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The logo features the text 'GAWO' in a large, bold, blue-outlined font, followed by 'e.V.' in a smaller, blue-outlined font. To the right of the text are several blue silhouettes of people in various poses, standing on a reflective surface. The entire logo is set against a blue gradient background that transitions from a darker blue on the left to a lighter blue on the right.

Health effects of supplemental work from home in the European Union

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Blurring boundaries

- Flexible work arrangements and ICT* use are increasing
 - Boundaries between work and non-work are diminishing
 - working from home/in “free” time off
 - constant availability
(e.g. by email or phone)
 - Possible consequences
 - additional work, long hours, reduced time for recovery
 - interference of working time with times for recovery and social participation (evenings, weekends)
- Potential risk for safety, health and social well-being?

} Indicators for
“supplemental
work”

*information and communication technologies

Research questions

1. What is the prevalence of supplemental work in the European Union?
2. What working conditions are associated with supplemental work?
3. Is supplemental work a risk factor for work-related health impairments?

Study Samples

➤ EWCS* 2005

- n = 23,934 employees
- 31 countries (27 EU, Switzerland, Norway, Turkey, Croatia)
- 52.3 % female
- mean age 40.4 years (SD: 11.7)

➤ EWCS* 2010

- n = 35,187 employees
- 34 countries (27 EU, Norway, Turkey, Croatia, Macedonia, Montenegro, Albania, Kosovo)
- 50.7 % female
- mean age 41.1 years (SD: 11.8)

**European Working Conditions Survey*

Independent variables:

indicators for the construct “supplemental work”

➤ 2005: *“In the past 12 months, have you been contacted, e.g. by email or telephone, in matters concerning your main paid job outside your normal working hours?”*

➤ 2010: *“Over the last 12 months how often has it happened to you that you have worked in your free time in order to meet work demands?”*

– every day

– at least once a week

– a couple of times a month

– less often than a couple of times a month

– never

} often

→ sometimes

→ never

Dependent variable

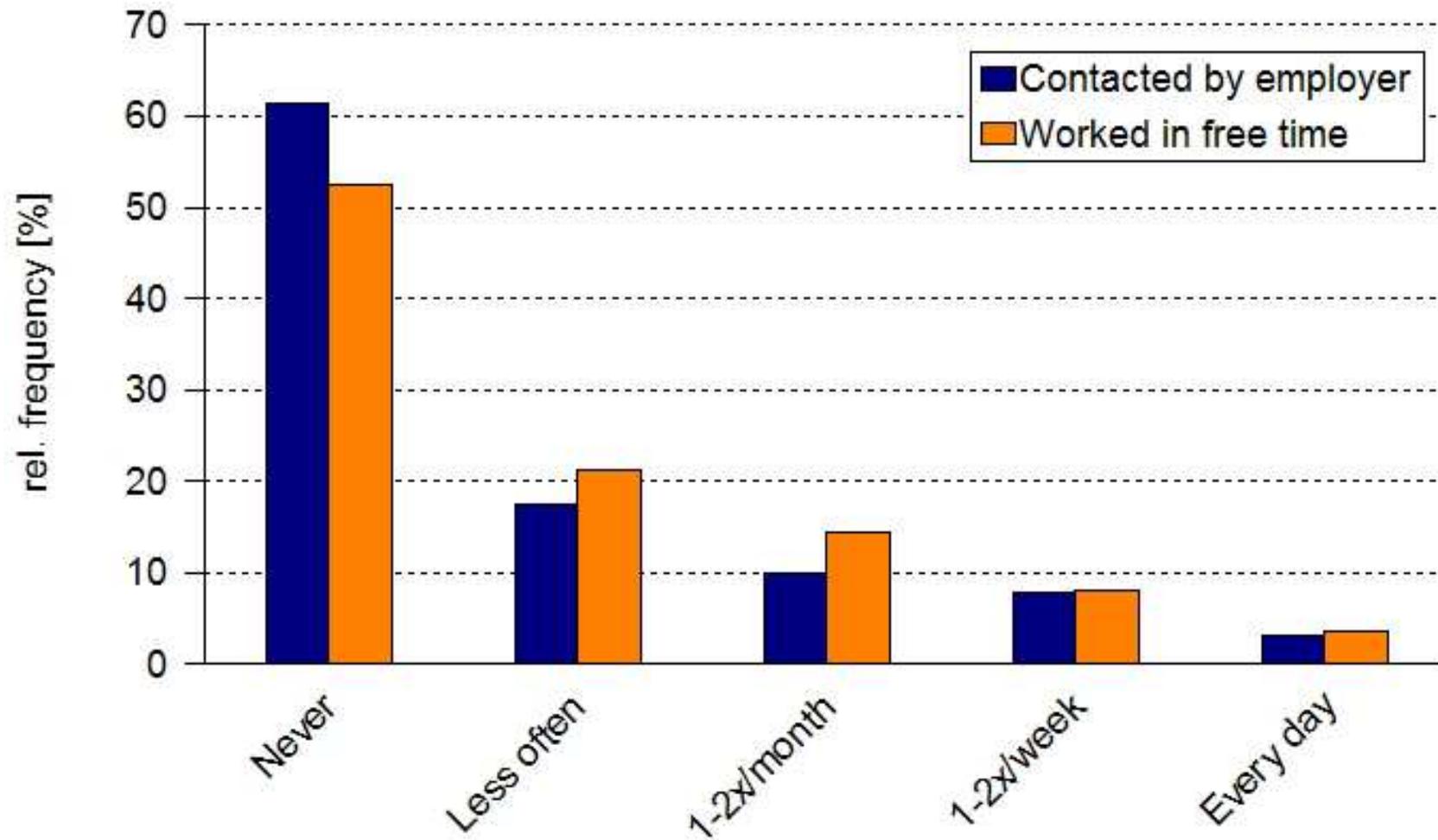
- *“Does your work affect your health, or not?”*
 - *“yes“ - list of health problems*

- Indicator: Reporting at least 1 work-related health impairment (yes/no) in both samples

- Distribution of supplemental work by demographics and work characteristics

- Weighted logistic regression models to predict risk of reporting ≥ 1 health problems by supplemental work, controlling for
 - demographics (age, sex, children in household, income, education)
 - demands (physical, mental) and control
 - working hours (number of hours/week, night work, shift work, unusual hours, variable hours)

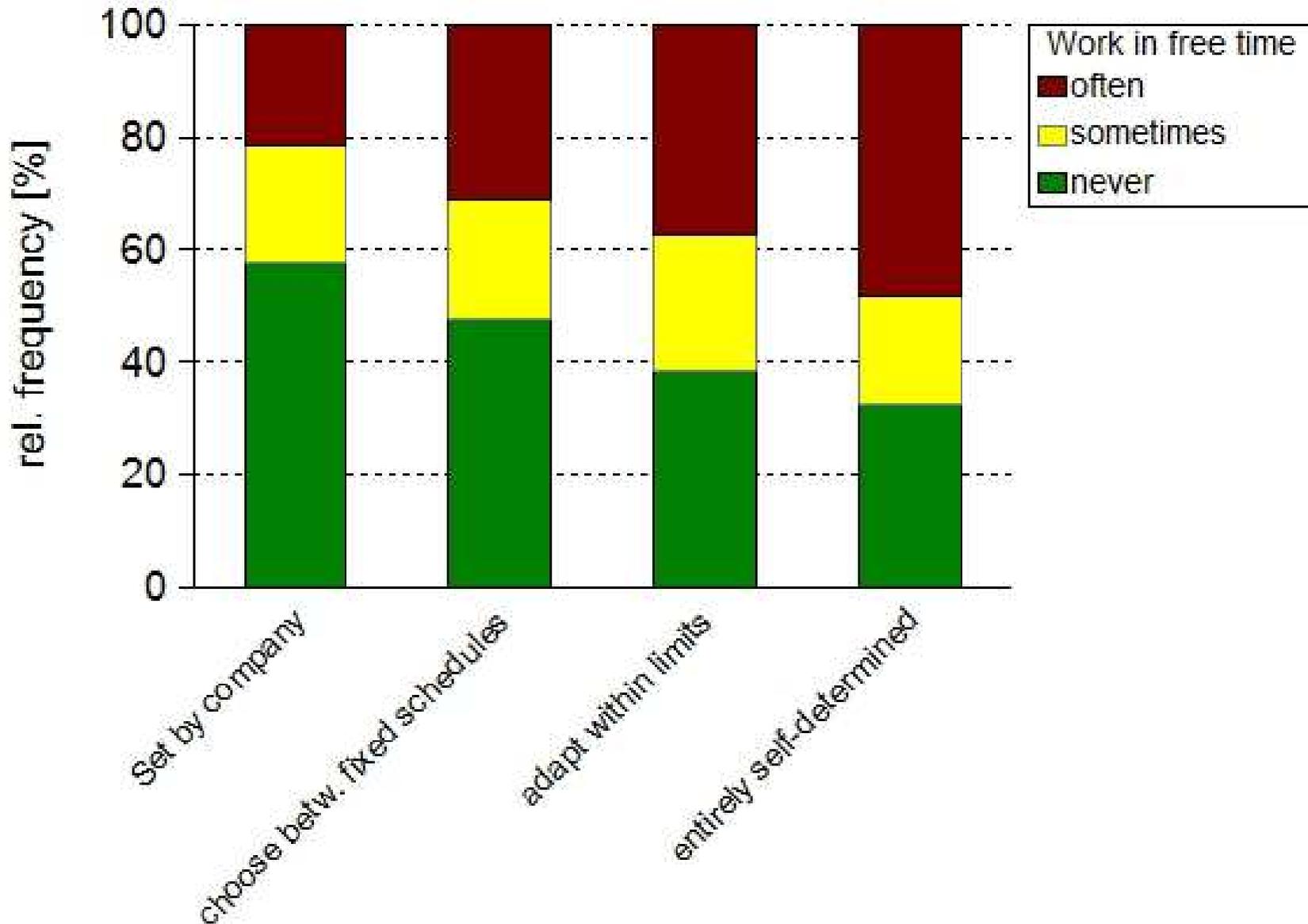
Prevalences EU 2005 (EU 31) and 2010 (EU 34)



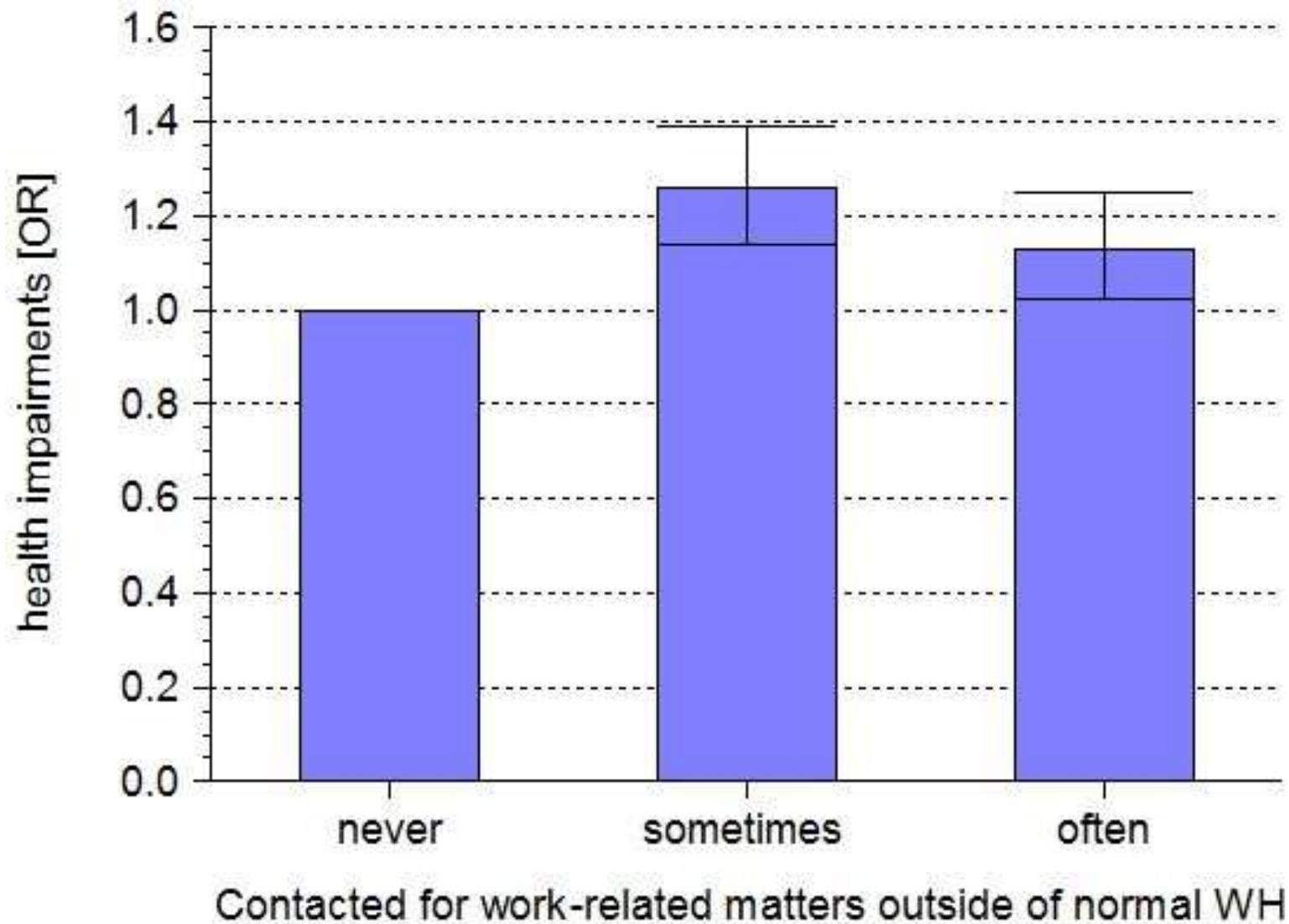
Relation to working conditions

- Supplemental work is correlated with
 - positive aspects
 - higher socio-economic status
 - higher work hour control
 - higher mental demands
 - higher autonomy
 - unfavorable working times
 - longer working hours per week
 - unusual working hours
 - variable working hours

Work hour control and work in free time

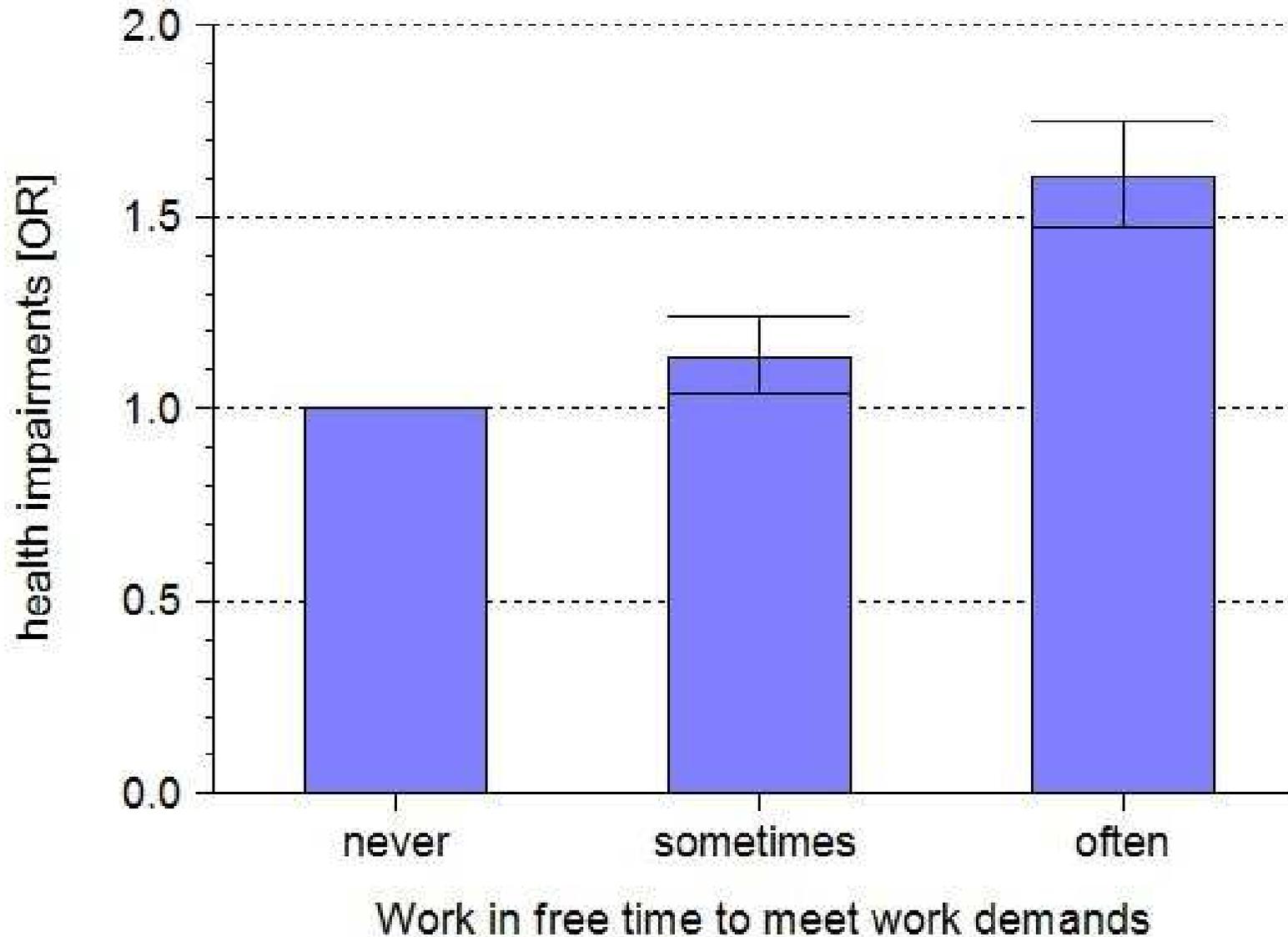


Health effects* – EU 2005 (EU 31)



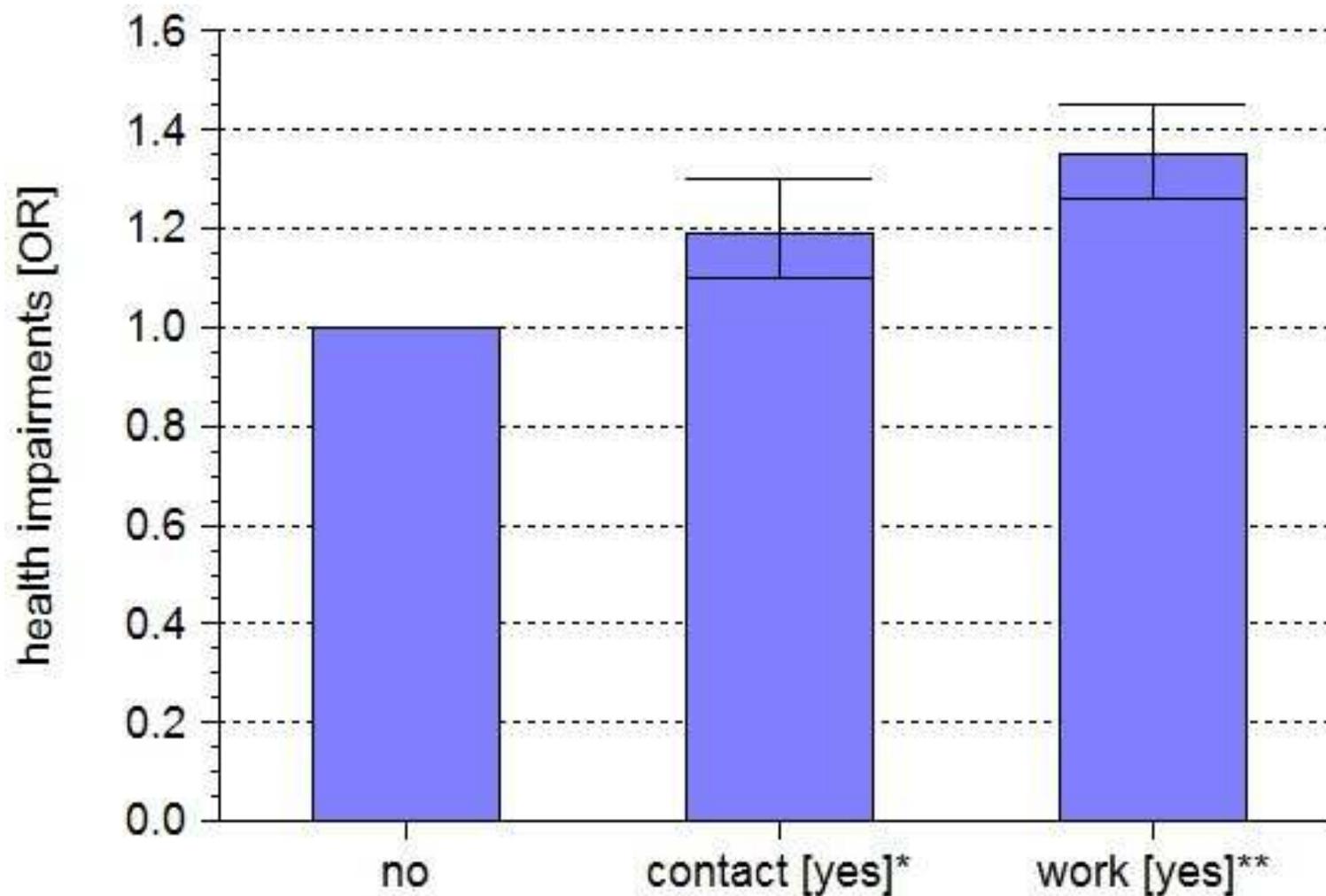
* Odds ratios and 95% CI from logistic regression, controlling for all covariates

Health effects* – EU 2010 (EU 34)



* Odds ratios and 95% CI from logistic regression, controlling for all covariates

Comparison of the effects in both samples



Odds ratios and 95% CI from logistic regression, controlling for all covariates

* EU 2005, ref: no

** EU 2010, ref: no

- Supplemental work is
 - highly prevalent in the EU
 - differences between countries and occupations
 - connected to high demand / high control conditions
 - associated with unusual and variable working hours

- Health impairments are related to
 - any work-related contacts outside of regular WH
 - frequent work in the free time (curvilinear relation?)

Discussion / Conclusions

- Limitations
 - Subjective reports
 - Cross-sectional and diverse sample
- Strengths
 - large sample, representative of EU member states
 - reverse causality unlikely
 - structural relations similar in different samples with different indicators of supplemental work
- More information needed on actual time use
- Policies against constant availability might help reduce the amount of supplemental work and thus the risk for health impairments

Thank you for your attention !

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