



Original article

Association between good work ability and health behaviours among unemployed: A cross-sectional survey

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ABSTRACT

Background: There has been relatively little research on the possible factors promoting good work ability among unemployed people. Consequently, the role of health behaviours in good work ability among the unemployed is unknown.

Purpose: To explore the work ability and health behaviours of unemployed people through sociodemographic factors and examine the association between good work ability and health behaviours.

Design: A cross-sectional survey.

Methods: The study is based on the Finnish nationwide Regional Health and Well-being Study using mailed and online questionnaires in 2014–2015. A total of 1973 unemployed or laid-off people between the ages of 20 and 65 responded to the survey. The associations of work ability with sociodemographic factors – gender, age, marital status, minors (i.e. under-18s) living in the household, education, living environment, and duration of unemployment – and health behaviours with sociodemographic factors were first explored using cross-tabulations. Health behaviours included body mass index, daily smoking, alcohol consumption, vegetable consumption, health promotion groups, physical exercise, and sitting in one's leisure time. Health behaviours were then examined using logistic regression analyses, in association with good work ability; the latter was measured with the Work Ability Score.

Results: Being aged below 45, being married or cohabiting, having a high level of education, and short-term unemployment were associated with good work ability. A quarter of participants were daily smokers. A proportion of women with risk level alcohol use (79%) was higher than that of men (59.9%). A third of unemployed people participated in high-intensity physical activity. In regression analyses, high-intensity physical activity (OR 2.25, 95% CI 1.06–4.78) was associated with good work ability.

Conclusions: Unemployed women and men widely exhibited unhealthy behaviours such as daily smoking and a risk level use of alcohol. Health promotion actions for enhancing a healthy lifestyle and good work ability among unemployed people, particularly in emphasizing the importance of physical activity, are highly recommended.

1. Introduction

Good work ability is one of the key factors in successful re-employment for unemployed people (Brouwer, Bakker, & Schellekens, 2015; McGonagle, Fisher, Barnes-Farrell, & Grosch, 2015). Unemployment, however, has been shown to be positively associated with decline in perceived work ability, particularly when the unemployment is prolonged (Hult, Pietilä, Koponen, & Saaranen, 2017; Kerätär, Taanila, Jokelainen, Soukainen, & Ala-Mursula, 2016; Szlachta, Gawlik-Chmiel, & Kallus, 2012). Maintaining and promoting work ability during unemployment is therefore also important for preventing the well-

documented decrease in general health and well-being that is associated with unemployment (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). Work ability is a holistic concept that includes individual resources, such as health, functional capacity, expertise, values, and attitudes, and many work-related and social factors that are not directly controlled by the individual (El Fassi et al., 2013; Ilmarinen, Gould, Järvikoski, & Järvisalo, 2008). Nonetheless, an individual can influence his or her state of health, as well as his or her work ability by health behaviour (Mohammadi et al., 2015). The work ability of the unemployed has been sparsely researched, and the role of health behaviour in supporting good work ability during unemployment is

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Health behaviours, alongside physical and social environmental factors and psychosocial aspects such as social support and life control, contribute to socio-economic inequalities in health. Health behaviour cannot be considered merely a personal choice, because educational, financial, and social circumstances have an impact on the resources and services that are available to individuals. In a study by Strickland, Wagan, Dale, and Evanoff (2017), the risk of engaging in unhealthy behaviours was bigger for individuals with a low education and lower worker status than for individuals with a high education and upper occupational groups. Especially those with physically burdensome jobs such as construction workers are at bigger risk. Occupational groups have divergent attitudes and beliefs that influence the adoption of health behaviours. For instance, the prevalence of smoking and risky alcohol intake differs according to occupational group (Sydén & Landberg, 2016).

Risky health behaviours undoubtedly increase the risk of developing non-communicable diseases that have an adverse effect on health (Huijts et al., 2017), and thus have an impact on mortality. Even though health behaviours are closely connected to social and economic status, risky health behaviours are amendable by individuals (Nevanperä et al., 2016).

There are two plausible explanations as to why unemployed individuals might engage in health behaviours that are detrimental for health more often than employed ones. One explanation is the relation of unemployment and a low educational level. In average, unemployment rate was almost three times higher for people with education below upper secondary level compared to those with tertiary level (OECD, 2018). Individuals with a low level of education working in low-skilled jobs are at bigger risk of becoming unemployed, especially during an economic recession (Leonardi et al., 2018). Low level education increases the likelihood of adopting an unhealthy lifestyle (Robroek et al., 2013; Schuring, Robroek, Otten, Arts, & Burdorf, 2013). Large European study showed the association of high education and healthy lifestyle. This association predicted positive health outcomes and higher life expectancy compared to less educated. (Becchetti, Conzo, & Pisani, 2018.) This is because education is one of the key determinants in adopting behaviours that promote health by helping in the acquisition of knowledge of health risks and benefits. The other possible explanation is that the adverse impact of unemployment weakens health and well-being; in particular, unemployment is found to worsen mental health (e.g. Strandh, Winefield, Nilsson, & Hammarström, 2014) and self-esteem (Szlachta et al., 2012), and thereby may weaken the adoption and maintenance of a healthy lifestyle.

Health behaviours have been studied widely in the context of unemployment. Smoking is one of the unhealthy behaviours that seem to be closely connected to unemployment (Al-Sudani, Vehkalahti, & Suominen, 2016; Prochaska, Shi, & Rogers, 2013). For instance, in Finland, the number of daily smokers among unemployed people was almost three times higher than that of the entire population according to a population study (Murto et al., 2017). Prochaska et al. (2016) found that re-employment was more difficult for smoking job-seekers, and once they had succeeded in getting a job, they were less well paid than non-smokers.

There is ample evidence to show that risky use of alcohol is also associated with unemployment (Al-Sudani et al., 2016; Boden, Lee, Horwood, Grest, & McLeod, 2017; Virtanen, Janlert, & Hammarström, 2013). Even though highly educated workers are found to consume more frequently than unemployed people, binge drinking is more common among the unemployed (Huijts et al., 2017; Rolland et al., 2017). Risk level users tend to be men, single, under 50 years old, unskilled manual workers with prolonged unemployment (Nurmela et al., 2015).

Robroek et al. (2013) found that a lack of physical activity was associated with ending up unemployed. And once unemployed, people

who did not engage in physical exercise faced longer spells of unemployment on average (Gabrys, Michallik, Thiel, Vogt, & Banzer, 2013). A high leisure time sitting rate indicates a physically inactive lifestyle, and Gabrys et al. (2013) found that unemployed men spent more time sitting than employed men. Unemployed women, however, spent less time sitting than employed women, according to Kwak, Berrigan, Van Domelen, Sjöström, and Hagströmer (2016).

The association between work ability and health behaviours has so far been studied mostly among employed people. Numerous studies highlight the importance of high-intensity leisure time physical activity for good work ability (Airila, Hakanen, Punakallio, Lusa, & Luukkonen, 2012; Arvidson, Börjesson, Ahlberg, Lindegård, & Jonsdottir, 2013; Calatayud, Jakobsen, Sundstrup, Casana, & Andersen, 2015; Mohammadi et al., 2015; Nevanperä et al., 2016; van den Berg, Elders, de Zwart, & Burdorf, 2009). However, low-intensity leisure time physical activity seems to have no effect on work ability (Calatayud et al., 2015). Closely related to physical activity, the effects of a sedentary lifestyle on work ability have recently been studied extensively. For example, it has been shown by Gao, Nevala, Cronin, and Finni (2016) that a reduction in sitting time improves work ability. In addition to a lack of physical activity, Robroek et al. (2013) found that obesity was associated with ending up on a disability pension, which involves a total loss of work ability. Furthermore, overweight (El Fassi et al., 2013; Lindberg, Josephson, Alfredsson, & Vingård, 2006; Mohammadi et al., 2015) and low fibre intake (van den Berg et al., 2009) are positively associated with decreased work ability. According to numerous studies, smoking (Airila et al., 2012; Lindberg et al., 2006; Mohammadi et al., 2015; Nevanperä et al., 2016) and overuse of alcohol (Nevanperä et al., 2016) are associated with poor work ability. Stress-related eating and drinking (Nevanperä et al., 2016) also have an unfavourable impact on work ability.

Overall, there has been quite little research on the work ability of unemployed people. It is known, however, that long-term unemployment, being over 45 years of age, and having a low level of education are positively associated with decreased work ability (Lappalainen, Manninen, & Räsänen, 2017; Szlachta et al., 2012). There is a need for research that identifies not only the possible causes of decreased work ability, but also the factors that may improve work ability. In the present study, we explore the work ability and health behaviours of unemployed people through sociodemographic factors and examine the association between good work ability and health behaviours.

2. Methods

2.1. Study design and participants

The Finnish National Institute of Health and Welfare has coordinated the nationwide Regional Health and Well-being Study (ATH) since 2009. The cross-sectional data we used were collected using self-administered questionnaires between January 2014 and January 2015. The random sample of 76,000 people aged 20 and over was drawn from the National Population Registry and was stratified by age and region. Respondents could choose the Internet-based survey or return the mailed questionnaire. A total of 30,598 people responded, and of those, 1973 were included in this study. The inclusion criteria were employment status as being unemployed or laid-off, and age between 20 and 65. The employment status was asked about with eight options given: in full-time work, part-time work, old-age retirement, disability retirement, unemployed or laid-off, family leave, student, and other.

2.2. Measures

2.2.1. Sociodemographic factors

Age and gender were obtained from the Population Registry and other factors were self-reported. Marital status was categorized as married or cohabiting and not married or cohabiting, including

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