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Employment, Working Conditions, and Health

Learning Objectives

In this chapter, you will learn to

- Understand how employment, unemployment, and health interrelate
- Appreciate the health implications of recent changes in the labour market
- See how on-the-job experiences affect health and well-being
- Assess how policy responses to employment and working conditions impact on population health

Chapter Overview

The chapter begins with outlining the relationship between health and work. Employment both reflects and reinforces the social gradient in health. There are three causal pathways for the negative impact of unemployment on health.

The chapter then reviews the emergence and implications of globalization and knowledge-based economy on the type of jobs available to individuals. The processes of de-industrialization, de-unionization, de-skilling and privatizations demonstrate the negative effects of globalized economies on individuals' welfare.

Next, the chapter discusses working conditions and health, and introduces demand–control and effort–reward models. Sedentary life styles and health behaviours shaped by the workplace conditions are discussed as well.

The next section deals with unemployment and the impact of unemployment policies on health of individuals. Government policies related to unemployment, minimum wage, availability of childcare, and government's involvement in the economy are all linked to the population health.

Key Terms and Concepts

De-industrialization decline in industrial sector of the economy (p. 234)

Demand–control model the relationship between the demands made of an employee and the capacity to meet those demands (p. 236)

De-skilling reducing the skills needed to perform a particular job or making the skills possessed by the worker underutilized or unutilized (p. 234)

De-unionization employer's efforts to exclude unions from workplaces (p. 234).

Effort–reward model the relationship between the work effort of the employee and various rewards received including pay, bonuses, recognition, and workplace social support (p. 236)

Globalization the complex interaction of contemporary factors that include rapid and inexpensive communications and transportation and the systematic removal of barriers to travel, communication, transporting goods and services, and moving money and other resources from one geographic place to another (p. 231)

Isostrain continuous strain (p. 235)

Keynesian economics holds that modern governments need to intervene in order to ensure that employment remains at the highest sustainable level, as close to full employment as possible (p. 238)

Knowledge economies refers to the belief in, and pursuit by, governments and companies of economic growth by seeking to capitalize on technical innovation and providing cutting-edge goods and services (p. 232)

Metabolic syndrome a constellation of risk factors, including extra fat around the mid-section, insulin resistance, and elevated blood pressure, which together increase the risk of diabetes and heart disease (p. 235)

Neo-liberalism an economic approach supporting free market economy (p. 239)

Privatization contracting out and changing ownership of assets to private (p. 234)

Study Questions

Scroll down for answers.

1. Explain how employment reflects and reinforces social gradient in health.
2. Describe the implications of globalization on the nature of work.
3. Summarize the processes of deindustrialization, de-unionization, de-skilling, and privatization.
4. Describe how inactivity in the workplace impacts our health

Critical Thinking Questions

Scroll down for answers.

1. Explain the impact of unemployment on health.
2. Describe the two models that identify the impact of work on health.
3. Explain how workplace affects health behaviours.
4. Explain why official unemployment figures do not really reflect how many people are unemployed.

Annotated Multimedia Resources

1. Does Canada's new child-care plan go far enough?
https://www.youtube.com/watch?v=mH5iLl73H_0 (5:05 min)
This news segment from CBC looks at the pledge of the federal government to increase child-care availability for Canadian families. Forty thousand new spaces were promised by the federal government to low income and Indigenous families.
2. Millennials on Money: “I am working two jobs right now”
<https://www.youtube.com/watch?v=23Vw7AZj3OA> (3:59 min)
This CBC News segment looks at the difficulties faced by young Canadians to find full-time secure jobs.
3. Is a University Degree a Waste of Money?
<https://www.youtube.com/watch?v=uugCRJXQXW0> (14:39 min)
This CBC National news segment considers the link between university education and getting a stable, good job.
4. Navigating our global future
https://www.ted.com/talks/ian_goldin_navigating_our_global_future/transcript?language=en
(6:25 min)
The Ted Talk by Ian Goldin, the director of Oxford Martin School, considers the impacts of globalization, including technological advancements and the consequences for the poor.
5. Pipeline politics split BC and Alberta
<https://www.youtube.com/watch?v=38bdxQNDtp8> (1:59 min)
The video by CBC News explores the argument between Alberta and British Columbia over the Kinder Morgan pipeline
6. Alberta’s oil crisis: Can a new oil refinery fix the problem? | Power & Politics
<https://www.youtube.com/watch?v=-qnQZfz6mFE> (7:34 min)
This CBC News piece examines Alberta’s decision to build new oil refinery and describes some the issues related to this decision.

7. Extended parental leave coming—but can families afford to take it?
<https://www.cbc.ca/news/canada/parental-leave-extended-1.4398012> (29:51 min)
This CBC News interview with financial planner Shannon Lee Simmons explores if the parental leave for 18 months proposed by the federal government is a feasible option for Canadian families.
8. Keynesian economics
<https://www.youtube.com/watch?v=hPkh8kOldU4> (12:04 min)
A video published by the Khan's academy on the Keynesian economy.

Answers to Study Questions

1. People higher up on the socio-economic scale are those with the education and other resources to secure the highest-quality jobs. These high-quality jobs, in turn, reinforce—through high income, capacity to build social networks, and control over the work—the good health associated with education and other benefits accrued over the life course. There is a virtuous circle, a positive cumulative effect. Conversely, people lower down the socio-economic ladder compete for lower-quality jobs. These jobs, in turn, reinforce existing and generate new health problems through low income, monotonous work, limited social interaction, adverse working conditions, and limited control over the work. There is a vicious circle, a cumulative negative effect. (p. 228)
2. The emerging knowledge economy functions through projects, not ongoing routine work. Less continuous production means more contract work and less regular employment. Not surprisingly, globalization and the shift to a knowledge economy have been linked to degraded health. While many young people like the flexibility of short-term contract work, it comes with no job or income security, no employment benefits such as health care, vacation, and sick leave, and no pension. As workers age, the flexibility becomes less and the lack of stability and benefits become more important to health and well-being. (p. 233)
3. De-industrialization refers to the reduction in industrial development. The post-industrial or service-economy countries of the liberal regime world now import rather than manufacture the vast majority of finished goods. De-unionization refers to the employers' successful efforts to exclude unions from workplaces and is connected to manufacturing's move off-shore. De-skilling includes a variety of strategies that make the skills of the worker not utilized in the workplace. The effect of de-skilling is depression of wages and replacement of higher-quality jobs with higher job satisfaction by lower-quality, more routinized work. Privatization includes contracting out and changing ownership of assets. Rather than employing people directly to undertake tasks like cleaning, maintenance, grounds work, garbage removal, and the like, governmental and quasi-governmental bodies in the liberal regime world now typically contract with private companies (almost always low-bid, non-union companies) to take over the service. (p. 234)
4. Many jobs today are sedentary, involving long periods of sitting. Not only does prolonged sitting contribute to musculoskeletal problems, but lack of physical activity compounds isostrain effects on metabolic syndrome, notably by promoting central obesity and hence the risks of heart disease and diabetes. Thus, pathways to chronic diseases such as arthritis, coronary heart disease, and diabetes can be found in the workplace. Research has recently demonstrated links between sedentary work and many negative health outcomes, including shortened life expectancy. Sedentary lifestyle, even if the individual engages in episodic vigorous exercise, can shorten life expectancy by more than two years. (pp. 236–237).

Answers to Critical Thinking Questions

1. Unemployment affects health in several ways. The most obvious is the loss of employment income. From this we would deduce that negative health effects are greatest where unemployment insurance and welfare schemes for the unemployed are weakest. But loss of employment also means loss of socialization outlets, truncation of social networks, loss of self-actualization possibilities, and potential loss of sense of personal identity and self-worth. The extent to which these are important could, at least in part, hinge on the qualities of the job lost. If the job was bad, exposed the worker to poor working conditions, and provided few positive outlets, its loss may

have no more than the income effects, which may be partly offset by no longer being exposed to the poor conditions. Unemployment may run through three levels of causality: (1) there may be individual-level effects, such as loss of personal resources and increased personal stress; (2) there may be effects at the level of the family, such as family breakdown or the effects on the family of a forced relocation (the intermediate level); (3) there may be contextual effects of living in a community where unemployment is rising, such as perceiving one's own unemployment differently, reductions in public service levels, and deterioration of the neighbourhood (macro level). All three levels—individual, intermediate, and contextual—may impact health of an unemployed person. (p. 230)

2. Two models have been developed to explain how work can make you sick. Those are the “demand–control” model and the “effort–reward” model. While they feature different elements, they are not mutually exclusive and both may be applied to a work situation. The demand–control model attempts to measure the relationship between the demands made of an employee and the capacity to meet those demands. A junior clerk in an office who works for several managers likely has an overflowing in-basket of work and superiors who all think their work is the top priority. She faces heavy, in fact impossible, demands, yet has no control over how much work comes her way. A significant discrepancy between what is demanded of the employee and what can be accomplished is associated with fatigue, headache, body aches and pains, sleep disturbances, anxiety, elevated blood pressure, and stroke. The effort–reward model attempts to measure the relationship between the work effort of the employee and various rewards received including pay, bonuses, recognition, and workplace social support. Many low-end jobs, such as labourers in the construction industry, must make maximal effort to maintain their jobs but they receive little or no recognition or support from their employers. Again, a significant discrepancy between the effort the employee makes and the rewards received is predictive of emotional, psychosomatic, and chronic disease outcomes. Because the demand–control and effort–reward models are independently predictive of health outcomes, various efforts have been made to combine them (p. 236).
3. In addition to forcing us to be more sedentary, the workplace encourages bad eating habits—grabbing something and eating it at our workstation or behind the wheel—and bad food choices—something quick and easy that we can eat out of hand. Muffins, burgers, wraps, and snack foods are among the worst things we can eat but are the mainstays in today's work world. Some types of workplace foster highly destructive behaviour. Long-distance transport truck driving encourages the use of stimulants. Workers in routinized employment, such as framing carpenters and miners, are vulnerable to recreational drug use. Some trades encourage high-risk lifestyles and safety violations on the job. Servers and line cooks are vulnerable to cocaine use and heavy drinking. These workplace cultures, fostered by stressful conditions, boredom, and shift work, are very difficult to change, and get reinforced by self-selection—new employees drawn to the lifestyle. (p. 237)
4. Official unemployment figures do not really reflect how many people are unemployed. To count as unemployed, you must be (a) recently out of work, (b) actively seeking work, and (c) available to take a job if one should be offered to you. The long-term unemployed and those who currently have some commitment like looking after a child or an aging parent that limits their availability, drop out of the numbers. Thus, paradoxically, the worse the employment situation, the longer it remains bad; the poorer the pay, the less secure the work; and the higher the hardships a job seeker must face, the lower the proportion of people who will count as unemployed. Or, to put the point differently, many more people in Canada, the United States, and the United Kingdom than those currently labelled “unemployed” would seek and obtain work if the jobs were available. That is why unemployment figures tend to spike when economic conditions improve—the “hidden unemployed” flood into the job market hoping for work. (p. 240)