



## Research paper

## Precarious employment associated with depressive symptoms and suicidal ideation in adult wage workers

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## ABSTRACT

**Background:** Precarious employment is one of the most important indicators of social disadvantage and is associated with poor mental health. This study aimed to investigate the association of precarious employment with depressive mood and suicidal ideation in adult wage workers, and the possible mediating or moderating effect of socioeconomic factors in the association between precarious work and mental health status.

**Method:** Data from the Fifth Korea National Health and Nutrition Examination Survey (KNHANES V) conducted between 2010 and 2012 were analyzed. Among the 24,173 participants, 6266 adult wage workers (3206 precarious and 3060 non-precarious workers) aged  $\geq 19$  years were included. Socioeconomic and health-related characteristics as well as depressive mood and suicidal ideation were investigated.

**Results:** Precarious employment was significantly associated with depressive mood in the logistic regression analyses adjusting for all potential confounding factors as covariates. The socioeconomic variables including age, gender, education level, marital status, household income, and occupation type were significantly related with depressive mood and suicidal ideation in adult wage workers. We also found that gender and household income had possible moderating effects on the association between precarious employment and suicidal ideation. Precarious work was associated with suicidal ideation only for male workers and worker with low or middle-lower income levels.

**Limitations:** Our study is based on a cross-sectional design, thus, we could not elucidate the causal relationship between the variables.

**Conclusions:** Our study suggested that precarious employment plays a pivotal role in the mental health status of adult wage workers.

## 1. Introduction

Over the past few decades, globalization, neoliberalism, and advanced industrial technology lead to structural changes in the global labor market (Auer, 2006; Kalleberg, 2009). The most prominent outcome of these changes appeared as an increase in labor market flexibility accompanied by a growth of precarious employment (Benach and Muntaner, 2007). In South Korea, since the financial crisis of 1997, neoliberal economic reform has also lead to a drastic growth of precarious work, and this has had a serious impact on the lives of individuals and families (Shin, 2012). Even though the term, precarious employment, has been broadly used in sociology, economics, political science, and public health for decades, no universally accepted definition of this term exists (Benach et al., 2014). Precarious work could be described as an atypical, non-standard, contingent, marginal, and unstable form of employment that is characterized by job insecurity,

low income, low job control, and powerlessness compared to standard, permanent and full-time jobs (Kim et al., 2008b; Min et al., 2015; Young, 2010). Currently, precarious employment can be considered to be the most important indicator of social disadvantage (Kim et al., 2008b).

Precarious work is a social determinant that is strongly associated with adverse health outcomes (Benach and Muntaner, 2007). Employment status is one of the most important components of socioeconomic status, which is also related to an individual's resource availability and psychosocial conditions associated with exposure to stress (Kim et al., 2008b). With regard to mental health, numerous studies have reported that precarious workers have an increased vulnerability to psychological distress (Kachi et al., 2014), depression (Quesnel-Vallee et al., 2010; Yoo et al., 2016), and suicide (Kraut and Wald, 2003; Min et al., 2015) compared to non-precarious workers. Aside from the effect of low income on the mental health status of precarious workers, other

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detrimental characteristics of precarious work such as job insecurity and hazardous working environments could be chronic stressors to workers (Benach and Muntaner, 2007; Kachi et al., 2014).

Precarious employment could substantially influence on various aspects of socioeconomic status including income, education level, marriage, occupation type, or social protection (Kalleberg, 2009; Shin, 2012). Furthermore, numerous studies on the relationship between socioeconomic inequalities and mental health reported that female gender, poverty, low income and education level, and disrupted marital status could lead to poorer mental health status (Fryers et al., 2003; Lorant et al., 2003, 2005; Oh et al., 2013). Considering that precarious employment is associated with several socioeconomic conditions and that these conditions are related to poorer mental health, a possible mediating effect of socioeconomic factors on the association pathway between precarious employment and mental health in workers could be presumed. For example, it could be presumed that gain of precarious employment may lead to lower income, marital disruption or being never married, or gain of a more stressful occupation type (Kalleberg, 2009). These changes in socioeconomic factors may subsequently affect workers' depressive symptoms or increased suicidality (Lorant et al., 2003, 2005) independently of the direct effect of precarious employment on mental health. Thus, exploring the potential socioeconomic mediators in the associational pathway could help to more clearly identify the detrimental effects of precarious work on poor mental health by differentiating its direct and indirect effects. Furthermore, independently from the potential mediating effects of socioeconomic factors, influence of precarious work on mental health status could be moderated by individual worker's socioeconomic status. Several studies have suggested the moderating effects of socioeconomic factors (e.g., gender, marital status, occupation type, education level, or being a main-earner in a family) on the correlation pathway between precarious employment and poor mental health (Dalglish et al., 2015; Jang et al., 2015; Kachi et al., 2014; Puig-Barrachina et al., 2011; Vives et al., 2013). Even though there have been several studies exploring the relationship between precarious employment and mental health indicators such as depressive symptoms or suicidality, few studies have explored the mediating or moderating factors in their association pathway (Jang et al., 2015; Min et al., 2015; Yoo et al., 2016). However, most studies on this issue have only controlled for socioeconomic factors as potential confounders, rather than exploring their mediating or moderating effect (Jang et al., 2015; Kim et al., 2012; Yoo et al., 2016).

Furthermore, to date, no study has investigated the influence of precarious employment on both depressive mood and suicidal ideation. Depression and suicide are the most important public health concerns in South Korea because the suicide rate in this country has been rising dramatically for decades and is the highest among the Organization for Economic Cooperation and Development (OECD) countries (Han et al., 2016; Park et al., 2010). Depression can be a great socioeconomic burden on communities (Lepine and Briley, 2011), and together with suicidal ideation, it is a very important risk factor for suicide (Harris and Barraclough, 1997; Park et al., 2016a; Vasiliadis et al., 2012; Wright, 2003).

Influence of precarious employment on depressive symptom (Jang et al., 2015; Kim et al., 2012; Yoo et al., 2016) or increased suicidality (Maki and Martikainen, 2012; Min et al., 2015) was reported by several studies conducted on this issue. A previous South Korean longitudinal study indicated that changes in employment status from permanent to precarious work was associated with new-onset severe depressive symptoms among workers after controlling for sociodemographic confounders (Kim et al., 2012), and another cross-sectional study on South Korean workers suggested that precarious work increased the risk of both suicidal ideation and attempts when fully adjusting the socioeconomic covariates (Min et al., 2015). Independent effects of precarious work on poor mental health status were consistently suggested by previous studies, and in regard to the mechanism of this association, the

possible influence of psychological stress induced by job insecurity or disadvantaged job conditions on worker's mental health was suggested (Kachi et al., 2014). However, previous hypothetical explanations for the mechanism of this association did not consider the possible pivotal role of socioeconomic mediators or moderators.

Thus, the aim of this study was to elucidate the association of precarious employment with depressive mood and suicidal ideation in adult wage workers. We also aimed to investigate the potential socioeconomic variables that were simultaneously associated with precarious employment and depressive mood or suicidal ideation in adult wage workers, and to explore the potential mediating or moderating effects of these socioeconomic variables on the association between precarious employment and mental health status. Our *a priori* hypotheses were as follows: 1) Precarious employment is associated with depressive mood and/or suicidal ideation in adult wage workers when controlling for potential confounding variables; 2) Socioeconomic factors including age, gender, marital status, education level, income, and/or occupation type are simultaneously related to precarious employment and mental health status (depressive mood or suicidal ideation) in adult wage workers; 3) These socioeconomic factors mediate or moderate the association pathway between precarious employment and mental health status in adult wage workers.

## 2. Material and methods

### 2.1. Study design and participants

The data for this study were collected from the Fifth Korea National Health and Nutrition Examination Survey (KNHANES V), conducted between 2010 and 2012 in the Republic of Korea. The KNHANES V is a nation-wide and cross-sectional health survey performed by the Korea Centers for Disease Control and Prevention (KCDC), which employed a stratified, multistage probability sampling design for systematic and representative sampling in the South Korean population (Han et al., 2016). This survey consists of three parts including the Health Interview Survey, the Health Behavior Survey, and the Health Examination. Among these, we used the data from the Health Interview Survey. The KNHANES V was aimed at 31,596 people aged 1 year or older, and among them, 24,173 people responded to the Health Interview Survey (response rate = 76.5%). Regarding this survey, self-administered and structured questionnaires were used by trained interviewers, in each household, to obtain sociodemographic and (mental) health-related information from respondents. Out of all the data collected (from the 24,173 respondents), we analyzed those obtained from 6266 adult wage workers aged 19 years or older. All subjects gave informed consent to participate in the study in accordance with the Declaration of Helsinki, and the protocol of the Health Interview Survey of KNHANES V was approved by the ethics committee of the KCDC.

### 2.2. Measurements of employment status, mental health status, and socioeconomic characteristics

In this study, main employment status was determined by a questionnaire that asked participants about their present working status. In KNHANES V, participants were classified according to their employment status as follows: wage workers, employers or self-employed, and unpaid family workers. Within the wage worker group, we determined that individuals could be considered precarious workers if any one or more of the following employment titles could be applied to their line of work: i) temporary workers; ii) daily employed workers; iii) part-time workers; iv) dispatched workers; v) subcontracted workers; or vi) workers with other atypical employment. Full-time and permanent wage workers with guaranteed employment until retirement age were determined as non-precarious workers. All adult wage workers were assigned to either the precarious (n = 3206) or non-precarious worker (n = 3060) group in this study.

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