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Precarious work: recent research and policy challenges

Elsa Underhill BCom MCom PhD, Deakin University, Australia, Katherine Lippel LLM FRSC, University of Ottawa, Canada, and Michael Quinlan BEc (Hons) PhD FSIA, University of New South Wales, Australia

The past three and a half decades have witnessed profound and global changes in the organisation of work. The ‘standard’ employment model of the post-1945 period – whereby most workers (though not most women workers) within Europe, North America and Australasia held ongoing jobs – went into decline. In its place emerged what is often labelled the ‘new world of work’. We will not use this term because some of the work arrangements seen to be new actually represent the re-emergence of far older types of work organisation. That matter aside, the changes that this term sought to describe were marked by the growth of more temporary work arrangements (fixed-term contracts, direct-hire temporary work, temporary agency work, on-call and casual work), self-employment and work remote from formal workplaces (including various forms of remote and home-based work, such as homecare). Further, even workers retaining notionally permanent jobs increasingly experienced insecurity as the result of repeated rounds of downsizing/restructuring and outsourcing/offshoring of activities by large private and public sector employers (in the public sector, these changes were also often associated with privatisation). In short, the growth of ‘flexible’ work arrangements marked by more irregular working hours and limited tenure has essentially made the jobs of a growing body of workers precarious. In tandem with this trend has been the growth of informal or undeclared work arrangements, often using migrant/undocumented workers, in Europe, North America and elsewhere.

Since the 1990s, a rapidly growing body of international research has indicated that job insecurity and precarious work arrangements are associated with significant adverse effects on health and safety outcomes, as measured by the incidence of injury, catastrophic events (such as the AZF factory fire in Toulouse in 2001), exposure to hazardous substances, occupational violence, psychological distress, work–life imbalance and non-compliance with workplace safety rules and regulations. More recently, research has also indicated that these work arrangements can weaken the coverage and implementation of occupational safety and health (OSH) and workers’ compensation legislation, as well as posing a serious challenge to inspectors and regulatory authorities. In this context, it is hardly surprising that over the past decade governments and policy-makers have produced reports that seek to document and address the problems identified above. At the same time, understanding and addressing the challenges posed by precarious work is still in its early stages.

Important questions requiring attention include:

- how do these work arrangements damage health?
- what is the extent of the problem in particular industries and sectors?
- what policy responses will prove most effective in addressing these challenges?

The aim of this special issue of PPHS is to contribute to answering some of these questions, with studies drawn from Australia, Canada and the Philippines. The papers address two issues in particular. First, a number of studies provide insights into how precarious work affects health
and safety in sectors where there is comparatively little research, most notably homecare and work in hotels. Second, and perhaps more importantly, given the policy and practice focus of this journal, most of the papers examine how regulators are trying to address the health and safety challenges associated with precarious work arrangements. Some of the contributions deal with both questions, but for the purpose of this editorial introduction, it makes more sense to describe their respective contributions in relation to each question in turn.

With regard to the first question, namely filling some important gaps in how precarious work affects health in particular sectors, contributions in this issue arguably add to our knowledge in several neglected areas. One is the area of service work – the dominant area of employment in most developed economies, but one in which substantial sectors, such as hospitality and transport, have received little attention by those researching the health effects of precarious employment. For example, Oxenbridge & Moensted examine the relationship between payment systems, work intensification and health and safety outcomes for hotel room attendants in Australia – an area increasingly dominated by temporary agency workers and for which there is, in practice, little effective regulatory protection. Their study contrasts the experience of hotel workers employed directly by hotels with those placed through temporary agency employers. The pressures from piece rates, coupled with low rates of pay, contributed to rushing and, in turn, higher injury rates among those employed by agencies compared to those employed directly. Agency workers in only one hotel experienced outcomes similar to the directly hired workers. Perhaps uniquely, the management in this hotel included agency workers in their procedures to encourage safe work practices and the agency paid hourly rates, removing the time pressures associated with room (piece) rates. This study illustrates the vulnerability of agency workers in a weak regulatory environment, while also demonstrating that organisations have the discretion to implement practices with fewer deleterious effects on health and safety.

David, Cloutier & Ledoux’s study of homecare nurses in Canada throws new light on the ways in which agency workers are poorly placed to implement protective work strategies available to those homecare nurses who are directly hired. Drawing on multiple case studies, they also demonstrate how the rise in precarious employment has amplified the general work-related health problems of directly hired nurses, through the need to undertake additional tasks which would otherwise be shared in the absence of temporary homecare nurses. These spill-over effects contribute to a lowering of the potential for directly hired nurses to maintain protective strategies.

Likewise, Dacanay & Walters examine the role of specialist seagoing temporary work agency firms in supplying merchant seamen (essentially fixed-term contract workers) to an industry that has returned to its more deregulated historical roots, with a matching decline in health and safety for the seamen from lower and middle income countries who predominantly crew these ships. As the authors point out, the ‘processes of deregulation and industry restructuring have paved the way for the replacement of crews from embedded maritime states with those from newly emergent labour supply countries hired at a fraction of the cost of the former, but with fewer skills or infrastructures to support them’.

With regard to the second question, namely how regulators should respond to the challenges of precarious work, several contributions focus on the broad regulatory framework. Lippel et al.’s study of the application of the regulatory framework for OSH and workers’ compensation in two contrasting Canadian provinces, Quebec and Ontario, highlights the important role which

* For exceptions, see Seifert et al. and Bohle et al.
legislation in this field can have in promoting the use of temporary agency workers, while simultaneously failing to adequately protect such workers from the additional risks they face. Through in-depth interviews with experts and focus groups of agency workers, they map out the various ways in which agency workers are disadvantaged, compared to traditional direct hire workers, in terms of the protections offered by both OSH and workers’ compensation legislation. The contrasting regulatory approaches of Quebec and Ontario, whereby the former meets more of the needs of agency workers with respect to workers’ compensation, while the latter meets more of their OSH needs, informs on both the gaps and the ways in which such gaps can start to be overcome.

The proposed changes to OSH laws in Australia also provide insights into how regulatory failures might be addressed. Richard Johnstone’s contribution looks at these significant changes to definitions and the designation of key duty holders in Australia’s national model work health and safety law. In particular, he argues that the broad definition of work, the substitution of ‘person in control of a business or undertaking’ for ‘employer and related duty holders’ (such as consultants, contractors and suppliers) and the substitution of the broader term ‘worker’ for ‘employee’ throughout the proposed legislation, means that the law can more readily address the complex and shifting character of contemporary work arrangements. The discarding of the over-riding importance of the contract of employment in Australian OSH law is seen to mark an important shift in the recognition that so-called ‘new’ approaches to employment require a commensurate rethink of who is ultimately responsible for work organisation and employment outcomes. At the same time, Johnstone notes the importance of developing detailed guidance material, codes and regulations to facilitate the implementation of these changes.

Dacanay & Walters’ study highlights the ineffectiveness of Filipino laws designed to protect their seamen working on ships in the global maritime industry, and underlines the tensions that exist when the economic interests of the regulating state are seen to conflict with effective regulation of working conditions – an issue that arises in other jurisdictions as well.19

A discussion as to ways in which regulators should implement existing requirements or develop new and better tools and strategies in this regard is developed further in the paper by Underhill & Quinlan. Garnering the support of key stakeholders and identifying ‘best practice’ models that can be promoted as educational tools is an approach that has been adopted in relation to other aspects of management and work organisation. Underhill & Quinlan examine such an initiative undertaken by the Queensland Division of Workplace Health and Safety with regard to temporary agency workers. A key finding to emerge from focus groups/interviews with both host firms and temporary work agencies was the need to establish more strategic and long-term relationships in terms of the safe provision and management of agency workers. At the same time, they note that the very structure of the industry makes this difficult to achieve on more than a selective basis and that ‘responsible’ operators saw a need for regulatory intervention (in terms of registration), not just better guidance material and inspection activities.

The studies in this special issue are drawn from several countries and cover a broad range of industries, yet they demonstrate the extent to which there are common problems which regulators have struggled or failed to address, leaving agency workers exposed to greater risk. In some cases, as shown by Lippel et al., basic issues as to the identity and responsibilities of the parties involved in the employment relationship remain obscure, although even in those cases where the ‘employer’ status is clear, the allocation of responsibilities may well remain ambiguous, as shown by Dacanay & Walters. As Underhill & Quinlan’s study illustrates, even when the regulatory framework offers workers some minimum protections, obstacles to enforcement can
undermine its intent. Indeed, a question Lippel et al. raise in relation Canadian legislators applies internationally – have law-makers intentionally and passively allowed de facto deregulation to ensure business benefits from greater flexibility and competitiveness, or are they sincerely interested in protecting workers’ health and ensuring they receive fair compensation?

References
14. National Institute for Occupational Safety and Health. The changing organization of


