

The future of work and health

The world of work is changing rapidly. Estimates suggest that by as early as 2025, employers will divide work equally between human beings and machines, disrupting 85 million jobs globally. A move towards automation and outsourcing is in direct contrast to the political dialogue, which has framed employment as the antidote to poverty. Most people assume that employment with good working conditions is good for health: it offers connection, community, and purpose. Sustainable Development Goal 8 calls for achieving full and productive employment and decent work for all by 2030. But this goal may be in jeopardy. In the book *A World Without Work*, Daniel Susskind argues that—despite historical concerns over technological unemployment being misguided—policy makers should be taking much more seriously the prospect of a world with far less work. What would the consequences of such a world be for health?

The answer is not simple. A three-paper Series published in *The Lancet* starts to explore the relationship between work and health. The major message is that work and employment are an underutilised lever to influence population health. Just as schools are considered as a place of health creation for young people, so might working environments serve for the working population. But the Series also highlights that the health community has been too focused on narrow occupational hazards and not on work as a social determinant of health. The first paper in the Series aims to correct this situation and identifies six emerging challenges, including the influence of technology on the nature of work and the looming threat of the effect of climate change on work. A narrow and reductive view of work is also reflected in how governments tend to collect data on employment. They often focus solely on the binary question of whether people are employed or not, rather than on the conditions of that employment. A Comment by Pega and colleagues accompanies the Series and highlights the collaboration between the International Labour Organization (ILO) and WHO, and their efforts to collect a much more capacious set of data.

Such data will be crucial because context is everything when it comes to understanding the relationship between work and health. An umbrella review undertaken in the second paper of the Series explores

work-related causes of mental health conditions and has some striking findings. For example, the job strain model (a combination of high job demand and low job control) is the model most robustly associated with the onset of depressive disorders. Among the specific working conditions assessed, exposure to workplace bullying is associated with the greatest risk of depressive disorders.

A life course perspective, taken in the third paper in the Series, shows that the influence of retirement on health remains unclear. Retirement seems to benefit the health of workers in some jobs, but the effect on health is less clear and might even be negative among higher-educated workers with high job satisfaction. A study in the USA demonstrated that unemployment was associated with a 2·7 times higher risk of reporting poor health. Having more state unemployment benefits reduced this adverse effect among men but not among women. Overall, the authors of the Series conclude that being in paid employment is associated with better health.

Marjorie Kelly describes a new “manifest destiny” in her book *Wealth Supremacy: How the Extractive Economy and the Biased Rules of Capitalism Drive Today's Crises*, in which a decades-long war against workers has been waged, defined by the destruction of unions, the transfer of 40% of all workers in the USA to a contingent workforce with precarious and less healthy conditions, and culminating in the disappearance of jobs altogether through automation. What should the health community be doing about it? The Series has some useful recommendations, including advocating for governments to hold employers responsible for good working conditions, and designing and evaluating workplace interventions to mitigate the emerging threats to workers' health. If jobs that are high demand and low control were automated it might result in less work but perhaps more fulfilling jobs that are fairly distributed. But this change will not happen on its own. And it will not happen in isolation. The health community must meaningfully engage with other sectors and organisations, such as the ILO and unions, to consider the speed of automation and advocate for accelerating the evaluation of large-scale initiatives including universal basic income and credit that might offer a way to protect health. A new world with less work must be imagined and the health community must be central in its construction.

■ *The Lancet*



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For more on **work and automation** see <https://www.weforum.org/press/2020/10/recession-and-automation-changes-our-future-of-work-but-there-are-jobs-coming-report-says-52c5162fce/>