

Commentary II

Considering the changing nature of work: the New Zealand perspective

Associate Professor Feyer and Ms Lilley are at the New Zealand Environmental and Occupational Health Research Centre, Department of Preventive and Social Medicine, University of Otago

The New Zealand context

The monitoring of work has become an increasingly pressing issue because, as Sauter and Murphy (2003) point out, the changes in western market economies, and the associated effects on working life, have been nothing short of dramatic. New Zealand is no different in this regard. Perhaps what does distinguish the situation in New Zealand is the rate and extent of change. There is reasonable agreement that the “New Zealand experiment” has resulted in one of the most successful but most dramatically changed modern market economies, transforming New Zealand from one of the most regulated of the developed economies to one of the least regulated (McMillan 1998). In particular, the liberalisation of employment laws has allowed employers much greater flexibility in employment contracts reflected in significant adjustments to many conditions of work, all of which can be expected to have an impact on the health of workers and their families (see Feyer & Broom 2001 for a review).

Status of surveillance in New Zealand

To date, structural changes in the labour market in New Zealand have been well documented. Systematic monitoring of employment contracts has provided good description of some aspects around issues of labour market flexibility such as working hours, overtime and the like (see Feyer & Broom 2001 for a review). Increasing awareness of the pressing need for monitoring changes in the organisation of work are also evident:

- In 2002 the Council of Trade Unions (CTU) convened a roundtable discussion attended by researchers and policy advisors from the key government departments. Some groups present at this roundtable have recently resolved

to lobby for the inclusion of a more comprehensive view of non-standard work in the Household Labour Force Survey and 2006 Census Survey.

- In 2002 the Department of Labour mounted The Future of Work Programme, to gather, produce and disseminate (via a website) non-partisan information to increase understanding of future trends in work and their implication for the workplace, workforce and employment opportunities in New Zealand.

However, the impact of working life on population health, or the mechanisms by which changing conditions might have their impact, have not been described. To date, there have been no attempts at systematic surveillance of work-related exposure, health and well-being in New Zealand. Nor has there been systematic surveillance of hazards either through physical workplace monitoring or employer surveys. Recently we were funded to develop and pilot survey methods to describe working life and exposures in New Zealand and describe patterns of any associated health impact. While this work is certainly an important step in the right direction, the problem, of course, is that it is investigator initiated and supported by competitive public health research funding. Further funding would be required to mobilise the survey nationally. While in principle support from relevant government agencies is encouraging, it remains likely that competitive funding sources will need to be accessed for the national New Zealand Working Life Survey.

A useful by-product of having developed the pilot work for the New Zealand survey has been identification of some key issues in mobilising this sort of effort. Some of these issues are generic, some are specific to the New Zealand context.

Generic issues

If routine, or at least regular, monitoring of working conditions and their impact on health is to become viable it is likely to require linkage of various data sources. For example, to obtain objective health outcome information, linkage of survey data concerning work conditions with routine health outcome data (for instance national mortality and morbidity data) is necessary. There are many substantial methodological issues in the linkage of routine data sources, consideration of these is beyond the scope of the current commentary. However, it is noteworthy that initial impediments to data linkage also come from the socio-political arena. Access to the range of data concerning work-related determinants and health and well-being effects requires multi-agency support. Brokering the requisite inter-agency collaborations is an important but difficult early step in the process. In any jurisdiction there are likely to be challenging issues associated with sharing of data and privacy concerns. In New Zealand, these issues present prominent obstacles. New Zealand's privacy laws have become extremely strong and are probably among the most comprehensive of comparable countries (Privacy Commissioner 2002).

Opportunities for international aggregation and comparisons could provide major advances to the field. As Sauter and Murphy point out, there has been little attempt to harmonise monitoring efforts internationally. Apart from their epidemiological value, international comparisons can also provide a powerful catalyst for action at a policy level, prompting questions about why national situations might differ. In developing the survey tools for New Zealand, content was harmonised wherever possible with international efforts. There is every expectation of undertaking comparison with other surveys if possible.

New Zealand specific issues

New Zealand is one of the few nations which have been founded on a covenant between the migrant and indigenous people. The Treaty of Waitangi has a unique place in New Zealand society as it underpins the relationship between Maori, the indigenous population who account for 15% of the total population, and the Crown (Ministry of Social Policy 2003). The implications of the Treaty are far reaching. All national surveys in New Zealand must be culturally sensitive in all aspects of sampling, recruitment, content, ad-

ministration, analysis and reporting. In the New Zealand Working Life Survey, for example, the pilot work includes two parallel sub-components, one for Maori workers and one for non-Maori workers. The intention in this work is to develop collection of an agreed minimum data set but to allow for development of appropriate methods for Maori participation and acceptability. In practice, this means that people may be recruited using different methods and a national minimum data set may be collected with different data collection methods, with attention to culturally appropriate form, content and method of obtaining information from participants.

A clear strength underpinning efforts in the United States and Europe is the presence of agencies whose core business is occupational health and safety research. Apart from expertise, such agencies are able to provide other elements essential to mobilising surveillance efforts, namely resources and political support. Unfortunately, there is no such agency in New Zealand. Legislative arrangements for occupational health and safety changed dramatically in New Zealand in 1992. The Health and Safety in Employment Act (1992) included the establishment of a regulatory authority to administer the Act without provision for an accompanying scientific and technical arm. Without a national research body to assist in setting the research agenda, New Zealand relies on investigator driven and contestable public health funded research to achieve occupational health research priorities. This situation is a considerable impediment to the mobilisation of national surveillance efforts.

Conclusions

The extent and pace of change in the organisation of labour and of work in New Zealand has been striking. Sauter and Murphy conclude that monitoring of the work environment in times of rapid economic changes is particularly important. Given the rate and extent of change in New Zealand over the last two decades, it must certainly be considered a very important missed opportunity that there has been virtually no surveillance of changes to work organisation, working conditions or impact on health and safety. Forums such as this one can only help to stimulate scientific and policy attention.

Anne-Marie Feyer and Rebecca Lilley

References

Feyer A-M, Broom D (2001). Work and health: the impact of structural workforce changes and the work environment. In: Eckersley R, Dixon J, Douglas R, eds. The social origins of health and well-being. Cambridge: Cambridge University Press: 178–88.

McMillan J (1998). Managing economic change: lessons from New Zealand. *World Economy* 21: 827–43.

Ministry of Social Policy (2001). Social Report 2001. <http://www.msd.govt.nz/publications/docs/srhumanrights.pdf>.

Privacy Commissioner (2002). Proposed amendments to the Privacy Act. www.privacy.org.nz/medica/prppaam.html.

Sauter SL, Murphy LR (2003). Monitoring the changing organization of work: international practices and new developments in the United States. *Soz Präventiv Med* 48: 341–8.

Address for correspondence

Rebecca Lilley
Department of Preventive and Social
Medicine
University of Otago
P.O. Box 913
Dunedin, New Zealand
e-mail: rebecca.lilley@stonebow.otago.ac.nz



To access this journal online:
<http://www.birkhauser.ch>
