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The negative effects on mental health of being in a non-desired occupation in an increasingly precarious labour market



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ABSTRACT

Precarious employment has been associated with poor mental health. Moreover, increasing labour market precariousness may cause individuals to feel 'locked-in', in non-desired workplaces or occupations, out of fear of not finding a new employment. This could be experienced as a 'loss of control', with similar negative health consequences. It is plausible that the extent to which being in a non-desired occupation (NDO) or being in precarious employment (PE) has a negative impact on mental health differs according to age group. We tested this hypothesis using data from 2331 persons, 18–34, 35–44, and 45–54 years old, who answered questionnaires in 1999/2000, 2005, and 2010. Incidence rate ratios (IRR) were calculated for poor mental health (GHQ-12) in 2010, after exposure to NDO and PE in 1999/2000 or 2005. NDO and PE were more common in the youngest age group, and they were both associated with poor mental health. In the middle age group the impact of NDO was null, while in contrast the IRR for PE was 1.7 (95% CI: 1.3–2.3) after full adjustment. The pattern was completely the opposite in the oldest age group (adjusted IRR for NDO 1.6 (1.1–2.4) and for PE 0.9 (0.6–1.4)). The population attributable fraction of poor mental health was 14.2% and 11.6%, respectively, for NDO in the youngest and oldest age group, and 17.2% for PE in the middle age group. While the consequences of PE have been widely discussed, those of NDO have not received attention. Interventions aimed at adapting work situations for older individuals and facilitating conditions of job change in such a way as to avoid risking unemployment or precarious employment situations may lead to improved mental health in this age group.

Introduction

Scandinavian societies have been characterised as welfare states, with high levels of labour union membership, effective collective wage bargaining, and strong employment protection legislation, all contributing to relatively high job security (Muffels & Luijkx, 2008), and in turn with positive effects on mental health (Kim et al., 2012). Sweden has also been described as a 'low-flexibility' country (McAllister et al., 2015), among other reasons due to its previously strict application of the employment policy 'last-in – first out' at a specific workplace (von Below & Skogman Thoursie, 2010). Theoretically, this might lead to job immobility, due to an increased threshold for being able to get new employment with a different employer. This highlights the 'employability' aspect of job security, which is the conviction, based on one's individual situation, that one can easily find a new job if necessary (Sverke, Hellgren & Naswall, 2002). However, the notion of personal employability is necessarily influenced by the objective status of the

general labour market. Already in 1995, labour force surveys showed that the proportion of persons holding the view that they can 'obtain a similar job without moving' had fallen from 55% to 17% between 1989 and 1993 (Aronsson & Göransson, 1999). With low self-perceived employability, an individual who finds her- or himself in an undesired, yet relatively secure employment, may choose not to leave the job, but remain in place, however dissatisfied. Such a position can be experienced as a type of 'locked-in' situation, which can be expected to cause psychological strain. Indeed, in a study by Aronsson & Göransson, published almost two decades ago, it was found that people holding a non-desired job reported considerably higher levels of fatigue, slight depression, and headaches than those in comparison groups (Aronsson & Göransson, 1999).

In a later study by Aronsson, Dallner, and Gustafsson (2000) examining various types of non-desired work situations, no specific differences between those not preferring their workplace and those not preferring to continue in their occupation were found. However, those

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preferring neither workplace nor occupation reported more work- and health-related problems than those with only one type of non-preference.

Since the original work by Aronsson and colleagues, there have only been a few studies focusing on the mental health consequences of remaining in non-desired work positions. Being ‘doubly locked-in’ (i.e. being both in a non-preferred occupation and a non-preferred workplace) was associated with poor mental health in one cross-sectional study (Muhonen, 2010). In another study, higher rates of long-term sick-leave were found in persons who were in a ‘locked-in’ position in either their occupation, their place of work, or both (Fahlen et al., 2009). Since there is a likelihood of bidirectional causality between labour market factors on the one hand and mental health on the other (Cornwell, Forbes, Inder & Meadows, 2009), longitudinal studies are preferable in order to disentangle causal directions. In a recent follow-up study of almost 4000 gainfully employed persons from the Swedish Longitudinal Occupational Survey of Health (SLOSH), it was found that persons described as ‘locked-in at the workplace’ had poorer well-being in terms of subjective health and depressive symptoms at follow-up after two years (Stengård, Bernhard-Oettel, Berntson, Leineweber & Aronsson, 2016).

However, after several decades of globalisation and neoliberal economic policies, long-term employment contracts and a high level of job security have become less dominant on the labour market. Instead, precarious work, i.e. short-term contracts, involuntary part time employment, employment through ‘staff-for-hire’ enterprises, and shorter or longer periods of unemployment, have become more and more frequent (Puig-Barrachina et al., 2014). There may be some advantages for certain workers in the ‘new forms of employment’, as described in a recent Eurofound publication with this title (Eurofound, 2015). Also, voluntary changes of employment have been associated with positive consequences for the individual, such as increase of status, esteem, and financial rewards (Ng, Sorensen, Eby & Feldman, 2007), decreased physical strain (Swaen, Kant, van Amelsvoort & Beurskens, 2002), as well as better psychosocial health and less burnout (Liljgren & Ekberg, 2008). However, for the majority of those in the increasingly common ‘flexible’ forms of employment, the lack of job security seems to be harmful (Ferrie, Shipley, Stansfeld & Marmot, 2002; Meltzer et al., 2009; Virtanen, Janlert & Hammarstrom, 2011; Yoo et al., 2016; Vancea & Utzet, 2017). Public health research interest in precarious employment has grown rapidly during the past decade, and a recent review supports a linkage between mental health problems and downsizing, perceived job insecurity, and temporary employment (Benach et al., 2014). In a previous study, based on the cohort used in the present study and focusing on young individuals, a significant impact of precarious employment on poor mental health at follow-up was found (Canivet et al., 2016).

Thus, it appears as though both precarious employment and remaining in an undesired job or profession might be detrimental for mental health. Not being able to improve precarious employment conditions or to leave one’s job or one’s occupation may be interpreted by the individual as having no or low control over an important part of one’s life (Carver & Scheier, 1982). This may induce a stress response and, with prolonged exposure, poorer mental health (Ursin & Eriksen, 2010; Stansfeld & Candy, 2006).

However, the impact of these labour market situations might not be the same in different age strata. Age is related to labour market structures in Sweden. In 2015, 27% and 33% (men and women, respectively) of persons aged 20–34 held temporary employment contracts, compared to 14% and 16% in the entire working population (Statistics Sweden, 2015). Whereas it may appear more ‘natural’ to find that young individuals dominate the group of precariously employed, it is less clear how age relates to workplace or occupational non-preference. In the following, ‘job’ and ‘workplace’ refer to the context of an employment position at a particular workplace, whereas ‘occupation’ refers to the profession, or the ‘label’ of the line of work. In order

to leave a non-desired workplace one may have to start networking, developing competences or actively searching for new jobs, or have to migrate to another geographical area, etc. To leave one’s entire occupational field may require even more risk-taking such as taking personal loans to finance university studies, giving up one’s professional identity, changing employer or workplace, and perhaps even trading in job security and seniority of a permanent position for an apprenticeship, internship or temporary job to establish a new career etc. (Feldman & Ng, 2007). Thus, leaving a non-preferred occupation appears to be difficult, particularly for those who have invested significant time and energy in a career, or who have not many years of their occupational career left. Also leaving a non-preferred occupation often includes leaving the workplace. For this reason, we chose to focus in the present paper on the two factors non-desired occupation (NDO) (rather than non-desired workplace), and precarious employment (PE).

In terms of age and NDO, one way of reasoning may be that individuals who enter the labour market take whatever job they can find and thus are more willing to work even in NDOs. Also, it may be that individuals first test a number of low-qualified jobs to get work experience before deciding upon the occupational career that they want to pursue. After having gained relevant exams and more years of work experiences, these individuals may eventually get into more desired and less precarious employment positions.

Thus, even though these two phenomena – PE and/or NDO – may be more prevalent in the youngest group, they may not have strong adverse health effects over time, because individuals advance, or expect to advance in their careers. Those who were in less desired and more precarious employment in their early twenties, for example, may thus be in good health when followed up in their early thirties. This, however, may not be the case for those who have health problems already from the beginning. Evidence shows that impaired health in itself is a hinder to get into more permanent employment and advance in an occupational career (Paul & Moser, 2009).

At a later stage in life, having achieved permanent employment and advancing in a desired occupational career could be expected to constitute the ‘normal’ situation. However, those who, when entering midlife, are still in NDO or have PE may be less satisfied and more worried about their employment situation (Wyn & Andres, 2011).

Towards the end of the occupational career, many may be in the most secure and permanent employment positions. Yet, during the later stages of a career, age-related health problems can increase and long-term adverse health effects of working in certain occupations could also become more pronounced. For example, older workers may lack the physical capabilities to perform low-complexity jobs, whereas they might have the experience and skills to perform jobs with higher autonomy or possibilities to pass their knowledge on to others (Truxillo, Cadiz, Rineer, Zaniboni & Fraccaroli, 2012). Furthermore, it could be argued that over time, occupational careers and job demands change, and particularly the older workforce may begin to feel that they lag behind in the latest developments and technologies. In part, this could also relate to the fact that older workers seem to be less willing to participate in training and career development activities (Ng & Feldman, 2012). Moreover, ageism, or negative social stereotypes about older people, can lead employers and managers to inadvertently undervalue older workers’ skills and experience (Poscia et al., 2016). All this may be reflected in a decreased willingness among older workers to continue in the same occupation. However, since many older workers doubt their employability on the labour market (Bernhard-Oettel & Näswall, 2015) or simply feel that it is too late to become re-educated and start a new occupational career, they might more often choose to endure the situation, or perhaps even retire early. Nevertheless, working in a NDO and continuing to do so because there are no better alternatives may have negative health effects over time.

Summing up, there is reason to believe that neither NDO nor PE prevalence is uniformly distributed throughout the working career. Furthermore, their impact may vary considerably across the life course.

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