A shorter working week for everyone: how much paid work is needed for mental health and well-being?

Kamerāde, D, Wang, S, Buchell, B, Balderson, U and Coutts, A

http://dx.doi.org/10.1016/j.socscimed.2019.06.006

| Title | A shorter working week for everyone: how much paid work is needed for mental health and well-being? |
|---|---|
| Authors | Kamerāde, D, Wang, S, Buchell, B, Balderson, U and Coutts, A |
| Type | Article |
| URL | This version is available at: http://usir.salford.ac.uk/id/eprint/51481/ |
| Published Date | 2019 |

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: usir@salford.ac.uk.
A shorter working week for everyone: How much paid work is needed for mental health and well-being?

Daiga Kamerāde*, Senhu Wangb, Brendan Burchellc, Sarah Ursula Baldersona, Adam Couttsc

** School of Health & Society, University of Salford, Room LS20, Allerton, Frederick Road, Salford, Manchester, M6 6PU, United Kingdom
b Centre for Business Research, Judge Business School, University of Cambridge, Trumpington Street, Cambridge, CB2 1AG, United Kingdom
c Department of Sociology, University of Cambridge, 16 Mill Lane, Cambridge, CB2 1SB, United Kingdom

ARTICLE INFO

Keywords:
UK
Future of work
Working hours
Mental health
Well-being
GHQ
SF-12
Four day week

ABSTRACT

There are predictions that in future rapid technological development could result in a significant shortage of paid work. A possible option currently debated by academics, policy makers, trade unions, employers and mass media, is a shorter working week for everyone. In this context, two important research questions that have not been asked so far are: what is the minimum amount of paid employment needed to deliver some or all of the well-being and mental health benefits that employment has been shown to bring? And what is the optimum number of working hours at which the mental health of workers is at its highest? To answer these questions, this study used the UK Household Longitudinal Study (2009–2018) data from individuals aged between 16 and 64. The analytical sample was 156,734 person-wave observations from 84,993 unique persons of whom 71,113 had two or more measurement times. Fixed effects regressions were applied to examine how changes in work hours were linked to changes in mental well-being within each individual over time. This study found that even a small number of working hours (between one and 8 h a week) generates significant mental health and well-being benefits for previously unemployed or economically inactive individuals. The findings suggest there is no single optimum number of working hours at which well-being and mental health are at their highest for most groups of workers there was little variation in wellbeing between the lowest (1–8 h) through to the highest (44–48 h) category of working hours. These findings provide important and timely empirical evidence for future of work planning, shorter working week policies and have implications for theorising the future models of organising work in society.

1. Introduction

Recent advances in artificial intelligence and automation have revived fears of a jobless future. Current technological developments are affecting many industries simultaneously and potentially replacing skills thought to be uniquely human (Brynjolfsson and McAfee, 2014). This could cause significant job loss and mass unemployment (Mokyr et al., 2015). Studies suggest that anything between 9% and 47% of jobs in developed countries are at risk of automation (Arntz et al., 2016; Frey and Osborne, 2017). The assessments of how likely this scenario and what a government policy response should look like differ, but even most sceptical thinkers (e.g. McGaughey, 2018) are suggesting that contingency plans would be prudent. These debates had been accompanied by a growing polarisation in working hours, with some groups working longer and others working shorter hours, particularly in Anglo-Saxon countries (Eurofound, 2017).

Mass redundancy and high long-term unemployment levels are public health and social welfare concerns. Unemployment is associated with many negative individual and societal consequences, contributing to poverty and social inequality, and to a decline in mental, physical health and well-being of the unemployed people and their families (Catalano et al., 2011; McKee-Ryan, Song, Wanberg and Kinicki, 2005; WhatWorksWellbeing, 2017; Wood and Burchell, 2018). High unemployment increases government welfare and health expenditures (Coutts et al., 2014). Work-related mental ill-health costs the UK economy up to £70 billion per year (OECD, 2014). A rapid and permanent rise in unemployment could have devastating effects on public services, communities and individuals.

Several theorists have attempted to specify what it is about paid work that boosts well-being compared to worklessness (e.g. Fryer,
Unemployment vs. employment debate

Another research strand focuses on the effect of subjectively defined underemployment - working fewer hours than one would prefer - on workers' mental health and well-being. The main theoretical proposition, supported by several studies, of this strand is that involuntary part-time working has negative implications for workers' mental health and well-being (e.g. Angrave and Charlwood, 2015; Bell and Blanchflower, 2018; Heyes et al., 2016; Kameråde and Richardson, 2018; Wilkins, 2007; Wooden et al., 2009).

This debate does not objectively define or identify the smallest number of working hours at which somebody could be considered being underemployed. Instead it relies on people's subjective working hour's preferences. The assumption is that if workers were able to work the hours they prefer to work, they would be happier and healthier.

This assumption is problematic for two reasons. Firstly, there might be a gap between what people think might be good for them and their mental health and well-being and what is actually good. Secondly, this assumption is rather hypothetical for policy purposes as most workers have the potential to a...
have a limited control over the number of working hours they work. Changes in the economy, employers’ business models, family demands all shape worker’s limited control over and their working hours (Gerstel and Clasen, 2018). The less power an individual has – which is likely to be linked to their gender, class and ethnicity -the less choice they have in their working hours (Lambert, 2008). Few employees use the employee flexibility programmes available in the UK; many fear negative career implications (Williams et al., 2013).

2.4. Current study: minimum and optimum number of working hours

These debates reveal two important gaps. Firstly, they have not asked and empirically investigated what is the smallest amount of paid work that will provide, on average, health and well-being levels characteristic of employees rather than of the unemployed (or economically inactive). Secondly, what is the optimum number of working hours at which the workers’ mental health and well-being is at its peak? This article addresses these two gaps and examines the minimum and optimum number of working hours for well-being and mental health. Based on the reviewed literature we propose that:

- As being employed is shown to give a well-being and mental health boost, the mental health and well-being levels of the employed will be higher than when they were unemployed or economically inactive. We aim to identify what is the minimum number of working hours beyond which a person is no longer disadvantaged in terms of their mental health and well-being.
- As involuntary part-time work is associated with lower well-being levels, a higher number of working hours will be associated with better well-being and mental health, till the optimum number of working hours, which we aim to identify, – at which well-being and mental health are at their highest, is reached.

3. Methods

3.1. Data and sample

This study used longitudinal panel data on employment and health outcomes from eight waves (2009–2018) of the UK Household Longitudinal Study (UKHLS) (University of Essex, iSer, NatCen Social Research and Kantar Public, 2018). The UKHLS comprises a stratified and clustered General Population Sample of around 40,000 households in the first wave and complementary samples.

The analytical sample was 156,734 person-wave observations, on average 19,555 unemployed, economically inactive (long-term and temporarily sick or disabled, on maternity leave, looking after family) and employed respondents aged between 18 and the retirement age (65) per wave. Full-time students, the retired and those on governmental training schemes in each wave were excluded because their working hours might be restricted. Because of the wealth of literature on overwork this study focused on workers whose expected to work in a normal week, including overtime and second job. For descriptive statistics see Table A1 in online supplemental material. The models did not include variables with no or little within-person variation (e.g. gender, education levels) because fixed effects regression models described below only use within-person variation.

4. Variables

4.1. Dependent variables

4.1.1. Mental health and well-being

This study used three variables to measure well-being and mental health. However, as the results for two of these variables (General Health Questionnaire (GHQ) and Short Form Mental Component Summary (SF-12 MCS)) were very similar, and they were highly correlated (r = 0.73) for the sake of brevity only the results from the GHQ will be presented in detail in this paper. The SF-12 MCS results are available in the online supplement as a robustness check and to allow comparisons with other datasets.

1) The 12-item (GHQ) - a widely used reliable psychiatric illness and distress measurement (Goldberg and Williams, 1988). The answers to GHQ-12 twelve questions were used to calculate a scale ranging from 0 (the least distressed) to 36 (the most distressed). In this study, the scale was reversed with a higher score indicating better mental health.

The GHQ-12 primarily focuses on various symptoms of mental illness such as depression, anxiety, sleep problems, concentration etc., whereas SF-12 MCS focuses on performance of mental function in daily life and whether mental health problems interfere with social life.

2) A life satisfaction indicator captured subjective well-being - a person’s cognitive evaluation of his or her life (Diener et al., 2005, p.63). The respondents were asked to rate their overall life satisfaction on a 7-point scale ranging from 1 (completely dissatisfied) to 7 (completely satisfied).

4.2. Independent and control variables

The key independent variable was the self-reported number of hours expected to work in a normal week, including overtime and second job. We expected a non-linearity in the transitions between unemployment/inactivity and paid work and mental well-being and therefore categorised working hours: 0 (unemployed/economically inactive); > 0& < =8; > 8& < =16; > 16& < =20; > 20& < =24; > 24& < =28; > 28& < =32; > 32& < =36; > 36& < =40; > 40& < =44; > 44& < =48.

In all models individual and household characteristics that influence employment status, work hours and mental well-being (Dinh et al., 2017) were controlled for. They included age (grand mean centered), age squared to capture the potential curvilinear relationship, marital status, presence of children, number of children, whether respondents have caring responsibilities, whether have longstanding illness, logged household income. To take into account health selection into work, the extent to which health limits work, ranging from 1 (all the time) to 5 (none of the time) was controlled for. Wave dummies were controlled to capture any individual-level idiosyncratic disturbances over time.

Considering the confounding effects of job quality on relationship between work hours and mental health, the models focused on the optimum number of working hours for the employed included the job and occupation characteristics available in the dataset: logged hourly pay, whether have a permanent contract, occupational group and job satisfaction. For descriptive statistics see Table A1 in online supplemental material. The models did not include variables with no or little within-person variation (e.g. gender, education levels) because fixed effects regression models described below only use within-person variation.

4.3. Design and analytic strategy

This study used fixed effects (FE) regression models to examine how changes in work hours are linked to changes in mental well-being within each individual over time, while eliminating unobserved heterogeneity – confounding effects from time-constant variables (Halaby, 2004). This estimated the causal relationship between work and mental well-being more accurately than would be possible using a pooled cross-sectional design.

The first set of the analyses examined the transitions between unemployment/inactivity and paid work to identify the minimum number of work hours; the second set of the analyses, based on the sample of employed individuals only, focused on the transitions between working in the standard full-time job (36–40 h per week) and working fewer or more hours to identify the optimal number of hours. Both sets of
analyses controlled for individual and household characteristics. Only the second set controlled for income and other job characteristics measured only for the employed people.

To establish whether the effect size of the minimum number of working hours remains the same after job characteristics are controlled for, we calculated and compared predicted values (a prediction of the mean response value when all the predictors in the model are controlled for) for working 0 < & < = 8 h in all models (see Table A4 in online supplementary materials).

All FE models were fitted separately by gender and unemployed/inactive status. Women work fewer men that do because of care responsibilities but many non-retirement age men work part-time due to health reasons or underemployment (Dinh et al., 2017; Eurofound, 2013; Thompson and Wheatley, 2019), therefore we expected gendered mental health effects. In search for potential optimum number of work hours, we have further conducted a series of Wald tests to compare each work hour category against each of all other categories, controlling for other variables in the model.

5. Results

5.1. Minimum number of work hours

Tables 1 and 2 report FE models exploring the minimum number of work hours required for increased mental wellbeing for previously employed or inactive people, while controlling for other variables in the model.

5.2. GHQ-12 mental health

Table 1 reports the four models predicting effects of changes in work hours on changes in mental health. The results suggest that even working for a small number of hours (> 0 & < = 8 h per week) was associated with significantly higher reversed GHQ-12 score, that is, a significantly lower likelihood of psychiatric symptoms, for men in periods of unemployment (Model 1), and women who were unemployed or inactive (Models 2 and 4). Although working a small number of hours was also related to better mental health for previously inactive men (Model 3), the effect was statistically non-significant until working more than 32 h. The effect size of moving from unemployment to paid work was similar for men and women: initial eight or less working hours per week was associated with a 1.11 and 0.93 points, respectively, increase in the reversed GHQ-12 score, resulting in the predicted values (PV) of GHQ-12 of 25.18 and 24.39. For previously inactive women, the initial mental health boost was 0.83 points (PV = 24.36).

We have repeated the above analyses for SF-12 MSC and found that the results remain generally similar (see Table A2 in online supplementary material): even working for a small number of hours was associated with significantly better mental health for previously unemployed (> 0 & < = 8), inactive (> 0 & < = 8) men and unemployed (> 20 & < = 24), inactive (> 0 & < = 8) women.

5.3. Life satisfaction

Table 2 reports the four models predicting effects of changes in work hours on changes in life satisfaction. For men who were either previously unemployed (Model 1, effect size 0.52, predicted score 5.24) or inactive (Model 3, effect size 0.34, PV = 5.12) a small number of work hours (> 0 & < = 8) was associated with a significant increase in their life satisfaction. The initial life satisfaction boost disappeared or became less significant at > 16 & < = 24 work hours, but appeared again.

Table 1

| Work hours | Model 1 | Model 2 | Model 3 | Model 4 |
|------------|---------|---------|---------|---------|
|            | Coef.   | S.E.    | Coef.   | S.E.    | Coef.   | S.E.    | Coef.   | S.E.    |
| > 0 & < = 8 | 1.11*   | (0.47)  | 0.93**  | (0.33)  | 0.38    | (0.40)  | 0.83*** | (0.25)  |
| > 8 & < = 16| 0.93*   | (0.36)  | 1.09*** | (0.27)  | 0.07    | (0.42)  | 0.72*** | (0.21)  |
| > 16 & < = 20| 1.45**  | (0.46)  | 1.06*** | (0.24)  | 0.56    | (0.49)  | 0.71*** | (0.20)  |
| > 20 & < = 24| 0.91 +  | (0.49)  | 1.05*** | (0.25)  | 0.08    | (0.52)  | 0.59**  | (0.20)  |
| > 24 & < = 28| 2.02*** | (0.53)  | 1.14*** | (0.25)  | 0.99 +  | (0.54)  | 0.65**  | (0.20)  |
| > 28 & < 32| 1.73*** | (0.34)  | 1.21*** | (0.24)  | 0.65    | (0.42)  | 0.70*** | (0.20)  |
| > 32 & < = 36| 1.86*** | (0.29)  | 1.35*** | (0.26)  | 0.74*   | (0.35)  | 0.91*** | (0.21)  |
| > 36 & < = 40| 1.78*** | (0.24)  | 1.16*** | (0.26)  | 0.64 +  | (0.33)  | 0.73*** | (0.19)  |
| > 40 & < = 44| 1.80*** | (0.24)  | 0.86**  | (0.27)  | 0.65 +  | (0.33)  | 0.45**  | (0.21)  |
| > 44 & < = 48| 1.86*** | (0.25)  | 0.94**  | (0.31)  | 0.69*   | (0.34)  | 0.73**  | (0.23)  |
| < = 8 & < 16| 0.41**  | (0.16)  | 0.04    | (0.09)  | 0.34*   | (0.16)  | -0.02   | (0.09)  |
| Age        | 0.00*** | (0.00)  | 0.00**  | (0.00)  | 0.00**  | (0.00)  | 0.00*   | (0.00)  |

Note. Robust standard errors were in parentheses. Wave dummies were controlled in all models. ***p < 0.001, **p < 0.01, *p < 0.05, + p < 0.1.
at working more than 24 h. In contrast, for women who were previously unemployed (Model 2, effect size 0.13, PV = 5.10) or economically inactive (Model 4, effect size 0.11, PV = 4.97), the only working hours category that made a significant difference to life satisfaction in comparison to being unemployed or inactive was working > 20 h < = 24 h.

5.4. Optimum number of work hours for mental wellbeing among employed

Table 3 reports FE models which explored the optimum number of work hours for mental wellbeing among the employed controlling for various job characteristics. The reference group is > 36 h < = 40 h - the standard number of work hours. The results show that among the employed, working less than standard hours was not associated with significantly poorer mental health and life satisfaction. The exception were men working for > 8 h < = 16 h: they had significantly poorer GHQ-12 mental health compared to working for standard > 36 h < = 40 h. Working > 40 h < = 44 h significantly reduced mental health and life satisfaction for women. Most job characteristics including hourly pay, type of contract and occupational class were statistically non-significant. The exception was job satisfaction – it was significant across all models. The robustness check using SF-12 MSC showed similar results with the exception that for men working > 0 h < = 8 h means significantly better SF-12 score than working full-time (see Table A3 in online supplementary material).

Further analyses using a series of Wald tests to compare each work hour category against each of all other categories, suggested that for both men and women there was no optimum work hours category, that is a category with significantly better mental health than all other working hours categories (all Wald test p-values were > 0.05). Predicted values for working > 0 h < = 8 h based on Table 3 estimates were: GHQ-12: 25.30 for men and 24.98 for women; life satisfaction 5.15 and 5.14 respectively. These values were not substantially different from the predicted values from Table 1&2 reported above, suggesting that the size effect of mental wellbeing boost remains the same after job characteristics are controlled for.

We further explored the interaction effects between hourly pay and work hours on mental wellbeing, controlling for all other demographic and job characteristics (see Table 4). Most interaction terms were not statistically significant, with exception of women working > 32 h < = 36 and > 40 h < = 44 h –the positive impact on logged hourly pay on mental health was lower for women working these hours than it was when they worked > 0 h < = 8 h. For robustness check, we have repeated the above analyses for SF-12 MSC in Table A5 (in online supplementary material) and found that the results remain generally similar.

5.5. Further robustness checks

Two analyses were used to examine the robustness of the results. First, the Hausman tests that compared coefficients of FE and Random effects (RE) were significant in all models (p < 0.001), suggesting that the RE results were biased and confirming our choice of FE models. Second, Vaisey and Miles(2017, p52-56) method was used to test for the endogenous selection (aka reversed causality) by using the following equation: Work_hours\_t = a + b\_Mental\_well – being\_t-1 + c\_Mental\_well – being\_t \_1. This tested whether mental wellbeing (t-1) could significantly predict work hours (t) while controlling for the time constant fixed effects of mental well-being over time. OLS regression was used to conduct this test for the ease of interpretation; further analysis using ordered logistic regression suggests that results were similar. The results (see online supplementary material Table A6) show that in most cases all three mental well-being indicators were not significantly different from the predicted values from Table 1&2 reported above.

### Table 2

| Work hours | Model 1 | Model 2 | Model 3 | Model 4 |
|------------|---------|---------|---------|---------|
|            | Coef.   | S.E.    | Coef.   | S.E.    | Coef.   | S.E.    | Coef.   | S.E.    |
| Men        | Women   | Men     | Women   | Men     | Women   | Men     | Women   |
| (ref = Unemp.) | (ref = Unemp.) | (ref = Inactive) | (ref = Inactive) |
| > 0 h < = 8 | 0.52*** | (0.13)  | 0.06    | (0.09)  | 0.34**  | (0.13)  | −0.03   | (0.07)  |
| > 8 h < = 16 | 0.32**  | (0.11)  | 0.10    | (0.06)  | 0.28*   | (0.12)  | 0.08    | (0.05)  |
| > 16 h < = 20 | 0.19    | (0.12)  | 0.10    | (0.06)  | 0.10    | (0.14)  | 0.07    | (0.05)  |
| > 20 h < = 24 | 0.25+   | (0.13)  | 0.13*   | (0.06)  | 0.17    | (0.14)  | 0.11*   | (0.05)  |
| > 24 h < = 28 | 0.40*** | (0.11)  | 0.08    | (0.06)  | 0.26*   | (0.12)  | 0.07    | (0.06)  |
| > 28 h < = 32 | 0.42*** | (0.09)  | 0.05    | (0.06)  | 0.30**  | (0.11)  | 0.05    | (0.05)  |
| > 32 h < = 36 | 0.51*** | (0.07)  | 0.06    | (0.06)  | 0.39*** | (0.09)  | 0.06    | (0.06)  |
| > 36 h < = 40 | 0.40*** | (0.06)  | 0.05    | (0.06)  | 0.30*** | (0.09)  | 0.06    | (0.05)  |
| > 40 h < = 44 | 0.43*** | (0.07)  | −0.03   | (0.07)  | 0.33*** | (0.09)  | −0.03   | (0.06)  |
| > 44 h < = 48 | 0.45*** | (0.06)  | 0.05    | (0.07)  | 0.35*** | (0.09)  | 0.06    | (0.06)  |
| Age        | 0.00    | (0.04)  | 0.01    | (0.02)  | −0.02   | (0.04)  | −0.01   | (0.02)  |
| Age^2      | 0.00**  | (0.00)  | 0.00    | (0.00)  | 0.00**  | (0.00)  | 0.00    | (0.00)  |

Note. Robust standard errors were in parentheses. Wave dummies were controlled in all models. ***p < 0.001, **p < 0.01, *p < 0.05, + p < 0.1.
significantly associated with work hours at the subsequent waves, suggesting that reversed causality was not a serious problem.

### 6. Discussion and conclusion

This study addressed two important gaps in the knowledge: what is the minimum number of working hours for mental health to be better than during unemployment or economically inactive periods, and what is the optimum number of working hours for the best mental health and well-being? Overall, the findings are clear: the significant difference in mental health and well-being is between those with paid work and those with none; the variability between those with different number of hours of work is non-significant.

This study found that for most previously unemployed or inactive men and women the minimum number of working hours required to psychologically benefit from paid work is one to eight working hours a week. A more detailed exploration of the effects of the current full-time standard of working 36–40 h a week is the optimal for mental health and well-being, when job characteristics, such as hourly pay, occupational group and contract permanency are controlled. The results suggest that working full-time is better for mental health than working more than 16 h a week unless they have children in which case they gain access to other benefits. This may explain why there is a dip at working 16 h for men who work more than 16 h a week unless they have children in which case they gain access to other benefits.

### Table 3

Fixed effects (FE) models predicting the effects of work hours on GHQ-12 mental health and life satisfaction among employed respondents.

| Work hours (ref = > 36 & < =40) | GHQ-12 Coef. | GHQ-12 \(\beta\) | Life satisfaction Coef. | Life satisfaction Coef. |
|--------------------------------|-------------|-----------------|------------------------|------------------------|
| Men | Women | Men | Women | Men | Women | Men | Women |
| > 0h < = 8 | –0.67 (0.44) | 0.27 (0.29) | –0.02 (0.14) | –0.02 (0.08) |
| > 8h < = 16 | –0.70* (0.35) | 0.16 (0.21) | –0.01 (0.10) | 0.06 (0.06) |
| > 16h < = 20 | –0.10 (0.44) | 0.04 (0.18) | –0.20 (0.14) | 0.03 (0.05) |
| > 20h < = 24 | –0.50 (0.44) | 0.01 (0.18) | –0.14 (0.12) | 0.09* (0.05) |
| > 24h < = 28 | 0.24 (0.50) | 0.11 (0.17) | –0.03 (0.10) | 0.05 (0.05) |
| > 28h < = 32 | –0.09 (0.30) | 0.12 (0.15) | 0.01 (0.09) | 0.03 (0.04) |
| > 32h < = 36 | 0.07 (0.18) | 0.23 (0.15) | 0.10* (0.05) | 0.02 (0.04) |
| > 40h < = 44 | –0.04 (0.11) | –0.31* (0.13) | 0.02 (0.04) | –0.08* (0.04) |
| > 44h < = 48 | –0.00 (0.13) | –0.11 (0.15) | 0.04 (0.04) | 0.01 (0.04) |
| Age | 0.38* (0.16) | 0.07 (0.09) | 0.00 (0.05) | 0.01 (0.02) |
| Age2 | 0.00** (0.00) | 0.00* (0.00) | 0.00** (0.00) | –0.00 (0.00) |

Note. Robust standard errors were in parentheses. Wave dummies were controlled in all models. **p < 0.01, *p < 0.05, + p < 0.1.
good quality employment is beneficial for one's mental health and well-being (Jahoda, 1981, 1982) but go beyond them in one important and somewhat surprising respect - the average effective dose of employment for mental health and well-being is only about the equivalent of one day per week.

The findings suggest that the effect sizes of the minimum number of working hours on well-being and mental health are in line with other studies on working hours and mental health (Ganster et al., 2018). The effects sizes tended to be slightly larger for men than women, possibly because paid work is still more central to men's than women's lives and because women are more likely to combine paid work with caring responsibilities (Dinh et al., 2017; M. A. Smith et al., 2013). Effect sizes of work on mental health are relatively small because of multiple causality.

The findings have important theoretical implications. They contribute to the current debates about the future of work and to creating an alternative theoretical vision of how paid work could be organised. Most policy options for addressing a potential rise in unemployment levels have focused on measures such as a universal basic income (UBI) to provide economic support to those without employment. Our findings support an alternative, more radical, theoretical perspective – a redistribution of working hours in society. In this alternative full employment is retained, but a typical working week is reduced (even to Keynes' prophesied 15 h) (Keynes, 1930/1963) so that work is redistributed to everybody who wants paid work, allowing the well-being benefits that working (even a small number of hours) brings to be distributed amongst workers. In health and well-being terms this seems to be a much better option for individuals as the well-being of working-age part-time workers is close to or better than the well-being of full-time workers, both of whom have far fewer symptoms of anxiety and depression than the unemployed or economically inactive (Kameride and Richardson, 2018; V. Smith, 2013). Not only would such redistribution reduce unemployment and associated public health costs, it could increase productivity, reduce CO2 emissions from commuting, production and consumption and improve work-life balance.

The findings provide evidence on current policy and media debates about whether a shorter working week is possible and desirable. They suggest that the ‘normal’ full-time working week could be shortened without a detrimental effect on the workers’ mental health and well-being. The policy challenge would be to find ways to reduce and distribute working hours so that the beneficial effects of paid work are retained for the majority of workers and current inequalities are not increased. Widespread, or universal reduced hour working has distinctly gendered implications as part time work is currently associated with lower quality jobs and severely limited upward career mobility and pension accumulation (M. A. Smith et al., 2013). The redistribution could involve working five shorter days or reducing the length of a “normal” working week. Other, more creative solutions could be to dramatically increase annual holidays from a few weeks to a few months, perhaps allowing several two-month breaks each year. It is an empirical question as to which of these (or other) working patterns would be most effective at retaining high levels of productivity and well-being and whilst an important avenue for further enquiries are beyond the scope of this paper.

The findings also contribute vital empirical evidence to academic and policy debates on active labour market programmes (ALMPs) and mental health and wellbeing (Coutts et al., 2014). The results indicate that any ALMPs should be designed on a certain number of employment hours in order to achieve optimal health and well-being outcomes as the latent benefits or active intervention elements which ALMPs are theorised to replicate might have a time/dosage dimension to them. Current employability courses and welfare/job seekers allowance

### Table 4

Interaction effects between hourly pay and work hours on GHQ-12 mental health and life satisfaction among employed respondents.

| Work hours (ref = > 0 & ≤ 8) | GHQ-12 Coef. S.E. | GHQ-12 Coef. S.E. | Life satisfaction Coef. S.E. | Life satisfaction Coef. S.E. |
|-------------------------------|-------------------|-------------------|-----------------------------|-----------------------------|
| > 8 & ≤ 16                   | -1.35 (1.14)      | 0.35 (0.67)       | 0.20 (0.34)                 | 0.04 (0.19)                 |
| > 16 & ≤ 20                  | 0.60 (1.51)       | -0.14 (0.70)      | 0.18 (0.45)                 | 0.01 (0.20)                 |
| > 20 & ≤ 24                  | -1.73 (1.45)      | 0.83 (0.69)       | 0.38 (0.46)                 | 0.26 (0.20)                 |
| > 24 & ≤ 28                  | 1.37 (1.43)       | 0.88 (0.73)       | 0.14 (0.38)                 | 0.08 (0.22)                 |
| > 28 & ≤ 32                  | 0.22 (1.26)       | 1.10 (0.70)       | -0.13 (0.38)                | 0.20 (0.20)                 |
| > 32 & ≤ 36                  | 0.65 (1.16)       | 1.83* (0.72)      | 0.26 (0.32)                 | 0.26 (0.22)                 |
| > 36 & ≤ 40                  | 0.16 (1.00)       | 0.96 (0.69)       | 0.18 (0.28)                 | -0.13 (0.20)                |
| > 40 & ≤ 44                  | 0.79 (1.04)       | 0.94 (0.77)       | 0.13 (0.29)                 | -0.04 (0.22)                |
| > 44 & ≤ 48                  | 2.15* (1.05)      | 0.82 (0.86)       | 0.52+ (0.39)                | -0.08 (0.25)                |
| Logged hourly pay            | 0.06 (0.20)       | 0.14 (0.17)       | 0.06 (0.05)                 | 0.02 (0.04)                 |
| > 8 & ≤ 16 × LHP             | 0.43 (0.28)       | -0.11 (0.20)      | -0.05 (0.08)                | 0.01 (0.05)                 |
| > 16 & ≤ 20 × LHP            | -0.04 (0.41)      | 0.02 (0.20)       | -0.11 (0.12)                | 0.02 (0.05)                 |
| > 20 & ≤ 24 × LHP            | 0.62+ (0.35)      | -0.32 (0.20)      | -0.15 (0.14)                | -0.05 (0.05)                |
| > 24 & ≤ 28 × LHP            | -0.17 (0.33)      | -0.31 (0.21)      | -0.03 (0.09)                | -0.00 (0.06)                |
| > 28 & ≤ 32 × LHP            | 0.11 (0.34)       | -0.38+ (0.20)     | 0.07 (0.09)                 | -0.05 (0.05)                |
| > 32 & ≤ 36 × LHP            | 0.01 (0.26)       | -0.56** (0.21)    | -0.03 (0.07)                | 0.06 (0.06)                 |
| > 36 & ≤ 40 × LHP            | 0.13 (0.22)       | -0.37+ (0.19)     | -0.04 (0.06)                | 0.04 (0.05)                 |
| > 40 & ≤ 44 × LHP            | -0.06 (0.23)      | -0.45* (0.22)     | -0.02 (0.06)                | -0.00 (0.06)                |
| > 44 & ≤ 48 × LHP            | -0.42+ (0.23)     | -0.57 (0.24)      | -0.12+ (0.06)               | 0.03 (0.06)                 |
| Wave dummies                 | YES               | YES               | YES                         | YES                         |
| Constant                     | 16.80*** (1.79)   | 13.28*** (1.28)   | 2.95*** (0.51)              | 3.09*** (0.36)              |
| Person-wave observations     | 48,095            | 66,684            | 48,095                      | 66,684                      |
| Within R2                    | 0.08              | 0.08              | 0.03                        | 0.03                        |

Note. All models controlled for age, age squared, marital status, presence of children, number of children, household income, whether have caring responsibilities, whether have longstanding illness, extent to which health limits work, whether have a permanent contract, occupational class and job satisfaction. Robust standard errors were in parentheses. Wave dummies were controlled in all models. **p < 0.01, *p < 0.05, + p < 0.1.
regulations require hours of job search (36 per week in the UK) and weeks or months of full-time attendance on employability provision which are expensive to implement and deliver. It may be assumed that a reduction in mental health issues among the unemployed could lead to improvements in individual quality of life, their employability, job readiness and subsequently a reduction in the usage of health services that in many OECD countries are overstretched.

One important objection to these policy implications is that for many in the labour market their income is directly linked to their hours of work, and a reduction in hours of paid work would push them below the poverty line. This paper emphasises that to avoid increasing the risk of poverty and social inequality, the policy proposal emerging from our findings would be to reduce the working hours for everyone, not just for some selected groups. Over time developed countries have become more productive due to better technology, a more highly educated workforce and more efficient organisation of work, this productivity growth averages about 2.5% per annum, over the long term which means that a country doubles its output per hour worked every 28 years (Gordon, 2010). In the last few decades most of this ‘bonus’ has been taken through an increase in spending power, but if it were to be taken in reduced hours of work, the median working week could see a reduction to a 4 day week in just nine years, and continue with steady progress to a halving of working time in the year 2047, with no loss of spending power.

6.1. Limitations and future directions

This study has important shortcomings that are a source for further enquiries. Firstly, we focused on the population-averaged effects of working hours on mental well-being, while controlling for a set of individual, household and a limited number of job-related factors. Therefore the minimum and optimum numbers of working hours identified in this study apply to an ‘average’ UK worker. However, because of the pervasive inequalities in the labour market that affects how much and what quality work is available and to whom, and how much different groups can control and manage their working time (Gerstel and Clawson, 2018), the effects of working hours might vary considerably, especially for workers on the periphery of the labour market. For example, while this study found that two dimensions of precarious work (Benach et al., 2016) - low hourly pay and temporary contracts - had no significant effect on the relationship between working hours and mental health, other important job quality dimensions remained unexplored due to lack of suitable variables in the dataset. Some studies indicate that insecure or poor quality jobs might not be better than unemployment (Butterworth et al., 2011; Kim & von dem Knesebeck, 2015). Future studies need to explore whether the effect of minimum number of working hours on mental health still remains significant in such jobs.

This study has estimated relatively short-term effects of changes in working hours i.e. the effect between two consecutive waves (approximately 12 months). The longer term impact of changes in working on well-being and mental health needs to be investigated, as workers potentially either adapt to or grow tired of their working time patterns. This study also focused on expected (contracted) hours which might be different from actual working hours.

The fixed effects (FE) models applied in this study use only within-respondent variation to estimate parameters. Respondents without any variability in working hours from wave to wave contributed nothing to estimating the effect of working hours on mental health. Many scholars have argued that this is a small limitation compared to the advantages of FE models (Halaby, 2004, p. 527).

Despite these limitations, this study makes an important contribution to debates on how to offset possible mental health crisis in future labour markets. Better knowledge of the relationship between work, health and well-being can give a powerful steer to public policies aimed at improving the quality of life of those experiencing unemployment and labour market disadvantage. This paper opens up an evidence-based theoretical debate about how work and unemployment may be experienced in the future.

Acknowledgements

This study was part of the project ‘The Employment Dosage: How Much Work is needed for Health and Wellbeing?’ supported by a research grant from the Cambridge Political Economy Society Trust. We than four anonymous reviewers for their constructive feedback. We would also like to thank Stephen Edgell, Emeritus Professor at the University of Salford and Hugo Lindmark, our research intern, for their comments on an earlier version of the manuscript.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.socscimed.2019.06.006.

References

Angrave, D., Charlwood, A., 2015. What is the relationship between long working hours, over-employment, under-employment and the subjective well-being of workers? Longitudinal evidence from the UK. Hum. Relat. 68 (9), 1491–1515.

Arntz, M., Gregory, T., Zierahn, U., 2016. The Risk of Automation for Jobs in OECD Countries (No. 1815-199X). OECD, Paris Publishing. Document Number.

Artazcoz, L., Benach, J., Borrell, C., Cortas, I., 2004. Unemployment and mental health: understanding the interactions among gender, family roles, and social class. Am. J. Public Health 94 (1), 82–88.

Bannai, A., Tamakoshi, A., 2014. The association between long working hours and health: a systematic review of epidemiological evidence. Scand. J. Work. Environ. Health 40, 1–18.

BBC, 2017. What Really Happened when Swedes Tried Six-Hour Days? Retrieved 13.11, 2018. from https://www.bbc.co.uk/news/business-38843341.

BBC, 2018. Unions Call for Four-Day Working Week. Retrieved 13.11., 2018. from https://www.bbc.co.uk/news/business-45458866.

Bell, D.N.F., Blanchflower, D.G., 2018. The Well-Being of the Overemployed and the Underemployed and the Rise in Depression in the UK. Working Paper No.24840.

Benach, J., Vives, A., Tarafa, G., Delclo, C., Munteran, C., 2016. What should we know about precarious employment and health in 2025? Framing the agenda for the next decade of research. Int. J. Epidemiol. 45 (1), 232–238.

Booth, R., 2019. Wellcome Trust Could Become First Big Employer to Launch Four-Day Week. The Guardian Retrieved 08/02, 2019. from https://www.theguardian.com/ money/2019/jan/18/tgi-thursday-major-uk-employer-mulls-four-day-week.

Brynjolfsson, E., McAfee, A., 2014. The Second Machine Age: Work, Progress, and Prosperity in a Time of Brilliant Technologies. WW Norton & Company, Burlington, B., 1994. The effects of labor market position, job insecurity, and unemployment on psychological health. In: Galile, D., Marsh, C., Vogler, C.M. (Eds.), Social Change and the Experience of Unemployment. Oxford University Press, Oxford, pp. 188–212.

Butterworth, P., Leach, L.S., Strazzinis, L., Olesen, S.C., Rodgers, B., Broon, D.H., 2011. The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. Occup. Environ. Med. 68 (11), 806–812.

Catalano, R., Goldman-Mellor, S., Sexton, K., Margerison-Zilkos, C., Subbaraman, M., LeWinn, K., et al., 2011. The health effects of economic decline. Annu. Rev. Public Health 32.

Coutts, A.P., Stuckler, D., Cann, D.J., 2014. The health and wellbeing effects of active labor market programs. In: Cooper, C.L. (Ed.), Introduction to Wellbeing: A Complete Reference Guide, vol. 6. Willey and Sons, pp. 1–18.

Creed, P.A., Macintyre, S.R., 2001. The relative effects of deprivation of the latent and manifest benefits of employment on the well-being of unemployed people. J. Occup. Health Psychol. 6 (4), 324–331.

Dierer, E., Lucas, R.E., Shigeori, O., 2005. Subjective well-being: the science of happiness and life satisfaction. In: Snyder, C.R., Lopez, S.J. (Eds.), Handbook of Positive Psychology. Oxford University Press, New York.

Dinh, H., Strazzinis, L., Welsh, J., 2017. Hour-glass ceilings: work-hour thresholds, gender and health inequities. Soc. Sci. Med. 176, 42–51.

Eurofound, 2013. Women, Men and Working Conditions in Europe. Publications Office of the European Union, Luxembourg.

Eurofound, 2017. Working Time Patterns for Sustainable Work. Publications Office of the European Union, Luxembourg.

Frey, C.B., Osborne, M.A., 2017. The future of employment: how susceptible are jobs to computerisation? Technol. Forecast. Soc. Change 114, 254–280.

Fryer, D., 1986. Employment deprivation and personal agency during unemployment: a critical discussion of Jahoda’s explanation of the psychological effects of unemployment. Soc. Behav. 1 (1), 3–23.

Fryer, D., 1992. Psychological or material deprivation: why does unemployment have mental health consequences? In: McLaughlin, E. (Ed.), Understanding...
Unemployment: New Perspectives on Active Labour Market Policies. Routledge, London, pp. 103–125.

Ganster, D.C., Rosen, C.C., Fisher, G.G., 2018. Long working hours and well-being: what we know, what we do not know, and what we need to know. J. Bus. Psychol. 33 (1), 25–39.

Gershuny, J., 1994. The psychological consequences of unemployment: an Assessment of the Jahoda Thesis. In: Gallie, D., M.C.V.C (Eds.), Social Change and the Experience of Unemployment. Oxford University Press, Oxford, pp. 188–202.

Gerstel, N., Clavson, D., 2018. Control over time: employers, workers, and families shaping work schedules. Annu. Rev. Sociol. 44, 77–97.

Goldberg, D., Williams, P., 1988. A User’s Guide to the General Health Questionnaire. NFER-Nelson, Windsor.

Gordon, R.J., 2010. Revisiting US Productivity Growth over the Past Century with a View of the Future. National Bureau of Economic Research.

Halaby, C.H., 2004. Panel models in sociological research. Annu. Rev. Sociol. 30, 507–544.

Heyes, J., Tomlinson, M., Whitworth, A., 2016. Underemployment and Well-Being in the UK before and after the Great Recession, Work, Employment and Society. https://doi.org/10.1177/0950017016666199. Epub ahead of print, Accessed date: 24 November 2016.

Jahoda, M., 1981. Work, employment, and unemployment: values, theories, and approaches in social research. Am. Psychol. 36 (2), 184–191.

Jahoda, M., 1982. Employment and Unemployment: A Social-Psychological Analysis. Cambridge University Press, Cambridge.

Jefferis, B.J., Nazareth, I., Marston, L., Moreno-Kustner, B., Bellan, J., Svab, I., et al., 2011. Associations between unemployment and major depressive disorder: evidence from an international, prospective study (the predict cohort). Soc. Sci. Med. 73 (11), 1627–1634.

Kamerôde, D., Richardson, H., 2018. Gender segregation, underemployment and subjective well-being in the UK labour market. Hum. Relat. 71 (2), 285–309.

Keynes, J.M., 1930/1963. Economic Possibilities for Our Grandchildren in a World of Growing Population. Macmillan, pp. 130–139.

Kim, T.J., von dem Knesebeck, O., 2015. Is an insecure job better for health than having a secure one? J. Organ. Behav. 32 (4), 395–409.

Kivimäki, M., Jokela, M., Nyberg, S.T., Singh-Manoux, A., Fransson, E.I., Alfredsson, L., et al., 2015. Long working hours and risk of coronary heart disease and stroke: a 5-year follow-up of the Whitehall II study. Psychol. Med. 41 (12), 2485–2494.

Kivimäki, M., Jokela, M., Madsen, I.E.H., Hanson, L.L.M., Lallukka, T., Nyberg, S.T., et al., 2015. Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603 838 individuals. Lancet 386 (10050), 1739–1746.

Lambert, S.J., 2008. Passing the buck: labor flexibility practices that transfer risk onto hourly workers. Hum. Relat. 61 (9), 1203–1227.

McGaughey, E., 2018. Will Robots Automate Your Job Away? Full Employment, Basic Income, and Economic Democracy. Centre for Business Research, University of Cambridge Working Paper(496).

McKee-Ryan, F., Song, Z., Wanberg, C.R., Kinicki, A.J., 2005. Psychological and physical well-being during unemployment: a meta-analytic study. J. Appl. Psychol. 90 (1), 53–72.

Mokry, J., Vickers, C., Ziebarth, N.L., 2015. The history of technological anxiety and the future of economic growth: is this time different? J. Econ. Perspect. 29 (3), 31–50.

New Economic Foundation, 2010. 21 Hours: the Case for a Shorter Working Week. Retrieved 13.11.2018. from. https://www.neweconomics.org/2010/02/21/hours.

Ng, T.W.H., Feldman, D.C., 2008. Long work hours: a social identity perspective on meta-analysis data. J. Organ. Behav.: Int. J. Ind. Occup. Organ. Psychol. Behav. 29 (7), 853–880.

NHS, 2017. Vitamin D. Retrieved 07/02, 2019, from https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/.

OECD, 2014. Mental Health and Work: United Kingdom, Mental Health and Work. OECD Publishing.

Paul, K.I., Batmanghelich, B., 2010. The need for work: Jahoda’s latent functions of employment in a representative sample of the German population. J. Organ. Behav. 31 (1), 45–64.

Paul, K.I., Meser, K., 2009. Unemployment impairs mental health: meta-analyses. J. Vocat. Behav. 74 (3), 264–282.

Roy, E.A., 2018. Heck it Was Productive: New Zealand Employees Try Four-Day Week. Retrieved 29.03, 2018, from https://www.theguardian.com/world/2018/mar/29/heck-it-was-productive-new-zealand-employees-try-four-day-week.

Smith, M.A., Pianna, A., Burchell, B., Rubery, J., Rafferty, A., Rose, G., et al., 2013. Women, Men and Working Conditions in Europe. Publications Office of the European Union, Luxembourg.

Smith, V. (Ed.), 2013. Sociology of Work: an Encyclopedia. Sage.

Stronge, W., Harper, A. (Eds.), 2019. Shorter Working Week: A Radical and Pragmatic Proposal. Autonomy, London.

Theorell, T., Hammarström, A., Aronsson, G., Bendz, L. T. s., Grape, T., Hogstedt, C., et al., 2015. A systematic review including meta-analysis of work environment and depressive symptoms. BMC Public Health 15 (1), 738.

Thompson, A., Wheatley, D., 2019. The take-up and quality of part-time work among men. In: Nachmias, S., Caven, V. (Eds.), Inequality and Organizational Practice. Palgrave Macmillan, pp. 129–157.

University of Essex, ISER, NatCen Social Research, & Kantar Public, 2018. In: eleventh ed. Understanding Society: Waves, vols. 1–8. pp. 2009–2018. September 2011, . from, http://doi.org/10.5255/UKDA-SN-6614-12.

Vaisey, S., Miles, A., 2017. What you can -and can’t do with three-wave panel data. Socio. Methods Res. 46 (1), 44–67.

Virtanen, M., Ferrie, J.E., Singh-Manoux, A., Shipley, M.J., Stansfeld, S.A., Marmot, M.G., et al., 2011. Long working hours and symptoms of anxiety and depression: a 5-year follow-up of the Whitehall II study. Psychol. Med. 41 (12), 2485–2494.

Virtanen, M., Jokela, M., Madsen, I.E.H., Hanson, L.L.M., Lallukka, T., Nyberg, S.T., et al., 2018. Long working hours and depressive symptoms: systematic review and meta-analysis of published studies and unpublished individual participant data. Scand. J. Work. Environ. Health 44 (3), 259–260.

Wanberg, C.R., 2012. The individual experience of unemployment. Annu. Rev. Psychol. 63 (1), 369–396.

Warr, P., 1987. Work, Unemployment, and Mental Health. Oxford University Press, Oxford.

Weich, S., Lewis, G., 1998. Poverty, unemployment, and common mental disorders: a population-based cohort study. Br. Med. J. 317 (715), 115–119.

WhatWorkWellbeing, 2017. Briefing: Unemployment,(re) Employment and Wellbeing: what Works Wellbeing, Wilkins, R., 2007. The consequences of underemployment for the underemployed. J. Ind. Relat. 49 (2), 247–275.

Williams, J.C., Blair-Loy, M., Berdahl, J.L., 2013. Cultural schemas, social class, and the flexibility stigma. J. Soc. Issues 69 (2), 209–234.

Wood, A.J., Burchell, B., 2018. Unemployment and well-being. In: Lewis, A. (Ed.), The Cambridge Handbook of Psychology and Economic Behaviour. Cambridge University Press, Cambridge, pp. 234–259.

Wooden, M., Warren, D., Drago, R., 2009. Working time mismatch and subjective well-being. Br. J. Ind. Relat 47 (1), 147–179.