

The Changing World of Work in Canada and Worker Health: Innovation Requirements for Research and Treatment.

PRESENTATION TO THE INTERNATIONAL FORUM XVI
ON BACK AND NECK PAIN RESEARCH IN PRIMARY
CARE, QUEBEC CITY, JULY 3-6, 2019.
BARBARA NEIS AND KATHERINE LIPPEL

Work is

... a central human activity that has a profound impact on our lives (*Rinehart*)

We spend

- a) at least 1/3rd (some estimate 40%) of adult waking hours doing paid work
- b) + time spent preparing for and finding employment and *getting to and from work*

What we do in our paid work can penetrate to the core of our personalities and seriously affect our health and quality of life both at work and away from work (including in unpaid work)

The World of Work is Changing

Globalisation

Technological change

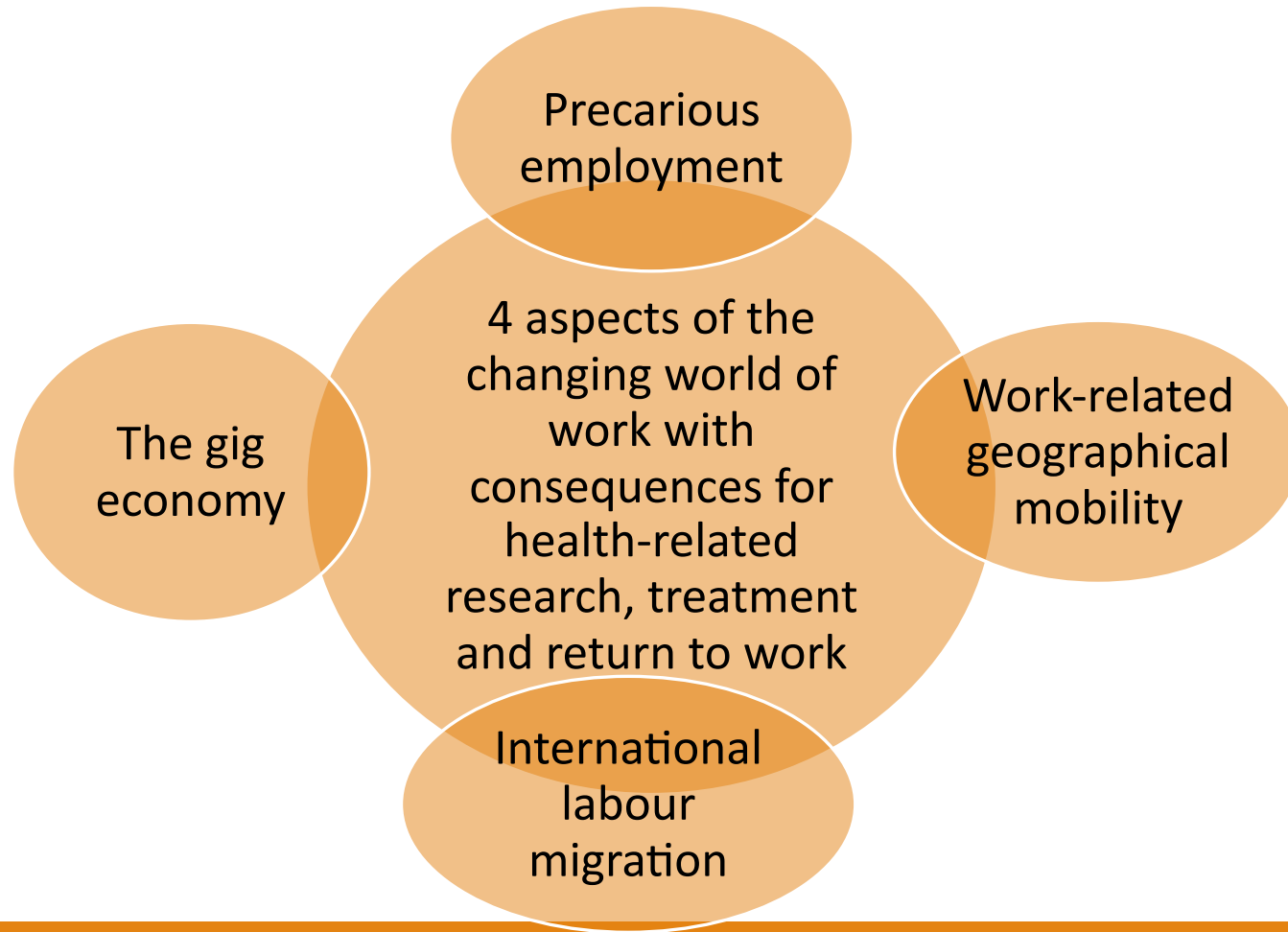
Sectoral shifts in employment, changing labour force demographics

Increasing international labour migration and internal mobility

Subcontracting, outsourcing/offshoring, downsizing, deregulation

Increasing economic volatility

Presentation Overview



Learning Objectives

- a) Learn how to ask better questions of patients who are workers so as to evaluate their needs and treatment in relation to the context in which they work.

- b) Learn about factors that can influence the sustainability of return to work after injury or illness.

- c) Reflect on the wider societal changes needed to protect the health of workers in high and low and medium-income countries as we navigate (guide?) the changing world of work.

Latent assumptions about work and workers?

They are engaged in employment that is:

- long-term, stable, full-time
- commute daily to the same, static workplace
- work 9-5:00
- work a single job
- have a single employer whose responsibility for their working conditions and safety is unambiguous
- are permanent residents – protected from deportation
- speak the dominant language(s)

*How well do these assumptions fit the Changing
World of Work?*

Precarious Employment



<https://www.flickr.com/photos/judybaxter/14999803>

Precarious employment includes...

Non-standard employment that is:

- temporary
- part-time
- on-call
- self-employment

Triangular employment relationships:

- working for sub-contractors
- temporary employment agencies (labour hire firms)

(ILO/Quinlan 2015)

Figure 3—Non-standard work (Solo Self-Employed, Involuntary Part-Time and Temporary employment) as a share of employment, 15 Years of Age and Over 2007-2018



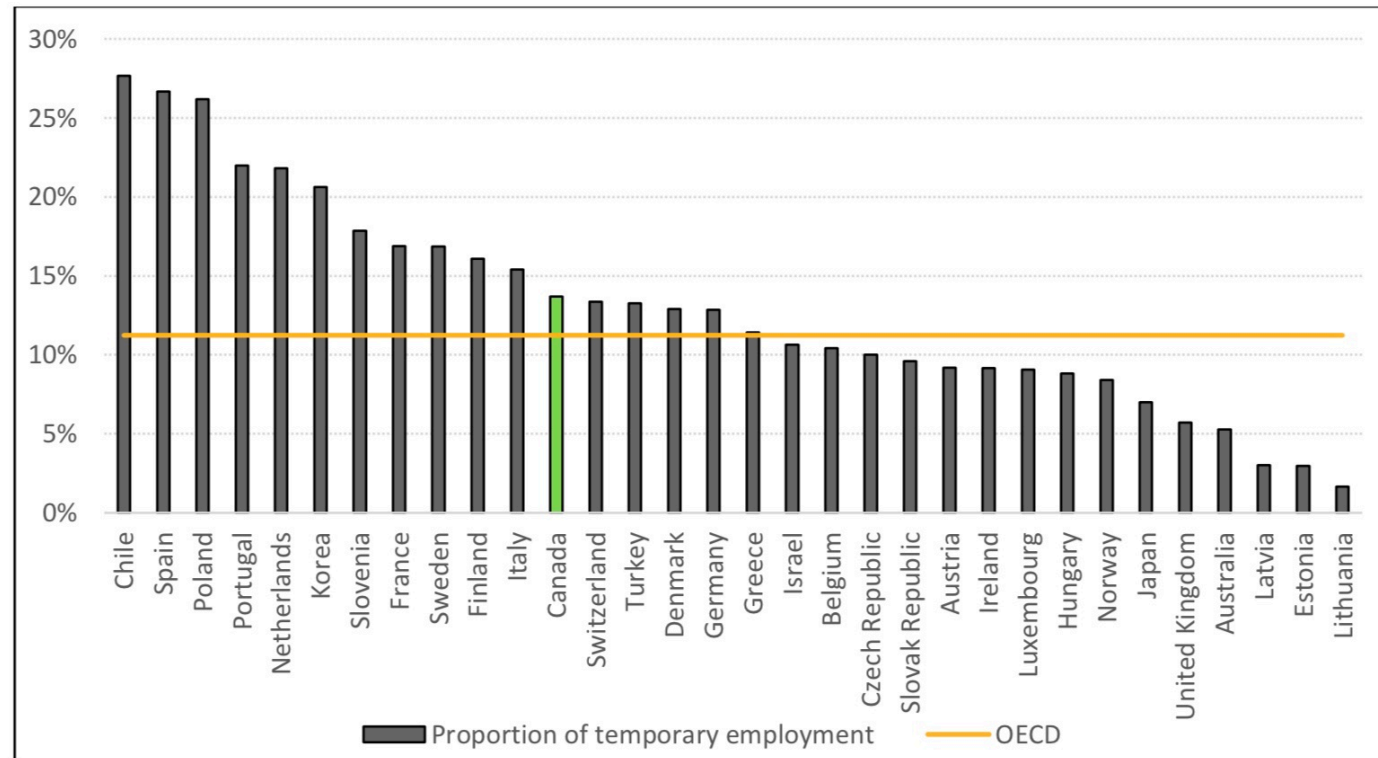
Women are more likely to be temporary employees

Women's and men's solo self-employment rates are converging

Canada House of Commons Standing Committee Report 2019, p. 15

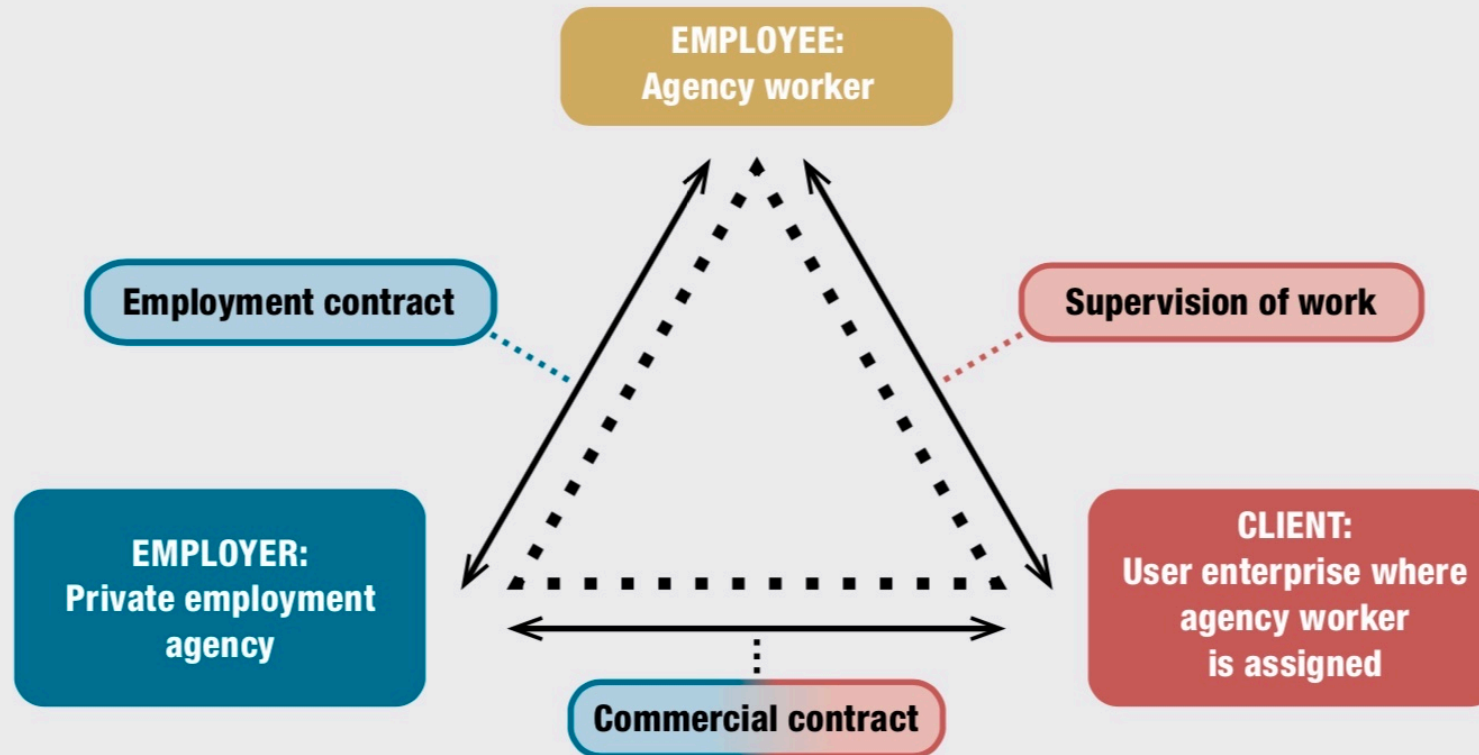
Source: Figure prepared by the author using data from Statistics Canada, Table 14-10-0027-01; Table 14-10-0029-01; Table: 14-10-0072-01 consulted 11 March 2019.

Figure 4—Temporary employment as share of total employment, OECD countries, 2017



Source: Figure prepared by Statistics Canada using data from the OECD, [Temporary Employment \(indicator\)](#), 2017.

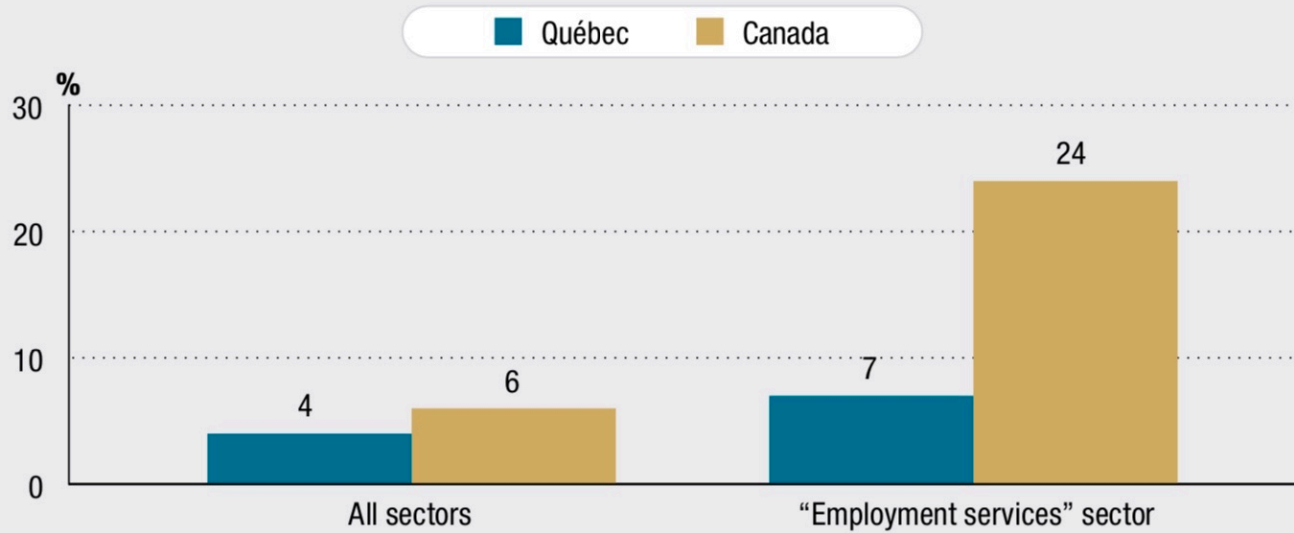
FIGURE 2. TRIANGULAR EMPLOYMENT RELATIONSHIP: AGENCY – WORKER – CLIENT EMPLOYER¹



¹ Based on an illustration of the International Confederation of Private Employment Agencies (CIETT): *The agency work industry around the world* (Brussels, 2009), p. 28

Employment services sector

FIGURE 3. RELATIVE DISTRIBUTION (%) OF JOBS CREATED IN ALL SECTORS AND IN THE EMPLOYMENT SERVICES SECTOR FROM 2009 TO 2014 IN CANADA AND IN QUÉBEC



Source: Calculations based on Statistics Canada, CANSIM table 281-0024



Implications for Health and Health Care Access?

Temporary and triangular employment agencies are associated with higher risk of injury, longer duration of time off work (Lippel and Thebaud-Mony, forthcoming).

Temporary workers and self-employed = less likely to have health and disability insurance

Self-employed = less likely to be able to take time off when ill/injured

Precariously employed = less likely to have access to sick leave and may lose their job if they don't show up for work

All tend to delay consultation/treatment


May be reticent to file a workers' compensation claim for work-related problems

Precarious employment =

- a. uncertainty about access to future employment
- b. substantial effort invested in finding and keeping employment
- c. related “employment strain” (Clarke et al., 2007, p. 312; Lewchuk et al., 2006) and associated negative health implications

Extended/complex mobility to/within work

Up to 15% of the Canadian employed labour force (including international migrant workers) engage in complex/extended mobility to/within their work

The background image shows the interior of a bus. Passengers are seated in rows of brown seats. Some are looking out the windows, while others are talking or looking down. The bus has wood-paneled walls and a high ceiling with recessed lighting. Outside the windows, other buses are visible, suggesting a bus stop or station. The overall atmosphere is that of a busy public transit vehicle.

In 2016...

1.5 million Canadians (8.8%) engaged in 'long commutes' > 1 hour each way

Growing proportion 'no fixed workplace' are more likely to engage in long commutes

Large numbers of interprovincial employees (shadow populations)

International migrant workers

<http://www.statcan.gc.ca/daily-quotidien/171129/dq171129c-eng.htm?HPA=1>

Case Illustration: Interprovincial employee

Construction worker with a back problem and related opioid addiction works on extended rotations (6 weeks in/10 days off) in a Canadian province distant from his province of residence. Challenges organizing effective treatment and monitoring?

Implications for Health Care

- a) access to qualified health professionals?
- b) availability for treatment/care?
- c) health care providers may lack information on eligibility for health services (interprovincial migrants)?
- d) Mobility can exacerbate injury and create challenges for return to work?



International Migrant Workers

Multiple layers of vulnerability

1. Migration status
2. Conditions of recruitment
3. Characteristics of workers

(Sargeant and Tucker 2009)



Case Illustration

Filippina live-in caregiver

lives with her employer

suffers from neck pain

works 6 days a week, 6:00 a.m. to 10:00 pm

1 day off a week dependent on employer work schedule

social and physical isolation, limited access to transportation

remittance obligations

work as a pathway to immigration linked to employer support

risk of violence

of being deported or losing employer's sponsorship if she reports health problem/complains

(Hill et al. 2019; see Orkin et al. 2014 on medical repatriation of migrant agricultural workers.)

Extended/Complex Mobility and Work

Transportation workers often commute to work and are mobile in work. Back problems, transportation accidents are common (Xia et al. 2019).



The Gig Economy

IT-enabled transformation of the service and other sectors

forms of contingent work arrangements that require digital platforms – expansion of the informal economy

workers, including often highly skilled workers, hired less as employees, more as ‘independent contractors’ (Tran and Sokas 2017, p. e63)

Includes Amazon (retail), AirBnB (accommodations), Uber, Lyft (transportation), Uber Eats, (food service) etc.

'Ride-sharing' and the taxi sector

Taxi-driving – one of the most dangerous jobs in Canada- globally?

1. Long days and shift work
2. sedentary
3. poor diet including limited fluid intake
4. fare evasion
5. risk of abuse, violence and accidents
6. discrimination
7. stress and anxiety
8. Limited access to social security

Ride-Sharing – safer?

1. Fulltime and part-time
2. Even longer days? Multiple jobs
3. Back, knee, foot and leg pain
4. No taxi stands- access to restrooms/place to park?
5. 'stressful by design': automated navigating, dispatching, electronic evaluation, penalties
6. low incomes, less access to social security, training (Bartel et al. 2019)

“I feel the pressure. As a single mom I have a lot of financial pressure, so I feel really pressured to just keep on driving ... and I feel like I'm deteriorating because my neck really hurts, my back really hurts.”
(Tabitha, ride-share driver) (Bartel et al. 2019, p. 5)

So... why is it important to understand working conditions?

Work plays a critical role in everyday life and health.

Treating physicians/HCPs play an essential role in preventing chronic disability, related unemployment, poverty, pain among workers by

- a. accepting, treating, monitoring, communicating with patients
- b. filing forms in an accurate and timely manner
- c. supporting access to social security (paid leave, insurance, workers' compensation)
- d. providing opinions on return to work

To do this well they must attend to the changing world of work and how this is affecting the health and options of their patients including how the latter engage with the health care system, their families and with their work.

Thank-you. Questions?



The On the Move Partnership is a project of the Safetynet Centre for Occupational Health & Safety Research at Memorial University. It is supported by the Social Sciences and Humanities Research Council through its Partnership Grants funding opportunity (Appl ID 895-2011-1019), Innovate NL, CFI, and multiple universities and community partners.



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada 

InnovateNL

INNOVATION.CA
CANADA FOUNDATION FOR INNOVATION | FONDATION CANADIENNE POUR L'INNOVATION

Further Readings

Bartel, Emma, E. MacEachen, E. Reid-Musson, S. B. Meyer, R. Saunders, P. Bigelow, A. Kosny, S. Varatharajan. 2019. Stressful by design: exploring health risks of ride-share work. *Journal of Transport and Health* 14.
<https://doi.org/10.1016/j.jth.2019.10057>

Canada House of Commons Standing Committee on Human Resources, Skills and Development and the Status of Persons with Disabilities, 2019. Precarious Work: Understanding the Changing Nature of Work in Canada Standing Committee Report.
<https://www.ourcommons.ca/Content/Committee/421/HUMA/Reports/RP10553151/humarp19/humarp19-e.pdf>

Director of Public Health for Montreal. 2016. Invisible Workers: Health Risks for Temporary Agency Workers. Report. Direction régionale de santé publique CIUSSS du Centre-Sud-de-l'Île-de-Montréal
https://santemontreal.qc.ca/fileadmin/user_upload/Uploads/tx_asssmpublications/pdf/publications/Invisible_Workers_Rap_DRSP_2016_01.pdf

Di Milla, Lee and B. Bowden. 2007. Unanticipated safety outcomes: shiftwork and drive-in, drive-out workforce in Queensland's Bowen Basin. *Asia Pacific Journal of Human Resources* 45(1), pp. 100-114.

Gesualdi-Fecteau, Dalia and D. Nackache. Forthcoming. Travel time as work time? **Nature and Scope of Labor Law's Protections for Mobile Workers. *New Solutions*.**

Hill N, Dorow S, Barnetson B, et al. 2019. Occupational health and safety for domestic workers in Canada: Dimensions of (im)mobility. *New Solutions* 29(3).

Further readings

Kenney, Martin and J. Zysman. 2016. The rise of the platform economy. *Issues in Science and Technology*. <https://issues.org/the-rise-of-the-platform-economy/>

Lippel, K. (2012). Preserving workers' dignity in workers' compensation systems: an international perspective. *American Journal of Industrial Medicine*, 55(6), 519-536. doi:10.1002/ajim.22022

Lippel, K., Eakin, J. M., Holness, D. L., & Howse, D. (2016). The structure and process of workers' compensation systems and the role of doctors: A comparison of Ontario and Québec. *American Journal of Industrial Medicine*, 59(12), 1070-1086. doi:10.1002/ajim.22651

Lippel, K. (2019). Strengths and Weaknesses of Regulatory Systems Designed to Prevent Work Disability After Injury or Illness: An Overview of Mechanisms in a Selection of Canadian Compensation Systems. In E. MacEachen (Ed.), *The Science and Politics of Work Disability Prevention* (pp. 50-71). New York and London: Routledge (Taylor & Francis).

Lippel, K. and D. Walters. (2019) Regulating health and safety and workers' compensation for the mobile workforce: now you see them, now you don't. *New Solutions* 29 (3).

Orkin, A. M., M. Lay, J. McLaughlin, M. Schwandt, D. Cole. 2014. Medical repatriation of migrant farm workers in Ontario: a descriptive analysis. *CMAJ Open* 2013. DOI:10.9778/cmajo.20140014

Premji S. Precarious employment and difficult daily commutes. *Relations Industrielles/Industrial Relations* 2017; 72: 77-98.

Quinlan, Michael. 2015. The effects of non-standard forms of employment on worker health and Safety. ILO Report Conditions of Work and Employment Series No. 67. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_443266.pdf

Tran, M. and R. K. Sokas. 2017. The gig economy and contingent work: an occupational health assessment. Editorial, *JOEM*, 59 (4), April, pp. e63-e66.

Xia, Ting, R. Iles, S. Newnam, D. I. Lubman, A. Collie. 2019. Work-related injury and disease in Australian road transport workers: a retrospective population based cohort study. *Journal of Transport and Health* 12, pp. 34-41.