

# Good work and health in Scotland: setting the scene

September 2016

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Taulbut



# What we'll cover

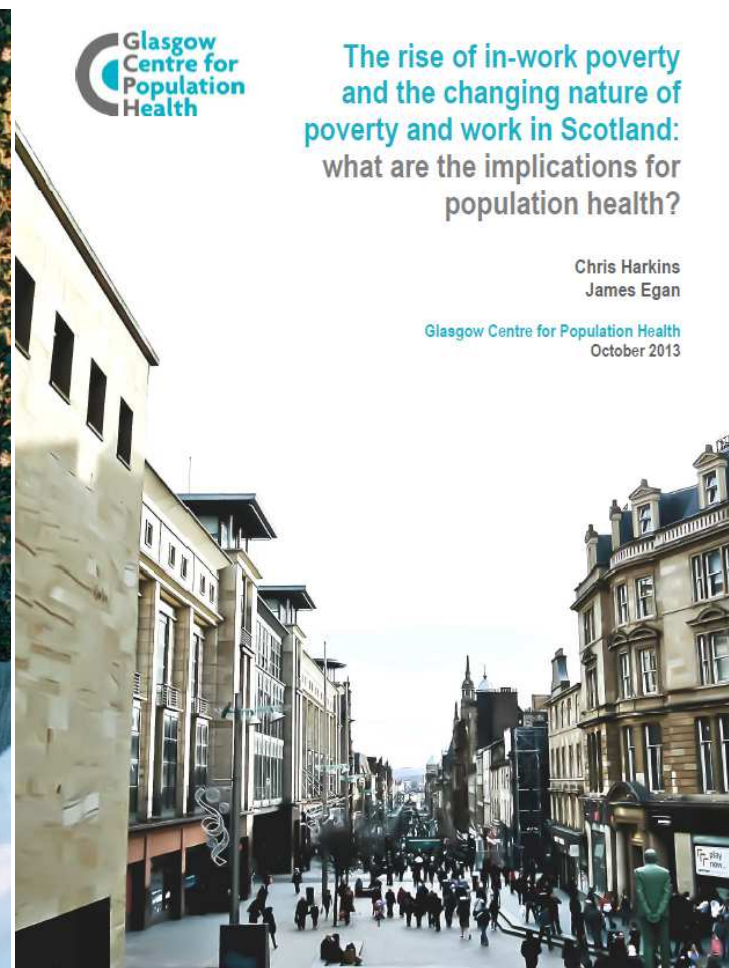
- Context
- Literature Review on Good Work
- Research Report on Good Work using Scottish Health Survey data
- Conclusions

# A busy landscape

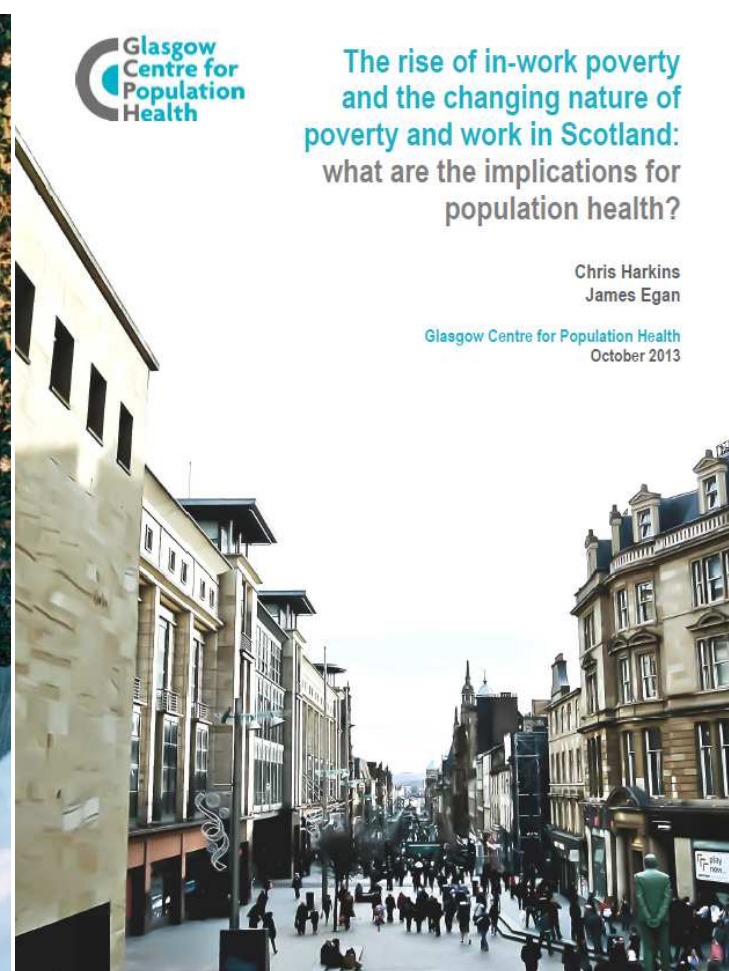




# A busy landscape



# A busy landscape





# A busy landscape



The Scottish Parliament  
Pàrlamaid na h-Alba

Published 14th January 2016  
SP Paper 874  
1st Report, 2016 (Session 4)  
Web

**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, widens 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.

**Inequality Briefing 2** August 2015

A series of briefings to promote action to reduce health inequalities.



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## THE VISION AND FRAMEWORK FOR FAIR WORK IN SCOTLAND

### THE VISION

By 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and for society.

### DEFINING FAIR WORK

Fair work is work that offers **effective voice, opportunity, security, fulfilment and respect**; that balances the rights and responsibilities of employers and workers and that can generate benefits for individuals, organisations and society.



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

**Messages**

Good work provides a decent living, decent social networks and a sense of purpose. The benefits of good work extend to working-age children.

For young adults, not having a job is bad for health, increasing the risk of premature death by more than 60% and the risk of illness, depression and poor mental health.

Good work is good for health. For every third of jobs fail to lift people out of poverty and can increase workers' risk of illness, depression and poor mental health. For many people, working in these conditions is no better for their health than being unemployed.

- Key actions**
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2015 A series of briefings to promote action to reduce health inequalities.



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## SCOTLAND'S LABOUR MARKET STRATEGY

# Literature Review

# Work-related factors that impact health

- Job control/ demand + social support at work
- Effort/reward imbalance
- Organizational

Psychosocial characteristics



Working conditions/  
characteristics

- Job insecurity
- Job satisfaction

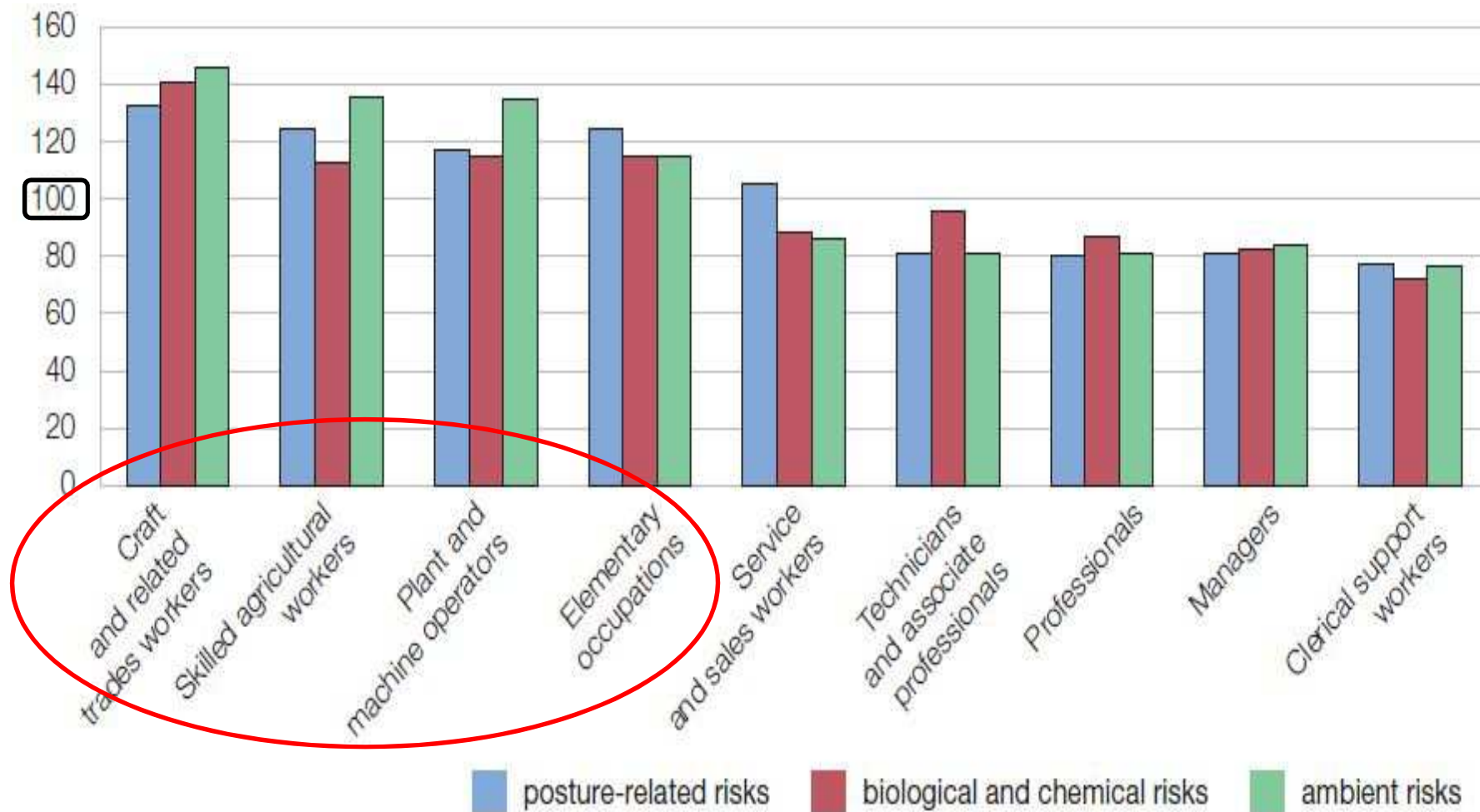


# Health (by occupation)

## Across The EU

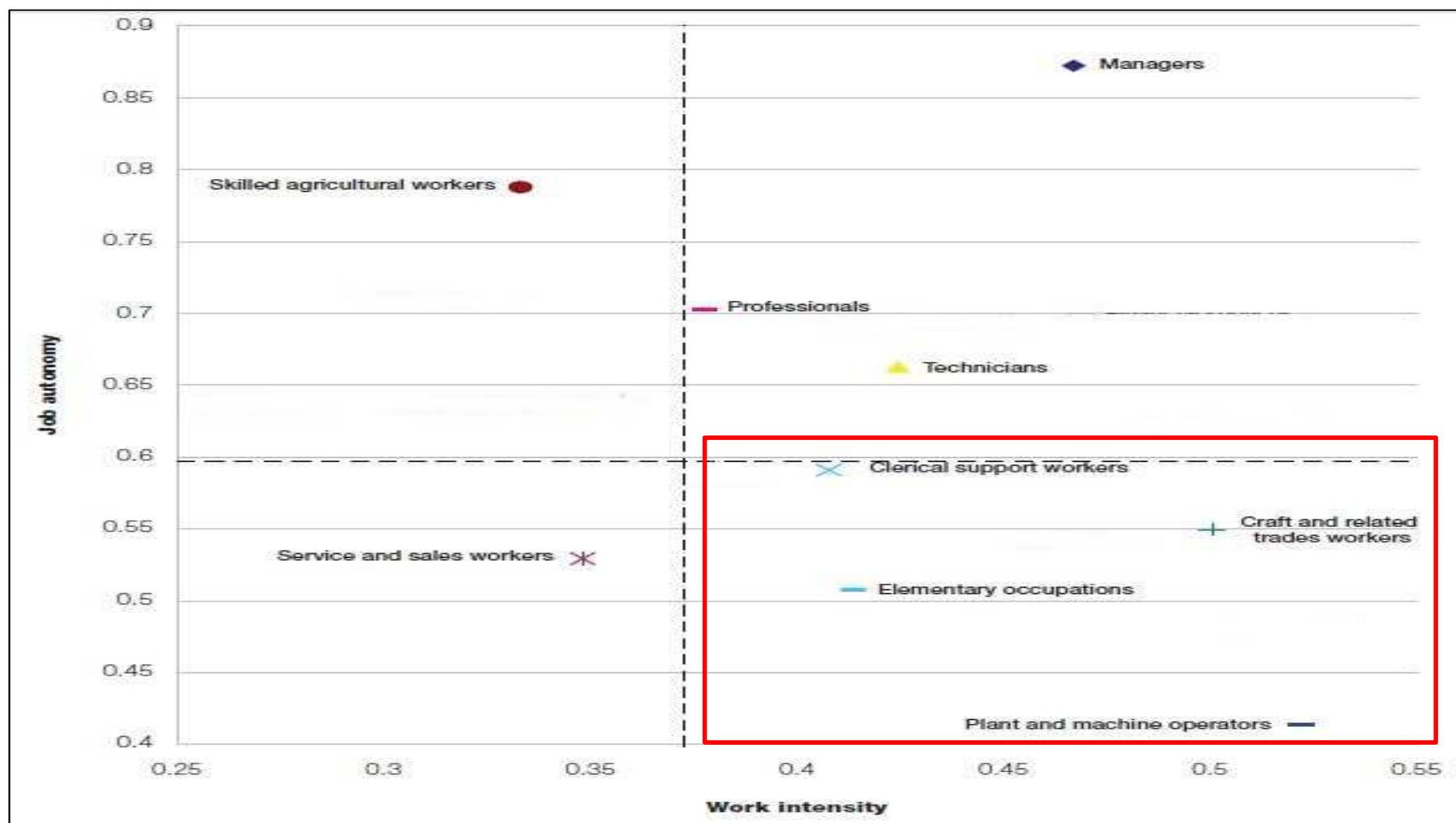
Poor general health and/or mental health at risk :	elementary occupations, crafts and related trades, skilled agricultural, plant/machine operation,
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# Working Conditions (by occupation)



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

Injuries:	agriculture/forestry, accommodation/food, manufacturing, transport/storage, construction
Musc/tal disorders:	construction, health/social care, retail
Skin conditions	hotel, catering
Mental health problems:	health/social care, education, public administration/defence

## Across the EU

Adverse general health:	agriculture, transport, health, manufacturing/utilities/mining, public administration/defence
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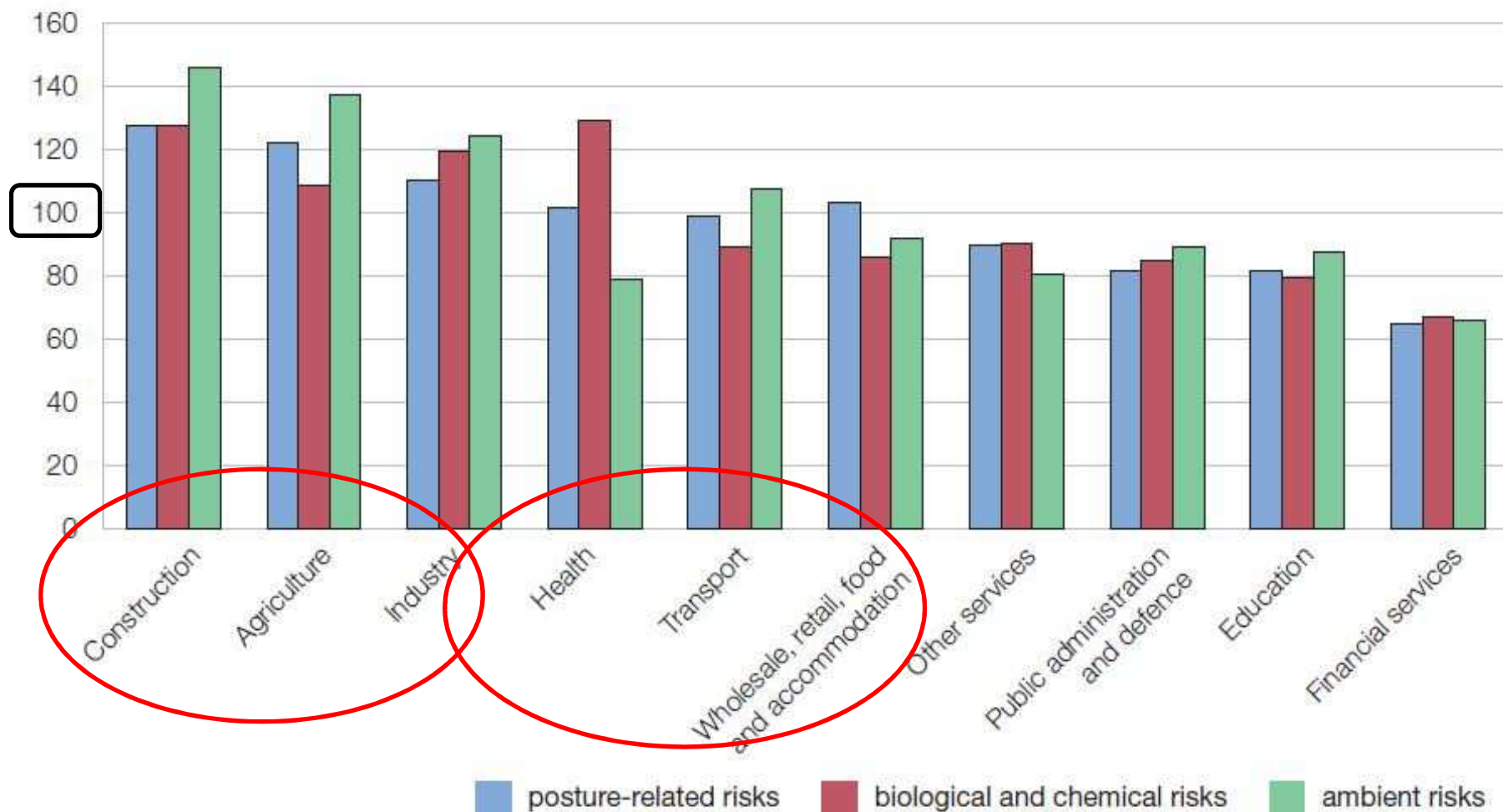
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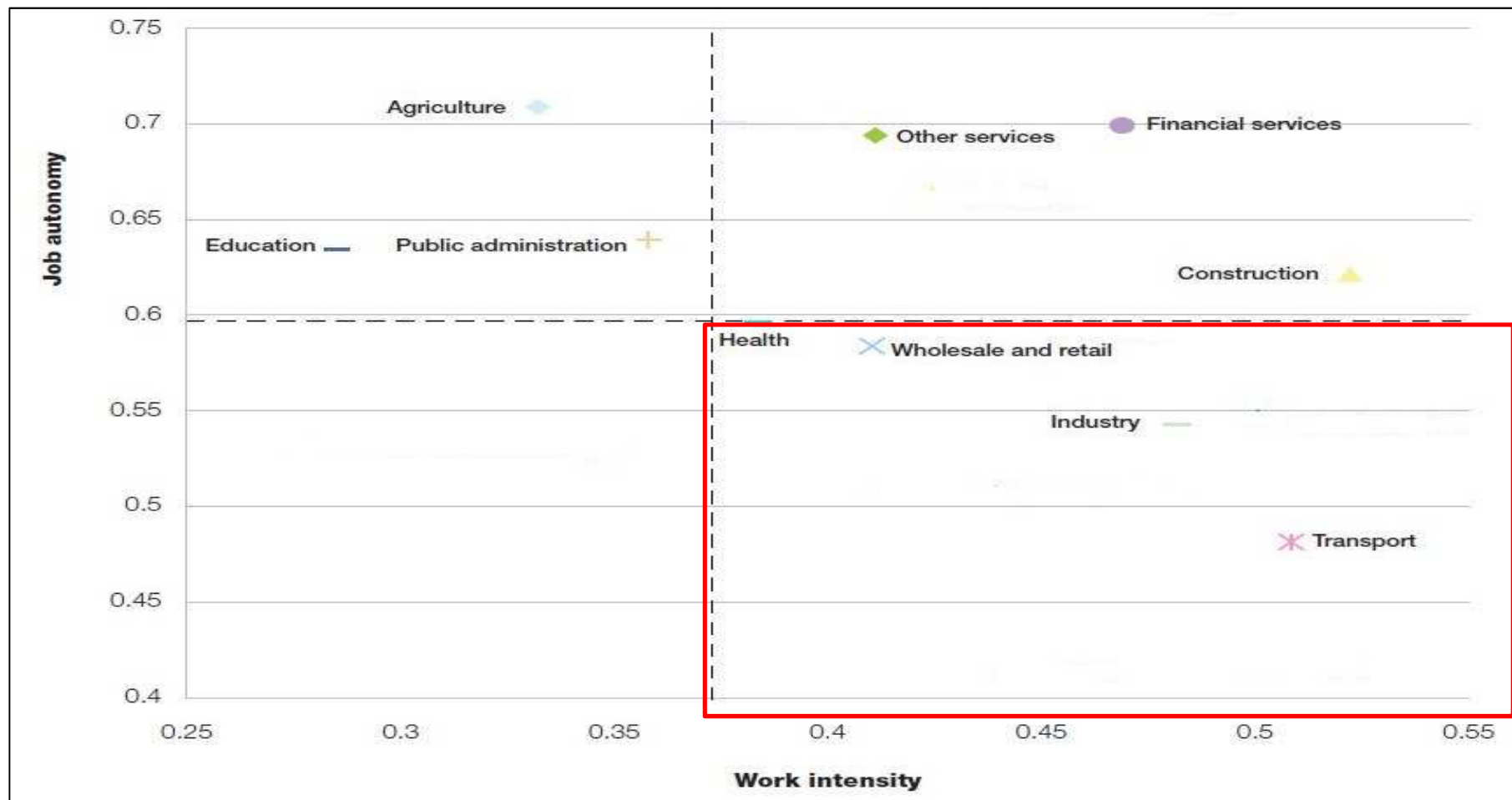


# Working Conditions (by industry)



Exposure to physical risks by industry (Source : Fifth European Working Conditions Survey, 2012)

# Working Conditions (by industry)



**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)



# Methods - descriptive

- Managed to do this (with help from Craig Kellock at Scottish Government) for:
- For (g) Health outcomes & behaviours
    - 25 occupations
  - For (s) Workplace stress & determinants
    - ~ 38 industries
    - Split by gender
    - 25 occupations
  - All (p) Workplace stress & determinants
    - ~ 19 industries
    - No gender split
- control & demand)

# Methods – logistic regression

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

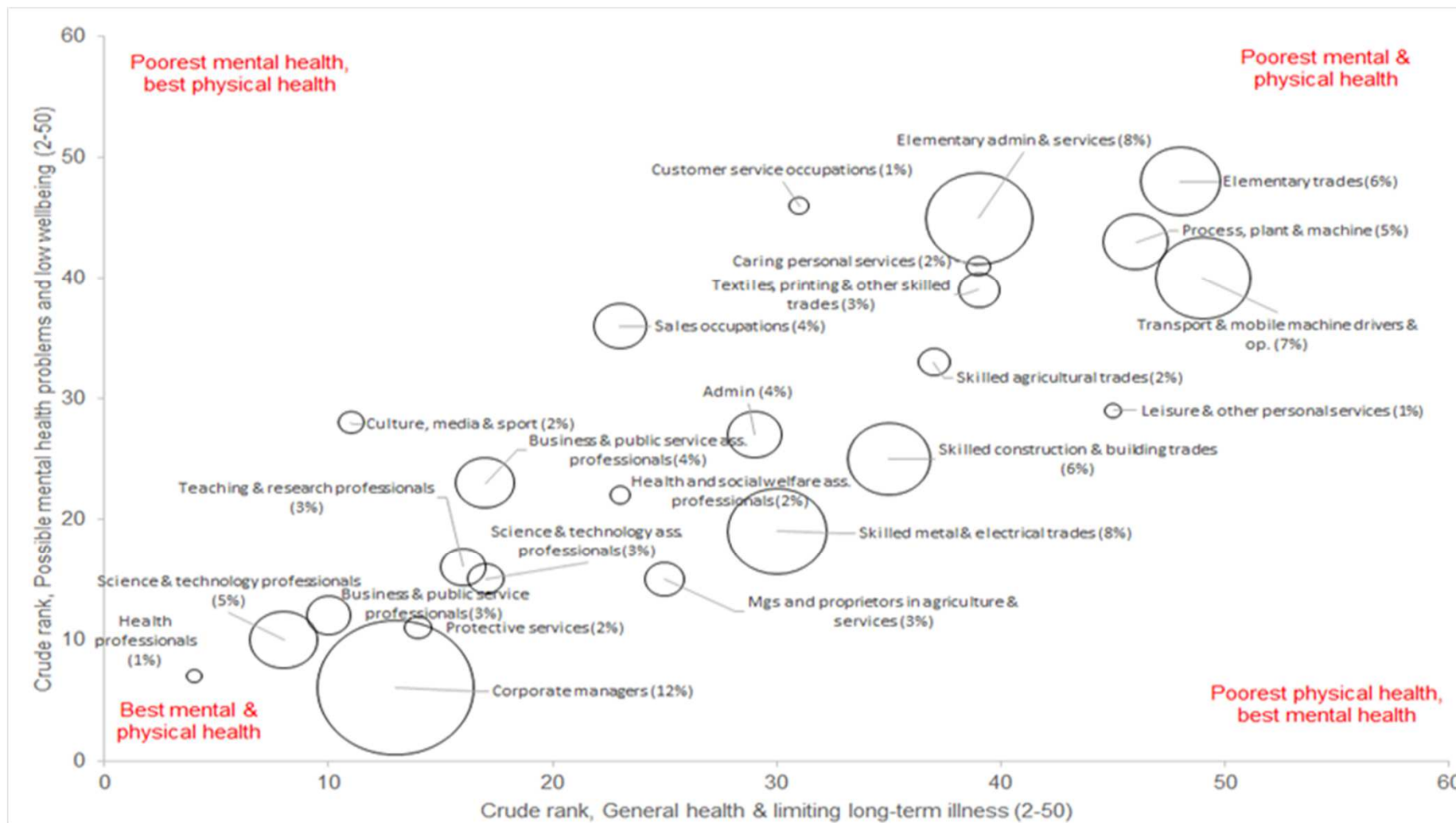
## *Scottish Health Survey*

- 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

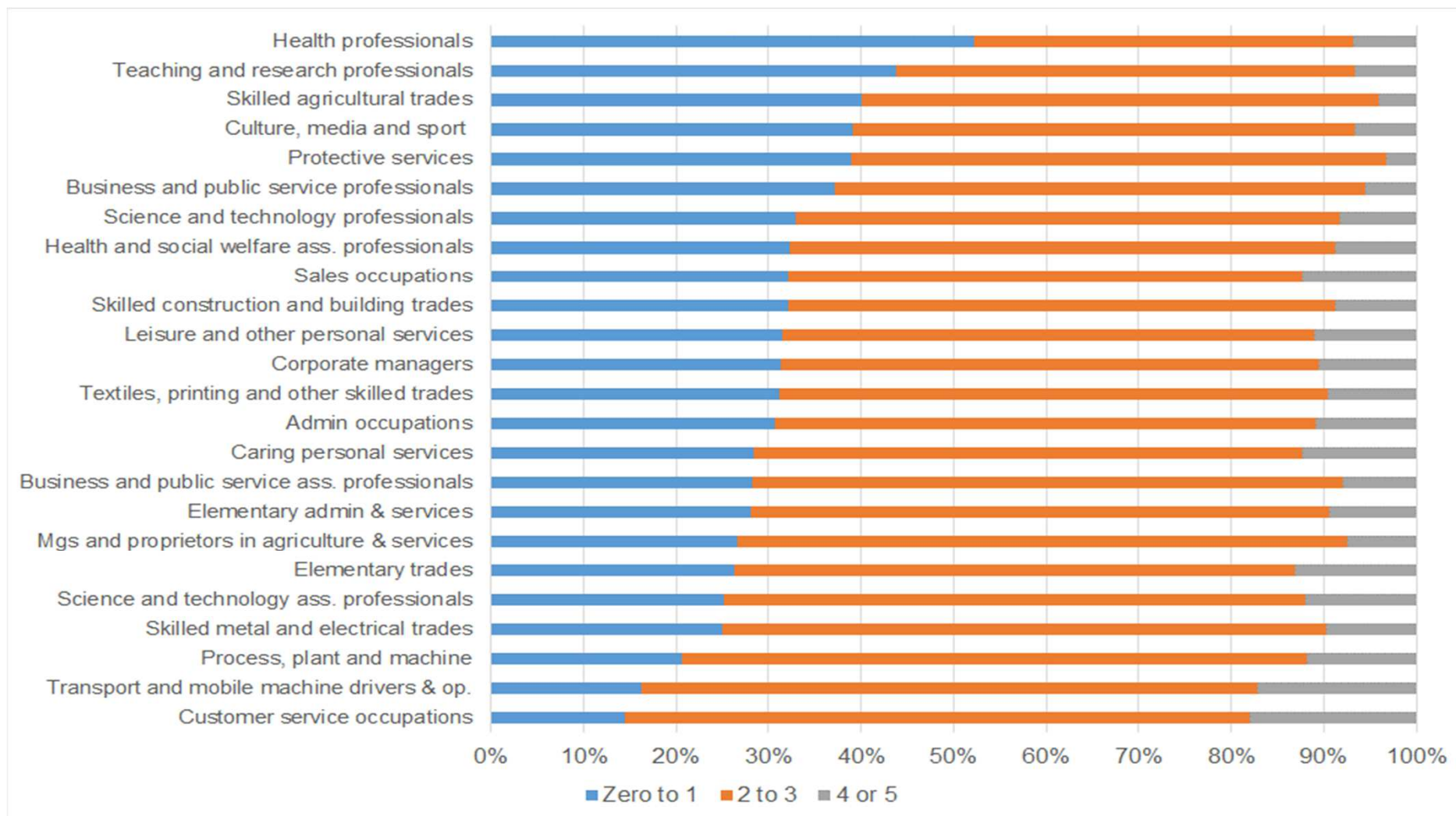
- Current/past occupation or industry of employment associated with multiple health advantages or disadvantages
- Some examples:
  - Health outcomes (men)
  - Health behaviours (men)
  - Demand-control (persons in work)

## 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*



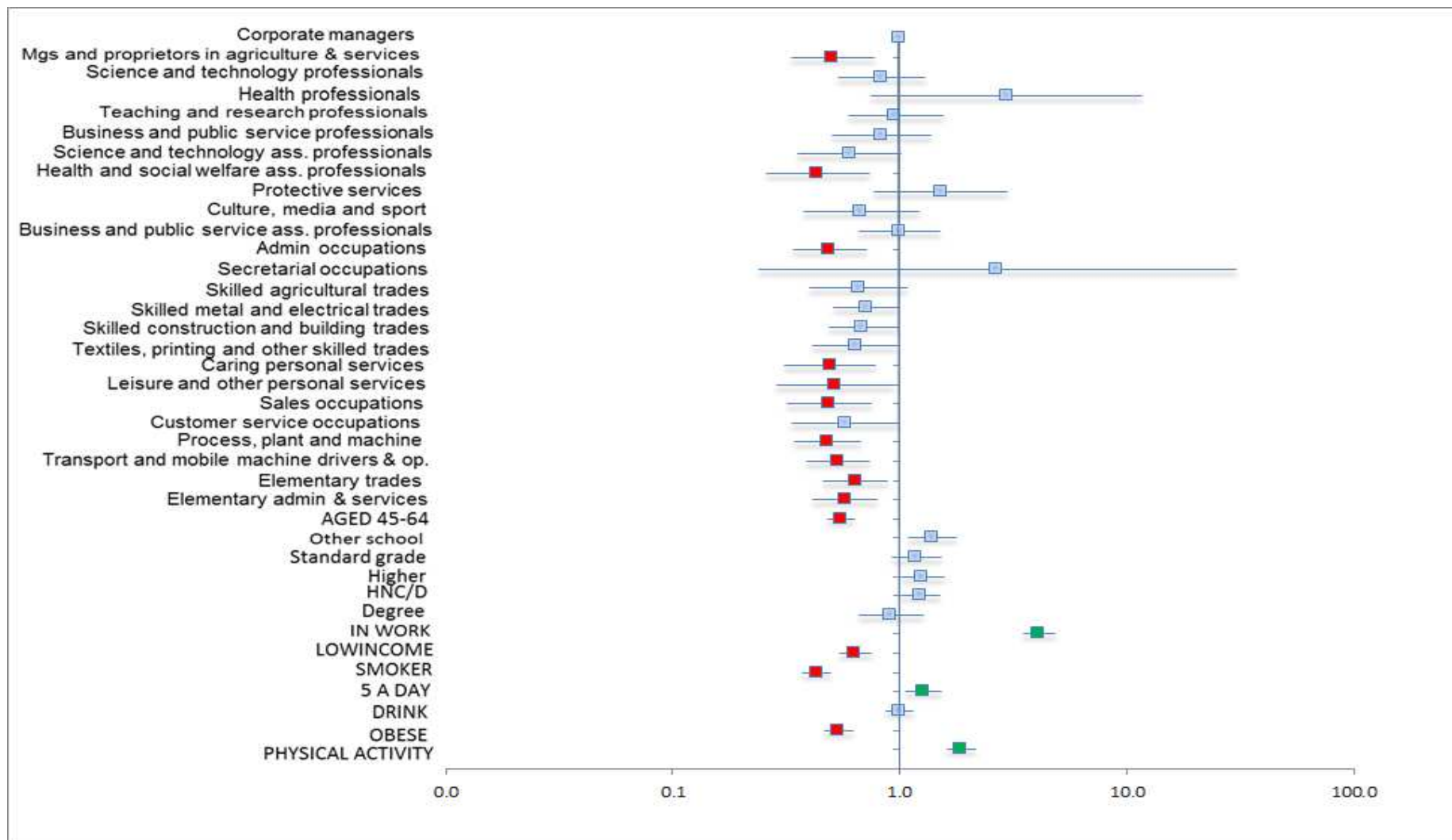
## Occupations by demand-control classification, all persons aged 16-64 years in employment: Scotland, 2009 & 2011



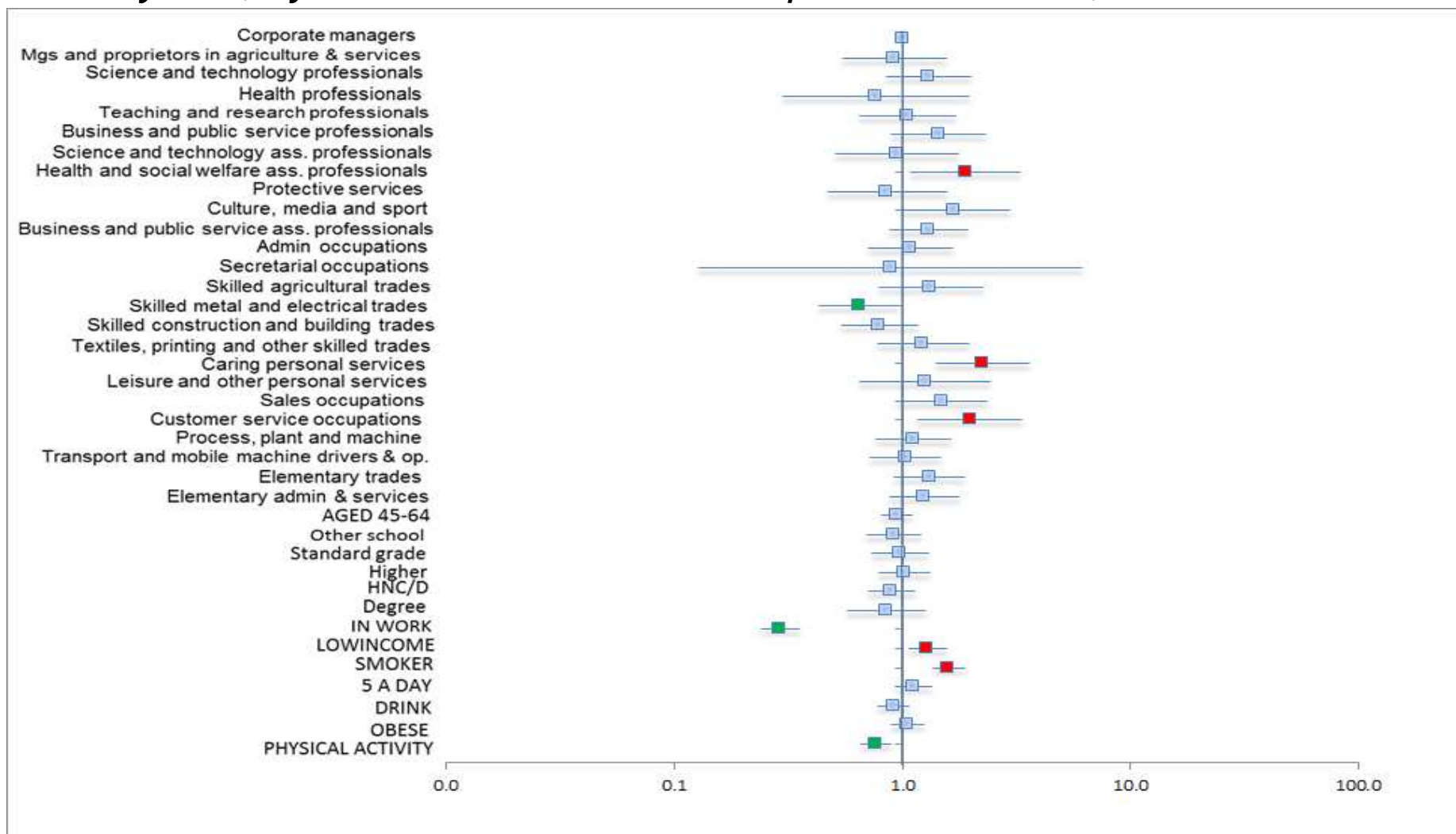
## Main findings - 2

- 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*

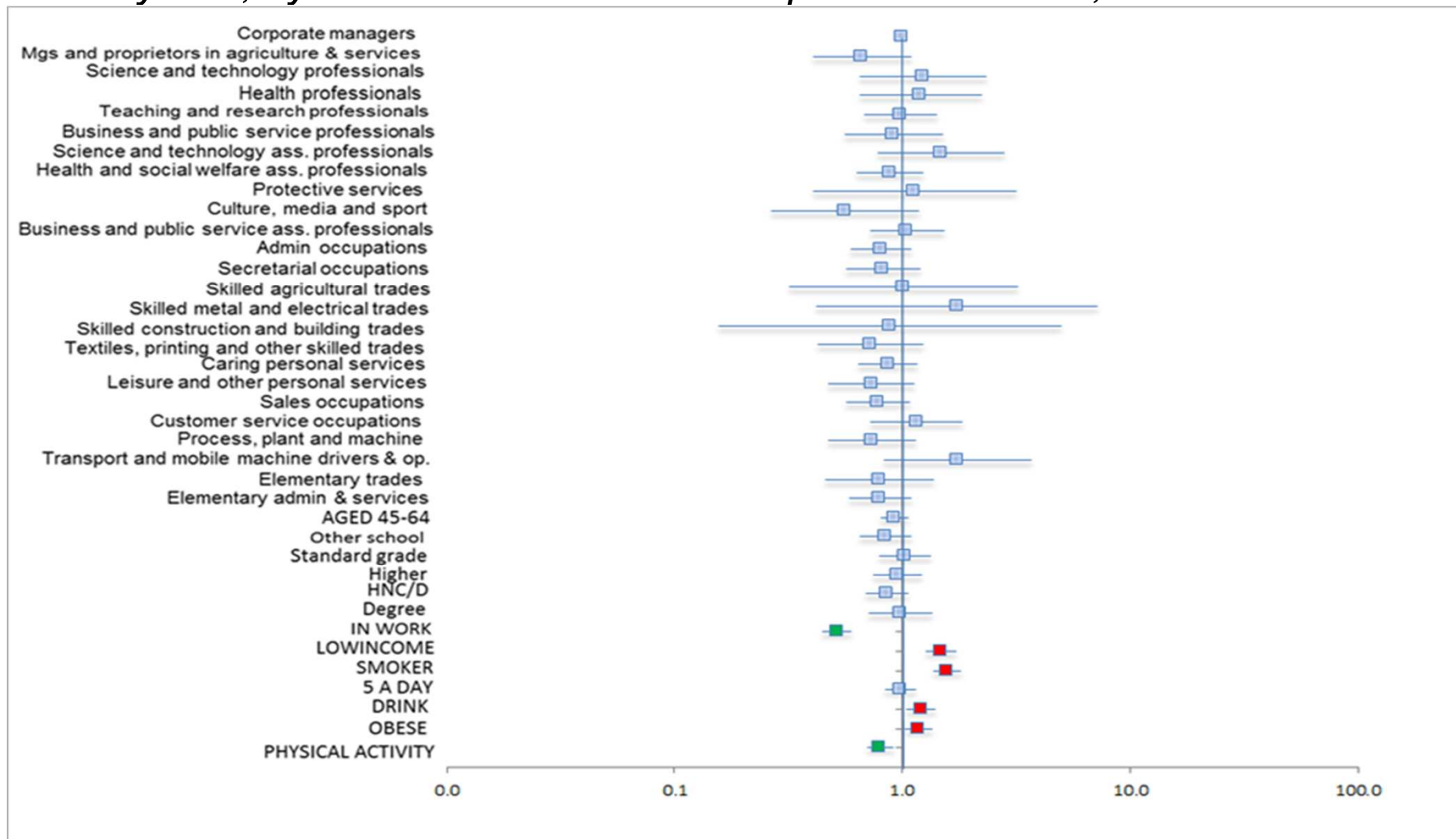


*Adjusted log odds of having a GHQ-12 score of 4+ for men aged 16-64 years, by current/most recent occupation: Scotland, 2008-2011*





*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

- Marmot M. (2010) *Strategic review of health inequalities in England post-2010. Marmot review final report.* University College London, London.
- Harkins C, Egan J. (2013) *The rise of in-work poverty.* GCPH, Glasgow.
- NHS Health Scotland (2015) *Good Work for All.*
- Scottish Parliament (2016) *Economy, Energy and Tourism Committee. 1st Report, 2016 (Session 4): Taking the High Road - Work, Wages and Wellbeing in the Scottish Labour Market Fair Work Convention (2016) Fair Work Framework.*
- Oxfam UWS (2016) *What Makes for ‘Decent Work’? A study with low paid workers in Scotland – Initial Findings.*
- Fair Work Convention (2016) *Fair Work Framework.*
- Scottish Government (2016) *Scottish Labour Market Strategy.*