PSYCHOLOGICAL HEALTH IN THE “GIG” ECONOMY:

Precarious work and psychological trauma

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STRUCTURE OF MY TALK

• What precarious work is and how it causes harm
• The prevalence of poor quality and precarious work
• Psychological trauma and the role of “social causes” in morbidity and mortality
• Some ideas about actions.
WHAT PRECARIOUS WORK IS.....

• It is work that has unpredictable working patterns and irregular earning patterns combined with low pay.

• It is undertaken in an environment where the regulation of risks to health has been compromised.
WHAT PRECARIOUS WORK IS...... AND IS NOT

• It is work that is unpredictable in its working patterns and earning patterns then combined with low pay.

• Undertaken in an environment where the regulation of risks to health has been compromised.

• It is NOT the growth in professional well paid “gig” work.

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2 TYPES OF PRECARIOUS CONDITIONS

**Type 1.** Working people living in poverty linked to precarious work trapping them in poverty (work is not a route out of poverty but a cause).

**Type 2.** Working people above the poverty line, but suffering from chronic anxiety from shift and earning unpredictability and the impact of active psychosocial hazards in their work arrangements.

Both types are also impacted by the lack of any easy recourse to remedy for unjust treatment.
“Irregular shifts mean that some weeks I earn nothing. Because the shifts are so irregular I can’t even find another job alongside it because I can be called in last minute. My boss threatened to fire us if we take a second job as we could potentially be unavailable for shifts.”

“By not enforcing our existing employment laws but instead talking about making the system ‘easier to understand’, they are playing into gig employers’ hands. How much more evidence do we need of gig economy exploitation?”

“I have phoned in sick and am threatened with a penalty of £50 from the contractor I work for under a self-employment if I didn’t come in and to bring a carrier bag or bucket to deal with bad guts I was suffering with. While not earning a wage for that day, I was also charged £50.”

“By not enforcing our existing employment laws but instead talking about making the system ‘easier to understand’, they are playing into gig employers’ hands. How much more evidence do we need of gig economy exploitation?”

“Ground truth – thanks to TUC and investigative journalists”

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PSYCHOSOCIAL HAZARDS: A SERIOUS AND ACTIVE RISK – SEE ASSESSMENT

• **CONTROL** – low control as unpredictable shifts and hence income from “new work arrangements” that impact housing and food security day to day.

• **SUPPORT** – low support as management by algorithm increases and working relationships are fractured

• **RELATIONSHIP** – compromised relationships both at work and at home
  - Isolation research by Holt – Lundstad et al (2015) indicates that isolation risk to life for working age people – not the case for over 65

• **DEMAND** – excess demand: paid below NMW so longer working hours – often not paid promptly so more time spent chasing payment.

• **ROLE** – ambiguity and no written agreements

• **CHANGE** – no participation which mitigates health risk from change – flexibility instead taken as a resource for employers rather than help to employees:
  - O’Neil (2016) – Weapons of Math Destruction outlines the way in which current “big data scheduling is causing serious health damage

• **JUSTICE** ALSO MENTIONED IN THE RECENT HSE REVIEW OF STRESS STANDARDS – lack of access to easy affordable legal recourse is also a critical hazard.

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COERCION BACK TO WORK
A SECONDARY PSYCHOSOCIAL HAZARD

Two key pieces of research evidence

1. Poor job quality is associated with more adverse levels of stress biomarkers than remaining unemployed (Chandola & Zhang 2017) so work is clearly not a health outcome in such situations.

2. CBT (via IAPT) is being used to “help” people with mental health conditions back to work. Not appropriate for many conditions and the recent evidence from a meta-analysis indicates that CBT is losing effectiveness. (Johnsen and Friborg 2015) The authors suggest that this is because CBT has “lost its placebo effect over time”.

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PRECARIOUS WORK-PREVALENCE

Poor work – www survey shows 38% of jobs are poor quality. Translates to approx. 12 million poor quality jobs in the UK (young people heavily impacted)

TUC suggest 3.2 million with insecure employment rights (women and racial minorities heavily impacted)

Taylor report itemises the following headlines:
  • 1.6 in temporary work with 800,00-1.2 via agencies
  • 15.1% of workforce (5 million approx) self employed
  • 1.3 million in “gig” arrangements
  • 900,000 in zero hours contracts

I estimate that these items in Taylor report, (triangulated with the lower reported figures from the TUC) aggregate to about 4.5 million precarious jobs

CAB 2016 report also suggest 4.5 million people have unpredictable shifts, irregular hours and unpredictable income

JRF estimate 3.8 million working poor (in households impacting 7.4 million people)

GMB report that 31% workers in unpredictable work situations (10 million people) of which 60% suffering from worrying levels of stress and anxiety (6 million people).

This percentage is consistent with University sector figures: HESA 28% academics in type 2 precarious work (used as cross check).

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This UN report in June 2017 stated that the failure to address social causes of psychological distress a probable breach of human rights. This introduces the idea of “mental injury”.

Based upon the clear evidence that social causes of this distress are implicated in long-term health problems through the way the traumatic process impacts the body when subject to adverse treatment.

Physical health problems are recognized as caused by repeated adverse experiences; substantially increased risk of cardiovascular disease, cancer, diabetes, fractures and bronchitis.

Workplaces were specifically included by the UN as a critical contributor to these social causes of distress for adults.

The types of adversity implicated in trauma; neglect, indifference, lack of control and unpredictable employer behavior, are those inherent to this precarious work.
KNOCK ON IMPACT ON COMMUNITY HEALTH - ILLUSTRATIONS

• Sizmur and Raleigh (2018) use of agency staff is correlated with lower patient wellbeing

• Kossarova et al (2017) greater A&E admissions for children linked in relatively deprived families is linked in part to pressures from new working arrangements
SO WHAT TO DO…..?

1. **We need community level actions** and don’t need to prioritise further gig health research studies – I found enough to undertake the risk assessment required by H&S@W Act 1974. This means we need to take urgent action to mitigate the clear set of active hazards to health identified – ideally through community based approaches using design and social movements methods. In parallel we need to ensure such arrangements are not allowed to proliferate any further.

2. **“Codified Compassion” – our regulatory framework** needs to be used. We have the regulations to activate “mental injury” (AKA stress) improvement notices and to fine employers who breach our citizen’s employment rights. **We need to use them.** We cannot expect those in these precarious jobs who are money poor, time poor and as this data indicates also health poor, to take the lead on individual action.

   We need to make sure our regulatory framework is joined up (eg linking health, pay and equalities). It must also be accessible at local level rather than a legal framework that looks fair but makes no difference (Fair treatment in gig work ombudsman?).

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SO WHAT TO DO.....?

3. **Occupational Health and Safety** services for those in these two types of precarious work need attention. (Tran and Socas (2017) have raised this as a critical for US Occupational Medicine – but have seen nothing equivalent in the UK). Points to the responsibility gap in addressing this public health risk - this is tricky as it is not set up to do this. Again I envisage provisions through local community action (NOT job centres) but maybe through reinvigorated post office shops?


- Let PHE know by completing this survey that completes 9th March 2018 that there are real concerns with stating that work is a clinical outcome
- Request a much more nuanced view of the relationship between work and health that acknowledges work can damage health as well as help wellbeing.

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THANK YOU

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(2016) Social Psychology of Organizations
Diagnosing Toxicity and intervening in the Workplace
Routledge: US &UK

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