



Archived at the Flinders Academic Commons:

<http://dspace.flinders.edu.au/dspace/>

This is the authors' version of an article published in *Journal of Occupational and Environmental Medicine*. The original publication is available by subscription at: <http://journals.lww.com/joem/>

doi: 10.1097/JOM.0b013e31829176eb

Please cite this article as:

Keuskamp D, Mackenzie CR, Ziersch AM, Baum FE. Deliberately casual? Workers' agency, health, and nonstandard employment relations in Australia. *Journal of Occupational and Environmental Medicine*. 2013 Jun;55(6):620-7.

Copyright (2013) The American College of Occupational and Environmental Medicine. All rights reserved. **Please note** that any alterations made during the publishing process may not appear in this version.

Title page

Deliberately casual?: Workers' agency, health and nonstandard employment relations in Australia

Dominic Keuskamp, PhD

Catherine R. M. Mackenzie, PhD

Anna M. Ziersch, PhD

Fran E. Baum, PhD

Institution at which the study was based and address for correspondence:

Southgate Institute for Health, Society and Equity, Flinders University

GPO Box 2100, SA 5001, AUSTRALIA

dominic.keuskamp@flinders.edu.au

Ph: 61-8-7221-8485

Fax: 61-8-7221-8424

Word count: 2, 636 plus two tables

The authors declare no conflict of interest.

Running head: Nonstandard employment, agency and health

Source of funding (acknowledged in text): Australian National Health & Medical Research Council; Grant number: 375196

Keywords nonstandard employment; casual employment; health; agency; Bourdieu

Deliberately casual?: Workers' agency, health and nonstandard employment relations in Australia

Abstract

Objective: We explored Australian workers' experiences of nonstandard employment, how it related to health and wellbeing, and the role that Bourdieu's forms of capital (cultural, economic and social resources) played in underpinning workers' agency. **Methods:** Qualitative data from semistructured interviews with 32 casual workers were analysed based on framework analysis. **Results:** Most participants were 'deliberate casuals' who had chosen casual over permanent employment, with half of that group naming *improved* health and wellbeing as motivation. Those with greater access to capital felt more able to exercise choice, whereas those with fewer capital resources felt constrained to be casual. Gendered structures and labour market dynamics were also significant in shaping agency. **Conclusions:** Access to capital and a buoyant labour market underpinned workers' agency in Australia, enabling some to gain health and wellbeing benefits from nonstandard employment.

Introduction

Socioeconomic change and especially neoliberal economic policies have eroded the notion of the standard employment contract – permanent full-time work with a single employer - in industrialised countries.(1-3) As a consequence, nonstandard forms of employment, such as temporary contracts and casual work, have become more prevalent.(4, 5) Despite the fact that employment relations are seen as increasingly important health determinants in industrialised economies,(2) their relationship with health is conceptually confused and underdeveloped.(6) Thus while working conditions have been regularly incorporated into models explaining health inequalities, employment relations have been comparatively neglected.(7) Findings on the health consequences of nonstandard employment are unclear and one explanation advanced for this is that outcomes might be worse for those working in such arrangements 'involuntarily' (usually those with greater disadvantage) versus 'voluntarily'.(4) Internationally, nonstandard employment follows the social gradient(8), concentrated among the female workforce(3, 9, 10) and other groups experiencing disadvantage, such as migrants.(4) Structural factors constraining workers' agency may thus include characteristics of the workers themselves (e.g. age, gender, education, and income),

the organisations with which they engage, and the labour market. However, it is unclear how the interplay of structure and agency shape the effects of nonstandard employment on health. This paper examines qualitative findings from a study of casually employed workers conducted in Australia to analyse their experience of casual employment with respect to their health and wellbeing, and to understand the structural constraints on their agency.

Nonstandard employment and health

Nonstandard employment is an umbrella term that covers a diversity of arrangements, distinguished only by deviation from the full-time permanent contract. Nonstandard arrangements have been associated with physical and psychological working conditions that have negative health outcomes.(11, 12) While evidence is growing that workers in those arrangements are more likely to have worse mental health and greater risk of limiting illness, there remain some studies pointing to the contrary and others finding no discernible difference among groups of workers.(13, 14) Complicating any analysis is the phenomenon of health-related selection into nonstandard employment, i.e. health can be both a predictor and an outcome of employment relations, with longitudinal studies needed to account for pre-existing health.(15) To our knowledge only two published longitudinal studies have explicitly examined the relationship between nonstandard employment and health in Australia,(16, 17) and both suggested that entering casual employment was neither beneficial nor detrimental to workers' health. Notably, one of those studies was an international comparative analysis that found negative impacts in other OECD nations.(16) The limited qualitative data documenting workers' experiences of nonstandard employment internationally is dominated by narratives of marginalisation, job insecurity and income variability, leading to stress and physical and emotional health problems impacting on work and other domains of life.(18, 19) Australian studies have highlighted the importance of nonstandard workers' lack of control over their working time, along with perceptions of less power and respect at work.(20-22)

Pathways from nonstandard employment to health

The pathways by which nonstandard employment might be linked to health are poorly understood.(6, 11, 13) Nonstandard employment usually offers conditions inferior to the 'ideal' reference of permanent full-time work. Material rewards and benefits such as paid vacations, sick leave, unemployment insurance, access to training, and knowledge about health hazards are absent or less common in nonstandard contracts, with some cross-national variation.(11) Nonetheless, beyond job insecurity, the mechanisms linking nonstandard employment conditions to health are unclear. Job strain has well documented

effects on psychological and physical health and is a putative mediator.(23) As mentioned above, buffers against insecurity and strain may be found in social support in the workplace,(24) and perceived employability.(25) However, the inequities of nonstandard employment are often exacerbated because those workers tend to have lower education, be in low skill occupations and lack the previously mentioned resources.(26-28) Consequently, some researchers have advocated for a greater recognition of the political, social and labour market contexts determining relationships between employment and health.(11, 29, 30)

Casual employment in Australia

In most industrialised countries, the employment system evolved in the early 20th century around the standard employment contract. In Australia, centrally coordinated industrial regulations and social security systems supported standard employment – primarily for white men.(1) Twin pressures have served to erode the dominance of permanent full-time employment: from employees, especially women, dissatisfied with the rigidity of the contract, and from employers seeking greater prerogative, facilitated by the neoliberal initiatives of labour market deregulation.(31, 32) The current employment structure in Australia sits somewhere between the US and Europe, with slightly less than half of all jobs being permanent and fulltime.(33) After rapid growth during the 1990s, nonstandard employment stabilised in the ensuing decade, yet the share for male workers continues to rise, and newly created jobs are predominantly in low skill work.(34)

In Australia, casual contracts are defined by the absence of annual leave, sick leave and public holiday payment.(35) In compensation, workers are paid a wage loading (varying between 15 and 25% and set by collective agreement or labour law(34)), although only half report that they receive it.(36) One quarter of all employees are casual, 70% of whom work part time.(37) Although some casual work is short-term or on-call, the larger proportion of workers are long-term, in effect substituting for permanent employees.(34) Casual contracts offer employers lower cost and administration, more flexibility and ease of dismissal. Unlike temporary workers in other countries, casual workers in Australia benefit from state prescribed protections of minimum wage and anti-discrimination legislation, and are entitled to compensation for work-related injury and disease. Dependent on their circumstances they are also eligible to receive employer superannuation contributions, long service leave and maternity leave, and claim for unfair dismissal.(34) Unlike the USA and some European countries, neither health care nor unemployment benefits are tied to prior employment history in Australia.(38) Moreover, a long-term buoyant Australian economy and labour market characterised by low unemployment has reduced job insecurity.(34) Thus Australia

provides a unique context within which to understand workers' experience of health and wellbeing and nonstandard employment, and to advance theoretical understanding of how employment contributes to health inequalities in industrialised countries.

Structure, agency and capital

Proponents of nonstandard or 'flexible' employment see it as one of the merits of neoliberal reform, where freedom of choice is the mantra. Yet the opportunities available to casual workers, and the constraints acting upon them, depend on the nature of the labour market, where individual agency may be either constrained or enabled by social, political and economic contexts.(32, 38, 39) Understanding the factors supporting or constraining agency, and employees' expectations, are thus key to determining the relationship between casual employment and health.(40)

The extent to which social structures shape agents' daily lives, including their health and their employment, is central to sociological debate.(41, 42) Bourdieu's conceptualisation of *capital* provides one framework for examining how this occurs.(43) He asserts that the capacity of an individual to exert agency, and thus control over their life (including employment decisions), depends upon the nature and amount of capital to which they have access, which represents power in different guises. The capital an individual possesses is accumulated throughout life, and capital is unevenly distributed in society. Individuals compete to gain capital, and the extent to which an individual is able to accumulate capital is dependent upon their 'starting position' and pre-existing levels of capital. Bourdieu outlined the main forms of capital as: cultural capital (education, knowledge, skills, 'tastes'), economic capital (monetary wealth and resources), and social capital (membership and inclusion within social networks). Individuals possess different amounts of capital, and this constrains or enables their control over life decisions. Differential access to capital consequently determines the agent's social space (or class position) and shapes their employment options. Some people are able to exploit new opportunities and cope well with enforced change, while others are limited by the constraints of less capital and lower class position.(41)

This paper considers the interplay of agency and structure using Bourdieu's theory of cultural, economic, and social capital to examine the experience of casual workers. We do this by answering these questions:

1. To what extent have workers chosen casual employment, and what reasons do they give?

2. What features of casual work do workers perceive affects their health and wellbeing (positively and negatively)?
3. How do structure, agency and access to capital interrelate to affect the perceived health effects of casual employment?

This paper addresses these questions through a qualitative interview study that explored the experiences of 32 casual workers from South Australia.

Methods

Participants were recruited from a population representative telephone survey of 1853 individuals in South Australia, in which they were asked about the nature of their employment and whether they would be willing to be included in follow-up research. Sixty of the 143 casual or temporary agency workers in the survey agreed to be approached for an interview. Full-time students were excluded¹. We purposively sampled from the pool to maximise the diversity of age, gender, location and occupation, and after further phone contact, were able to recruit and interview 32 participants (Table 1). The interview sample's demographics were broadly representative of the population reporting as casually employed in the telephone survey. In-depth semi-structured interviews were conducted covering employment history, current experiences of work and employment arrangements, and wellbeing in domains of life outside of work. Interviews ranged from one to two hours, and were digitally recorded and transcribed in full. Ethical approval for the study was granted by the Social and Behavioural Research Committee of the authors' university.

The analysis of the interview data was based on framework analysis,⁽⁴⁴⁾ and comprised five iterative stages: familiarisation, identifying a thematic framework, indexing, charting, and mapping and interpretation. Familiarisation with the data and the development of an initial thematic framework were undertaken simultaneously based on reading and coding of a small number of transcripts, and were informed by the *a priori* aims and focus of the research. The initial thematic framework included areas relating to paid work and employment arrangements (including entry into and experiences of those), employment history as well as current and future working preferences. Descriptive charting provided

¹ Survey participants were first asked whether they considered themselves a student or employed. Those choosing the former were excluded. However between the time of the survey and interview, two interviewees, Hannah and Chloe, had returned to part time study, while continuing casual part-time work.

concise demographic, employment and work summaries for each participant and enabled them to be mapped and subsequently interpreted in light of themes emergent from the framework. Interview transcripts were entered into NVivo 8 (QSR International) for analysis, as was the thematic framework. Transcripts were coded according to the nodes in this framework. A third of all transcripts were double-coded by two team members to check for coding consistency between the two who undertook coding exclusively. Inconsistencies in the coding of particular themes were addressed by discussion between coders and amendment of the coding practice until consistent.

Results

Overview of participants

The majority of the sample were female (23 of 32), and most (24) lived in Adelaide with the remainder in small regional towns (less than 20,000 population). Twenty seven were employed directly on a casual contract; four participants (nurses and a technical specialist) were contracted to a temporary agency to hire out their labour and one woman working in retail had no contract. Only three of the men worked part-time, whereas only three of the women worked fulltime. The length of time in casual or agency employment varied from less than a year to 16 years. Casual jobs entailed a diversity of occupations: several of the men worked in transport, but there was also a teacher and two in highly technical occupations, while women worked predominantly in health services and administrative/assistant roles, with some in retail or food service. Most participants (21) lived in a marriage or de facto relationship, with about half of those also living with children. With regard to health, only one participant had rated their health in the population survey below 'good' (i.e. either 'fair' or 'poor'). This contrasted with the full casual sample in the survey where 13.9% did.

Nonetheless, in their interviews four participants described mental health concerns, and five also had some physical incapacity, including one participant with a physical disability that precluded significant employment.

Two thirds of the group were owner operators, with the majority of those employing others in the business. Manual self-employment as owner operators in the agricultural, retail or construction industries was dominant among the men e.g. as builders, a farmer, a butcher, and also more common in regional areas. Professional workers, who were mostly female and often independent contractors, made up over half the respondents and mainly lived in the

metropolitan area. They included a number involved in the financial industry, as trainers or financial consultants, and others in graphic design. Three women worked in administrative roles at various levels and hours in businesses run jointly with their life partners.

Overview of findings

Our most striking findings were that the majority of the participants made a deliberate choice for casual employment and to explain this, almost most of these cited *improved* health and wellbeing as a motivation. We also found clear evidence that class and other structural factors facilitated workers' agency, and acted as barriers to opportunity for others. In the sections below we first outline the decisions made by participants about their employment, then describe how they linked features of casual employment to their health and wellbeing, and thirdly examine the ways in which agency is constrained by structural factors reflecting the class position of the participants.

Workers' agency and choice of casual employment

Over half of the participants (17 of 32) described being 'deliberate casuals' and had chosen casual employment despite having the option of permanency in the same or very similar job. Many of these had prior experience working in permanent positions, and tended to be older. By contrast, a second group of ten 'constrained casuals' would have preferred permanent work. This group spoke of disempowerment, and one woman was working without any employment contract, not feeling able to demand one. Some described their agency being constrained by the conventions of employment in their industry, e.g. the tendency for retail and hospitality sectors to employ a significant proportion of casual workers, or by living outside the metropolitan area. Several of the women in this group felt constrained by their responsibilities for childcare which limited their capacity for paid work.

A third group of participants (5 of 32), who tended to be younger, had no preference for employment arrangements. They included two retail workers studying part time, one highly paid technician working in a seasonal industry dominated by casual work, and four workers who had either stepped from casual to permanent employment by the time of their interview or anticipated doing so. For example, Joshua was a 23 year old café worker who said little about his contract terms except: 'I'm pretty happy with it. It's the flexibility I guess'.

Casual employment and health

The extent to which participants linked casual employment to their health varied widely. Those who had deliberately chosen casual employment were more likely to positively link their employment relations to their health and wellbeing. Those with little choice about being casual were less likely to discuss the health impacts of casual work, but when they did, they saw them as negative. Despite prompting, the third group (who had no particular preference for employment arrangements) rarely identified health impacts from either their employment conditions or from the work itself, stating that conditions for permanent were equivalent to casual. For those reasons, they are not included in the analysis below.

'Deliberate casuals'

Almost a third of all participants explained that they had deliberately chosen casual work because it was protective of their health and wellbeing. Reduced responsibility, less 'workplace politics', less work-life conflict, and less job stress than in their prior (permanent) job were determining factors in their decision. For some, ill health was linked to prior permanent employment.

Hazel had moved repeatedly between permanent and casual roles in her organisation. Her cancer diagnosis, which she attributed to the stress of her permanent position, was a key determinant of her choice of casual work:

I had high grade sarcoma [...] and it was after the full-time pressure position I had, so it was probably partly to do with that; I always thought so. [If I was permanent] I would feel, then, more pressure than I have at the moment [...].at least this way [...] I don't have to take work home and suddenly find that I've got too much work on my plate (Hazel, 55, metropolitan, aged care co-ordinator).

Hazel and some others in this group had moved from a permanent full-time position to a casual part-time one, a change that conflates employment arrangement with working hours. Typical for this group, she identified that it was the type of work (not just the amount of it) and other conditions associated with permanency, which were integral to the decision. This is illustrated further by the experience of two teachers. Susan was a primary school teacher living in a regional town who had moved from permanent employment to being a casually employed 'relief teacher' (filling in for permanent employees). She described how the responsibility for a class, inherent in a permanent role, had affected her mental and physical health:

The reason I'm doing casual teaching – [is] I haven't really felt comfortable being a [permanent] teacher... you're answerable, you're accountable, [...] the boss asks you – gives you a lot of other things that you're not really trained to do and so you've got to learn new things all the time and keep up with all the changes. And you've got to do professional development, and yeah, so there's different pressures [...] I wouldn't want to be in the classroom. It's a lot of responsibility being a teacher in a classroom [...] [When] I went back to teaching, I was waking up at night all the time [...] I was waking up five, six times a night. I had the runs [diarrhoea], I was really bad (Susan, 53, primary school relief teacher)

The second teacher, Louise, had resigned from a coordinating role at a secondary school in the metropolitan area, to later re-join as a relief teacher (with a significant drop in pay). She cited the stress and workload, and other factors had included the interference with her care for her ill parents and her grandchildren:

I don't miss the stress and the workload [...]. The turning point came when I was actually writing reports one night and my daughter rang and said they wanted to go to a movie would I babysit and I said 'if I don't do 40 reports tonight I simply won't meet my deadline for the week and I won't get them done, no I can't do it' and I hung up and thought 'get your priorities right, this is ridiculous' (Louise, 59, secondary school relief teacher).

There were several nurses employed casually by agencies. Charlotte, who worked for a temporary agency full-time, described choosing that type of contract because of the reduction in responsibility:

I was delighted to change [...]. There's far less responsibility because you're one-on-one with the patient, you're not responsible for several nurses and several patients. (Charlotte, 54, nurse [agency]).

She detailed how the structural change in the hospital sector had reduced staff numbers and placed increased responsibility and stress on permanent staff:

One of the reasons I think I'm doing the job I'm doing is it has a minimal impact on me. When I had a permanent job it was – had become stressful, mainly for reasons of staff shortages. [...] Lack of staff, for me, has been the major stress factor in a

permanent job ever since the early '90s. It's what made me happy to leave (Charlotte, 54, nurse [agency]).

Some participants, while not explicitly linking the working conditions in their previous job to its permanency, cited the lower demands in casual work and the perceived positive effects on their health and wellbeing as reasons for their choice. Matthew had worked in the public service for over 20 years until he took a redundancy, as a result of increasing stress and a poor workplace relationship. He found he was much happier working casually because he could control his working schedule:

We don't get any holidays – I'm only on casual – no sick leave, no holidays, but if I want a week off I take a week off. I just go 'look, I'm taking a week off' [...]. Otherwise you get too stressed. You've got to have a break in life (Matthew, 63, water tank driver/ maintenance).

For several participants, non-work-related illness or disability shaped their choice of casual terms, because permanent employment has limited, albeit paid, sick leave. Eva had been wheelchair-bound for over 20 years and worked intermittently on a casual or voluntary basis for a disability charity after adverse experiences with permanent employment:

Yeah my panic attacks would come on, especially if I know I've got to be there this week and it's a permanent ... And if something's going wrong or if I'm not well and all that. Yeah whereas [as a casual] I can have that bit of a break ... (Eva, 57, charity work)

Leo was a long haul truck driver with depression who also cited a preference for the irregular and extended leave available with casual work. Ironically, because the agency he was working for had not been able to find him suitable work, he had recently moved back to a permanent position, but stated:

I was happy doing the agency work as well, because I had moments where I wasn't coping well so it gave me a bit of freedom to – if I wanted some time off and not have to worry about, you know, your employers or anything, just go to the agency and 'look I need some time off' and they were good about it. [...] It's good having a full-time [permanent] job there but it sort of limits me if I do need to have time off with the depression and anxiety (Leo, 52, long-haul truck driver recently permanent).

While illness constrained some workers' decisions, we found that good health facilitated choice for others. Some participants relied on their good health to gain the benefits of casual employment, particularly the wage loading (of up to 25%) which is designed to offset the absence of sick leave and annual leave. Oliver was a cost scheduler whose opinion was typical of those workers:

So you get no holiday pay, no sick pay [but] I'm not a sickly person, I'm rarely sick, very rarely (Oliver, 42, cost scheduler [agency]).

Likewise, Isabel stated 'I'm just one of the lucky ones that doesn't get sick'. These workers also linked the combination of their health and the availability of a wage loading to their decision to be casually employed.

Almost all of the remainder of the deliberate casuals who chose casual employment were women who required flexibility to care for their children. As Kate noted:

Like because I've been casual just picking and choosing my days and being able – I've had that luxury so annual leave hasn't been an issue. I just say 'look, school holidays, can't come' and that's what you're casual for isn't it? That's worked well (Kate, 36, agency nurse)

'Constrained casuals'

Participants who did not prefer casual employment tended to be less explicit in linking casual employment with health outcomes. While no one in this group reported positive outcomes from casual employment, only three of the ten cited negative impacts. Their lack of agency regarding their employment situation was manifest. Georgia had only recently begun work as a waitress, and described having her hours cut for no apparent reason:

... that's probably what's more stressing me out than anything else, probably more so than the job as such because we don't have the money because I've lost my hours [...] we were going all right until then I lost my hours and when you lose your hours it gets rough because you need to try and find money from somewhere (Georgia, 23, food and beverage service).

Isla was employed without a contract in a role she described as a shop assistant, but which entailed managing a shop on her own. She described being forced to wait long periods between toilet visits because she could not leave the shop unattended:

Well I get the award rates [wages set by collective agreement] but there's no conditions. As my husband says 'you haven't got any conditions' but I said 'well, what can I do?' But yeah I haven't got a lunch break or nothing like that and I really – I run out of the shop to go to the toilet and run down to the toilet and run back. Because we're in a mall and that [the boss] doesn't really like us to shut the doors but sometimes I do (Isla, 60, shop assistant).

For the remainder of the constrained casuals, rather than linking the terms of their employment directly with their health, they detailed the impact of poor working conditions, such as lack of control over working hours, threat of job insecurity, and lack of power in the workplace. Lily spoke about working under the constant threat of having her hours reduced at the employer's discretion:

They don't sack you nowadays they cut your hours or they make you feel uncomfortable that you want to leave. That's how they work. I see it at the hotel where I work (Lily, 62, food and beverage service).

Leah was a school cleaner who reported feeling powerless, stating that teachers and students did not value her work because she was 'only the cleaner'. She also cited the more indirect impact of being employed casually, i.e. on an hourly rate, which meant that in school vacation time there were periods when she did not have income, and struggled financially:

... we've got to actually budget for school holidays. We've got the big school holidays coming up at the end of the year and we've actually – we have to budget for it and if we don't we're sort of like- because this is a [public housing] house and my husband has to pay the rent and we don't have hardly any money in January which makes it a little bit awkward for us (Leah, 44, cleaner).

This contrasted starkly to the quote from Matthew the truck driver who felt he would take time off as he desired (and owned his home), illustrating how casual contract conditions could be used to varying benefit for employer or employee.

The clearest links in terms of the relationship between casual employment and health were made by those who had deliberately chosen casual work for the benefit of their health. For others in that group their health status (good or poor) was an underlying determinant of their preference. 'Constrained' participants were less explicit in linking casual terms with health outcomes, despite several recounting adverse working conditions that have been linked to worse health and wellbeing in other research. Next we examine the underlying factors differentiating participants' experiences of casual work.

Structural factors underlying agency

Structural factors strongly underpinned workers' decisions about entering casual employment and their agency within it, with differential outcomes for their health and wellbeing. The cultural, economic and social forms of capital available to workers emerged as the most significant structures. These shaped their class position and were often interrelated. The relatively buoyant nature of the Australian labour market was also important. Finally, workers could be constrained by gendered structures enmeshed with capital. Below we examine how these structural factors interacted to affect workers' decisions about casual employment.

Cultural capital

Participants with cultural capital, embodied in formal qualifications, were in enviable positions of power in the context of a strong labour market and, in some cases, industry skill shortage. Of the 17 deliberate casuals, only six were without tertiary qualifications. At the time of interview, Oliver had recently resigned from a permanent position to take on agency work:

There's a reasonably short supply of skills in the area I work in ... and there is quite high demand so that sort of equation is good for me (Oliver, 42, cost scheduler [agency]).

He went on to describe how his skills had accumulated over time in the profession, and he had gained a reputation and networks within the industry, benefitting his job security:

I'm pretty confident with my skill set and I think I could get a job [...] I work with a few people where I am now that I used to work with at [company name]. [...] But I'm 10 years more experienced than what I used to be (Oliver, 42, cost scheduler [agency]).

Likewise, in the face of chronic skills shortage in their industry, nurses typically experienced a type of 'professional power' and subjective job security: 'Oh I don't have any [security] as an agency worker, but I have qualifications that I think will always be in demand' (Charlotte, 54, metropolitan, temporary agency nurse). Kate evinced a sense that being a nurse allowed her to follow a range of paths, an example of her capital facilitating her agency with respect to employment:

... whether I go into child and youth health nursing, whether I go into community nursing. I have thought about education... I might go back to uni[versity] and do some diabetes stuff or wound stuff [...] I don't know, but in some form I think I'll nurse forever. There's just so many ways you can go (Kate, 36, nurse [agency]).

On the other hand, Georgia the waitress demonstrated a sense of powerlessness over her situation that stemmed from her lack of education:

I wouldn't mind probably doing something else but it's kind of hard when you don't have any qualifications because for everything you need experience but it's like well how the hell are you supposed to get experience if you don't give the person a go? (Georgia, 23, food and beverage service)

Isla the shop assistant spoke about not having been able to afford to re-train on her return to the workforce when her children started school, in a potent illustration of the interrelations of cultural and economic capital. She had worked in administration before childbirth but had instead decided to apply for a job as a shop assistant, a role in which she had worked for most of her career.

Economic capital

Participants who had deliberately chosen casual work often traded off income variability for greater per-hour remuneration. However, this trade-off occurred in the context of access to economic capital other than wages from casual work. Charlotte clarified that with less economic capital she would not have taken a redundancy to move to agency work, with its variable income:

I had paid off the mortgage so I didn't have that heavy burden. I think if I'd been offered the package 10 years earlier I wouldn't have taken it because of the

mortgage.[...] One reason for not doing it is if you are – have a family and a mortgage and you need a definite income. You cannot rely on agency income, it varies enormously (Charlotte, 54, nurse [agency]).

The narratives of Matthew and Samuel also illustrate how economic resources had enhanced the perceived quality of casual employment. They both had trade qualifications and having worked in permanent employment for many years had taken generous redundancy payments. Both of their wives worked and neither had a large (or any) mortgage remaining on their home. Those supports enabled them greater choice in their engagement with the labour force, buffering them from the ill effects of the intermittent employment they had experienced following their resignations. Hazel (the aged care co-ordinator) and Louise (the teacher), had both resigned from permanent positions to take casual employment, and noted that they were able to do this because their husbands worked full time giving the household financial certainty.

Gendered structures

Gender identity interacted with class position in the decision of a number of women to opt for casual work. Gabi, Lisa, Kate and Amy worked part-time and were also all primary carers for young children with husbands who worked long hours, night shift and/or were away for periods of time. Gabi was a receptionist who had wanted 'family friendly' hours on her return to work after childbirth and was consequently 'demoted' from permanent to casual. Lisa found that being casual, and thus working fewer hours than she preferred, was the only way to achieve the flexibility she needed to work around childcare and her husband's night shifts:

I would like more [hours] but I can't really because of school and childcare and things. [...] I still maintain that although a lot of employers say they are family friendly they're not because I would have preferred to have worked under a [permanent] contract rather than casually but I was told that if I couldn't work a 24 hour, seven day roster then I wouldn't even be considered (Lisa, 37, midwife).

Amy related her feelings of powerlessness in the face of interrelated constraints:

I do want to take on like more paid work because it'd help us financially because like at the moment we're really [...] struggling, all you get is bills... Then if you go to do courses and that, see that costs you quite a bit of money and if you can't afford to – you know, you're struggling to live how are you going to afford to do the course? ...

You've got no choice because your family comes first and I've always put my kids first and I always make sure they're looked after (Amy, 41, library assistant).

Amy's husband often worked away from home leaving her to care for their four children. Her perception that she has 'no choice' and 'can't do it' illustrates her relative lack of agency in her training and employment decisions, shaped by the interrelated structural constraints of gender and economic capital.

Social capital

For some participants, the interpersonal aspect of their jobs was a key determinant of satisfaction, health and wellbeing. Relationships with supervisors, colleagues, or with agency staff for temporary agency workers, were integral to ensuring workers were able to gain the benefits of being casual without recrimination. Moreover, some had received training, pay rises and/or promotions in their casual positions. Carol emphasised the spirit of reciprocity she enjoyed:

So therefore when you go to them and say 'can I have' and they will say 'yes, of course' because you have given to them so they then give to you in return. Yes, I've found that quite a lot. (Carol, 65, in-home aged carer)

These participants' accounts suggested egalitarian working relationships that transgressed the underlying hierarchical organisational structures. Isabel, who had been working casually at a motel in a regional town for 14 years, portrayed the staff as 'just one big happy family':

I mean [one of the bosses] will get in, she'll make beds and do whatever if we're short so we haven't got a problem there. They would do exactly what they ask us to do so no problems. (Isabel, 65, motel worker)

Louise's account illustrates further the ways in which positive working relationships affected job satisfaction and wellbeing – she had experienced exclusion when initially beginning work as a relief teacher in some schools. In response, she had returned to the school where she had well-established contacts and gained better treatment:

That was a real eye-opener for me, to go to a school and sit there and people not even acknowledge you because you're not important, you're a relief teacher, you're just filling a gap for us ... so I did feel - having had an important role [in prior

permanent position] for that length of time I did feel a bit worthless, a bit useless, for a little while ... Yeah well [the school I returned to] didn't [exclude me] really – because I'd been there for so long I wasn't treated like a relief teacher, so like an ordinary member of staff. (Louise, 59, secondary school relief teacher).

Louise's experience illustrated how workplace social capital can buffer casual employees from the ill effects of marginalisation they may experience in the workplace.

Discussion

Our findings provided evidence that in particular labour market contexts some workers chose nonstandard over permanent employment, reporting considerable agency in their jobs and health and wellbeing benefits. A smaller group had little choice but to take casual work, and considered either the terms of employment or their working conditions detrimental to their health. Workers' employment decisions were ultimately shaped, as predicted by Bourdieu's theory, by their access to multiple forms of capital and so their class position. Thus favourable class positions enabled some workers to make decisions protective of their health. This, together with a buoyant labour market, explained why some workers could exercise agency and not others.

Internationally, research on workers' experiences of casual employment has documented narratives of job insecurity, irregular and intermittent work, exclusion by permanent workers, lack of opportunity, and disempowerment from decision-making with negative impacts on physical and mental health. (18-22, 45, 46) In contrast, over half of workers in our study deliberately chose casual work, to the extent that almost a third felt casual work was *protective* of their health. These workers tended to report that less stressful working conditions, reduced work-life conflict through control of working schedule, and greater remuneration (via the wage loading) in casual work outweighed the costs associated with the lack of leave entitlements. For some, the choice of casual employment was in response to the perceived impact of permanent employment on their health and wellbeing. Those who felt 'constrained' to take casual jobs were less likely to identify specific impacts on their health from their employment relations.

Overall the participants in this study enjoyed comparatively good health, and this enabled them to trade their perceived lack of need for sick leave for the greater remuneration offered by the wage loading in the casual contract. Other research has identified such a 'healthy

worker effect' operating to select healthier workers into temporary employment.(15) Two workers preferred casual work because of their existing poor health. Life stage was also important. 'Deliberate casuals' tended to be older, benefitting from prior accumulation of economic capital and their spouse's employment. Their concerns were no longer those of younger workers, who were keen to gain regular permanent employment to obtain and service house mortgages. The health and wealth profile of 'deliberate casuals' echoes the findings of Clarke and colleagues'(18) Canadian study, where the 'sustainable' precarious group tended to be older, healthier and have financial and emotional support. However, where those researchers found this group to be the exception among the precariously employed, we did not.

Our analysis uncovered the underlying structural factors that constrained or enabled the agency represented by participants' 'choices'. As Atkinson(41) concluded in his study of career transitions for British workers, we found that Bourdieu's capital 'underpins and contextualises many apparently reflexive decisions' (p. 421). Participants' capacity to 'deliberately' choose casual employment, because of perceived benefits (principally greater agency in scheduling their working hours, higher remuneration and less responsibility) was underpinned by interrelated forms of capital: economic capital provided by prior employment (often permanent) and in proxy by their spouse, cultural capital as training, qualifications and prior work experience, and social capital as support in and outside paid work. Other workers felt 'constrained' in their choice of employment, and in their agency within their jobs, by their lower stocks of capital. This pattern constituted further evidence to that already accumulated of a social gradient in the impact of nonstandard employment on worker health,(2, 8, 47) with those workers endowed with less capital feeling trapped in lower skill jobs and distressed about job insecurity.

We found evidence of gendered constraint on female workers' agency.(48) Several women were obliged to work in occupations or working schedules associated with casualised positions in order to accommodate their husband's work pattern or absences from home. Australian women are less likely than men to transition from casual to permanent employment(49) and our findings support others who note that what was typically described as a 'deliberate choice' may be underpinned by societal expectation.(32)

Skill shortages in some industries were significant in delivering security and power to employees, reflecting evidence from the nursing(50) and call centres in Australia.(51) Our finding that many workers were rich in economic capital, and were not distressed by job insecurity in the absence of permanency, reflects the broader structural context of an

Australian economy with almost two decades of sustained economic growth and low unemployment. The dual safety nets of Australia's publicly funded health care and welfare may also have buffered workers from any insecurity inherent in their employment choices and may be taken-for-granted benefits that were not explicitly mentioned by our participants. The extent to which the differences between our study and others internationally are a result of national labour market conditions, mix of industries and occupations and/or health and welfare systems, is unclear. In cross-national comparisons of welfare regimes and the effects of precarious employment on health, Australia has been grouped with Canada and the United States(38) yet those comparisons may not account for the subtleties within the Australian context.

While our sample was diverse in many respects and recruited via a population representative phone survey, we were subject to the limitations inherent in such a methodology. All of the participants spoke English as a first language and were either Australian born or UK migrants. This could, together with a bias toward participants with good education and good health relative to the population, explain the relatively benign effects from nonstandard employment we found in our study. While most of our sample worked part-time, research has suggested that the poor working conditions of casual employment are concentrated in full-time and manual occupations.(52) A greater number of workers with less resources, working manually and full-time (especially men) could have facilitated a more thorough comparison.

Conclusion

In conclusion, we found that nonstandard employment was perceived as positive for health and wellbeing for some casual workers in Australia. Workers who had favourable access to financial, educational and social resources and enjoyed good health were able to exercise greater decision-making power over their employment. In contrast, participants with lower status, and without such resources to draw on, were relatively disempowered, with negative consequences for their health and wellbeing. Broader structural factors such as industry skill shortages played a critical role in empowering some of the participants in our study. The favourable economic climate of the last two decades in Australia, which has offered comparative insulation from the Global Financial Crisis, has also made casual employment a viable option for some and Australia's universal health insurance scheme provides workers with a safety net in terms of access to health care. Overall, a mix of structural labour market and health system factors combine with the class driven possession of capital to mean that for some Australians nonstandard employment is seen as advantageous to health.

Acknowledgments

The authors gratefully acknowledge the participants who gave their time for interviews, and funding from the Australian National Health & Medical Research Council.

References

1. Campbell I, Whitehouse G, Baxter J. Australia: Casual employment, part-time employment and the resilience of the male-breadwinner model. In: Vosko L, MacDonald M, Campbell I, eds. *Gender and the contours of precarious employment*. Abingdon, UK: Routledge; 2009:60-75.
2. Clougherty JE, Souza K, Cullen MR. Work and its role in shaping the social gradient in health. *Ann N Y Acad Sci*. 2010;1186:102-124.
3. Vosko L, MacDonald M, Campbell I, eds. *Gender and the contours of precarious employment*. Abingdon, Oxon: Routledge; 2009.
4. Benach J, Muntaner C. Precarious employment and health: developing a research agenda. *J Epidemiol Community Health*. 2007;61:276-277.
5. Kalleberg AL. Nonstandard employment relations: Part-time, temporary and contract work. *Annual Review of Sociology*. 2000;26:341-365.
6. Facey ME, Eakin JM. Contingent work and ill-health: Conceptualizing the links. *Social Theory & Health*. 2010;8:326-349.
7. Benach J, Muntaner C, Solar O, Santana V, Quinlan M. Introduction to the WHO Commission on Social Determinants of Health Employment Conditions Network (EMCONET) study, with a glossary on employment relations. *Int J Health Serv*. 2010;40:195-207.
8. Landsbergis PA. Assessing the contribution of working conditions to socioeconomic disparities in health: A commentary. *Am J Ind Med*. 2010;53:95-103.
9. Campbell I. The spreading net : age and gender in the process of casualisation in Australia. *J Australian Polit Economy*. 2000:68-98.
10. Menendez M, Benach J, Muntaner C, Amable M, O'Campo P. Is precarious employment more damaging to women's health than men's? *Soc Sci Med*. 2007;64:776-781.

11. Muntaner C, Chung H, Solar O, et al. A macro-level model of employment relations and health inequalities. *Int J Health Serv.* 2010;40:215-221.
12. Quinlan M, Mayhew C, Bohle P. The global expansion of precarious employment, work disorganization, and consequences for occupational health: a review of recent research. *Int J Health Serv.* 2001;31:335-414.
13. Ferrie JE, Westerlund H, Virtanen M, Vahtera J, Kivimaki M. Flexible labor markets and employee health. *Scandinavian Journal of Work Environment & Health.* 2008;Suppl:98-110.
14. Virtanen P, Janlert U, Hammarstrom A. Exposure to temporary employment and job insecurity: a longitudinal study of the health effects. *Occup Environ Med.* 2011;68:570-574.
15. Virtanen M, Kivimaki M, Joensuu M, Virtanen P, Elovainio M, Vahtera J. Temporary employment and health: a review. *Int J Epidemiol.* 2005;34:610-622.
16. Llana-Nozal A. The effect of work status and working conditions on mental health in four OECD countries. *Nat Inst Econ Rev.* 2009;209:72-87.
17. Richardson S, Lester L, Zhang G. Are casual and contract terms of employment hazardous for mental health in Australia? *Journal of Industrial Relations.* 2012;54:557-578.
18. Clarke M, Lewchuk W, de Wolff A, King A. 'This just isn't sustainable': Precarious employment, stress and workers' health. *Int J Law Psychiatry.* 2007;30:311-326.
19. Zeytinoglu IU, Lillevik W, Seaton MB, Moruz J. Part-time and casual work in retail trade - Stress and other factors affecting the workplace. *Relat Ind/Ind Relat.* 2004;59:516-544.
20. Bamberry L. 'As disposable as the next tissue out of the box ... ': Casual teaching and job quality in New South Wales public school education. *Journal of Industrial Relations.* 2011;53:49-64.
21. Pocock B, Prosser R, Bridge K. The return of 'labour-as-commodity'? The experience of casual work in Australia. In: Baird M, Cooper R, M. W, eds. *Reworking Work, Association of Industrial Relations of Australia and New Zealand Conference.* Sydney; 2005.

22. Smith M, Ewer P. Choice and Coercion: Women's experiences of casual work. Sydney, Evatt Foundation; 1999.
23. Karasek Jr R. Job demands, job decision latitude, and mental strain: Implications for job redesign. *Adm Sci Q.* 1979;285-308.
24. Bearegard N, Marchand A, Blanc M-E. What do we know about the non-work determinants of workers' mental health? A systematic review of longitudinal studies. *BMC Public Health.* 2011;11.
25. Silla I, De Cuyper N, Gracia FJ, Peiro JM, De Witte H. Job insecurity and well-being: Moderation by employability. *Journal of Happiness Studies.* 2009;10:739-751.
26. Berntson E, Marklund S. The relationship between perceived employability and subsequent health. *Work and Stress.* 2007;21:279-292.
27. Wittekind A, Raeder S, Grote G. A longitudinal study of determinants of perceived employability. *Journal of Organizational Behavior.* 2010;31:566-586.
28. Abel T. Cultural capital and social inequality in health. *J Epidemiol Community Health.* 2008;62:e13.
29. Lewchuk W, Clarke M, de Wolff A. Working without commitments: Precarious employment and health. *Work, Employment & Society.* 2008;22:387-406.
30. Scott HK. Reconceptualizing the nature and health consequences of work-related insecurity for the new economy: The decline of workers' power in the flexibility regime. *Int J Health Serv.* 2004;34:143-153.
31. Hosking A, Western M. The effects of non-standard employment on work-family conflict. *J Sociol.* 2008;44:5-27.
32. van Gellecum Y, Baxter J, Western M. Neoliberalism, gender inequality and the Australian labour market. *J Sociol.* 2008;44:45-63.
33. Australian Bureau of Statistics. Measures of Australia's Progress. cat no. 1370.0, ABS, Canberra; 2010.
34. Burgess J, Campbell I, May R. Pathways from casual employment to economic security: The Australian experience. *Social Indicators Research.* 2008;88:161-178.

35. Campbell I, Burgess J. Casual employment in Australia and temporary employment in Europe: Developing a cross-national comparison. *Work, Employment & Society*. 2001;15:171-184.
36. Australian Bureau of Statistics. Casual Employees. cat no. 4102.0, ABS, Canberra; 2009.
37. Australian Bureau of Statistics. Forms of Employment, Australia, November 2011. cat no. 6359.0, ABS, Canberra; 2012.
38. Kim IH, Muntaner C, Vahid Shahidi F, Vives A, Vanroelen C, Benach J. Welfare states, flexible employment, and health: A critical review. *Health Policy*. 2012;104:99-127.
39. Western M, Baxter J, Pakulski J, et al. Neoliberalism, inequality and politics: the changing face of Australia. *Australian Journal of Social Issues*. 2007;42:401-418.
40. Wooden M, Watson N. The HILDA Survey and its contribution to economic and social research (so far). *Econ Rec*. 2007;83:208-231.
41. Atkinson W. The myth of the reflexive worker: Class and work histories in neo-liberal times. *Work, Employment & Society*. 2010;24:413-429.
42. Williams GH. The determinants of health: structure, context and agency. *Sociol Health Illn*. 2003;25:131-154.
43. Bourdieu P. The forms of capital. In: Richardson JG, ed. *The handbook of theory and research for the sociology of education*. New York: Greenwood Press; 1986:241-258.
44. Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Bryman A, Burgess R, eds. *Analyzing qualitative data*. Abingdon: Routledge; 1994:173-194.
45. McGann M, Moss J, White K. Health, freedom and work in rural Victoria: The impact of labour market casualisation on health and wellbeing. *Health Sociology Review*. 2012;21:99-115.
46. Zeytinoglu IU, Seaton MB, Lillevik W, Moruz J. Working in the margins: Women's experiences of stress and occupational health problems in part-time and casual retail jobs. *Journal of Women & Health*. 2005;41:87-107.

47. Bambra C. Work, worklessness and the political economy of health inequalities. *J Epidemiol Community Health*. 2011;65:746-750.
48. McNay L. *Gender and agency: Reconfiguring the subject in feminist and social theory*. Polity; 2000.
49. Buddelmeyer H, Wooden M. Transitions out of casual employment: the Australian experience. *Industrial Relations: A Journal of Economy and Society*. 2011;50:109-130.
50. Lumley C, Stanton P, Bartram T. Casualisation friend or foe?: A case study investigation of two Australian hospitals. *New Zealand Journal of Employment Relations*. 2004;29:33-48.
51. Bohle P, Willaby H, Quinlan M, McNamara M. Flexible work in call centres: Working hours, work-life conflict & health. *Appl Ergon*. 2011;42:219-224.
52. LaMontagne AD, Smith PM, Louie AM, Quinlan M, Ostry AS, Shoveller J. Psychosocial and other working conditions: Variation by employment arrangement in a sample of working Australians. *Am J Ind Med*. 2012;55:93-106.