

Psychosocial risk exposure and mental health outcomes of European workers with low socioeconomic status

Executive Summary

Authors:

Francesco Maria Camonita and Valentina Tageo – Wise Angle Consulting.
Juan Arasanz Díaz and Pablo Sanz de Miguel – Notus: Applied Social Research.

Project management:

Julia Flintrop - European Agency for Safety and Health at Work (EU-OSHA).

This publication was commissioned by the European Agency for Safety and Health at Work (EU-OSHA). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect the views of EU-OSHA.

Neither the European Agency for Safety and Health at Work nor any person acting on behalf of the agency is responsible for the use that might be made of the following information.

© European Agency for Safety and Health at Work, 2023

Reproduction is authorised provided the source is acknowledged.

For any use or reproduction of photos or other material that is not under the copyright of the European Agency for Safety and Health at Work, permission must be sought directly from the copyright holders.

Executive summary

The specialised literature has been increasingly dealing with the implications of psychosocial risk (PSR) factors and corresponding mental health outcomes in employment. Previous research has often focused either on holistic working population or sectoral overviews of selected industries or occupations. However, there is a relative paucity of studies investigating specifically the most vulnerable social groups particularly exposed to PSRs, such as low-skilled or low-paid workers. Notwithstanding, preliminary evidence seems to indicate that this category may well be vulnerable to higher exposure. Therefore, to fill this knowledge gap, it is the main objective of this scoping review to provide an exploratory literature overview of the associations between PSR exposure and mental health outcomes of European workers with low socioeconomic status (hereafter referred to as LSES workers).

In the context of this study, **external trends** with the capacity to change the structure of work or even alter job quality and stability have also been taken into account. Specific effects associated with the **recent experience of the pandemic** and the technological developments induced by **digitalisation** are acknowledged as strong external trends with the capacity to affect working conditions and the occurrence of PSRs for LSES workers.

A further challenge of the study was also implicit in the operationalisation of the LSES category of workers for applied research, since it lacks a true consensual definition among scholars. Accordingly, this review required the development of **a broad operational definition of LSES workers** that includes: *a.* results directly associated with socioeconomic and sociodemographic status of workers; *b.* results associated with industry sectors and occupations potentially holding large shares of LSES workers; and *c.* results associated with quality of employment when these could help identify LSES workers. The results of the literature review are therefore presented through these categories.

The set of results is then accompanied by a selection of **10 good practices** detailing successful interventions in organisations that improved the management of PSRs in the workplace for potentially LSES employees, giving a broad coverage considering a balance among geographical and sectoral balance, organisation's size, typologies of stakeholders involved, typology of LSES targeted workers and typology of interventions.

Below a short summary on the results on PSRs occurrence and adverse mental health outcomes of European LSES workers is given, highlighting the main points:

- The first category refers to results associated with socioeconomic, sociodemographic and occupational status. On the one side, the results focused on employees **acknowledged as LSES** through different indicators (e.g. income, education levels), classified under **manual occupations** or even under **low and unskilled occupations**. The analysis also included a focus on the two trends via discussion of **essential/frontline workers** and **gig economy workers**. On the other side, the sociodemographic nature of vulnerable groups of workers is assessed, establishing a **connection with their LSES dimension**.
 - Results are looked at considering gender differences for LSES as well as targeting **young and migrant workers**. A transversal reading of these results confirms the argument provided by the **interpretation of the effort–reward model** – whereby high job demands are not compensated by adequate job rewards – while placing even greater **emphasis for LSES workers on matters of job and income insecurity** as a further stressor among work factors that can be understood as a lack of reward. Certain vulnerable categories can also be exposed to additional specific factors that can worsen PSRs' effect on outcomes (e.g. gender segregation in labour market and additional household responsibility for women; workplace discrimination for migrants).
 - For what concerns outcomes, the main adverse mental health issue observed is a **decrease of mental health and wellbeing in general**. In addition **depression also represents a recurring outcome** across the various facets of the literature.
- In the second category – results associated with work design and social interactions in the workplace for **industry sectors with large shares of LSES workers** – the focus is entirely provided on lower skilled and/or lower educated occupations in a broad selection of industry sectors.

For the sake of the analysis, results are divided across two conceptual categories: *a.* professional sectors whose typology of work execution has **a focus on users/clients/patients/customers**; and *b.* industry sectors with **a higher focus on manual occupations**.

- Transversal reading of the results across the various industry sectors reveals that LSES of the worker may not be the best focus for distinguishing common features in the PSRs/mental health outcomes debate. **Each sector displays a series of mechanisms and demands essential for the development of work tasks** (e.g. emotional demands required when interacting with third parties; physical workload associated with manual-oriented occupations). In addition, certain sectors and sub-professions display a greater concentration of workers' groups (e.g. female and migrant workers in domestic care, male ones for construction bricklayers). Notwithstanding, the two different focuses in the sectors allow for some degree of generalisation.
 - When looking at sectors with a **focus on users/patients/customers**, across the findings the most frequent PSRs studied for their association with mental health outcomes are the ones relative to **interactions with third parties**. Third party violence — mostly psychosocial as in the case of verbal aggression, but in some cases even physical in face-to-face services — is a strong recurring risk factor. Emotional dissonance and the obligation to 'deliver service with a smile' is another recurring risk in the studies. In addition, **lack of organisational support** was also observed across multiple sources and sectors in this classification as an important risk.
 - Transversal reading of findings with a **focus on manual occupations** reveals a more limited capacity for generalisation. However, it is broadly possible to notice a recurring presence of **high job demands in terms of work intensity** (including, for example, excessive workload and physical load). In this regard, a systematic review of the literature in construction even concluded that high job demands were more responsible than lack of job resources for the appearance of mental health issues (e.g. Sun et al., 2022). Notwithstanding, **low job rewards** with a particular emphasis in some sectors on the lack of promotion opportunities also appear as a recurring risk factor. No strong general outcome is observed through the results of all sectors. However, **stress, anxiety and depression** seemingly appear as the most cited outcomes overall across this second conceptual category.
- Lastly, in the third category — **results associated with quality of employment** — the analysis focused on the one side on individuals holding a persistent or transitory state across low-quality employment or who experienced downward mobility in their career and on the other on employees in non-standard work arrangements (e.g. temporary and temporary agency workers, part-time workers in involuntary or marginal status, vulnerable independent and self-employed workers).
- As expected, the nature of the studies considered for this LSES dimension returns a transversal focus on **job insecurity, income insecurity and job precariousness** as the most frequent PSRs for workers in low quality of employment. It is however important to clarify that through literature evidence in this section — frequently associating LSES with workers holding these contractual conditions — the necessity **to consider matters of contractual stability and financial strain** for European workers is unveiled when discussing PSRs and mental health outcomes.
 - Overall, the analysis of mental effects reveals **much more frequent mentioning of depression for workers in low or precarious professional trajectories**. Less clear is the extent of mental health issues for non-standard work arrangements, but sufficient evidence is gathered for confirming **a worsening of health and wellbeing for workers under non-standard employment conditions**.

Finally, the results singled out the unexpectedly scattered **evidence on the exogenous drivers signalled for this research (COVID-19 and digitalisation)**.

- For the experience of the **COVID-19 pandemic**, this may be occurring since studies accounting for PSR factors connected to the virus spread and the lockdowns were at this stage mostly focused on higher SES health and care analyses (i.e. health professionals) or for teleworkable occupations. Another explanation may be that at the time of data collection other studies were still in the making and awaiting peer review approval. Studies on essential/frontline workers (and in one case, specifically dedicated to cleaners) were the strongest evidence gathered throughout the review that confirmed the worsening of working conditions and wellbeing.

- A second surprising finding of the research was **the strong lack of research exploring the impact of digitalisation on European workers'** PSRs exposure and mental health outcomes, particularly for LSES individuals.
- In terms of the results in this review, the most evident occupation embedded in a context of work **platformisation was the one associated with gig workers**. Two results from **the manufacturing sector** tackled digitalisation either explicitly (Wixted et al., 2018 with a sample of blue-collar workers in highly automated factories) or implicitly (Koukoulaki, 2014 including automation in the wider context of lean production). Mentions of digitalisation challenges are also present in the literature dedicated **to call centre workers** and for the future of the **agricultural sector**.

The study also allowed to extract some relevant evidence regarding mediating and protective factors with the potential to either **increase or moderate the extent of adverse health outcomes** on LSES workers.

- The findings reinforced the idea that **sociodemographic and socioeconomic indicators do play a role in how PSRs exposure effect the worker (they mediate the effect)**, as in the case of **gender** (e.g. the still remaining 'male breadwinner' cultural paradigm for LSES men, the gender segregation of labour market for LSES women). Frequent mention is also made to worker age, with particular emphasis on increased **vulnerability to PSRs exposure of young workers**. In turn, **migrant status** can condition additional vulnerability to job **insecurity and precariousness** alongside an increased exposure to **discrimination** when compared to local workers (Diaz-Bretones et al., 2020).
- Lastly, multiple argumentations associated either directly with LSES, low-skilled and manual occupations or those looking at job precarity and non-standard employment relationships have all confirmed that increased contractual instability (e.g. precarity, job insecurity) and financial strain (e.g. income insecurity) can also increase the gravity of other PSRs exposure and contribute to decreased wellbeing.
- Evidence for LSES workers seems to suggest that work-related factors contribute more than lifestyle factors to worse self-reported health (Dieker et al., 2019). In accordance with this, in the identified literature it is possible to find suggested **adjustments of work features** from job design, management and social relations that could act as protective factors against the development of adverse mental health. These include: **a. improving organisational support** (both among colleagues and supervisors), which is greatly seen as beneficial across most sectors oriented towards interaction with users/customers/patients; **b. reducing job demands**, since evidence from construction indicated for this type of manual occupation that high job demands tend to globally imply more adverse mental health implications compared to low job resources; **c. improving work–life balance** of workers, for instance by developing a series of targeted actions aimed at simplifying the management and balancing of household and work demands (e.g. flexible working patterns); **d. providing 'active jobs'**, holding **high job control when facing high demands** is considered as a protective factor against suicide risks for low/unskilled workers (Greiner and Arensman, 2022); **e. developing job engagement**, which was found as a strong protective factor against adverse outcomes, particularly for certain sectors (e.g. domestic care by Geisler et al., 2019; mining and manufacturing, via Mościcka-Teske et al., 2019 and Porru et al., 2014).

Based upon the study's overall findings the research team have pointed out a series of **lessons learned for PSRs' prevention, management and intervention**:

- Gathering an in-depth understanding of the **specificities of each industry sector**, type of work, activity and group of workers is a precondition to be aware of what needs to be tackled to reduce PSRs exposure.
- **Encouraging worker involvement**: On the one side, social partners' dialogue can stimulate worker representation and foster occupational safety and health (OSH) practices. On the other, emphasis is stressed on participatory practices that increase communication and encourage workers to outvoice concerns so as to improve organisational support, social relations at work and job engagement, making sure that LSES groups of workers are included.
- **Following a proper PSR prevention approach**, encompassing PSRs assessment and adequate follow-up measures as well as regular revision of the whole process and its impact,

is essential for ensuring good psychosocial working conditions in all establishments. This should include (among others) measures directed at the organisation of workload, the improvement of work–life balance, and a proactive approach against workplace bullying, harassment and discrimination, as well as providing specific training according to the nature of PSR exposure.

- **Engaging in mental health promotion:** Even if an employer does not perceive an immediate danger for the workers, there are still a series of preventive activities that can be undertaken to ensure the sustainability of a healthy psychosocial work environment, such as awareness-raising activities and training for employees.
- **Counselling services for employees** may also be considered when offering health benefits alongside more traditional health assessment routines.

The study also provides a series of **policy pointers** for institutional action. The recommendations suggest **ensuring proper focus on LSES workers** across all professional sectors, with particular **emphasis on industries not traditionally accustomed** to care of the psychosocial work environment (e.g. construction, agriculture). However, even well-explored sectors may hold **occupations that have been largely neglected by the research** (e.g. European ancillary professions in the health and care sector), and it is in any case necessary to consider **perspectives on vulnerable workers' groups** in specific sectors (e.g. migrant workers through discrimination and lack of ability to speak up for themselves, LSES women workers still holding greater weight in household management, etc.).

The study has also largely focused on **socioeconomic background and lack of resources** as a potential new way of looking at the impact of specific working conditions as OSH risks for future action. **Future research support and actions** specifically aimed at LSES workers are needed. **Stakeholders**, including interest groups for mental health promotion, social partners and industry representative organisations, would benefit from **integrating a special focus on LSES workers and PSRs** into their existing actions, such as **campaigns and initiatives**. These could also be **multi-stakeholder initiatives including a broad variety of representatives and covering different areas**. Supporting schemes, guidance and enforcement actions such as targeted labour inspection activities including special focus on LSES workers may be needed to ensure better OSH compliance. A specific focus on **SMEs is needed**, since these are also among the most present company sizes in sectors observed in the study that can potentially hold large shares of LSES workers. Appropriate mechanisms will be required to **give LSES workers a voice and direct participation** in decisions relative to OSH and PSRs management. At the same time, two further considerations may be necessary when considering the broader debate on LSES workers and their PSRs management. On a first level, the much present exposure to **MSD risk factors and heavy physical work** for this typology of employees makes it highly necessary to consider in more depth the interconnections between these and PSRs. Last, as shown by the example of frontline workers (who are often LSES), **future planning on critical events** and better preparedness in the face of emergencies (such as the COVID-19 pandemic) **will have to further take into account PSRs** and the worsening of working conditions and wellbeing for these categories of workers.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

European Agency for Safety and Health at Work

Santiago de Compostela 12

48003 Bilbao, Spain

E-mail: information@osha.europa.eu

<https://osha.europa.eu>