Changing the way we understand precarious employment and health: Precarisation affects the entire salaried population

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Abstract
Employment precariousness (EP) has expanded over recent years. The aim of this study is to test the existence of a general precarisation of the Spanish labour market and its association with mental health for different types of contract.

On the subsample of salaried workers from the second Psychosocial Work Environment Survey and using the revised Employment Precariousness Scale (EPRES-2010), we calculated the prevalence of EP and poor mental health for salaried workers. We created six groups of workers according to their levels of EP and types of contract. We used Poisson regressions, stratified by gender, to examine associations between belonging to the different groups of workers and poor mental health.

Although temporary workers had a higher prevalence of EP and poorer mental health than permanent workers, we found that the association with poor mental health was unexpectedly stronger in permanent workers with high precariousness (2.97, IC95% 2.25–3.92 in men and 2.50, 1.70–3.67 in women) than in temporary workers (2.17, IC95% 1.59–2.96 in men and 1.81, 1.17–2.78 in women). A gradient of poor mental health existed by EP score for both men and women and permanent and temporary workers.

The Spanish labour market is highly affected by employment precarisation. Using the multidimensional EPRES is more informative and a better tool for mental health research than type of contract alone. Creating a surveillance system to monitor the magnitude and evolution of EP has to be a priority in order to reduce health inequalities and to evaluate the impact of policies and programs.

1. Introduction

Precarious employment is an expanding employment relationship and a key social determinant of health (Benach et al., 2013, 2014). There is still no full consensus on its definition but most studies on precarious employment use a “one-dimensional” perspective with temporariness (Virtanen et al., 2005) or job insecurity (Sverke et al., 2002) as main indicators. Research findings have generally found poorer health status in temporary workers (Joyce et al., 2010; Virtanen et al., 2005) and those reporting job insecurity (Burgard et al., 2012; Virtanen et al., 2011a), as compared to permanent or standard workers or those not reporting insecurity. Yet, some contradictory findings also exist (LaMontagne et al., 2014; Virtanen et al., 2011b).

Indeed, precarious employment does not refer exclusively to job insecurity or type of contract (Tompa et al., 2007), and other dimensions of employment-related precarious experiences such as low wages or high vulnerability are also relevant (Vives et al., 2010). Therefore, it has been postulated that employment precariousness has to be defined and measured as a “multidimensional” construct (Benach et al., 2014; Tompa et al., 2007; Underhill and Quinlan, 2011; Vives et al., 2010). In recent decades, there have been different multidimensional approaches to employment precariousness using different dimensions of quality of employment. For example, one of the first approaches is through a sociological definition of employment precariousness across multiple dimensions: instability, lack of protection, insecurity, and social and economic vulnerability (Rodgers, 1989). Another approach is based on the Karasek model of “job strain” (Karasek, 1979) and use...
dimensions as control, workload, and support (Lewchuk et al., 2003). One of the last approaches is the construct of precarious employment. This includes six dimensions: temporariness, wages, rights, capacity to exercise rights, vulnerability and disempowerment (Amable, 2006). In this study, we used this last approach. Previous studies have clearly shown an association between employment precariousness measured as a multidimensional construct and the health of the working population, especially with poor mental health (Vives et al., 2013). From the theoretical point of view, it has also been suggested that employment precariousness needs to be analysed as part of a continuum, ranging from secure forms of employment, such as permanent full-time jobs, on the one hand, to extreme forms of precariousness, such as informal jobs, on the other (Benach et al., 2014, 2016). It is known that the prevalence of employment precariousness differs between types of contracts (Vives et al., 2010), but it is unknown whether multidimensional precarious employment has different effects on mental health in workers with different types of contracts. This knowledge is of great importance not only to confirm the urgent need to expand the use of multidimensional measures of employment precariousness in determining its impact on the mental health of the working population, but also to test the existence of a general precarisation of the labour market, including those workers situated in positions of apparent high quality employment, as well as a potential gradient in its actual impact on the health of the working population (Vives et al., 2011).

The aims of this study are therefore twofold: (1) to assess the extent of precarisation of the Spanish labour market comparing the levels of precariousness across different types of contracts, and (2) to analyse the association between precarious employment in different types of contracts and poor mental health.

2. Methods

2.1. Study design and subjects

Data come from the second Psychosocial Work Environmental Survey (PWES) conducted by the Union Institute of Work, Environment and Health (ISTAS), where the Employment Precariousness Scale (EPRES), a validated tool, was included. The PWES was carried out in June-July 2010 and October 2010, on a representative sample of the wage-earning population living in Spain (n = 5110) (Moncada et al., 2014).

Sample selection followed a multistage, stratified, random sampling procedure. Questionnaires were collected by trained interviewers at the interviewees’ homes. Inclusion criteria were age (16–65), residence in Spain, and having worked during the week preceding the interview for at least 1 h in a paid job. Non-respondents were substituted in the field, following the same sampling procedures and inclusion criteria. The response rate before substitution was 56% (Moncada et al., 2014).

As the EPRES was designed for employees, we restricted our analyses to permanent and temporary salaried workers. We excluded self-employed workers, students, and workers without a contract and unknown employment status (n = 344). Subjects with no response to the employment precariousness scale were also excluded from the analysis (n = 336). The final sample size was n = 4430.

2.2. Study variables

2.2.1. Mental health

Mental health was assessed using the five-item mental health scale of the Spanish version of the Short Form–36 health questionnaire (SF-36) (Alonso et al., 1995), which includes feelings of depression, anxiety, behaviour control, and psychological wellbeing during the preceding four weeks. The mental health score is calculated as the sum of the five items, transformed into a 0–100 score. High scores indicate psychological wellbeing, while low scores indicate psychological distress or poor mental health.

To define poor mental health status, and because no formal cut-off scores have been established, we compared the study sample to the population-based norms of the Spanish version (Alonso et al., 1998). Scores below the 25th percentile of the Spanish reference values for the individual’s sex and age were defined as poor mental health.

2.2.2. Employment precariousness

Employment precariousness was assessed with the EPRES questionnaire, validated among waged workers (Vives et al., 2010). It is a structured, worker reported questionnaire comprising 21 items grouped in six subscales. These are: “temporariness” (contractual stability: type and length of contract, job tenure), “disempowerment” (extent of individual-level (versus collective-level) bargaining over employment conditions), “vulnerability” (defenselessness to authoritarian or unfair treatment), “wages” (including wages and the capacity to cover regular or unexpected expenses, possible economic deprivation), “rights” (entitlement to workplace rights and social security benefits), and “capacity to exercise rights” (powerlessness to exercise workplace rights like maternity/paternity leave or annual vacations). For this study, we eliminated the “temporariness” subscale from the calculation of the overall EPRES score given that we used the type of contract as a variable of stratification and some information would be redundant. Job tenure, however, was included as a covariate. Subscale scores were computed as simple averages and transformed into a 0–4 scale. The overall EPRES score, ranging from 0 (not precariousness) to 4 (high precariousness), was calculated as the arithmetic mean of the five subscale scores (Vives et al., 2010). Based on previous work, we categorized the employment precariousness score into: no precariousness (0–0.99); low-moderate precariousness (1–1.99); and high precariousness (≥2) (Vives et al., 2011).

2.2.3. Sociodemographic and occupational characteristics

Sociodemographic variables were sex (women or men), age (16–25, 26–35, 36–45, 46–55 and 56–65 years or ≥30 years, >30 years), country of birth (Spain or other), occupational social class (SC) created according to the Spanish Society of Epidemiology proposal (Domingo-Salvany et al., 2000): I: higher managerial and professional, II: lower managerial and professional, III: administrative personnel and supervisors, IV: skilled or semi-skilled manual and V: unskilled manual), educational attainment (primary or less, secondary, trade school and university), type of contract (permanent, temporary), and tenure in the company (<6 months, 6 months–2 years, 2–5 years, 5–10 years, >10 years). Job insecurity was assessed using the question “Are you worried about being laid off or your contract not being renewed? (five response options ranging from “to a large extent” to “to a no extent”).

2.3. Statistical analysis

Descriptive statistics for the distribution of type of contract were estimated, as well as the prevalence (%) of employment precariousness and poor mental health and their 95% confidence intervals, stratified by sex.

We created six groups of workers by cross-classifying the three levels of employment precariousness and the two types of contract. Those with no precariousness and a permanent contract were the reference group. We fitted Poisson regression models to estimate the association between the six groups and poor mental health. The analyses were adjusted for age (model 1) and also for
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