Letter to the Editor



Sickness Absence and **Precarious Employment**

Dear Editor.

he article by Oke, *et al*, presents the association between precarious employment and sickness absence in four Nordic countries.¹ In the article sickness absence is based on self-reports and defined as absence of seven or more days per year. The authors use logistic regression analyses in their study. Three precarious employment indicators are positively associated with sickness absence and "low household income" and "sickness presenteeism" are strong predictors of sickness absence in both sexes. Moscone, et al. investigated the association between precarious employment and mental health by examining a large national data set.² They found that duration and frequency of temporary work are significantly associated with the probability of developing mental disorders that need to be medically treated. In addition, they reported that moving from a permanent to temporary employment increases the risk of mental illness, and that moving from a temporary to permanent employment would reduce mental illness. This means that the cause of sickness should be specified for workers with absence.

Relating to the first query, Jang, et al, conducted a follow-up study to determine the effect of precarious employment on the development of new-onset severe depressive symptoms.3 Male and female workers aged under 60 years without mild or moderate depressive symptoms at the baseline, were studied. Severe depressive symptoms were measured using the 11-item Center for Epidemiologic Studies Depression Scale (CES-D-11) with a cut-off value of 12. They found that the odds of precarious employment for the development of newonset severe depressive symptoms are 1.52 (95% CI 1.02 to 2.25) in males and 4.19 (95% CI 1.70 to 10.32) in females. There is a sex difference on the association, and which is partly recognized in study by Oke, et al.¹ Furthermore, Fan, et al,⁴ reported that job insecurity is significantly associated with depression and anxiety symptoms, ie, mental health is closely associated with precarious employment, and that is why I suggest Oke, et al. conduct a stratified analysis with special reference to the content of mental illness.

Finally, precarious work is associated with the risk of serious psychological distress among middle-aged Japanese men.⁵ There is also a significant association between precarious employment and suicide ideation.⁶ Further studies are needed to shed light over the cause of the observed association between precarious employment and health.7

Conflicts of interest: None declared.

T Kawada

Department of Hygiene and Public Health, Nippon Medi-cal School, 1-1-5 Sendagi, Bunkyo-Ku, Tokyo 113-8602, Japan E-mail: kawada@nms.ac.jp

References

Oke A, Braithwaite P, Antai D. Sickness Absence and 1. Precarious Employment: A Comparative Cross-National Study of Denmark, Finland, Sweden, and

Cite this article as: Kawada T. Sickness absence and precarious employment. Int J Occup Environ Med 2016;7:243-244.





Norway. Int J Occup Environ Med 2016;7:125-47.

- Moscone F, Tosetti E, Vittadini G. The impact of precarious employment on mental health: The case of Italy. Soc Sci Med 2016;158:86-95.
- Jang SY, Jang SI, Bae HC, et al. Precarious employment and new-onset severe depressive symptoms: a population-based prospective study in South Korea. Scand J Work Environ Health 2015;41:329-37.
- Fan LB, Blumenthal JA, Watkins LL, Sherwood A. Work and home stress: associations with anxiety and depression symptoms. *Occup Med (Lond)* 2015;65:110-6.

Authors' Reply

No reply has been received from the authors.

- 5. Kachi Y, Otsuka T, Kawada T. Precarious employment and the risk of serious psychological distress: a population-based cohort study in Japan. *Scand J Work Environ Health* 2014;**40**:465-72.
- Min KB, Park SG, Hwang SH, Min JY. Precarious employment and the risk of suicidal ideation and suicide attempts. *Prev Med* 2015;**71**:72-6.
- Benach J, Vives A, Tarafa G, *et al.* What should we know about precarious employment and health in 2025? Framing the agenda for the next decade of research. *Int J Epidemiol* 2016;45:232-8.