

The influence of zero-hours contracts on care workers' lives

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A new paper published in *Occupational Medicine* indicates that deficiencies in health care workers' understanding of their role and the amount of control over their work were significant workplace hazards, though controversial zero-hours contracts did not adversely influence employee health and wellbeing.

Zero-hours contracts are agreements between employers and workers, where the employer is not obliged to provide any minimum working hours, and the [worker](#) is not obliged to accept any work offered. Some 60% of all healthcare organizations in the United Kingdom use zero-hours contracts, with a further 29% of all employers expecting their employees to accept work when and if it is offered to them.

There has been an increase in media and political interest in the use of zero-hours contracts, with these contractual arrangements described as exploitative. Zero-hours contracts have recently been banned in New Zealand.

Working conditions can have adverse effects on the physical and psychological health and wellbeing of workers. But despite the recent interest the impact that zero-hours contracts have on employee health is under-researched.

Many reformers argue that maintaining the wellbeing of [health care workers](#) in both their professional and personal lives is of significant importance because their responsibilities include giving medication, preparing meals, and providing personal care for those who cannot do so for themselves.

In this study, researchers investigated the working conditions, general mental health and levels of engagement, and the associations between these, in a sample of UK care workers, and also looked into differences in these measures between care workers who have zero-hours contracts and those with standard fixed-hours contracts.

Researchers performed a cross-sectional survey of domiciliary care and care home employees, undertaken using the Management Standards Indicator Tool, the Utrecht Work Engagement Scale and the General Health Questionnaire. Researchers evaluated the differences in scoring

between those with differing contractual conditions and job roles.

Employee understanding of their role and job control were found to be priority areas for improvement in the sample. Health care workers reported greater occupational demands and lower levels of control than management. However, while zero-hours contracts did not significantly influence employee wellbeing, these employees had greater levels of engagement in their jobs. Despite this a greater proportion of individuals with zero-hours contracts had scores above accepted mental health cut-offs. Those working on zero-hours contracts were more likely to have worsened mental health.

Researchers found no significant difference between those on zero-hours contracts and those with standard contracts on any of the psychosocial hazards measured. However, among those with zero hours contracts mean scoring on the vigour component of the Utrecht Scale was 4.56 compared to 4.22 for contracted hours, while the zero hours group scored 5.04 on the dedication component against 4.70 for [contract](#) workers.

Average total scoring on the Utrecht Scale was 4.62 for zero-hours workers compared to 4.30 for contracted hours.

This study demonstrated that five of the seven psychosocial hazards measured by the Management Standards Indicator Tool were satisfactory for all respondents in the sample. Role and control scores, however, seemed to be the factors that contributed most heavily to measured outcomes with regard to respondents' understanding of their role in their organizations. Across all participants each engagement factor and overall scoring on engagement was moderate, suggesting that respondents were moderately engaged in their job. While there were no differences in scoring on psychosocial [working conditions](#) and general mental wellbeing between those with zero-hours contracts and those with

contracted hours, zero-hours respondents had greater levels of engagement with their job role.

One surprising result from this study is the lack of difference in wellbeing measures between care workers and managers despite care workers having considerably greater demands and lower control over their work.

In summary, the results suggest that UK care workers' understanding of their role and the amount of control that they have over their job is important to their health. However, zero-hours contracts do not seem to affect adversely the general wellbeing of most care workers, although there were a greater proportion of care workers on zero-hours contracts who scored negatively on a measure of general mental health than those on contracted hours.

"Despite there being such intense media discussions regarding both zero-hours contracts and the role of domiciliary care workers, there has never been any objective, academic research into either of these subjects," said lead author Jermaine Ravalier "Care workers do an incredibly important job - they maintain and improve the life of those who require care - and yet so many of them are on zero-hours contracts."

"A particularly interesting finding was that those on zero-hours contracts were more likely to have worsened mental health. This is not to say that zero-hours contracts cause worsened mental [health](#), but perhaps opportunities for those with worsened [mental health](#) are more limited to those roles in which people are employed on zero-hours contracts."

More information: J. M. Ravalier et al, The influence of zero-hours contracts on care worker well-being, *Occupational Medicine* (2017). [DOI: 10.1093/occmed/kqx043](https://doi.org/10.1093/occmed/kqx043)

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