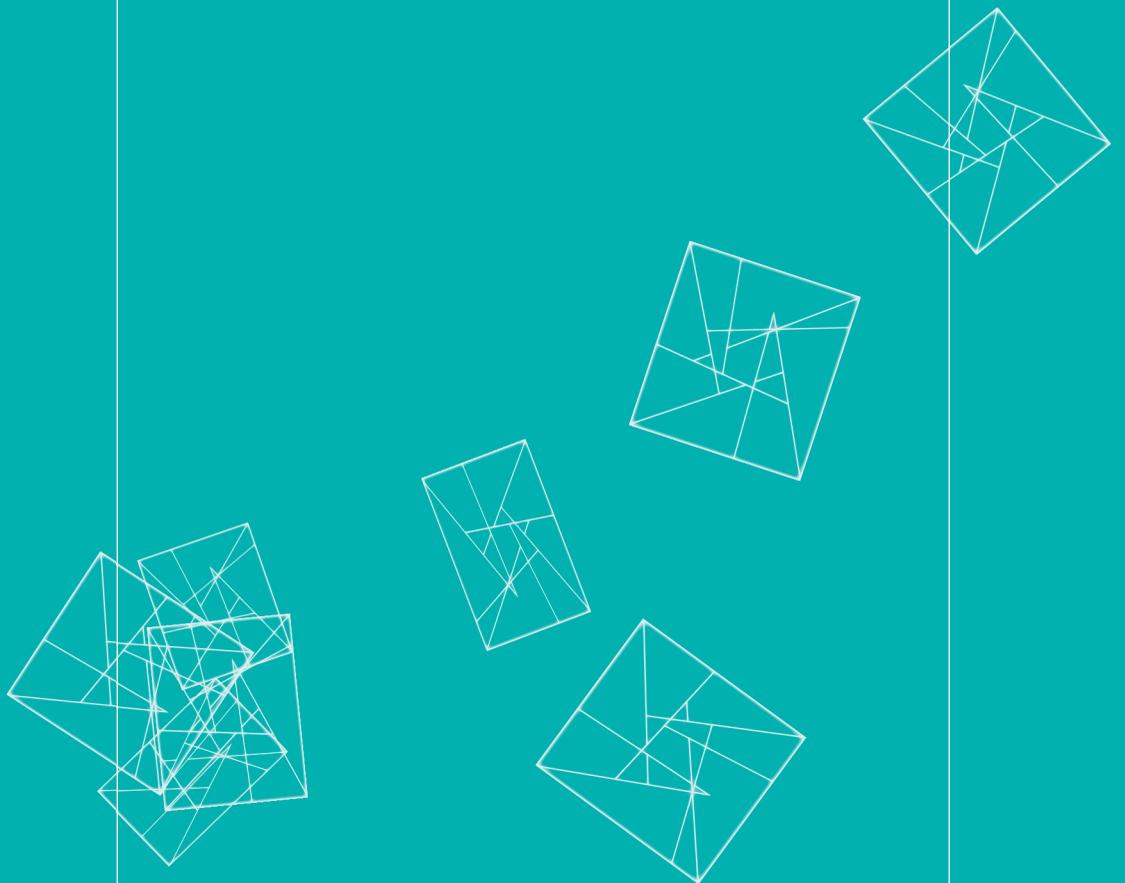


IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?

Gordon Waddell, A Kim Burton



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Executive Summary

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Executive summary

BACKGROUND

Increasing employment and supporting people into work are key elements of the UK Government's public health and welfare reform agendas. There are economic, social and moral arguments that work is the most effective way to improve the well-being of individuals, their families and their communities. There is also growing awareness that (long-term) worklessness is harmful to physical and mental health, so the corollary might be assumed – that work is beneficial for health. However, that does not necessarily follow.

This review collates and evaluates the evidence on the question 'Is work good for your health and well-being?' This forms part of the evidence base for the *Health, Work and Well-Being Strategy* published in October 2005.

METHODS

This review approached the question from various directions and incorporated an enormous range of scientific evidence, of differing type and quality, from a variety of disciplines, methodologies, and literatures. It a) evaluated the scientific evidence on the relationship between work, health and well-being; and b) to do that, it also had to make sense of the complex set of issues around work and health. This required a combination of a) a 'best evidence synthesis' that offered the flexibility to tackle heterogeneous evidence and complex sociomedical issues, and b) a rigorous methodology for rating the strength of the scientific evidence.

The review focused on adults of working age and the common health problems that account for two-thirds of sickness absence and long-term incapacity (i.e. mild/moderate mental health, musculoskeletal and cardio-respiratory conditions).

FINDINGS

Work: The generally accepted theoretical framework about work and well-being is based on extensive background evidence:

- Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today's society;
- Work meets important psychosocial needs in societies where employment is the norm;
- Work is central to individual identity, social roles and social status;
- Employment and socio-economic status are the main drivers of social gradients in physical and mental health and mortality;
- Various physical and psychosocial aspects of work can also be hazards and pose a risk to health.

Unemployment: Conversely, there is a strong association between worklessness and poor health. This may be partly a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is generally harmful to health, including:

- higher mortality;
- poorer general health, long-standing illness, limiting longstanding illness;
- poorer mental health, psychological distress, minor psychological/psychiatric morbidity;
- higher medical consultation, medication consumption and hospital admission rates.

Re-employment: There is strong evidence that re-employment leads to improved self-esteem, improved general and mental health, and reduced psychological distress and minor psychiatric morbidity. The magnitude of this improvement is more or less comparable to the adverse effects of job loss.

Work for sick and disabled people: There is a broad consensus across multiple disciplines, disability groups, employers, unions, insurers and all political parties, based on extensive clinical experience and on principles of fairness and social justice. When their health condition permits, sick and disabled people (particularly those with 'common health problems') should be encouraged and supported to remain in or to (re)-enter work as soon as possible because it:

- is therapeutic;
- helps to promote recovery and rehabilitation;

- leads to better health outcomes;
- minimises the harmful physical, mental and social effects of long-term sickness absence;
- reduces the risk of long-term incapacity;
- promotes full participation in society, independence and human rights;
- reduces poverty;
- improves quality of life and well-being.

Health after moving off social security benefits: Claimants who move off benefits and (re)-enter work generally experience improvements in income, socio-economic status, mental and general health, and well-being. Those who move off benefits but do not enter work are more likely to report deterioration in health and well-being.

Provisos: Although the balance of the evidence is that work is generally good for health and well-being, for most people, there are three major provisos:

1. These findings are about average or group effects and should apply to most people to a greater or lesser extent; however, a minority of people may experience contrary health effects from work(lessness);
2. Beneficial health effects depend on the nature and quality of work (though there is insufficient evidence to define the physical and psychosocial characteristics of jobs and workplaces that are ‘good’ for health);
3. The social context must be taken into account, particularly social gradients in health and regional deprivation.

CONCLUSION

There is a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment. That is true for healthy people of working age, for many disabled people, for most people with common health problems and for social security beneficiaries. The provisos are that account must be taken of the nature and quality of work and its social

context; jobs should be safe and accommodating. Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of long-term unemployment or prolonged sickness absence. Work **is** generally good for health and well-being.