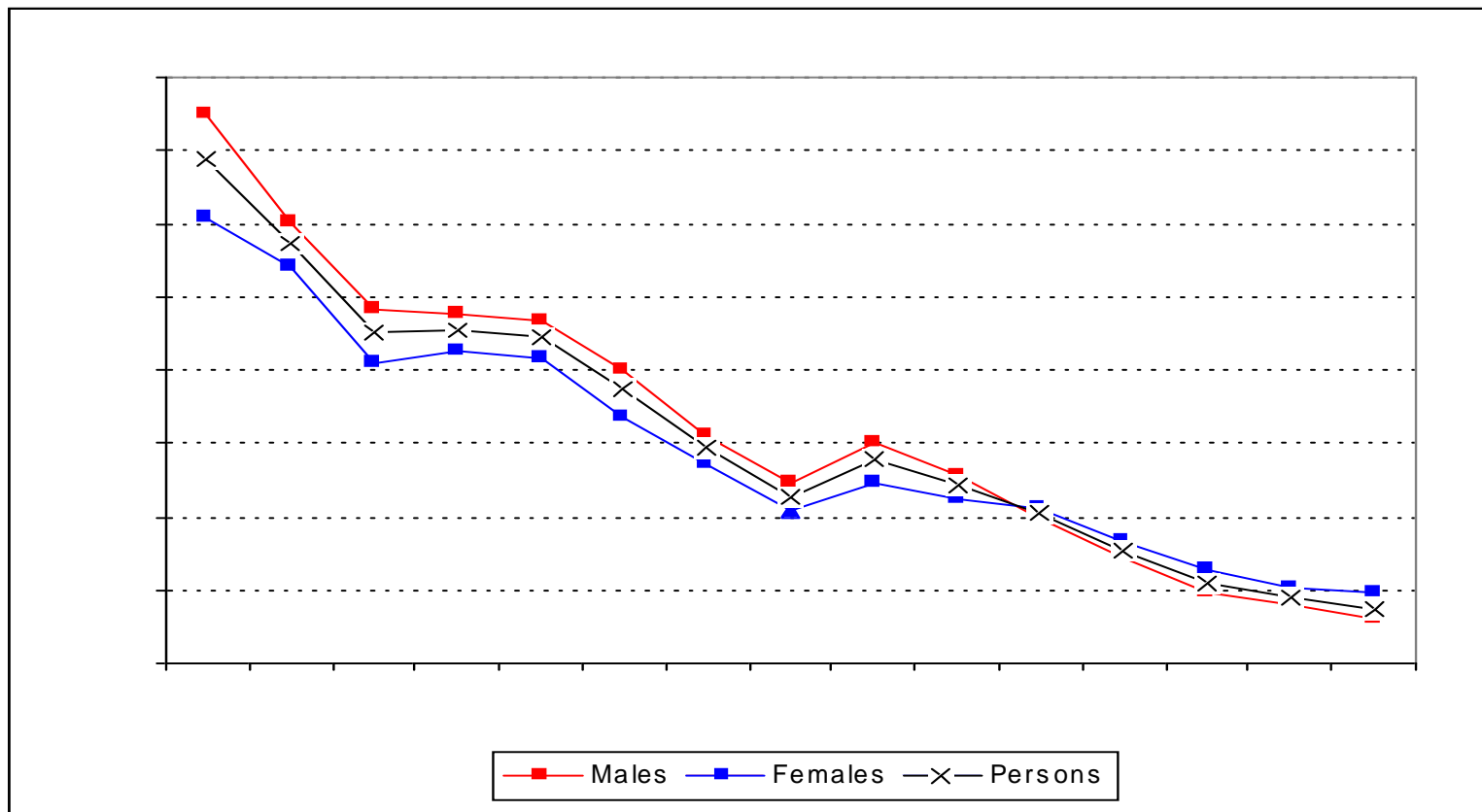
The pressure for change

- Globalization of product and financial markets, deregulation of national product markets (national competition policy etc), lead to calls for more managerial autonomy in organising work.
- Increases cost of security (?)
- Reduced role for AIRC and state tribunals
- Reduced membership of and role for unions

Fulltime permanent as a % of all employees 1992 and 2006, by sex




Unemployment rate: 1993-2007



Self-rated general health and level of psychological stress by labour force status, 2004-5: %

ABS National Health Survey

	Employee	Employer	Self employed	Unemployed	Not in Labour Force
Self rated health very good or excellent	65	57	60	47	39
Psych distress low or moderate	90	91	92	73	83



the estimation is conducted separately for males aged 15-49, males aged 50-64, females aged 15-49 and females aged 50-60. The results indicate that better health increases the probability of labour force participation for all four groups. However, the effect is larger for the older groups and for women. As for the feedback effect, it is found that labour force participation has a significant positive impact on older females' health, and a significant negative effect on younger males' health. For younger females and older males, the impact of labour force participation on health is not significant.

Cai, L. and Kalb, G. 2006. 'Health status and labour force participation: Evidence from Australia'. *Health Economics* 15: 241-61.

Logistic regression models were used to analyze panel data from Germany and the U.K. (1991-93), available in the Household Panel Comparability Project data base.

We included 11,980 respondents from Germany and 8,729 from the United Kingdom. The health dependent variable used was a single measure of perceived health status. Controlling for background characteristics, part-time workers with permanent contracts are not significantly different from those who are employed full-time in terms of reporting health status. In contrast, full-time employed people with fixed term contracts in Germany are about 40 per cent more likely to report poor health than those who have permanent work contracts.

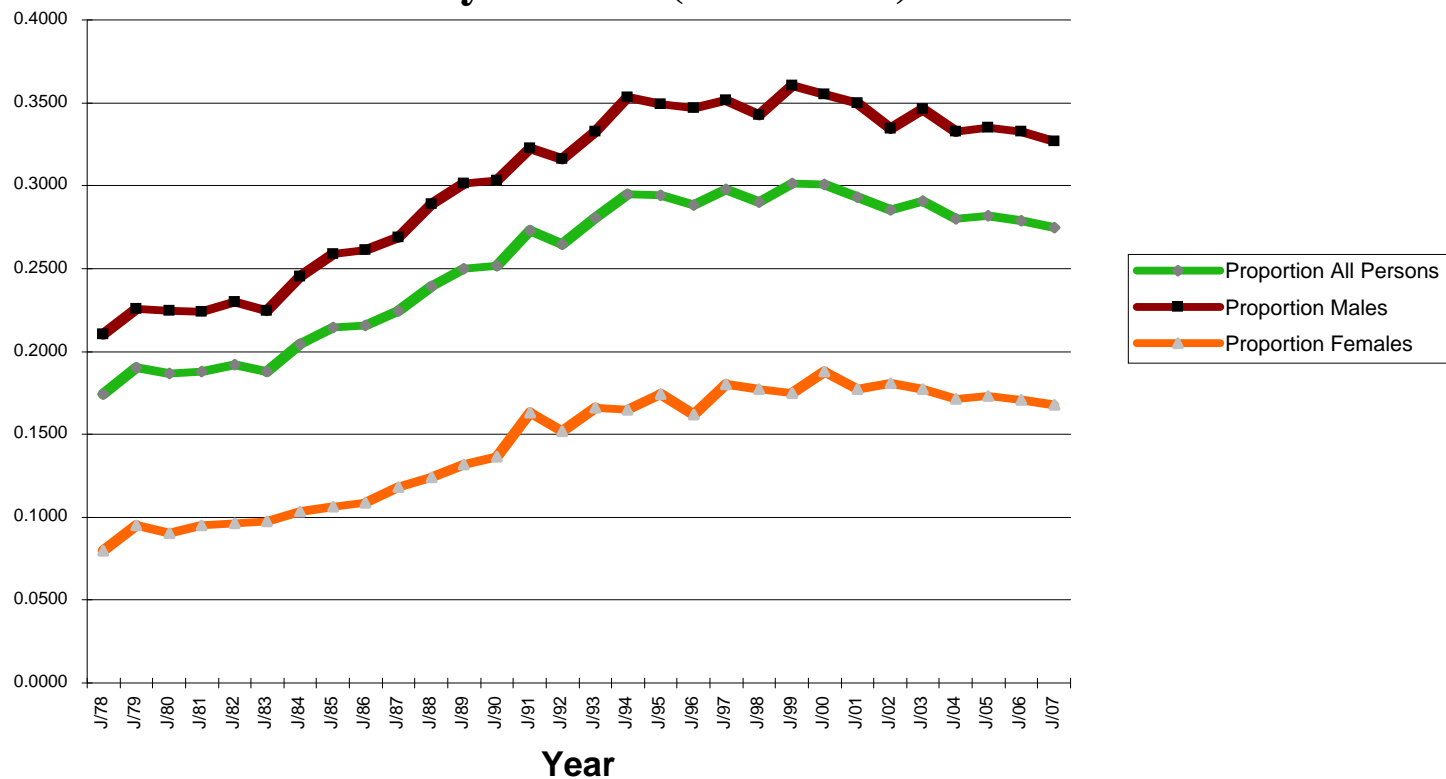
Marginal Employment and Health in Germany and the United Kingdom:
Does Unstable Employment Predict Health?

Eunice Rodriguez*, discussion paper FS I 99 -203 1999

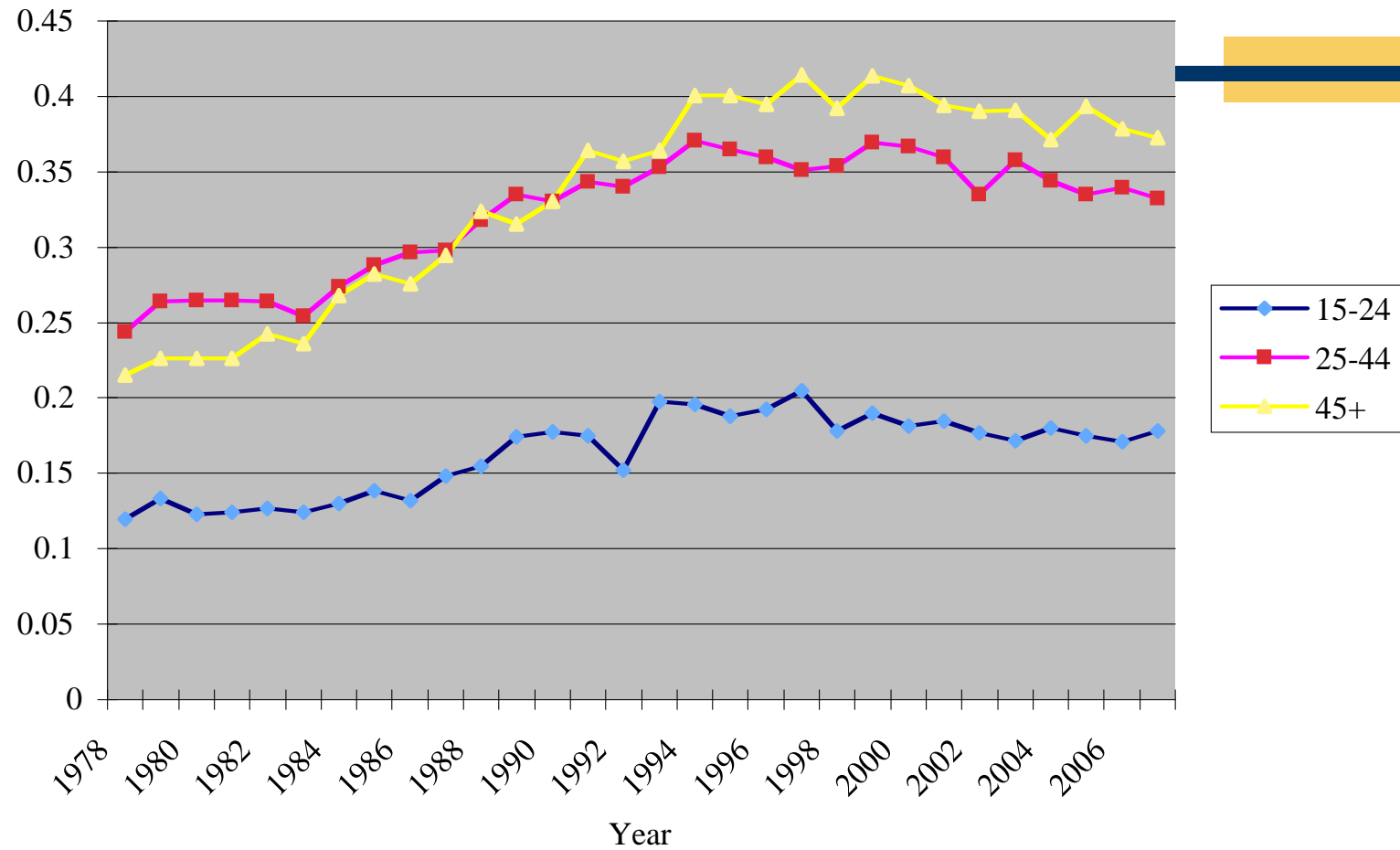
- Comparing subjective and objective measures of health: Evidence from Hypertension for the income/health gradient. Michael Shields, David Johnston and Carol Propper
- around 85% of individuals measured as having hypertension do not report having it as a chronic illness. Importantly, we find no evidence of an income/health gradient using self-reported hypertension, but a large (about 14 times the size) gradient when using objectively measured hypertension.

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The Proportion of Full-time Employees Working 50+ Hours by Gender (1978-2007)



The share of full-time male employees working 50+ hours in three age groups (1978-2007)



Employment contracts are changing: 1992-2005

- Only *20 per cent* of all new jobs were for men employed fulltime on a permanent basis;
- Women have seen strong growth in permanent jobs, both full and part-time;
- Men have seen a large *fall* in the share of permanent fulltime jobs and a large *rise* in the share of casual jobs, both full and part-time;

Employment contracts are changing: 1992-2005

- Growth in permanent jobs has been concentrated among both men and women aged 45-59; the absolute number of permanent jobs for men aged 20-30 has fallen;
- Labour hire has been growing rapidly, from a small base, and now comprises over 3 per cent of all employment.

Links between health and age

- Self-rated physical health (SF36) falls steadily with age
 - 25-34--mean value 87
 - 35-44 80
 - 55-64 62
- After mid-50s, worse for women than men

Links between health and age

- Self-rated mental health (SF36) rises with age
 - 25-34--mean value 73
 - 35-44 74
 - 55-64 77
- Until 65, worse for women than men

Self-rated health by LF status

HILDA, 2005, those 15-64, excluding FT students and full retired: % of LF category

<i>Self-rated health</i>	<i>Empl FT</i>	<i>Empl PT</i>	<i>Unemployed</i>	<i>NILF marginal</i>	<i>NILF no attach</i>
Fair/poor	9	12	22	26	33
Very good	41	40	27	29	29
Excellent	12	14	10	8	8

Employment contract and health

HILDA 2005, those aged 15-64, excluding fulltime students and fully retired

LF status/SF-36 scores	physical health SF-36	mental health SF-36
Employed FT	90	76
Employed PT	89	74
Unemployed	83	69
NILF, marginal attachment	82	66
NILF, no attachment	74	69
Total	88	74

% with physical or emotional impairment by LF status: HILDA 2005, 15-64

Health status/LF status	Employed FT	Employed PT	Unempl	NILF, marginal attached	NILF, no attach
Having long term impairment	16	18	30	40	43
Significant emotional distress	10	12	24	30	23

Health and hours worked

HILDA 2005, 15-64, excluding fulltime students and fully retired

Self-rated general health/hours worked	1-20	21-35	36-45	46-54	55+
Excellent	15	12	12	10	11
Very good	40	42	40	44	40
Good	34	36	39	38	38
Fair/poor	11	11	9	9	11

The challenges

- Identify cause and effect, and which way causation runs
- What features of employment arrangement cause harm/good
- How to expand the health-giving jobs
- How to protect those who work in harmful jobs