

## **A Best Practice Exchange for Programs that Reduce the Health Risks of Unemployment and Job Insecurity**

The nature of working life is changing globally and those changes pose risks in worker health. Unemployment and job insecurity pose health threats to workers and their families. But research shows evidence based programs and practices can reliably reduce those risks and sustainable and healthy working lives are still possible (Vuori, Blonk & Price 2015). We propose a Best Practice Exchange to disseminate evidence based best practices and programs to government and social service agencies as well as businesses to improve worker productivity and health.

*Negative health impacts of unemployment.* Research over more than half a century has documented the impact of involuntary job loss on the health of workers and their families. The early pioneering work of Marie Jahoda (Jahoda & Zeisel, 1974) has been followed by a large body of research documenting the impact of unemployment on health and well-being (Kieselbach, Winefield, Boyd & Anderson, 2006; McKee-Ryan, F. 2005; Wanberg, 2012). Involuntary job loss triggers a cascade of negative adverse life events that threaten the health and well-being of workers, their families and communities (Price Choi & Vinokur 2002; Vinokur, Price & Caplan, 1996). In addition, epidemiological evidence has shown that involuntary job loss increases the risk of depression, anxiety, and health problems (Kessler, Turner & House 1988).

*Negative health impacts of job insecurity.* The global labor market has changed in the last three decades. Full time secure jobs with health protection have been replaced by part time insecure jobs (Price & Burgard, 2008). Job insecurity produces a wide range of negative impacts on health (De Witte 1999; 2005; Friedland & Price, 2003) with scarring effects detectable many years later (De Witte, 2016). Job insecurity also increases risk of safety hazards potentially costly to employers as well (Probst & Brubaker, 2001) and magnifies occupational health disparities for lower socioeconomic status gender race and immigration status (Landsbergis, Grzywacz & LaMontagne, 2014). Recent research also reveals that insecure jobs are associated with lower levels of perceived employability (Kirves, De Cuyper, Kinnunen, & Nätti, 2011) lower perceived mobility (Kirves, Kinnunen, & De Cuyper, 2014) and lower well-being at work (Kirves, Kinnunen, De Cuyper, & Mäkikangas, 2014).

### **The downward spiral of job insecurity, unemployment and health**

But unemployment and job insecurity are not separate threats to health. They influence one another and produce a downward spiral of negative impacts on health and at the same time diminish the prospects for future employment. Beyond these individual effects, the downward spiral can reduce firm

performance for workers in insecure jobs and increase costs to government in health and social services.

Figure 1 shows how job insecurity increases the likelihood of unemployment (Path 1) and in turn, being unemployed increases the possibility of obtaining an insecure job (Path 2). Furthermore, research evidence is now increasingly clear that job insecurity leads to health and mental health problems (Path 3) and it is well established that unemployment leads to health problems as well (Path 4). Furthermore, there is evidence to suggest that compromised health and mental health may lead to a less secure job (Path 5) and poor health also influences the likelihood of prolonged unemployment (Path 6). This downward cycle in can be mitigated by programs and practices that reduce the strength of the relationship between insecure jobs and health (Path 7) and can weaken the link between unemployment status and poor health (Path 8). Finally, improved health and well-being in workers can reduce costs to both firms (Path 9) and government organizations (Path 10).

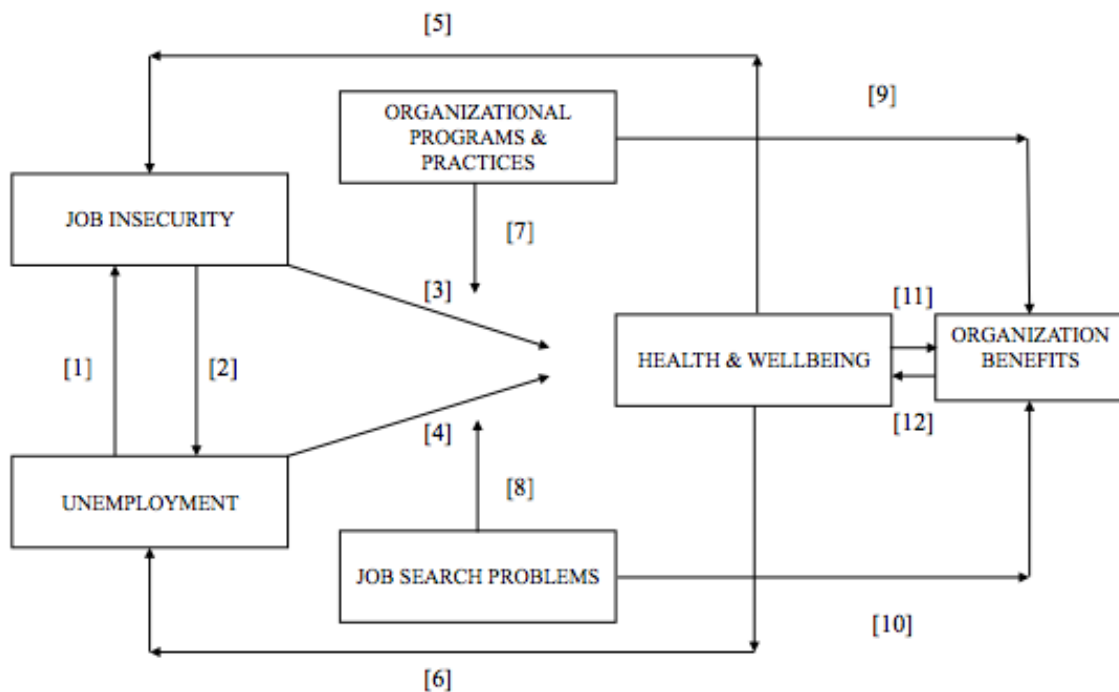


Fig. 1

### Evidence based programs and practices to stop the downward spiral of job insecurity, unemployment and poor health

Are methods available to stop the downward spiral shown in Figure 1? Do we have empirical evidence of the effectiveness of those methods? Here are encouraging answers to each of these questions.

*Evidence based reemployment programs to reduce health risks are available.* There is now a large body of research on evidence based programs and practices available to aid unemployed workers to regain jobs. A recent systematic review of 47 experimentally evaluated evidence based job search programs (Liu, Huang, & Wang, 2014) demonstrated that they can be effective obtaining employment rates 2.67 times higher than job seekers in control groups. Effective programs shared key characteristics in common including teaching job search skills, improved self-presentation, boosting self-efficacy, promoting goal setting (Blonk et al 2006; van Hooft & Gerra, 2009) and enlisting social support. Effective programs were only those that included *both* motivational enhancement and skill development.

These programs have important relevance both government policy and business performance. They not only produce more rapid and higher quality employment, they can be shown to be cost effective (Vinokur, Van Ryn, Gramlich, & Price, 1991). Furthermore effective evidence base programs to aid reemployment can be provided to individuals, be implemented by entire organizations or supported nationally by government policy (Vuori, Silvonen, Vinokur & Price, 2002).

*Evidence based programs to reduce the health risks of job insecurity are available.* Recent reviews of the evidence of programs and practices to support workers in insecure jobs have also produced encouraging findings for interventions at both the macrostructural policy level and the microstructural program level (Landsbergis, Grzywacz & LaMontagne, 2014). For example Bambra, Egan, Thomas, Petticrew, & Whitehead (2007) have shown that various forms of workplace reorganization can reduce the risks of job insecurity. Reorganizing shiftwork can reduce health risks of insecure jobs (Bambra, Whitehead, Sowden, Akers & Petticrew, 2008). Egan, Bambra, Thomas, Petticrew, Whitehead & Thomson, H. (2007) review a range of organizational level interventions that offer promising evidence for health risk reduction for insecure jobs.

*Innovative programs from the field of practice.* While published evidence for the effectiveness of programs to mitigate the effects of unemployment and job insecurity are most desirable, not all promising programs and practices are available in the research literature. While evidence of effectiveness is still essential, this source of promising programs and practices should not be overlooked.

### **Barriers to usable knowledge: Getting evidence based programs and practices to service systems**

Unfortunately there is no guarantee that this new knowledge about effective programs will be translated into practice. A large literature on the diffusion of

innovations (Rogers, 1995) indicates that there are formidable barriers that formidable barriers must be overcome.

First, potential users face the *problem of information access*. Not all practitioners read journals or attend scientific meetings where the latest research results are discussed. Therefore information regarding evidence-based programs, no matter how compelling is unlikely to reach practitioners in human resources offices or government agencies who can implement them.

Second, *the type of information available is often unsuitable*. The results of articles in scientific journals do not provide the kind of information that is easily translated into practice. Many details regarding staff training, material resources and logistical arrangements are not available. Even exemplary programs developed by practitioners in the field seldom offer the kind of detail needed for effective program implementation.

Third there is a *lack of shared communication channels*. Readily available channels of communication do not exist to allow conversations between the developers of new programs and practitioners. Most often they communicate in separate professional and practice arenas where researchers, program developers and practitioners seldom communicate on a regular and continuing basis.

Fourth *careful program adaptation is needed*. Model programs derived from the research literature or from a model program drawn from the field of practice are seldom ready to implement in their original form. They must be adjusted to local circumstances, language differences, varying cultural practices and available material and human resources. These adaptations must be made in ways that do not compromise the essential effective elements of the program.

Finally *continued collaboration is needed for long-term success*. Adopting a new program or practice is complex task, requires many changes and unfolds over extended time periods. Successful implementation requires continued collaboration between the originator of the program and the organization wishing to adopt it. New problems inevitably arise after initial efforts at implementation and continued consultation between the originator of the program and the adopter is a critical ingredient in successful long-term implementation.

### **A Best Practice Exchange of Programs and Practices for Unemployment and Job Insecurity**

We propose the establishment a Best Practice Exchange that addresses each of these barriers to successful dissemination of evidence based programs and practices. The proposed Exchange is designed to increase information access, improve the appropriateness of needed information, provide a new

communication channel between practitioners and researchers, allow opportunities for program adaptation crucial to successful implementation and to provide a platform for continuing collaboration between researchers and program developers as the implementation process unfolds over time.

The Internet provides a powerful platform for bridging the gap between new ideas and people who can use them. Verona, Prandelli and Sawhney (2006) show how *virtual knowledge brokers* use the Internet to connect new ideas and products and potential adopters. For example, Edmunds ([www.edmunds.com](http://www.edmunds.com)) acts as an intermediary helping automotive customers make better buying decisions by providing unbiased information about cars. Another example is Innocentive ([www.innocentive.com](http://www.innocentive.com)) that connects people with business or policy problems to problem solvers. *The ICOH Best Practice Exchange could serve as a virtual knowledge broker for potential adopters in social service agencies, government organizations and businesses. It would connect high quality programs and practices to potential users in a continuing community of practice.*

What do virtual knowledge brokers actually do? They *create network connections where none existed before*. They connect potential users and providers on a low-cost and easy-to-use platform that eliminates geographic barriers. Virtual knowledge brokers also *foster transmission of new knowledge*. They allow potential users to absorb new ideas, integrate them in their own practice and implement new practices in their home environment. Virtual knowledge brokers can offer user-friendly tool kits, provide tracking surveys online and share pools of needed information to organizations adopting high quality programs.

What does the ICOH Scientific Committee on Unemployment and Job Insecurity need to do to become a virtual knowledge broker? First the Committee needs to collect a *list of clear examples* of evidence-based programs and practices along with names and contact information for their developers. A preliminary list is available from recent reviews of the literature described above. Second the Committee needs to identify *potential users* who are interested in learning about new programs or practices. The ICOH membership list is a place to begin. Third, we need to design a website for the exchange of ideas to take place. In the long run we need a continuing stream of financial and human resources to maintain and grow our community of practice (Brown & Duguid 1991; Hughes Jewson & Unwin, 2007).

The Scientific Committee on Unemployment and Job Insecurity of the International Commission on Occupational Health has already begun initial work on the development of the Best Practice Exchange. We anticipate that more effective exchange between program developers, potential users and researchers will improve the effective implementation of evidence based programs and practices and improve the health and well-being of workers struggling with unemployment or job insecurity.

Below we describe the initial steps in the development of the Exchange.

*Working group from the Scientific Committee.* A working group from the Scientific Committee including has already been formed and is taking the initial steps to establish the Exchange. The group includes Kaisa Kirves, Institute for Occupational Health, Finland, Minha Rajput-Ray, Cambridge University, England, Richard Price, University of Michigan, United States and Jukka Vuori, Institute for Occupational Health, Finland with research assistance from Kristan Mallett, University of Michigan.

*Search for Best Practices and Experts.* Before any actual information exchange can be accomplished the systematic search for best practices and for experts needs to be conducted. We are proposing two major steps to accomplish our systematic search.

*Literature search.* First we propose a literature search of the of the research literature on evidence based programs and practices to ameliorate the negative health impacts of job insecurity and unemployment. Fortunately, a number of recent reviews are available and identify both evidence-based practices and individuals who can serve as key informants and future participants in the best practice exchange. The search will include key publications, authors, developers of programs, and of course a list of the best practices and programs themselves.

*Survey of ICOH National Secretaries and Experts.* The working group also proposes to conduct a survey of the national secretaries and the experts and other key informants identified. The survey will ask the key informants to identify exemplary practices and programs, other potential experts, and explore their willingness to participate in the best practice exchange once it is underway.

*Best Practices Exchange website.* A carefully designed website is an ideal platform for the establishment of the Best Practice Exchange. We expect participants in the Best Practice Exchange will come from in a wide range of countries, cultures and organizations and the website will provide flexible access across time zones and cultures.

The site will have

- a *prominently displayed mission statement* explaining the purpose of the Exchange and the process by which best practices are identified
- a *site map for users to navigate the site*, finding features that were particularly interesting and useful.
- *contact information* for the site manager prominently displayed on the site.
- a *subscription sign up feature* for participants including name, email address, and organizational affiliation.
- a *best practices page* where selected best practices are listed with brief descriptions and links to the entire range of information [e.g., research

- papers, procedure manuals, demonstration videos]
- a *blog* to announce important news and comment on new scientific or practice developments and trends.
- a *Frequently Asked Questions and Answers [FAQ] feature* to efficiently answer repeated questions.
- a *Community Forum* so members can talk with each other to offer opinions and ideas.
- the site will also be *mobile ready* to accommodate smart phones and tablets. allow *social media integration* to Twitter, Facebook, Tumblr, YouTube, Google, LinkedIn, Instagram etc. and will have an *SSL certificate* that allows secure connections from a web server to a browser.

The ICOH Scientific Committee working group recognizes that the development of the website will need to be done in incremental steps over time. We are beginning the task of identifying best practices and programs to reduce the health risks of unemployment and job insecurity along with their developers. At the same time we will begin to identify likely adopters of these best practices in both the public and private sector.

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