Good work and health in Scotland: setting the scene

September 2016

Thalia Theodoraki & Martin Taulbut
What we’ll cover

• Context

• Literature Review on Good Work

• Research Report on Good Work using Scottish Health Survey data

• Conclusions
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Fair Society, Healthy Lives

The Marmot Review
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Economy, Energy and Tourism Committee

Taking the High Road - Work, Wages and Wellbeing in the Scottish Labour Market

Good work for all

NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. We are committed to working with others and provide a range of services to support our stakeholders take the action required to reduce health inequalities and improve health.

Key messages
- Good work provides a decent income,稳定s social networks, and gives people a purpose. The health benefits of good work extend beyond working-age adults to their children.
- For working-age adults, not having a paid job is bad for health, increasing the risk of premature death by more than 60% and increasing the risk of illness, especially poor mental health.
- Not all work is good for health. Up to one-third of jobs fail to lift families out of poverty and can increase workers’ risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed.

Key actions
- Increase the quantity of work (jobs and hours), proportionate to need. This could be done through enhanced regional economic development and public service recruitment and procurement policies.
- Improve the quality of work, by increasing wages and in-work benefits, improving employee control at work and minimising health and safety risks in the work environment, including through NHS and local government procurement policies.
- Provide better practical support, on issues such as childcare and long-term health conditions, to help people to get and keep jobs.

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What makes for decent work?
A study with low paid workers in Scotland
Initial findings

Francis Stuart, Hartwig Pautz, Suzanne Crinin, Sally Wright

A UWS-Oxfam Partnership report with the support of Warwick Institute for Employment Research

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SCOTLAND’S LABOUR MARKET STRATEGY

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Literature Review
Work-related factors that impact health

- Job control/ demand + social support at work
- Effort/reward imbalance
- Organisational in/justice
- Contractual arrangements
- Job insecurity
- Job satisfaction
- Physical working conditions
- Psychosocial characteristics
Health (by occupation)

Across The EU

| Poor general health and/or mental health at risk: | elementary occupations, crafts and related trades, skilled agricultural, plant/machine operation, |
Exposure to physical risks by occupation (Source: Fifth European Working Conditions Survey, 2012)
Working Conditions (by occupation)

Work intensity and job autonomy, by occupation (Source: Fifth European Working Conditions Survey, 2012)
## Health (by industry)

### In the UK

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### Across the EU

| Adverse general health:         | agriculture, transport, health, manufacturing/utilities/mining, public administration/defence |
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Work intensity and job autonomy, by industry (Source: Fifth European Working Conditions Survey, 2012)
Research report

• Can we describe health outcomes and determinants by occupation and industry in Scotland?

• Do occupation and industry have an independent effect on health outcomes in Scotland?
Methods - descriptive

**Scottish Health Survey**
- Four health outcomes (gen health, LLTI, GHQ-12, WEMWBS)
- Four health behaviours (smoking, alcohol, 5 @ day, physical activity) plus BMI 30+
- All workplace stress indicators (including control & demand)

**Annual Population Survey**
- Unemployment, involuntary temporary & part-time work, accidents at work

**Annual Survey Hours & Earnings**
- Median hourly earnings (employees)
Managed to do this (with help from Craig Kellock at Scottish Government) for:

### Health outcomes & behaviours
- 25 occupations
- ~ 38 industries
- Split by gender

### Workplace stress & determinants
- 25 occupations
- ~ 19 industries
- No gender split

*Scottish Health Survey*
- Four health outcomes (gen health, LLTI, GHQ-12, WEMWBS)
- Four health behaviours (smoking, alcohol, 5 @ day, physical activity) plus BMI 30+
- All workplace stress indicators (including control & demand)

*Annual Population Survey*
- Unemployment, involuntary temporary & part-time work, accidents at work

*Annual Survey Hours & Earnings*
- Median hourly earnings (employees)
Methods – logistic regression

BUT does occupation/industry have an independent effect on health?

Scottish Health Survey

- Two health outcomes (general health & GHQ-12)
- Control for: currently in paid employment, health behaviours, age, low income (bottom two quintiles)
- Men & women separately for occupation, controlled for gender for industry
Main findings - 1

- Current/past occupation or industry of employment associated with multiple health advantages or disadvantages

- Some examples:
  - Health outcomes (men)
  - Health behaviours (men)
  - Demand-control (persons in work)
Men aged 16-64 years, by current/last job standard occupational classification (SOC) summary health outcomes: Scotland, 2008-2011
Number of risk factors, by current/last occupation of employment, men aged 16-64 years: Scotland, 2008-2011
Occupations by demand-control classification, all persons aged 16-64 years in employment: Scotland, 2009 & 2011
Main findings - 2

- Being in paid employment has a strong effect on health outcomes.

- But occupation independently associated with poorer self-reported health and for men, higher GHQ-12 scores.

- Land transport remained significantly associated with poorer self-reported health, and computer and related activities and electrical and electronic manufacturing with poorer mental health, after adjustment.

- Physical activity, smoking and obesity and (especially for mental health, and women) living in a low income household emerged as important independent variables.
Adjusted log odds of being in good/very good general health for men aged 16-64 years, by current/most recent occupation: Scotland, 2008-2011
Adjusted log odds of having a GHQ-12 score of 4+ for men aged 16-64 years, by current/most recent occupation: Scotland, 2008-2011
Adjusted log odds of having a GHQ-12 score of 4+ for women aged 16-64 years, by current/most recent occupation: Scotland, 2008-2011
Conclusions

• Inequalities seen in other labour markets also seen in Scotland

• With some caveats, the types of work people do matters for their health

• Poverty-free, good work is good for health

• Important questions about how gender, class and other characteristics influence this
Thank you – and publications