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Which is worse for your long-term health, a white-collar or a blue-collar job?



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ABSTRACT

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Studies examining whether there are different probabilities of developing chronic disease or declining physical ability between different occupations are scarce. Using a discrete time-duration model, I examine whether the duration of good health differs between longest-held occupations. Utilizing micro data for elderly Japanese males and their longest-held occupations, I show that the physical abilities of male blue-collar workers decline more rapidly with age, especially after 55 years of age, compared to those in other occupations. By contrast, the probabilities of being diabetic among male white-collar workers increase more rapidly with age than they do for male blue-collar workers. These findings suggest that there are differential effects between blue- and white-collar jobs with regard to the decline in health over time among Japanese men. *J. Japanese Int. Economies* **38** (2015) 228–243. Faculty of Economics, Meisei University, 2-1-1 Hodokubo, Hino-shi, Tokyo 191-8506, Japan.

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1. Introduction

There are relatively few studies on occupation and health in economics literature. A large health stock reduces time lost to illness and, consequently, makes employees more productive. At the

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same time, it increases the time period of good health, which is included in the utility function as a consumption good. According to Grossman (1972), individuals' health stock, at any point in time, depends on their health in the prior period, investment flow, and the depreciation rate of their health stock. The Grossman model predicts that individuals make decisions based on marginal costs and benefits, and some individuals invest in their health through the purchase of medical care. Morefield et al. (2011) report that individuals with higher-paid occupations have greater financial capacity for making health-related investments and greater incentives to undertake such investments. On the other hand, in the theory of compensating wage differentials, workers who engage in harmful occupations receive positive wage premiums. That is, occupational choice can be an investment in health, as Kelly et al. (2014) point out. Although the stock of health that depreciates with age is partly a biological process, it is affected by the extent to which health stock is used in work, that is, occupational exposure to unhealthy and harmful working conditions.

Several studies focus on the incremental impact of occupation on health. The nature of work places a direct demand on an individual, be it physical or contractual. Previous studies indicate that there is substantial variation in the physical demands placed on workers across occupations and that blue-collar work tends to be more physically straining than work that is not blue-collar (e.g., Lakdawalla and Philipson, 2007; Fletcher et al., 2011; Kajitani et al., 2014). Case and Deaton (2005) and Choo and Denny (2006) examine whether manual workers have both lower health stock and more rapidly deteriorating health than do skilled workers, and reveal that health depreciates faster with age for manual workers than it does for skilled workers. Ravesteijn et al. (2013b) show that manual work is associated with reduced worker satisfaction with health status to a greater extent than is non-manual work. In addition, Llena-Nozal et al. (2004) show that professional or managerial work has a positive effect on mental health among females.

Some studies shed light on the cumulative impact, rather than the incremental impact, of occupation. Sickles and Taubman (1986) consider the impact of the longest-held job on health. They find that the health of those whose longest-held jobs were unskilled is worse than those who performed skilled labor for the majority of their work life. Lakdawalla and Philipson (2007) show that males employed in the most physically demanding occupations weigh less than males employed in the least demanding occupations, and Fletcher et al. (2011) reveal that exposure to physically demanding occupations is cumulatively harmful to health. In addition, Sindelar et al. (2007) demonstrate that first occupation has an effect on health later in life.

When discussing the cumulative impact of occupation on health, it is very informative to distinguish a temporary health decrement from a permanent health decrement. Morefield et al. (2011) argue that occupational status has asymmetric effects on health transitions. They emphasize that different occupations might yield different probabilities of entering and exiting periods of poor health. They examine the impact of recent occupational status history on subjective health, and show that males who have been involved in more blue-collar work experience higher rates of transition into poor health. They conclude that self-assessed health for blue-collar workers declines faster with age than it does for white-collar workers.

It is noteworthy that, in dealing with a permanent health decrement, specific health indicators would be useful. I can consider death as, clearly, extremely poor health. Mare (1990) uses proportional hazard models and examines the impact of occupation early in life on the age of death in later adulthood. He shows that mortality hazards for men who enter the workforce in lower blue-collar occupations are higher than those of men who enter as professionals or managers. When I focus on not the time of death but the time of becoming ill or the time of decline in physical ability, are there differences between white-collar and blue-collar work? Does the onset age of a chronic disease or the age at which individuals face decline in physical ability vary between white-collar and blue-collar work?

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