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***'Job insecurity and its  
impact on health'***

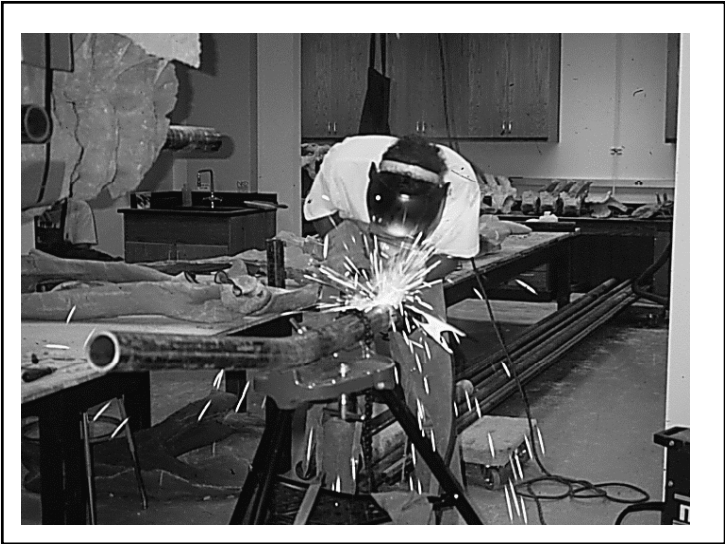


***Occupational Health***

*the effects of Work on Health and Health on Work*

- ***Protecting*** and ***Promoting***  
the health of people at work
  - Prevention
    - Occupational hazards
      - physical, chemical, biological, ergonomic or **psychosocial risk** factors
  - Promotion
    - Lifestyle factors
    - **organisational factors**
    - work-life balance and
    - well being.





### Importance of Work

- People spend up to one third of their life at work.
- The work that they do, the environments in which they work, the hazards that they are exposed to, can play a major part in determining their health and well being.
- Financial security, self and family, social status, opportunities for personal and professional development, social contact and cohesion
- Work = relative security, social support, opportunities, and a degree of predictability within the different spheres of our lives

### Consider for you: what would it be like if....

- you came into your present job thinking that it was a good job and a permanent job
- organisational change came along and you felt that your job was likely to end soon
- that there was no other source of employment readily available to you
- and that this uncertainty went on for over a year – what impact might this have on you and your health and well being?

## **Labour Market Changes and Job Insecurity : a challenge for social welfare and health promotion.**

Ferrie, J. Marmot, MG. Griffiths, J. Ziglio, E.  
World Health Organisation. European  
Series. No.81 (1999)

## **Stages in job insecurity**

- Secure employment
  - (little or no perceived threat)
- Anticipatory phase
  - (period of uncertainty – threat is present)
- Termination phase
  - (job loss or removal of the threat)

## **Research on workplace closures**

- 15 studies, showing adverse effects on
  - physical health
  - psychological health
    - physiological indicators during the anticipatory and termination phases

## **Michigan (US) Workplace closure**

- 2 plants, studied before and after closure, with a comparison group of workers from 4 plants not under threat.
- Significant increase in:
  - blood pressure
  - increase in self reported ill health
  - increase use of drugs

US National Institute for Safety and Health (NIOSH)

## UK : GP records

- Before, during and after plant closure
- Increase in:
  - use of GP services, particularly by men
  - increasing symptom reporting
  - minor mental health problems
    - (anxiety and depression)
  - use of hospital services

## Limitations: plant closure studies

- Most studies done on large scale workplace closures, with large scale redundancies, at a fixed point in time.
- Most studies done on large populations of mainly blue collar workers
- Most studies done where large sections of a community are affected

## Change.....

- Threat of redundancy
  - actual redundancy
- Threat of reorganisation
  - actual reorganisation
- Threat of change
  - actual change
- Adverse effects of '**Job Insecurity**' are caused by a sense of loss of **control**

## Role theory

Louis, MR. (1980)

- Job loss
  - Is a transition between roles, from employed to unemployed, from one employer to another employer.
  - Visible event, fixed in time and place, recognised by others, with social support
- Job insecurity
  - Occurs without actual job loss, or necessarily a change in role - but with a change in beliefs and feelings about the job.
  - Transformation of beliefs is an internal event. For the time being, income, activities, relationships do not change – the effect is an invisible, subtle, shift towards something that is uncertain, ill defined and perceived as a threat.

**“Job insecurity is not an event with a clear temporal onset or termination. It may grow insidiously and become a relatively fixed and continuing daily experience .... is a chronic rather than an acute experience”**

Hartley, J. (1999)

## Health effects

- No longer feeling 'healthy'
  - how 'health' is perceived and understood, as well as
  - the behaviours associated with this new state
  - not coping, not sleeping, drinking, smoking, conflict at home and conflict at work.
- Leading to
  - stress, anxiety and depression, mental health problems, relationship difficulties, behavioural problems
- Increased risk factors for developing disease
  - Sleep patterns
  - Blood pressure
  - Biochemical markers
  - Mental health issues
  - Cardiovascular disease
  - Cancer

## 'Job insecurity'

- Is often the precursor to redundancy, unemployment, or employment in less favourable conditions – in the same or a different organisation
- the experience may affect employees who ultimately are retained as much as those who are made redundant
- Impacts upon health, performance and behaviour at work, and on the organisations ability to deliver.

## 'job insecurity'

- depends on the perceived probability of losing one's job and the perceived severity of effects
- The change is from the perception that one's position in the organization is safe to one that it is not
- Job insecurity is the discrepancy between the level of security a person experiences and the level he or she might prefer

### 'job insecurity

- Has a large subjective appraisal element that is highly dependent on context
- The term job insecurity is an undesirable state, whose negative connotations derive from a lack of control
- A similar lack of control may characterize employment in an unsatisfactory job where no alternatives are available
- Chronic job insecurity can occur where the threat of job loss continues for a long time.

### Job insecurity

- Has been shown to increase psychological withdrawal from the job in terms of decreased organisational commitment and job satisfaction

### Whitehall studies

- Civil servants cut from 732,000 in 1979 to 520,000 by 1995
- 382,000 civil servants placed in 125 executive agencies
- Period of uncertainty, options of elimination or transfer to the private sector were considered, marked change in management

### Whitehall II study

- Population:
  - all London based staff from 20 civil service departments were invited to participate in health screening.
- Base line screening 1985 – 1988
  - examination, BP, pulse, cholesterol and questionnaire
  - Follow up: 1992 - 1993
- Response rate: 73%
- Numbers: 10,308 staff
  - 6,895 men
  - 3,413 women

## Whitehall II

- The Property Services Agency (PSA)
- Phase 1 from a period of secure employment
- Phase 2 and 3 anticipatory phase and termination phase – job insecurity

## Whitehall II

- From a base line position of either advantage or no difference PSA employees experienced an overall increase in self-reported morbidity, compared with the rest of the cohort during the anticipatory phase

## Whitehall II

- All measures showed worse health for men in PSA compared to men in other departments, with significant differences in
  - self-rated ill health,
  - number of symptoms in the last fortnight,
  - number of health problems over the past year.
- For women the picture was less consistent.

## Whitehall II

- Combined results show that all self-reported morbidity increased in PSA respondents compared with respondents in other departments
- 40% of civil servants in those other departments were anticipating or had experienced transfer to another executive agency.

## Whitehall II

- Among both men and women in PSA during the termination phase, divorce or separation was more frequent than in respondents from other departments.

## Whitehall II

- 2641 male and 1185 women
  - working in parts of the Civil Service where change was '**not planned**'
- 1240 male and 650 women
  - reported change to agency status was possible or probable '**anticipating change**'
- 1077 males and 356 women
  - were already in executive agencies '**experiencing change**'
- 7,149 responded (86%)

## Whitehall II : self reported health

- Men **anticipating** or **experiencing** change to agency status showed adverse health changes in all measures of self-reported health status compared with controls (no change planned)
- Women showed less marked adverse trends for most of these measures

## Whitehall II: physiological measures

- Men **anticipating** or **experiencing** change showed adverse changes in most physiological measures.
- Women **anticipating** or **experiencing** change showed adverse changes in all physiological measures.



## Self reported health : sleep

- Self-reported health status has been shown to predict mortality over a period of years
- Disturbed sleep patterns have been shown to be associated with increased morbidity and mortality.
- Men **anticipating** change were found to be sleeping five hours or fewer per night
- Men **experiencing** change were sleeping nine hours or more per night

## Joseph Rowntree Foundation: Job insecurity and work intensification 1999

- Job insecurity has spread throughout the 1990's.
- More than 60% of workers claim that the pace of work has increased over the past five years
- More than 40% of employees think that managers can be trusted 'only a little' or 'not at all'
- Job insecurity and work intensification are associated with poor general health and tense family relationships.
- While supportive relationships between managers and employees ease the symptoms of stress they do not remove the cause.

## Joseph Rowntree Foundation: Job insecurity and work intensification 1999

- Researchers conclude that the root cause of job insecurity and work intensification lies with the reduced staffing levels pursued by senior managers in response to the market pressures from their competitors and dominant stakeholders

## Implications

- **For research**
  - Further studies on different populations
  - Need for both quantitative and qualitative approaches
  - Research models
    - Control / Demand.
    - Effort / Reward.
    - Unfairness. and
    - Job insecurity
- **For practice**
  - management of change
  - avoid long anticipatory phases
  - additional physical, psychological and social support
  - forward planning for those remaining in employment,
  - social justice.
- **For policy**
  - recognise the potential health and business impact
  - the scale of human suffering associated with job insecurity
  - its impact on physical, psychological and social well being
  - performance

## Selected papers

- Marmot, MG. et al (1991) **Health Inequalities among British civil servants: the Whitehall II study**. Lancet, 337:1387-1393
- **Labour Market Changes and Job Insecurity : A challenge for social welfare and health promotion**. (1999) Ed Ferrie, J. Marmot, MG. Griffiths, J. Ziglio, E. World Health Organisation. European Series No81.
- Kivimaki, M. Vahtera, J. et al (2003) **Temporary employment and risk of overall and cause-specific mortality**. American Jnl of Epidemiology. USA. 158:663-668
- Vogli, R. Ferrie, J. et al (2007) **Unfairness and health: evidence from the Whitehall II study**. Jnl Epidemiology and Community Health. BMJ. 61:513-518
- Head, J. Kivimaki, M. et al (2006) **Influence of change in psychosocial work characteristics on sickness absence: the Whitehall II study**. Jnl Epidemiology and Community Health. BMJ. 60:55-61
- Benach, J. Muntaner, C. (2007) **Precarious employment and health: developing a research agenda**. Jnl Epidemiology and Community Health. BMJ. 61:276-277
- Rugulies, R. Aust, B. Bultmann, U. (2008) **Job insecurity, chances on the labour market and decline in self-rated health in a representative sample of the Danish workforce**. Jnl Epidemiology and Community Health. BMJ. 62:245-250

## research, policy, action

- Intervention studies,
  - to evaluate the impact of well considered initiatives at the individual and organisational levels
- ‘Health impact analysis’,
  - to become integral to the management of change, and support for organisations willing to undertake this.
- Paradigm shift for ‘health at work’
  - ‘work’ to improve health not damage it.