UNEMPLOYMENT AND HEALTH: A REVIEW OF METHODOLOGY

S.C. Farrow
Department of Epidemiology
and Community Medicine
Welsh National School of Medicine
Heath Park
CARDIFF, Wales, U.K.

ABSTRACT

Unemployment presents a difficult problem for the researcher because of the so called 'healthy worker effect' and because of the inter-relationship between unemployment and other important social factors including social class, income and housing. This paper will review the methods that have been employed in the literature on unemployment and health. This will include cohort studies of individuals and their families both unemployed and employed. It will include studies of factory closures and will examine large populations using both a cross sectional and time series approach. The central question is: does unemployment contribute to the development of disease.

DESCRIPTIVE AND COHORT STUDIES

Much of the earlier writing suffered from being largely descriptive and uncontrolled. In this thirties there were a number of major contributions (Lazarsfeld et al., 1933, Bakke, 1933, Pilgrim Trust 1938, Eisenberg et al., 1938). More recent studies from the Tavistock Institute (Hill 1977) and from the social and Applied Psychology Unit at Sheffield (Warr 1981) have concentrated on psychological well being and discussed in varying details the psychological stages that many unemployed go through. These stages are similar to those described elsewhere in the life events literature of major loss, for example from the death of a spouse. This concept of loss of employment has been described by Jahoda et al. (1980) in some detail. She emphasises that the benefits of employment go beyond the economic, that is simply earning a living, and she describes five latent or secondary con-
sequences of employment. It imposes a time structure on the working day, it compels contacts and shared experiences outside the nuclear family. It demonstrates goals and purposes beyond the scope of the individual. It imposes status. It enforces activity.

These descriptive studies have added much to our understanding of the relationship between unemployment and health.

This review will consider the DHSS Cohort Study, the National Training Survey and the British Regional Heart Study and finally the OPCS Longitudinal Study.

The DHSS Cohort Study selected 2300 men from 86 Unemployment Benefit Offices throughout Great Britain who registered in the autumn of 1978.

When one compares the use of health services by the cohort sample with the 1978 General Household Survey, a significantly higher proportion had visited a doctor during the previous 2 weeks and had been an in-patient during the previous three months.

Fagin obtained a sample of 20 families from this cohort where the man had been in continuous employment throughout 1977 and by the time of the first interview had been unemployed for at least 16 weeks (Fagin et al. 1981). Those men who depended on their job principally to earn a living seemed less psychologically affected than those who obtained other benefits. Fagin described the importance of these other benefits in the following terms: good relationship with peers at work, a strong identification with the skill involved in doing the job, a strong attachment to the institutional nature of the work, opportunities to escape from marital disharmony, support in maintaining an authoritarian role in the family.

In a number of families the man went through the predictable pattern of psychological responses described earlier. In others the changes were more profound and resulted in clinical depression and suicidal thoughts. These men were often treated with mild tranquilisers and antidepressants. Physical symptoms included asthmatic attacks, skin lesions, backache and headache. There was an increased use of tobacco