# 11th ICMS conference, 27th – 29th June 2019

**Sub-Theme:
“The public health effects of precarity in and around knowledge-based organisations”**

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Overview

Among the radical changes affecting contemporary labour markets, the growing rate of precariousness is one of the most relevant, widespread and disruptive. The sheer scale of this change is staggering: almost one out of five jobs in Europe is now precarious (Eurostat, 2018). Precariousness can be defined as “work that is uncertain, unstable, insecure and in which employees bear the risks of work (as opposed to businesses or government) and receive limited social benefits and statutory protections” (Kalleberg & Vallas, 2018: 1). For Fleming (2017) we are facing a “radical responsabilization”: individuals are held accountable for their employability, welfare and wellbeing. Also, literature on precarious employment from an emancipatory perspective (Alvesson & Willmott, 1992) is growing (Raffnsøe, Mennicken & Miller, 2017; Moisander, Groβ & Eräranta, 2017).

Organising labour this way has a significant impact on the lives and bodies of precarious workers. Yet, in organization studies the consequences on employees’ wellbeing and health remain, to date, largely underexplored (McKee, Reeves, Clair & Stuckler, 2017; Petriglieri, Ashford & Wrzesniewski, 2018). To bridge this gap, this sub-theme relates two specific dimensions of precariousness: health issues and knowledge-intensive organisations - one of the fastest growing cases of precarious work.

Precarious employment and health: the need for multidisciplinary collaboration

To move from precarious presents and build more open futures, we need to ensure that the new forms of employment being proposed are not detrimental to workers’ health. Precarious employment is considered a social determinant of health (Benach 2014, Vives 2013), and an increasing body of evidence demonstrates its links with poorer mental and physical health: higher levels of anxiety or burnouts, increased cardiovascular morbidity and mortality, work-related injuries, disability and absenteeism (Lewchuk 2008, Benach 2010, Benach 2014).

Yet, the complexity of precariousness as a concept and the constant changes in non-standard forms of employment challenge public health researchers (Muntaner 2016, Benach 2016). On one hand, it hinders/limits the understanding of the health implications of new organisational forms/employment. On the other hand, the lack of accurate information may lead managers and decision-makers to fail ensuring decent occupational health and safety, or even to understand the negative effects of the employment practices that they adopt.

There is therefore a crucial need for tight multidisciplinary collaboration ensuring “precarious workers’ protection, and taking into account gender, migration or social class specificities (Muntaner 2016, Benach 2014, Benach 2016).

Creative industries: new subjectivities in light of precarity

Creative workers have been defined as individuals whose creative ‘capital’ has the potential to turn into valuable products and services (Florida, Goodnight; 2005: 2). As Gill and Pratt (2008) acknowledge, precarious conditions are at the heart of creative work. “Creative workers have been identified as the poster boys and girls of ‘precariat' - a neologism that brings together the meanings of precariousness and proletariat to signify both an experience of exploitation and a (potential) new political subjectivity” (Gill and Pratt, 2008:4).

Their political subjectivity raises important questions to further understand our precarious presents. For instance, how does ‘work as passion’ (McRobbie, 2016: 36) affect precariousness? Also, how do creative workers deal with unpleasant affective experiences such as anxiety, insecurity and individualised shame?

Call for contributions

In line with the conference theme, we invite contributions able to escape the tyranny of narrow conceptions of knowledge-based workers (e.g the rhetoric around heroic creative entrepreneurs - Florida and Goodnight, 2005), reflecting on the paradoxes of precarity. Both scholars and activists are welcome.

* Which organizational forms can mitigate or even overcome the health impacts of precarity?
* Is it possible to imagine organisations able to make the most of these new forms of employment without its devastating downsides?
* Which organizational forms can improve communication and collaboration with health experts so to be inclusive of gender, migration or social class specificities?
* Are there health promotion initiatives in traditional employment sectors that can be implemented in knowledge-intensive organizations?

Please submit a 1000 word abstract (excluding references, Word document NOT PDF, 1.5 spaced, no footers or track changes) together with your contact information to alessandro.tirapani@cass.city.ac.uk.

The deadline for submission of abstracts is **January 31st, 2019**. Decisions will be notified by the end of February 2019.

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