

Health Hazards of Insecure Work

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Abstract

This paper draws on data collected in interviews with 72 rural workers in rural Victoria. It documents the impact of insecure and casual work on the respondents' health: that they come to work sick, that they continue working while injured, that they conceal OH&S accidents, and that they forgo health interventions. All of these actions are a direct consequence of the major transformation in the social organisation of work towards more flexible and less secure forms of employment such as temporary and contract work that exclude workers from many of the benefits enjoyed by fulltime, ongoing workers.

Key words: rural health, occupational health, work, inequality

Introduction

This paper examines the ways in which non-standard employment arrangements affect workers' health by exposing workers to physically more hazardous work conditions, as well as by motivating workers to adopt riskier health behaviours (Quinlan, 2010). We show that fear of job loss and the need to maintain a positive impression with their employer so as to secure future shifts and employment contracts may motivate workers to come to work sick or injured (presenteeism), or to take on more hazardous job tasks (Clougherty, Souza and Cullen, 2010; McNamarra, 2006). In some cases, fear of job loss may also motivate workers to conceal OH&S accidents and lead to putting their health on hold (Aronson, 1999, Facey and Eakin, 2010). Work intensification pressures from a lack of job security also lead to working while fatigued and in acute muscle pain (Cummings and Kreis, 2008; Lewchuk et. al., 2008; Standing: 2010; Virtanen et. al., 2005). Repeated international studies show that temporary workers 'are exposed to more hazardous working conditions, work more often in painful and tiring positions, are more exposed to intense noise, [and] perform more often repetitive movements.' There is also evidence to suggest that they 'suffer from a higher risk of occupational injuries as compared with permanent employees' (Benach and Muntaner., 2007: 90). For example, a review by Quinlan, Mayhew, and Bohle of research into the OHS impacts of temporary employment found that, in more than 80 percent of studies, these work arrangements were associated with 'increased risk of injury, disease, and hazard exposure' as well as 'reduced knowledge of occupational health and safety issues and regulatory responsibilities' (Lewchuk, de

Wolff, King, & Polanyi, 2005: 8; Quinlan, Mayhew, & Boyle, 2001) see also (Quinlan & Mayhew, 2001:5–6).

This study provides qualitative insights into the impact of neoliberalism and economic rationalism on workers daily experience of work and health in rural Australia. While cognisant of this broader political economy literature (see Collyer and White (2011) for extensive reviews of current developments) we draw more on the tradition of the social determinants of health (Benach et. al., 2007) and the leverage it provides to explore qualitative data and capture the lived experience of the health insults experienced by workers facing casual, contract and precarious employment (Rafferty and Yu, 2010).

Sample

A total of 72 people took part in this study at locations in and around East Gippsland, Mildura, Shepparton, Ballarat, Bendigo, Leongatha, and Hastings. Prospective research participants were screened by gender, age, industry and occupation, and employment status so as to seek a representative sample of participants mirroring ABS data on casualised and insecure workers (for full details: McGann, Moss and White, 2012). Participants were recruited via a variety of channels. Assistance in recruiting research participants was initially sought from a number of unions and trade organisations—Maritime Workers’ Union of Australian, the National Tertiary Education Union, the Australian Education Union, Master Builders’ Association of Victoria, CEPU—in key industries with large concentrations of non-standard workers (identified using ABS data), while two regional trades hall and labour councils (Ballarat and Bendigo) also contacted their members about participating in the study. A series of advertisements were also placed in local newspapers in Mildura, East Gippsland, Shepparton, and Bendigo to ensure that the data sample was not limited to union affiliated workers—indeed, the vast majority of research participants were *not* union members—while a number of large employers in the Agricultural and Horticultural sector in Mildura, Bairnsdale, and Shepparton also agreed to pass on details about the study to their casual and contract employees. Finally, CentaBrace, a job network agency, also provided assistance in recruiting a small number of research participants in Mildura and Ballarat.

The interview sample included 46 (64%) casual employees, 12 (17%) independent contractors, 6 (8.3%) fixed-term contract employees, and 8 (11%) permanent “irregular” workers. This last group self-identified as casuals during the recruitment stage, although they do not fall strictly under the ABS measure of casual employment since they are formally entitled to holiday and sick pay, albeit on a pro rata basis. However, these workers had highly uncertain work schedules and their income and shifts varied substantially from week to week. Interviews followed a semi-structured guide, were recorded and transcribed and lasted on average forty minutes. The transcripts were cross coded for validity by two of the authors and Nvivo software was used to code and categorise the data around central themes identified in previous studies and on the basis of new issues that emerged from the data.

Those who took part in this study could broadly be classified into three different categories in terms of the reasons why they were working in non-standard

employment: *content casuals* who valued the flexibility of that non-standard work afforded them terms of work/life balance, *reluctant casuals* who resigned themselves to the fact that no permanent positions were available in their industry or location, and *indifferent casuals* who accepted non-standard work as simply the way people in their industry and occupation had always been employed.

Presenteeism

As McNamara argues in a study of the hidden costs of casual employment in Australia, '[j]ob insecurity and especially the fear that absence from work or even refusal to do overtime might increase the likelihood of redundancy, means that some workers may avoid taking time off when ill' (McNamara, 2006:26). The financial costs of missing a day's work through sickness or injury can also be a further source of motivation for presenteeism, especially for casuals and independent contractors who are formally excluded from sick leave entitlements. This is particularly likely to be an issue for workers who experience high scheduling uncertainty as these workers may not be in a position to afford to take time off, even when sick, if they do not work many shifts on a regular basis.

With the exception of fixed-term employees and permanent irregular workers—who were entitled to paid sick leave, albeit on a pro rata basis—presenteeism was common amongst interviewees, especially among reluctant casuals who either could not afford to take time off when sick or who were afraid to do so for fear that they would lose shifts. 'Well in the past as a casual, explained Adam, a stevedore with a young family to support, 'you basically have to be shitting in your pants not to go into work really. Because this work, the money, you wouldn't give a shit if you were sick, you'd still go in...You can't afford not to [go to work]...At the end of the day, when you're a casual, you've got to do the job. If you don't, you don't get paid. Simple as that.' 'I'd have to have a leg off or something to stop me going,' explained Trish, a TAFE teacher, who would frequently be out of work during the summer months. 'I need the money – because I need the money to pay back the debts I've accumulated all over summer really' (2010 Interview).

It wasn't just casuals who would work sick. Many independent contractors would also work sick, principally because they needed the money. For example, Tom, a carpenter explained that he had worked "crook" for three days the week before the first interview because, 'well, you have bills – you have to pay your bills, so you have to go to work' (2009 Interview). Presenteeism was similarly common amongst fruit-pickers, who felt that they would be penalised by the farmer if they went home sick or injured or if they take the day off work because they were sick. As Toni, a picker in her late 30s explained, 'say if you have an injury at work, you can either go to work or you can say to your boss, "Well, I've hurt myself," and they might say, "Well, you're out." What do you do?' 'You go to work,' as her husband, Michael, explained (2009 Interview). Fishermen too reported incidences of presenteeism as, somewhat surprisingly, did contented casuals. In the case of contented casuals, the fact that they wouldn't earn a wage if they didn't go to work acted as an *incentive* for presenteeism. As Chris, an agricultural contractor explained, 'I've got to get the job done so I get paid and so that I get the next job. But, if I'm honestly, really, really crook, I'll stay at home. But, yeah, probably if I was working for a company and I had sick days owing

to me, there's a lot of days that I probably would've stayed home.' For fishermen, it was more a case of not wanting to let their fellow crew members down, since they knew that it would be difficult to find a replacement crew member at short notice. But for casuals and fruit-pickers reliant on their job and who were struggling to get enough shifts, they simply couldn't afford to be sick while there was work available:

You need money, it doesn't matter how sick you are...that's the time I get really sick and I push myself to the edge and there's a time that I fainted. I remember one time I fainted at a block because the heat was too much, the heat was too much but I pushed it, because I need more boxes, because the price is not the much you know. I'm lucky to get \$500, \$400 [per week] you know, and if I don't push myself what can you do with \$100 a week? (Nicola, Fruit-picker, 2009 Interview).

Intermittent and irregular work scheduling motivates presenteeism while compounding illness. Workers who have little security regarding the scheduling of future work feel they cannot afford to take time off due to illness while work is available. Hence, they come to work sick, which only exacerbates their illness. Further, when worker's health is so bad that they simply cannot push themselves to go to work, anxieties about getting future work and being able to make ends meet creep in, similarly undermining their recovery. For example, Helen, a personal care attendant in her mid 20s, works at an aged care facility in East Gippsland. Even though she works in health and community services and is well aware of the risks to her patients and co-workers, Helen still comes to work sick if she can. This is because her shifts are so irregular and uncertain—the fortnight before the first interview, Helen only worked a shift and a half, leaving her with only \$230—and she simply can't afford *not* to work when she is ill:

If I'm not feeling well and I know I'm not getting any shifts, I'll rock up anyway. I had the flu a couple of months ago and I was coughing all over the place and I turned up for a shift. I didn't do it very well but I was there (2009 Interview).

Concealing injuries/Pressures to take on more dangerous work

The pressures that non-standard workers can face to conceal any work injuries or OH&S concerns for fear that speaking out or making a Work Cover claim might jeopardise future employment prospects are considerable. For example, Claire, a casual worker in her 50s who had worked in retail and as a factory labourer, explained that many of her co-workers at a food company where she had previously worked, had worked injured for fear that they would lose future shifts if they reported OH&S incidents:

'You would pick up safety things that were a problem and they would just be ignored. The level of speed that they have to work at...it was terrible for the muscles. Your muscles would be screaming, and I was quite fit back then. Your muscles would be screaming out because they had been involved for too long at a particular pace, but you did not dare and a lot of them were injured, working injured, but they would not

...speak up because they were scared they would lose their place. Health things, there was a cockroach that came through in a fruitcake one night and nothing was done about that. Everyone knew about it, it was an old building, it happens' (2009 Interview).

Frank, a permanent irregular stevedore, had a teenage son who worked as a labour hire employee in a nearby factory. Just before the second round interview, Frank's son had crushed his fingers in a rolling machine. He was sent home without pay and didn't put through a Work Cover claim. Frank tried to persuade his son to make a Work Cover claim but his son was reluctant to "upset the apple cart":

No, oh no he's still bandaged up, his hands, his fingers...had his fingers taken off and he can't go back, he's got to rest up for at least a week before he goes back... Lucky the thing stopped, he could have had his arm taken off. I questioned the OH&S and that. I think it might come back and bite them because I think they maybe, they think they won't get him back. And that's the way casual workers, that's the way they work...[I]n the end he didn't [make a claim] because he said, "Look I think my hand will be right in a few days Dad and I don't want to upset the apple cart." I said, "Well look you know, I believe you should do it 'cause at the end of the day, people don't do it we're no better than a third world country." Do you know what I mean? People are scared to take them on and do the right – they advertise on TV, the girl in the meat slicer on TV – they're advertising for people to do the right thing with WorkCover, WorkSafe and everything else but people are scared to do it (2010 Interview).

There were multiple examples, not all of which were necessarily OH&S related, where workers—and casual employees in particular—had been threatened with (or feared) job loss for speaking out or rocking the boat. In some cases, casual employees and permanent irregular workers that were desperate for work were taking on tasks that permanent employees would refuse to do because they felt they had no choice. Susan, a lone parent who worked on the production line in a soap factory, explained that 'the permanents sometimes manipulate the situation so that you get the poorer job.' She gave the example of sitting on a chair monitoring the production line machinery so that it doesn't jam up. As she went to explain, 'you're each supposed to have a turn for half an hour...because you can get motion sickness if you don't know how to look at it. And the permanents will very conveniently manipulate it so that they don't have to have a go at it. Or the casuals might swap between themselves but the permanents don't take their turn' (casual labourer, sole parent, 40s, 2011 Interview). Angela, another sole parent who had worked for four years as a seasonal labourer in a cannery, had learned to 'behave':

And they know that we're desperate for work and like you're there, your day to day, you don't know which day they're going hook up to say, "Right, you're out of here." So yeah, you behave. (2009 Interview).

'Behaving,' for Angela, included not bringing any problems to management's attention. As she explained, 'if you have a problem you don't go to management, you

try and handle it yourself...cause if you go to management, they put you off anyhow' (2009). For this reason, she had concealed an injury she had suffered at work:

I now have a doctor's report where I have a bulging disk as well. But see the thing too is, you don't report when you get hurt, alright, because if you report to them you've gotten yourself hurt, you're out of there, so, and because I didn't report it at the time when I got hurt, I don't have the leg to stand on now to do anything about it (2009 Interview).

Putting health on hold

Income uncertainty from the irregular and intermittent scheduling of work not only motivated those interviewed to come to work sick or injured, many of those interviewed explained that they would also regularly put-off looking after their health because they had more urgent needs and couldn't afford the costs of managing their health. This was particularly true of permanent irregular workers and casuals employees in the reluctant casual group, who were the workers with the most intermittent and uncertain work scheduling. These workers reported regularly forgoing health and dental care either because they couldn't afford the costs involved of going to the doctor, having surgery, or going to the dentist, or, if they could afford the costs, they were worried that work might dry up in the near future and they would need to rely on their savings to get them through a period of under- or unemployment. For example, when we first interviewed Yvonne, an aged care attendant from a single-income household, she explained that she had needed a sinus operation for quite some time. As a casual employee, she couldn't afford to have the operation, especially as it would mean taking 'about four weeks off' from work. 'I had to wait until I went permanent part time,' she explained, to which she had recently been promoted. A year later, Yvonne still hadn't had the operation because the level of work she had been getting was so little. However, she had recently taken up a permanent, ongoing job, inter-state and was hoping to have the operation the following year:

I know say sometime next year, I'm going to have to, like, take some sick time off because I have to have like a nasal operation on my sinuses...And I can do that now because I can get sick days and get some sort of time off. Whereas before I had to keep putting it off because I just couldn't afford to take the time off...I just haven't financially been able to do it. So I was kind of waiting and hoping that I would get a good job, and I did, and now that I have I can maybe look at doing that next year (2010 Interview).

Dental care was one of the first things that workers in insecure employment would forgo. Matt, who cycled in and out of casual labouring work, would avoid the dentist altogether. Instead, if a severe tooth ache developed, he would go to the nearby hospital to have his tooth pulled out as this was cheaper:

With the dentist, my mouth is full of really bad teeth. I don't bother going to pay myself for the dentist. I just wait til I'm absolutely in terrible pain. I pay me \$25, go to the hospital, and just have a tooth

ripped out, rather than just have it all fixed up and all that. So, when it comes to that, it's only cross that bridge when it gets to it, because otherwise, you know, you've got more important things to spend the money on (2010 Interview).

Conclusion

As the examples above clearly illustrate, the ease with which non-standard workers (especially casuals) can be dismissed accompanied by their need to maintain a positive impression with their employer so as to safeguard future shifts and employment contracts can motivate workers to conceal work-place injuries and OH&S concerns, as well as broader concerns (e.g. incidences of bullying and harassment) within the workplace. Similarly, many non-standard workers refuse to take time-off work when they fall ill or suffer an injury; firstly because, in the case of workers whose shifts are intermittent and uncertain, they cannot afford to go without pay, while, secondly, some also worry that they will lose out on future shifts or employment opportunities if they take time-off due to illness or injury and are seen as unreliable. Those that do fall ill for an extended period or suffer an injury that keeps them out of work can find returning to work difficult, while the economic costs of being out of work for extended periods can be severe, particularly as many non-standard workers don't have income protection insurance to cope with these costs.

One of the key insights from research on the social determinants of health over the past 30 years is that efforts to reduce social inequalities in health cannot concentrate on the provision of improved health care services alone. While health care services are important in protecting and recovering health, the quality of people's educational and employment opportunities and the conditions in which they live have an equally, if not more important, role to play in contributing to their health (Wilkinson and Pickett, 2009). 'Achieving health equity,' as the final report of the WHO Commission on the Social Determinants of Health stresses, 'requires safe, secure, and fairly paid work, year-round work opportunities, and a healthy work-life balance for all' (WHO, 2008:8). Consequently, if the health of people living in rural and regional areas is to be improved, and the gap in life-expectancy between better and worse off social groups reduced, careful decisions will have to be made about the allocation of resources and policy options right across the spectrum of government. Trade-offs may need to be made between directing resources towards the provision of improved and expanded health care services—the preferred strategy of the National Health and Hospital Reform Commission (2009: see chapter 3)—and targeting resources towards the provision of wider work opportunities, more stable employment arrangements and better psychosocial work environments.

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