

REALITY CHECK **Ray Moynihan**

Job insecurity contributes to poor health

How do we create jobs that don't do more harm than good?

We've known for some time of the unhealthy impacts of insecurity in work, thanks to those who study the social determinants of health. Britain's famous studies of civil servants showed that losing job security harms health, and chronic insecurity is even more dangerous.¹ More recently, a study across 16 European countries confirmed the association, finding that the "public health impact of job insecurity is likely to be substantial."² As nations continue to wrestle with mass unemployment and search for ways to boost jobs, this evidence becomes ever more salient.

"Insecurity is one of the big issues for the contemporary economy," argues the Australian National University associate professor Lyndall Strazdins. "Some jobs are corrosive to health," she told the *BMJ* recently, "and insecurity is part of that." Strazdins is involved with a team of antipodean researchers who've helped produce the growing body of evidence on the connection between poor quality work and poor health.

In 2003 the team published a study of almost 1200 professionals, which found that job insecurity was associated with significant increases in self reported poor health, depression, and anxiety.³ Although the size of those increases was small in absolute terms, "a small change to a lot of people can have a big effect," said Strazdins.

By 2006 the group based at the Australian National University was producing data showing that a bad job was just as bad for a person's health as no job at all. In a study of almost 2500 middle aged Australians, the researchers found that health outcomes among the unemployed—including rates of depression and poor physical health—were worse than among employees. Yet when the unemployed were compared with people in the worst jobs—jobs with low autonomy, high strain, and insecurity—health outcomes were

similar.⁴ The team concluded, "Paid work confers health benefits, but poor quality jobs which combine several psychosocial stressors could be as bad for health as being unemployed. Thus, workplace and industrial relations policies that diminish worker autonomy and security may generate short-term economic gains, but place longer-term burdens on the health of employees and the health-care system."

By 2011, results from a longitudinal study of over 7000 people were being reported, enabling assessment of the effects of moving in and out of jobs of high or low quality.⁵ Poor jobs were defined by a suite of characteristics including high demands, low control, unfair pay, and insecurity. The results showed that when people moved from unemployment to a good job there were beneficial effects on their health, but that moving from unemployment to poor jobs was actually detrimental on some health measures. "We find that jobs with poor psychosocial attributes are no better," wrote the team, "and may have even more adverse effects on mental health, than unemployment."

The problem of job insecurity was highlighted by a recent inquiry funded by the Australian Council of Trade Unions, which estimated that 40% of Australians were now in some form of insecure work and that a fifth were employed casually.⁶ The inquiry's report cited one case of a Sydney manufacturing plant where the "entire staff were employed as casuals," with workers notified by a text message every afternoon to tell them whether and when they'd be required the next day, without any information on how long their shift would be. That report included a range of recommendations, including allowing casual employees to accumulate entitlements over time and a call for more research into the effects on health and the social costs of insecure work. Significantly, it also urged



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reform of an outdated social security system, to provide ongoing income security to people operating within the much more flexible employment realities of the 21st century.

In Europe the word “flexicurity” has been used for a decade to describe the combined concept of flexibility for employers with security for employees, through strengthened income support systems and enhanced training opportunities. It is unclear how the “flexicurity” approach, adopted as a formal principle of labour market policy by the European Union before the global financial crisis,⁷ will survive in these times of austerity and rising unemployment. It's also unclear how “flexicurity” might affect the health of the workforce—though it is no doubt a rich area for future research.

As Strazdins pointed out, behind the people doctors see in their surgeries every day are events that “neither the clinician nor the person have any control over.” These events “are intractable,” she said, “but around the cabinet table they may be modifiable.” Reducing workers' conditions to boost employment “may not deliver the best health outcomes,” she said, arguing that health impacts should be weighed more carefully in broader economic policy deliberations: “If we're going to create jobs, we want to create good jobs.”

To some, the harmful effects of insecure and poor quality work will be seen as an unavoidable side effect of an increasingly globalised and sometimes brutal marketplace. To others, the growing body of evidence about these connections will boost arguments that employers' need for flexibility and employees' need for security must somehow become more integrated.

Ray Moynihan is author and senior research fellow, Bond University, Australia
Ray.Moynihan@bond.edu.au

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References are in the version on *bmj.com*.

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