UNEMPLOYMENT, AS RISK FACTOR FOR HEALTH: FACTS AND EXPLANATIONS

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Abstract

High unemployment rates are becoming to be widespread economical phenomenon and one the most serious social problems in Lithuania. Many studies have shown that becoming jobless and long-term unemployed may increase the risk of premature death and have adverse effects on health. These associations are largely assumed to be mediated through psychological stress, which leads to the negative lifestyle changes. Alcohol drinking, smoking, drug use, suicide intentions, and crime are more expressed among unemployed persons. Among many opportunities to solve this problem, the major are: investment in human capital, redistributive policies, and ensuring the comprehensive access to health care.

KEY WORDS: unemployment, health, mortality, stress, behavior.

Anotacija

Aukštas nedarbo lygis tampa viena opiausi ekonomikos problemų Lietuvoje. Užsienyje atlikti moksliniai tyrimai parodė, kad tapimas bedarbiu ir ilga bedarbių daro neigiamą poveikį sveikatai, didina priešaikinio mirtingumo riziką. Šis ryšys aiškinamas tuo, kad tapimas bedarbiu yra stresorius, dėl kurio gyvenimas pasikeičia sveikatai nepalankia linkme. Dažnas alkoholio vartojimas, rūkymas, narkotikai, bandymai nusizudyti, kriminaliniai veiksmai būdingi bedarbiams. Yra daug galimybų sėkmingai spręsti šią problemą, tarp kurių reikėtų paminėti šias: žmogaus vertės kėlimas, išteklių paskirstymo politikos keitimas, sveikatos priežiūros užtikrinimas.

PAGRINDINIAI ŽODŽIAI: bedarbytė, sveikata, mirtingumas, stresas, elgesys.

Introduction

A number of studies have shown the significant impact of social factors on the status of health. The impact of living place (rural vs. urban), educational level, marital status, economic well-being on health was widely presented in international and national scientific literature (Mackenbach, 1997; Kalėdienė, 1999). G. Dahlgren et al. (1991) add the unemployment to the list, as one of the core factors, having considerable influence to the health of population. The present socio-economic situation in Lithuania is arguing to start the research regarding the unemployment, and its impact to the status of our society. Despite the fact, that unemployment in Lithuania is decreasing, but still we have one of the highest rates in European Union (Eurostat, 2004). In the beginning of May 2004, the unemployment rate in Lithuania was 7.5% of working age population. Nevertheless, there are very few studies carried out about the association between unemployment and health in Lithuania (Jatulienė, 2003). For understanding the importance of unemployment to physical and mental well-being, there is a need for systematical analysis of existing data in this field. Accordingly, the aim of this paper is to review the existing data about the unemployment and health, and subsequently give the possible explanations regarding this association.

1. Unemployment and mortality

The association between mortality from any cause and unemployment has been presented in many studies (Table 1). The relative risk of mortality in presented studies has ranged between 1.21 and 2.56 (Voss, 2002). Results from these listed studies demonstrate, that unemployment has not equal effect on mortality from different causes. The probabilities for death are highest from alcohol related causes (RR = 5.24) (Martikainen, 1990), diseases of respiratory system and lung cancer (RR varies between 1.54 and 3.32) (Moser, 1984; Martikainen, 1990), circulatory system diseases (RR variations in 1.28–2.08) (Iversen, 1987; Martikainen, 1990), and suicides (RR 1.69–2.45) (Moser, 1984; Iversen, 1987).

The observed association between unemployment and mortality could be explained in two ways: selection bias and causal effect (Stern, 1983). Firstly, according to the selection bias hypothesis (Fig.) the interdependence between unemployment and mortality is spurious. Selection bias is encountered when unemployed people or those who have difficulty in becoming re-employed have pre-existing ill health. Poor health in itself causes unemployment or inability to work full time. An employer may be more likely to dismiss workers who are not able to work to expected standards. Selection bias may also be due to socio-economic factors such as social class and housing tenure; lifestyle risks like tobacco and alcohol consumption and poor diet or personal characteristic such as increased age, sex, physical weakness, and psychological dysfunction that increase the risk of premature death. Furthermore, poor education and low socio-economic status are associated with high risk of unemployment. Because these factors are also known to affect mortality, it is clear that the interdependence between unemployment and mortality is at least partly spurious. Although the direct selection of people with pre-existing ill health may not be of paramount importance, lack of data about personal characteristics and lifestyle make it difficult to control for all possible selection factors. Aggregate-level studies that use regional populations or occupational groups as their units of analysis have generally not shown a relation between changes in unemployment and mortality rates. These results suggest that selection may account for a large part of the excess mortality of unemployed
persons (Martikainen, 1996). The second explanation is causal (Fig.). Unemployment affects mortality directly or through intervening social factors. In the second case, unemployment affects factors, which in their own right affect mortality. Many such intervening factors have been described; some of the most common being falls in income and socio-economic status, increased stress, disruption of social networks, and unstable lifestyle (Martikainen, 1990).

### Estimated relative risk with 95% confidence interval for all cause mortality in relation to unemployment in studies published after 1980

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Country</th>
<th>Study base and definition of unemployment</th>
<th>RR with 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moser, 1984</td>
<td>England &amp; Wales</td>
<td>Men 15–64 yr followed 1971–91. 1% census sample (n = 161 699). Seeking work the week before the 1971 census.</td>
<td>1.21 (1.08–1.35)</td>
</tr>
<tr>
<td>Iversen, 1987</td>
<td>Denmark</td>
<td>Subjects 20–64 yr followed 1970–80. Total labor force (n = 2 mln.). Unemployment on the census day.</td>
<td>1.50 (1.33–1.69) (F)</td>
</tr>
<tr>
<td>Sorlie, 1990</td>
<td>USA</td>
<td>Subjects &gt; 24 yr followed 1979–83. Representative sample (n = 452 192). Available for work the survey week.</td>
<td>2.56 (2.09–3.08)</td>
</tr>
<tr>
<td>Martikainen, 1990</td>
<td>Finland</td>
<td>Men 30–54 yr followed 1981–85. Total 1980 census (2.7 million person years). Unemployment any period during the year before the census.</td>
<td>1.60 (M)</td>
</tr>
<tr>
<td>Steffanson, 1991</td>
<td>Sweden</td>
<td>Unemployed subjects followed 1980–86. Long-term unemployed &gt; 300 or &gt; 450 days 1980–1983 (n = 28 846).</td>
<td>1.14 (0.91–1.42) (F)</td>
</tr>
<tr>
<td>Morris, 1994</td>
<td>England</td>
<td>Men 40–59 yr followed 1983–90. British Regional Heart Study (n = 6 191). Any unemployment during a five-year period.</td>
<td>1.61 (1.42–1.87) (M)</td>
</tr>
<tr>
<td>Martikainen, 1996</td>
<td>Finland</td>
<td>Population of Finland 25–59 yr followed 1991–93. Total 1990 census (7.5 million person years). Unemployed &gt; 30 days some time 1987–92.</td>
<td>1.95 (1.57–2.43)</td>
</tr>
<tr>
<td>Gerdtham, 2003</td>
<td>Sweden</td>
<td>Subjects 20–64 yr followed 10–17 years. Total 30 000 individuals (at the end of follow up 31 Dec 1996).</td>
<td>1.46 (1.09–2.36)</td>
</tr>
</tbody>
</table>

Abbreviations: RR = relative risk, is the ratio of risk of occurrence of a death among unemployed people to that among employed. CI = confidence interval (95%) M = males F = females

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**Common background factors**

- Unemployment

**Unemployment**

- Mortality

**Intervening social factors**

**Mortality**

**Selection hypothesis**

**Causal explanation**

Two models explaining interdependence between unemployment and mortality

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2. Unemployment and health behavior

One of the earliest and most obvious consequences of unemployment, despite more or less generous unemployment insurance system, is a deterioration of the economic situation (Voss, 2002). These changes in financial situation may lead to variety changes in health behavior.

Morris et al. (1992) studied the effect of unemployment and early retirement on smoking, drinking and body weight in 40–59 years aged men’s from UK. Results have shown that smoking and drinking was greater among the unemployed persons just before losing their jobs than among those with continuing employment. Findings from Scottish Hearth Health Study (Lee, 1991) supports the hypothesis, that smoking habits is more common among unemployed persons in comparison with employed. Several studies demonstrate the same tendencies regarding the unemployment and smoking as well (Hammarstrom, 1994; Novo, 2000; Waldron, 1989). There are two opinions regarding the consequences of unemployment on smoking. On the one hand, it might be thought that the financial consequences of job loss would lead to stop smoking or reducing the consumption alcohol. On the other hand, the enhancement of stress that unemployment entails could cause a boost in consumption and/or expansion in the numbers who smoke (Lee, 1991).

In case of possible associations between unemployment and alcohol abuse, the evidence is controversial. Some studies (Crawford, 1987, Mustonen, 1994, Luoto, 1998) suggest a positive association between unemployment and self-reported heavier alcohol use. In contrast, Cook et al. (1982) and Hammer (1992) showed no relation between self-reported alcohol consumption and employment status. Moreover, Lahelma et al (1995) concluded that results of Mustonen were only valid for men and that in fact for women is opposite situation: the employed women often being more susceptible to heavier drinking. The clinically significant consumption of alcohol is more frequent among those who lost their job (Catalano, 1993; Claussen, 1993). Unfortunately, alcoholism is more frequent among long-term unemployed young people (Temple, 1991). There are even examples of reduced levels of alcohol consumption associated with unemployment (Kasl, 2000; Bartley, 1994).

Unemployment may lead to reduced alcohol consumption due to economic difficulties as well as an increase due to more leisure time and a need for alcohol as sedative (Kasl, 2000). Khan et al. (2002) conclude that recent unemployment decreases alcohol use while longer unemployment increases it. Several studies refer the difference between the kind of alcohol drinks, used among employed and unemployed (Lee, 1990). Her findings illustrates that unemployed Scottish men choose beer as their most common alcoholic beverage (67.0% compared with 52.7% of employed men). There were correspondingly fewer who drank mainly wine (3.9% vs. 13.6% employed) and approximately equal proportions of spirit drinkers (24.6% and 28.4%). It could be concluded, that unemployed people drink less expensive beverages, due to financial deprivation, which was caused by unemployment.

Drug addiction is a much greater threat to the unemployed than to employed people. It was documented the elevated use of illicit drugs such as heroine (Hermalin, 1990), opiate (Segest, 1990), marihuana (Hamid, 1991), an other drugs (Solstad, 1990) among unemployed persons. T. Hammer (1992) states, that unemployment my lead to increasing drug use, not primarily motivated by stress reduction, but because of the probability increasing involvement in marginalized and deviant subcultures.

Low physical activity, bad dietary habits, unsafe sexual behavior, and sleep disturbances are more expressed among unemployed (Grayson, 1993; Rasky, 1996, Hammarstrom, 1997). Rasky (1996) explains it, that unemployed persons are less motivated to lose their weight or change dietary habits. However, it is important to emphasize the huge influence of social support system, economical welfare in the state and even cultural factors. Results from Matoba et al. (2003) study in Japan illustrate well the last statement. Japanese unemployed persons kept their health and daily lifestyle in good condition during period of unemployment. Authors conclude that such outcomes may result mainly from the subjects’ increased motivation for reemployment, and particularly their socio-cultural background in the Japanese community.

3. Unemployment and mental health

The most frequent outcomes of unemployment are behavioral disturbances and mental health problems (Kraut, 2000; Mathers, 1998). The correlation between unemployment and mental health could be explained according to estimation, that unemployment is one of the most stressful life events, which lead to lowered social status, disrupts family and social roles, and causes loss of self-esteem, all of which have detrimental consequences for mental health (Ensminger, 1988). Many authors emphasize, that unemployment has very negative impact on mental health among young people (ex. Broomhall, 1990). Graetz (1993) and Morell (1994) illustrate these findings with results from their own studies. The results showed that the psychological health status of young jobless Australian people was worse than that of the employed. When these people found a job, their mental health improved. Winefield (1990) has concluded, that the damage to mental well-being and the intensity of psychical distress depend also on the duration of unemployment. The distress peaks in the sixth month of unemployment. In addition, it is necessary to mention, that re-employment has been reported to be associated with two effects on mental health: with a reduction of mental ill health (Kasl, 2000), and with no changes in mental health (Halvorsen, 1998).
Unemployment leads to a special impact to the personality: addition to worry, irritability, decreased attention and concentration ability. This leads to uncertain life conduct, crisis of the values that guided behavior earlier, and the development and embedding of neurotic reactions (Laurel, 1991; Turner, 1991; Vinokur, 1991). Unemployed persons start to feel the shame, due the belonging to this social class as well (Rantaikesi, 1997). A number of studies have demonstrated a connection between unemployment and neurosis (Rodgers, 1991), depression, as well as drug abuse (Dooley, 1996). A prospective study in the USA demonstrated that depression and anxiety are more frequent in 35–60 year old men who lost their job, than in those employed (Linn, 1985). The risk of developing depressive symptoms and clinical depression increased twofold in those persons who lost their job, compared to those who remained employed (Dooley, 1994).

Stroms’ (2003) review proves the negative effect of unemployment to all family’s health. Results from interweaving surveys showed, that quarrels are two–three times more frequent in the families of unemployed persons in comparison with the families of persons in employment (Iversen, 1989). Twenty percent higher mortality was found among the English wives of the unemployed husbands. Other hazard effects of unemployment to all family’s health. Results from those who remained employed (Dooley, 1994).

4. Unemployment and health: theoretical issues

As it was mentioned before, the unemployment is related to poor physical and mental health. It is well established in the literature, that unemployment is stressful factor itself, which is linked to financial problems, material strain, and vulnerability to other negative life events (Hamilton, 1993; Kessler, 1987). However, results from systematic literature reviews indicate, that unemployment has adverse effects on health, even when social class, poverty, age and pre-existing morbidity are adjusted for (Wilson, 1993). He suggests, that unemployment not only means the reduction of incomes or the threat of starvation, but the reduction of individual benefits as well. M. Jahoda (1942) first proposed a set of such benefits, which she termed the “latent consequences of employment”. These included giving a time structure to the day, self-esteem, and respect of others. The best-known extension of Jahoda’s model is Warr’s so-called “vitamin model”, which describes nine elements (analogous to vitamins) of employment and the environment which are essential for mental well-being. These are opportunity for control, opportunity for skill use, externally generated goals, variety, environmental quality, availability of money, physical security, opportunity for interpersonal contact and valued social position (Warr, 1994). Again, following his theory, unemployment leads not only to loss of income, but also to a loss of other desirable elements important for health, which cause the adverse effects on mental health.

These models (especially Jahoda’s) have been criticized for underestimation the individual’s freedom of action. According, to “the Agent theory” the sick mental health is a result of the fact, that unemployment restricts the freedom of individuals as an active agent (Fryer, 1986). That is to say, Agent theory emphasizes the significance of economic hardship for psychological distress, while Jahoda’s assumes that economic conditions play very little role. It leads us to discussion: which aspect of unemployment (psychosocial vs. economic) influences the status of mental health.

Nordenmark’s & Stradh’s model “The Psychosocial and Economic Need for Employment (PEN)” tries to understand the variations of mental health, with the focus on both material and non-material aspects of unemployment. According to them, employment facilitates the fulfillment of socially defined needs in two ways – employment provides a social identity in society in which work is the norm, as well as providing means of economic participation in society in which work is the main source of private economic resources (Nordenmark, 1999). D. Jacobson (1987) supported this dualistic approach on unemployment impact to health. He proposed two models of stress, which focus on the meanings of stressful events, i.e. unemployment. In the “transactional” model, stress is defined in terms of relationship between demands and resources. Stress occurs when demands or exceed the adaptive resources of an individual and the consequences of this imbalance are perceived to negatively affect individual’s sense of well-being. In the “transitional” model, stress is seen as stemming from a “psychosocial transition”, a relatively abrupt change in a person or in the environment, which affects the individual’s assumptions about the world, and his place in it.

According to Nordenmark’s and Jacobson’s model, the unemployment is a stressful event, which acts in two ways – either reducing the financial possibilities, or/and changing the understanding of itself and role in the world. It is necessary to emphasize, that the role of unemployment as stressor varies according to circumstances of unemployment and individual characteristics. It is obvious, that stressful environments (e.g. unemployment) do not have cognate effects on everyone. For some people the strain symptoms aroused by given impasse may be considerable while others may not suffer from them at all or only scarcely. The interaction between the individual and the possible stressful environment is complex, involving many internal and external factors that shape the outcome of the situation. Factors that help the individual to manage the situations without harm could be named resources (Hanse, 1999). A. Antonovsky (1993) proposed that the most important factor is sense of coherence. It is defined as “a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that 1) the stimuli deriving from one’s internal and external environments in the course
of living are structured, predictable, and explicable; 2) the resources are available to one to meet the demands posed by the stimuli; and 3) these demands are challenges, worthy of investment and engagement. Simply said sense of coherence refers to someone’s perception and feeling that his/her life is comprehensible, manageable, and meaningful. Hanse et al supports the Antonovsky’s idea, and adds that, sense of coherence is a link between unemployment and mental well-being. He refers, that the unemployed persons with high sense of coherence express better mental health in comparison with low ones (Hanse, 1999). From this chapter we could conclude, that loss of job is a stressful event, and the unemployed person has some internal (e.g. sense of coherence) and external (e.g. family members, social welfare) resources to face with it. The occurrence of psychological problems depends on possibilities to mange these resources.

The last, but not the least model presented in this paper is so called “non-financial employment commitment” (Warr, 1982). Referring to Harpaz (1989), the impact of unemployment depends on for what reason person needs a job. He indicates two attitudes regarding job: instrumental and non-instrumental. Instrumental attitudes toward work are essentially economic, while non-instrumental attitudes are expressive. An expressive relationship to work means that the individual creates some of his/her own identity around his/her work role, and that the job is seen as an objective in its own right. The later this theory has been termed “non-financial employment commitment” (Warr, 1982). For the evaluation of this psychosocial need for employment, Warr et al (1979) developed the subjective work involvement scale, which was successfully used in studies for evaluation the links between mental health and unemployment (Rantakeisu, 2003). It is necessary to add that neither authors of theory, nor authors of this paper do not assume that “non-financial employment commitment” explain fully investigated relation. It was presented, because it indicates very interesting approach regarding it.

5. Discussion and conclusions

High unemployment rates are becoming to be widespread economic phenomenon and one the most serious social problems in European Union and especially in new community countries-members. In this paper was presented the impact of unemployment on physical and mental health. Literature review demonstrated that unemployment has undoubtedly negative effect on health. Due to the high proportion of unemployed individuals in Lithuania and because unemployment can affect health adversely, these topics become the crucial social, economical and public health problem. Collective actions should be facilitated to address the challenges of unemployment. Improvement could be achieved, if strong pressure was put on the Government, municipal authorities and health services to take action on health of the unemployed. Among the many opportunities to achieve this goal, the major are: investment in human capital, redistributive policies, and ensuring comprehensive access to health care. Mental and physical health of the unemployed should receive serious attention in health policy development in Lithuania. Despite limited resources, mental health could be improved not only through health care services, but also through social reforms.

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References


Bedarbystė – sveikatos rizikos veiksnys: faktai ir teorijos

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Santrauka
