**Working title:** ICT and health and wellbeing

**Why**

The increased use of digital devices poses some challenges for the quality of working life. One of them it is,

for example, a certain role in the observed general increase in work intensification, which could have an impact on health and well-being aspects and outcomes like stress, fatigue, anxiety, headaches or sleeping disorders. Expecting that the use of ICT will increase further in the future, it would be interesting to explore the association between the degree of ICT use with health and well-being.

**Research questions**

* What is the link between ICT use and health and wellbeing?
* To what extent is the link between ICT use and health and wellbeing mediated by job intensity and related conditions?
* Is there a difference between groups in the link between the degree of ICT use and health and wellbeing?

Note that the relationship between ICT and health and wellbeing is complex and that causality cannot be proven on the basis of the cross-sectional EWCS data.

**Policy relevance**

Contributes to understanding if and how ICT may affect health and wellbeing and which factors may moderate or aggravate this relationship. Also, it may point out for which groups (gender, age, and occupation for example) this is particularly the case.

In the context of the increase overall digitalisation of work and the use of ICTs in particular, findings can contribute to implement policies that take into account possible negative outcomes of the use of ICTs.

24 January 2019: meeting Mathijn and Oscar

* Write for a section in the ICT mobile worker report that covers the relationship between ICT mobile work and health
* Focus on the association between ICT and health, then make the link to ICT mobile workers later
* Consider the link between ICT and health in a wider context of work organization.
* Link from ICT usage to job intensity (or elements of that) to health outcomes.
* Alternatively: link ICT usage to job demands resources model .
* Planning: first draft end of feb and final end of march.

Controls

Age (1991)

Gender (1991)

Occupation

ISCO88 1d (1995)

ISCO88 2d (2000)

Second job (2000)

Education (2005)

Country (EU28 since 2005)

Demands

Quantitative demands:

Frequent disruptive interruptions (2000)

High speed (1991)

Tight deadlines (1991)

Enough time to get the job done (2005)

Working in free time to meet work demands (2010)

Work extensity

Weekly working hours (1991)

Long working days (2000)

Resources

Hour or two off (2010)

Working time arrangements (2005)

Cognitive dimension:

Solving unforeseen problems (1995)

Carrying out complex tasks (1995)

Learning new things (1995)

Ability to apply new your own ideas (2005)

Decision latitude

3 autonomy (1995)

Having a say in choice of colleagues (2005)

Social support index (2005)

Q70E: there is good cooperation between you and your colleagues (2015)

Q89D: I generally get on well with my work colleagues (2015)

Mediators

Engagement (2015)

Burnout

Exhaustion (2015

Cynicism (2015)

Outcomes

WHO5 (2010)

Anxiety (1991)

Fatigue (1991)

Sleeping scale (2015)

Self-rated health (2010)

Stress (2010)

Muscular pains (1991)

Headaches / eyestrain (1995)

Absenteeism (2005)

Presenteeism (2010)

Model 1: 2010 and 2015

Effect of ICT use on WHO5, self-rated health, and all other health indicators except sleeping scale.

Mediated by all demands and all resources except 70e and 89d

Control for all.

Model 2: Model 1 in 2015

Adding engagement and burnout as mediator

Adding sleeping scale as outcome

Model 3: Since 2000, EU27

Effect of ICT on anxiety, muscular pains, headaches / eyestrain and fatigue

Limited set of demands and resources.

No education control.