

Full Length Research Paper

Precarious employment and health outcomes in Sweden: A systematic review

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This study aimed to review articles which investigated the relationship between precarious employment and health outcomes in the Swedish population at national and regional levels. Publications comparing health outcomes among permanent and precariously employed workers were accessed systematically. The results indicated that although scarce, available studies have found a relationship between precarious types of employment and health outcomes. Further research is needed to investigate health outcomes across different sub-groups of precarious employed persons to better identify which is more prone to experience worse health outcomes.

Key words: Precarious employment, Sweden, health outcomes.

INTRODUCTION

In the past decades, many developed countries have experienced an increased proportion of people under temporary employment (Tsurugano et al., 2012; ILO 2008; ILO 2011; ILO 2012). It is argued that the increase is a response to competition which in turn demands changes in supply and demand within the labour force (ILO 2008; ILO 2011; ILO 2012). Others go further to suggest that new technology has promoted the fragmentation of the production process as well as the outsourcing of certain tasks which in turn has triggered less stable employment (ILO 2008). According to the International Labour Organization, temporary employment increased in fifty five percent from 1985-2007 and deteriorated even further after the most recent economic recession (ILO 2011; ILO 2012).

Although the debate on the agreeable definition of

precarious employment goes on, consensus exists that precarious employment is characterised by strain related to high uncertainty, low income, limited social benefits and statutory entitlements and low social support (Vosko 2010). It is argued that as compared to workers in permanent employments, precariously employed workers experience difficult bargaining relations between workers and employers, low wages and economic deprivation, limited workplace rights and social protection, and powerlessness to exercise workplace rights (Benach et al., 2014). Also, precarious employment is found to be associated with poor working conditions or physically heavy work, as well as higher risk of accidents (Gash and McGinnity 2007). Overall, the majority of available literature indicates that the above mentioned features result in poor physical and mental health with

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consequences such as low productivity, absenteeism and premature retirement (Artazcoz et al., 2005; Caldbick et al., 2014; Tompa et al., 2007; Scott-Marshall and Tompa 2011; Clarke et al., 2007; Vives et al., 2013).

In Sweden, in most workplaces, there is collective agreements between unions and employers which regulate wage and working conditions (which include health and accident insurance) (LO, 2014). These agreements guarantee rules applied to everyone and establish what is considered to be a minimum acceptable in terms of employment in that sector. However, employers are free to offer even better terms. Furthermore, trade unions manage collective bargains and collective agreements in the workplace cover all employees regardless if they are members or not of a union. In Sweden, almost seventy percent of workers belong to a union, making the country one of the most unionized in Europe but also in the world (LO 2014). However, although employment rights and the overall welfare system are universal in Sweden, still precarious employment has an impact on worker's health. And due to the paucity of research in this area, this study aimed to review evidence of the relationship between precarious types of employment and health outcomes in the Swedish context. The research question is as follows: Is precarious employment associated with physical and psychological health in Sweden?

METHODS

Data sources and search strategy

In order to achieve the proposed objective, a series of searches were conducted using PubMed, Google Scholar, Medline, ProQuest, Scopus, JSTOR, ISI (institute of scientific information). A cross check of all the material obtained in the search engines (using specific key words such as precarious employment and physical and psychological health, flexible employment and health outcomes, Sweden) was done to make sure that all the relevant publications were captured. In this review, the following criteria were used: (a) country Sweden and (b) empirical papers published in peer review journals with focus on the relationship between precarious employment/temporary employment and health (physical and psychological) in the Swedish context (written in English only) were included. There was no limitation on age or year of study publication.

Study selection

The review process started with the reading of abstracts and if they were not related to the review objectives, they were excluded. Other international studies on the same area were totally excluded. In addition, Swedish studies which only addressed job characteristics or ergonomics in the workplace and health outcomes without including employment conditions/arrangements were also excluded. Furthermore, letters and editorials were also excluded.

In order to achieve comprehensive results, the reviewed articles were considered for backward/forward assessment of their references and citations. In the second stage, the texts of the fully included articles were further reviewed by the author and two independent reviewers for quality assessment and data extraction.

In cases of difference between the extra invited reviewers, an additional third reviewer had the task of resolving the discrepancy. The selection process is presented using the PRISMA flowchart (Figure 1).

RESULTS

The overall search retrieved 16 relevant articles (Figure 1). After screening for titles and abstracts, only 4 studies fulfilled the inclusion criteria.

Relationship between precarious employment and physical and psychological health outcomes

Results of the reviewed studies indicated an association between precarious employment and physical and psychological outcomes in the Swedish context. (Gustafsson et al., 2012) study showed high prevalence of temporary work among women as compared to men and that accumulated time in temporary employment was related to slightly more pronounced cortisol awakening response (CAR). Furthermore, a study by (Hammarström et al., 2011) which investigated the health consequences of temporary employment among low and higher educated persons found that self-rated health was poorest among the lower educated as compared to their high educated counterparts (Waenerlund et al., 2011). In addition, depressive symptoms were significantly higher among the low education-high exposure group, as compared to high education, low-exposure group (Waenerlund et al., 2011). However, Samuelsson et al. (2012), in their study, found no relationship between temporary types of employment and health. But the study reported an indirect link through less job control (Samuelsson et al., 2012). In another study, (Bildt et al., 2006) reported that women with temporary employment had a significantly high increase of sickness absence as compared to those permanently employed (Bildt et al., 2006).

DISCUSSION

This review showed that there is an association between precarious employment and physical and mental health outcomes among men and women within the Swedish context (Gustafsson et al., 2012; Waenerlund et al., 2011; Samuelsson et al., 2012; Bildt et al., 2006). Furthermore, results indicated a relationship between temporary employment and absence of sickness (Bildt et al., 2006), a contrary finding from other studies that reported low-sickness absence among temporary employees (Benavides et al., 2000). In Europe (Cottini and Lucifora 2010; Robone et al., 2011; Caroli and Godard 2014) and elsewhere, precarious employment has been associated with self-reported physical and

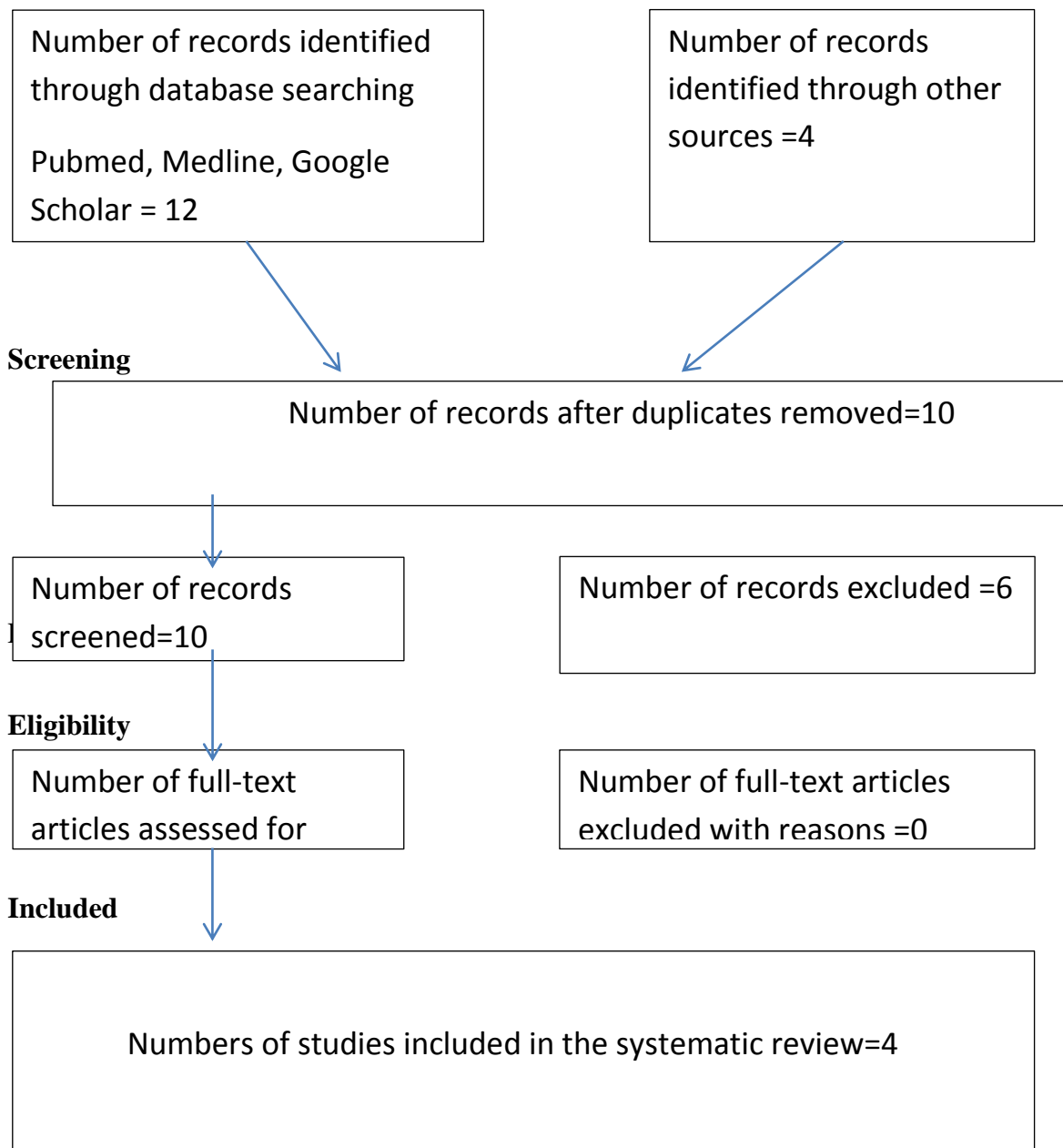


Figure 1. PRISMA flowchart.

mental health (Sverke et al., 2002).

In a recent study by Moortel et al. (De Moortel et al., 2014) which investigated the links between contemporary employment arrangements and mental well-being in men and women across Europe, it was found that regardless of type of welfare state, men and women in several sub-dimensions of low employment quality were significantly associated with poor mental well-being, especially in South Europe. And the relationship persisted after controlling for job characteristics and that household income, irregular and unsocial working hours were strong predictors of poor mental health (De Moortel et al., 2014).

But in line with contradictory results of other studies outside Sweden, Samuelsson et al. (Samuelsson et al., 2012) found no direct relationship between precarious employment and health. Furthermore, in a study of eight Finish towns, (Virtanen et al. 2002) found that men and women with fixed-term employment had better self-rated health as compared to their permanent counterparts. Also, using data from the first ten waves of the British Household Panel Study, Bardasi and Francesconi (Bardasi and Francesconi 2004) reported that atypical employment did not have long-lasting detrimental effects on self-rated health of workers and in mental health

Table 1. Epidemiological research on the association between precarious employment and health outcomes in the Swedish context.

Reference	Design	Sample	Region	Main results
Bilt, 2006	Longitudinal: Precarious employment measured "temporary employment"	was as N=473 participants	South Sweden	Women in temporary employment conditions had a high risk of sickness absence as well as low sense of coherence
Waenerlund et al., 2011	Cross-sectional: Precarious employment measured "temporary employment Contract"	was as N=985 participants	North Sweden	Temporary employees had higher risk of non-optimal self-rated health and psychological distress
Gustavsson et al., 2012	Longitudinal: Precarious employment measured as "time in unemployment"	was as N=791 participants	North Sweden	Long-term exposure to temporary employment was associated with hypothalamic-pituitary-adrenal axis dysregulation (HPA) in form of increased dynamics of CAR and circadian suppression
Samuelsson et al., 2012	Longitudinal: Precarious employment measured "temporary employment"	was as N=877 participants	North Sweden	No direct relationship between temporary employment and health among men and women Indirect relationship of poor health status among men and women in temporary work which experienced less control at work.

between workers with fixed-term and permanent contracts. In another study, (Keuskamp et al., 2013), while pointing at strong association between casual full-time employment and poor physical health, found no significant relation between casual full-time or part-time employment and poor mental health, in a sample of Australian workers (Keuskamp et al., 2013). In this review, the samples are from one cross-sectional and three longitudinal studies carried out in Sweden's South and Northern regions (Table 1).

In addition, the studies used different categorization of precarious employment (including lack of differentiation between those who might have chosen to be in temporary employment from others who had no other choice but to be in that type of employment). In a sociological based study, Jonsson and Nyberg (Jonsson and Nyberg, 2009) characterized precarious work in Sweden into three distinct categories: (a) highly precarious work with no rights to the social security system. They argued that most workers in this group did not have right to be in the country, leaving them vulnerable in relation to their employer which ends in jobs with greater employment insecurity, low pay and poor working conditions. Many immigrant workers are in

restaurant and cleaning jobs (Jonsson and Nyberg, 2009; Fastighetsanställdas förbund, 2008; Bernhartz 2012); (b) moderately precarious work- basic rights to the social security system. This group include housewives (or home-makers) who perform unpaid work on full time bases (and are provided for by a spouse) and do not receive the allowances based on earnings. As compared to the highly precarious, this group have relatively high chances to enter the labour-market and the earnings-based social security system, and can therefore escape from their somewhat precarious situation; (c) least precarious work-full rights to the social security system (Jonsson and Nyberg, 2009). This group is comprised of registered, permanent residents who are employees.

According to Jonsson and Nyberg (2009), this group is at the top tier of social security system as well as earning benefits. But like elsewhere, some workers within this group are precarious than others due to differences in access to social rights (Jonsson and Nyberg, 2009; Fastighetsanställdas förbund, 2008; Bernhartz, 2012). In general, what is called fixed-term contract workers, many have on call and work more or less by the hour (temporary employment) (Jonsson and Nyberg, 2009).

However, some of these jobs are "leave replacement"

for people who might have leave of absence due to various reasons (Jonsson and Nyberg, 2009; Fastighetsanställdas förbund, 2008; Bernhartz, 2012).

The few available studies indicate that people employed by hour, experience the most precarious work because they have very limited possibilities for on-the-training, and they are least likely to draw attention on their working environment (Nelander and Goding, 2005). Moreover, they also experience difficulties in their private life, especially in planning their future as well as lack of control of their economic situation (Nelander and Goding, 2005; Håkansson, 2001).

One of the difficulties when analysing the relationship between precarious employment and health outcomes in Sweden is the lack of standard and consensual categorization of precarious employment. For instance ethnic minorities have high non-response rates in the four year regular surveys "Health in Equal Terms" (a survey carried out every four years to monitor population health in Sweden). This makes it difficult to predict the impact of precarious employment among this specific group.

Although, this review has found an association between precarious employment and health outcomes in Sweden, it is likely that due to the favourable labour policies as well as universal welfare state, precariously employed workers might be better off in Sweden than elsewhere in Europe. For instance in a review of the impact of welfare states on the health consequences of precarious employment, (Kim et al., 2012) reported that precarious workers in Scandinavian welfare states had better or equal health status as compared to their permanent counterparts. And being precarious worker in other welfare regimes (Bismarckian, South European, Anglo-Saxon, Eastern European and East Asian) was associated with adverse health outcomes such as poor self-rated health, musculoskeletal disorders, injuries and mental health problems. (Kim and colleagues 2012) argued that it may be that welfare state regimes act as an important mediating factor determining the health of precarious workers.

Findings of this review demonstrate the need for further research to investigate how precarious employment in Sweden affects health outcomes specifically among the different layers of precarious employees suggested by (Jonsson and Nyberg 2009). Of great importance is the need to create standardised categorizations of precarious employment which will enable researchers to compare their findings.

Conclusions

This review showed evidence that there is a relationship between precarious types of employment and physical and psychological health outcomes within the Swedish context. But further research is needed to investigate health outcomes across different subgroups of precarious employed persons to better identify which is more prone

to experience worse health outcomes.

Conflict of Interests

The authors have not declared any conflict of interests.

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