

## Psychosocial risk factors of labor origin and its relationship with the General health condition (self-perceived)

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**Abstract:** Several studies reveal that, regardless of the type of profession or occupation that is being carried out, psychosocial risk factors impact health, being also detrimental to the productivity and competitiveness of the company (1). **Methodology**The present study is cross-sectional and correlational, with the objective of determining the prevalence of Psychosocial Risk Factors and their association with the general state of self-perceived health. 359 surveys were applied to workers of various professions and occupations of the economically active population (EAP) of Colombia, chosen at random. It is a non-representative sample. The instruments applied are; the scale of Psychosocial Factors at Work (2), and; Goldberg General Health Questionnaire (GHQ) abbreviated version of 30 items. (3).**Results**The results show a high prevalence with 32.6% in the psychosocial labor requirements factor; However, the significant association risk factor that represents self-perceived mental health involvement is located with the Social Interaction and Organizational Aspects ( $p < 0.00$ ,  $OR = 3.973$ ) and the workload ( $p < 0.00$ ,  $OR = 3.181$ ). **Conclusions.** The study shows how the greatest emotional demands are the result of deficiencies in the design, organization and management of work, as well as the limited social context of work. These psychosocial factors can be prevented, which constitutes the challenge of conducting similar studies, focused on the empirical evidence of this phenomenon and thus generate efforts for a safe and healthy work culture.

**Keywords:** Psychosocial risk factors. General health condition. Workers of diverse occupations and professions. Economically Active Population (EAP).

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### I. Introduction

In 2016, during the commemoration of World Day for Safety and Health at Work, the International Labour Organization (ILO) launched the “Stress at Work: A collective challenge” campaign; highlighting the importance and relevance of the reflection, analysis and investigation of this phenomenon. Considering that health is a fundamental human right, under current conditions the worker is being deprived of it, by submitting to the dynamics imposed by globalized markets, that demands greater productivity and competitiveness, in addition to high academic expectations, causing uncertainty over job instability and wage precariousness, which becomes a threat, and often affects the health and welfare of the worker, as referred to by the ILO (4).

The 2019 ILO report notes that annually more than 374 million people worldwide suffer injuries or illnesses due to work-related accidents, and around 6,500 die per day from occupational diseases, while 1,000 die from fatal accidents (5); For its part, the World Health Organization (WHO), on World Mental Health Day 2017, said that an adverse work environment can cause physical and psychological problems, such as depression and anxiety disorders, both mental health problems that affect work capacity and productivity. In this year more than 300 million people in the world suffered depression, positioning it as the main cause of disability, while 260 million suffer from anxiety, and many others suffer both (6).

The ILO, 100 years after its creation, highlights the achievements and challenges, especially psychosocial risks and work-related stress (5). The present study focuses on identifying the psychosocial risk factors of the work environment and its association with the general state of self-perceived health. But, what are the psychosocial factors at work? To answer this question, we refer to what was expressed in 1984 by the Joint Committee for Health and Labor and the World Health Organization (7). Who define psychosocial factors at work as:

On the one hand, the interactions between work, its environment, job satisfaction and the conditions of its organization, and on the other hand, the worker's abilities and needs, their culture and personal satisfaction outside of work. This, through perceptions and experiences, can influence health and performance (p.3). This

conceptualization shows the complexity of the construct and the danger of these, which means it goes from factors to psychosocial risk factors of labor origin.

Moreover, the Labor Environment and Health Trade Union Institute (referred to by its Spanish acronym ISTAS) 2016 (8), proposes that psychosocial risk factors are work situations with a high probability of causing damage to workers' health, that is, they are a risk. Such risks originate in the organization of work, and can lead to physiological, emotional, cognitive and behavioral responses, popularly known as stress. They are also, likely precursors of disease in certain circumstances of intensity, frequency and duration. From the above, it is identified that when talking about psychosocial risk factors, there are references to interactions present at work, constituting a health risk; as indicated by the European Agency for Safety and Health at Work, considering that these are derived from deficiencies in the design, organization and management of work, as well as a limited social context of work (9).

Stress and other diseases of psychosocial origin, represent the tip of the iceberg according to many researchers. They are the effect of inadequate conditions in the workplace. In different latitudes the negative impact of psychosocial factors on health in general has been studied, for example: Coutinho, and collaborators 2018 (10); De Sio, et al. 2018 (11); Freimann, Pääsuke, Merisalu, 2016 (12); López, García and Pando 2014 (13); Arenas and Andrade 2013 (14); Amezcua et al. 2011 (15); Amezcua, Preciado, Pando, and Salazar, 2011 (16); Gómez y Moreno 2009 (17); Juárez, 2004 (18). Undoubtedly, empirical evidence reveals the magnitude of the phenomenon, which, together with the official figures provided by WHO and the ILO, as well as other non-governmental organizations such as ISTAS, OSHA, the Ministries of Labor and Health, and others, have promoted international initiatives, including legislating each country on the evaluation, prevention and correction of psychosocial risk factors, as is the case in Colombia, where this research is carried out.

In 2008, Resolution 002646 was issued in Colombia, establishing various provisions and definition of responsibilities for the identification, evaluation, prevention, intervention and permanent monitoring of exposure to psychosocial risk factors at work, as well as to determine the origin of the pathologies caused by occupational stress. In section d), of Article 3 of the resolution, the definition of psychosocial risk factors is presented, understood as psychosocial conditions whose identification and evaluation shows negative effects on the health of workers or at work. For its part, Article 5 Denoted Psychosocial Factors, broadens the foregoing by specifying that they include intra-labor, extra-labor or external aspects of the organization and the individual conditions or intrinsic characteristics of the worker, which in a dynamic interrelation, through perceptions and experiences, influence the health and performance of people.

In the same sense, Law 1562 published in 2012, includes within the definition of a work accident the psychiatric disturbance caused by psychosocial risk factors, in addition to what is established by Law 1616 of Mental Health, the purpose of which is to guarantee the mental health of the Colombian population through promotion and prevention in work environments (19); In the third article of the system, a broad definition of mental health is presented, understood as: "a dynamic state that is expressed in everyday life through behavior and interaction, in a way that allows individual or collective subjects deploy their emotional, cognitive and mental resources to travel through everyday life" (20), similarity is identified here with what was established by WHO when referring to health in a broad sense. A non-pathological vision is proposed, a state of complete mental, social and physical well-being.

In relation to what has been said, this study aims to provide empirical evidence to the knowledge of such phenomenon. The objective is to identify the psychosocial risk factors present in different professions and occupations of the EAP of Colombia, and their association with the general state of health perceived by the participating workers.

## **II. Material and method**

It is a non-experimental, descriptive, correlational and cross-sectional study. The association between organizational psychosocial factors and the general health condition is identified and evaluated. The subjects of study are workers of various professions and occupations of the economically active population (EAP) of Colombia, chosen at random; the sample of volunteers consists of 359 respondents.

The participants were informed about the objective of the investigation and the confidentiality of the data, based on the principles of ethics in the investigation of the Committee of Ethics for Health Research (CEIS) of the District Health Secretariat of Bogotá (SDS); The sociodemographic and labor information was collected through a questionnaire that asked for information such as age, marital status, schooling, profession and current job occupation.

For the measurement the questionnaire of Psychosocial Factors in the Adapted Work was used (2) that contains 46 items and 7 dimensions: conditions of the workplace (with 9 items), workload (5 items), content and characteristics of the task (7 items), labor requirements (7 items), career development (6 items), social interaction and organizational aspects (9 items) and performance compensation (3 items); a five-degree Likert

scale was applied (0 = never; 4 = always) indicating the frequency in which psychosocial factors are present in their work; the subscales show acceptable internal consistencies, Cronbach's alpha was 0.9.

For the evaluation of the general state of self-perceived health, the Goldberg General Health Questionnaire (3) is applied in its abbreviated version of 30 items (the original questionnaire is composed of 60) for being the most used, its cumulative variance is of 53.5% (3); This is a screening or screening test, designed to identify potential "cases" of mental disorders in the general population by evaluating psychiatric development at the time it is answered; The questionnaire is integrated into 4 dimensions: I) Somatic systems (reagent 1 to 4), II) Sleep disturbances (5 to 10), III) Social inaccuracy (11 to 18), IV) Depression (19 to 30); Likert scale with four options 1, 2, 3, 4; to determine whether it is a case or not, only the last two options are taken into account; the subscales show acceptable internal consistencies ranging from 0.81 to 0.85.

Non-parametric tests were used, with the Excel and SPSS statistical package, obtaining frequencies and percentages. For the association analysis, Chi square was applied determining the risk factor (Odds Ratio OR) and significant p values <0.05.

### III. Results

The population studied consists of 359 participants, the predominant age range is between 15 and 38 years, representing 67.10%. This data is of great relevance, given that worldwide young workers have a higher rate of occupational injuries compared to older workers (5), followed by the range 39 to 48 representing 21.40% of the population; 49 years and older, represent 11.50%; Regarding gender, it was identified that 53.2% corresponds to women and the remaining 46.8% to men; The marital status of the population reflects that 34.8% are married, 32.9% single and 23.4% cohabiting, the remaining 9% reported being widowed, divorced and separated from their partners; In terms of schooling, the low level predominates with 65.7%, ranging from 1 to 12 years of study, followed by 21.7% of those who have completed 22 years, in other words, they have a higher level of studies, the range of 12 and 14 years of study, represents 7%, and finally 5% of the surveyed population reports having postgraduate studies (Table 1).

**Table 1 Characteristics of social variables.**

Sociodemographic Data			
	Rank	Frequency	Percentage%
Age	< 38	241	67.10
	39 - 48	77	21.40
	49 +	41	11.50
Gender	Female	190	53.2
	Male	169	46.8
Marital status	Married	125	34.8
	Single	118	32.9
	Widower	6	1.7
	Divorced	2	.6
	Separated	24	6.7
	Cohabiting	84	23.4
Educationlevel	Basic 1 – 12 years	236	65.7
	High 13-14 years		
	University education	27	7.0
	22 years		
	Postgraduate 24 years or more	78	21.7
		18	5.0

As for labor data, 96.7% of the population surveyed worked in companies whose activity corresponds to the services sector, and only 3.3% in companies engaged in production; The list of jobs in which the subjects of this study perform is very diverse, for this reason only the highest prevalence are presented. It stands out in this way, with 16% the position of assistant, followed by those who develop various trades 9.5%, with 8.6% are the operators and with the same percentage coordination positions, the position of secretary follows with 7%; On the permanence in the companies, a high turnover is identified, reflected in a 48.7% with antiquity between 1 month to 4 years, the range of 5 to 10 years corresponds to 28.4%, 18% is placed between 11 to 20 years seniority in the company, while 3.3% is 21 to 30 years old in the same company, and only 1.1% is older than 31 years (Table 2).

**Table 2 Characteristics of labor variables**

<b>Labor data</b>			
		Frequency	Percentage
	Services	347	96.7%
Sector to which the companies correspond	Production	12	3.3%
	Secretary	25	7.0
	Assistant	58	16.0
	Coordinator	31	8.6
	Operator	31	8.6
Job positions	Varioustrades	34	9.5
Years worked in the company	0 to 4	175	48.7
	5 to 10	102	28.4
	11 to 20	66	18.4
	21 to 30	12	3.3
	31 to 40	4	1.1

The analysis of exposure to psychosocial factors (high, medium or low) reveals a high prevalence with 9.19%; 49.22% is located at medium level; and the remaining 41.58% with low exposure, provided that the workers surveyed perceive the working environment conditions as adequate. It is important to highlight that of the 7 different types of psychosocial factors studied, the worst conditions found are labor demands 32.6% (Table 3).

**Table 3. Prevalence of psychosocial factors**

Dimensions of PsychosocialFactors	Prevalence of PsychosocialFactors					
	High		Median		Llow	
	Frequency	%	Frequency	%	Frequency	%
WorkplaceConditions	16	4.46	168	46.8	175	48.75
Workload	11	3.06	207	57.66	141	39.28
Content and characteristics of the task	19	5.29	220	61.28	120	33.43
Labor requirements	117	32.6	205	57.1	37	10.3
Job role and career development	32	8.91	215	59.89	112	31.2
Social interaction and organizational aspects	6	1.67	96	26.74	257	71.59
Performance Compensation	30	8.36	126	35.1	203	56.54
<b>Total</b>	231	<b>9.19</b>	1237	<b>49.22</b>	1045	<b>41.58</b>

In respect of evaluation of the self-perceived general health condition, 90.81% of the subjects are identified as non-case, while 9.19% is located in cases with possible non-psychotic mental health problems (Table 4).

**Table 4. Evaluation of General health condition of self-perceived**

General health condition of self-perceived		
	Frequency	Percentage
Non-psychotic mental health problems		
Non-case	326	90.81
Cases	33	9.19
Total	359	100.00

Regarding psychosocial risk factors and their relationship with the evaluation of the self-perceived general health condition, there is a significant negative association in two: first, social interaction and organizational aspects ( $p = 0.000$ ,  $OR = 3.973$ ); and second, the workload ( $p = 0.009$ ,  $OR = 3.181$ ). The foregoing shows how psychosocial factors have negative implications on the general health status of workers (Table 5).

**Table 5. Association of psychosocial risk factors and the general health condition.**

Psychosocial risk factors associated with the general health condition	
Psychosocial factors	Association with the general health condition
Social interaction and organizational aspects	p= .000
	OR= 3.973
	(1.907 - 8.270)
Workload	p= .009
	OR= 3.181
	(1.278 - 7.915)
Labor requirements	p= .118
	OR= .473
	(.181 - 1.234)
Workplace Conditions	p= .287
	OR= .676
	(.328 - 1.394)
Remuneration	p= .327
	OR= 1.429
	(.698 - 2.928)
Job role and career development	p= .507
	OR= .774
	(.367 - 1.635)
Content and characteristics of the task	p= .690
	OR= 1.171
	(.538 - 2.548)

Among the limitations of the study, the reduced sample of participants can be noted, so it should be replicated more widely. However, the integration of subjects from various professions and occupations can be considered as a strength, as well as to the findings supporting the Karasek Demand-Control model (21), which postulates that the main sources of stress are found in two basic characteristics of work: (1) the psychological demands of work and (2) the control of it. Both present a greater risk to the physical and psychological health of workers manifesting themselves through reactions of psychological tension such as; fatigue, anxiety, depression and physical illness, given the high psychological demands of the job and lack of control in decision making (22).

#### IV. Discussion

The research findings confirm that the psychosocial risk factors perceived as negative and from the worker's perception, represent a risk to the general health condition in the studied population. Are the "Social Interaction and Organizational Aspects" ( $r = 3,973$ ), followed by the "Workload" ( $r = 3,181$ ); In the study carried out by Juárez (18) with professional nurses, psychologists, doctors, social workers, among other professions. Within the Mexican context, a significant relationship was found between psychosocial factors and health. In the variables of labor insecurity ( $r = -.338$ ), emphasizing its relevance as a phenomenon present in Latin American countries and its effect on mental health. In the present paper, job insecurity was not analyzed as a psychosocial factor, since the instrument used is different from the one used by Juárez; Due to the fact that the findings reported by Gómez and Moreno (17) with professors from private schools in Bogotá, confirm that there is an association between the Psychosocial Risk Factors of the work context and mental health, resembling those of the present study.

In 2011 Amezcua and collaborators (15) conducted two studies in the Mexican context with teachers who worked with students with special educational needs, in the design of the research, the same instruments were used as in the present investigation. In one of the two investigations, psychosocial factors and the subscale presence of sleep disorders were analyzed, finding a significant association between remuneration and the presence of symptoms of these disorders; in another of the investigations, psychosocial factors and subscale symptomatology were analyzed, with results demonstrating significant association between these and suicidal ideas (16); the findings of both studies are related to this research, finding significant association; However, in the present case, the analysis carried out was different, when addressing the general health condition.

Arenas and Andrade (14) carried out a study in workers of a private organization of the health sector, showing that the dimensions with a high level of risk to health were: Emotional demands at work and feedback on performance.

An study carried out by López, García and Pando (1) in workers in the Mexican field, revealed a significant negative association between psychosocial risk factors: workload; content and characteristics of the task; and work role and career development, with the general health condition.

Freimann, Pääsuke, Merisalu (23), with their study carried out in a nursing population in an Estonian hospital, reported that the greatest emotional and quantitative demands were placed in the rhythm of work, poor justice and respect in the workplace, The influence on work organization and role conflicts were significantly associated with skeletal muscle pain among nurses. It is concluded that there is an association between psychosocial risk factors with mental health problems and most symptoms of somatic stress.

Another contribution is made by De Sio et al. (11) who carried out a cross-sectional study in administrative personnel, to show if the psychosocial risk of job insecurity in the form of temporary contracts influenced work stress. A direct relationship was found between these variables and therefore, there is an increase in the vulnerability of workers to work-related stress. The studies cited reveal the negative impact of psychosocial risk factors on workers' health, reaffirming that inadequate working environment conditions are detrimental to the health of the worker, the economic entity and the government.

Coutinho, Queirós, Henriques, Norton, and Alves (10), conducted an investigation in a public hospital with Portuguese employees. In the hospital environment, the objective was to evaluate the main determinants related to work and the high exposure to psychosocial risk factors. The results report that the greatest psychosocial risks arose in the categories of personality (53.8%), labor demands (28.1%), social relations and leadership (24.4%). The associations are related to shift workers, who were exposed to a higher psychosocial risk were placed in labor demands (OR = 1.79; 95% CI: 1.10-2.91), personality (OR = 2.45; 95% CI: 1.36- 4.41) and health and well-being (OR = 3.18; 95% CI: 1.72-5.66).

The findings of this study, as well as most of the research referred to in the previous paragraphs, reaffirm what is established in the Karasek Demand-Control model, so it is reasonable to think that high demands and lack of control in the task that affected the effects perceived by the workers on their general state of health, are preventable and expose a space for longitudinal studies.

## **V. Conclusions**

After achieving the objective set out in this work, which consists on determining the prevalence of psychosocial risk factors and their relationship with the general health condition in workers of various occupations and professions of the PEA of Colombia, it is stated that there is a statistically significant negative association in two of the seven psychosocial risk factors analyzed, whereby social interaction and organizational aspects  $p = .000$ , OR = 3,973, 1,907 - 8,270; as well as the workload  $p = .287$ , OR = .676, .328 - 1,394, the Karasek demand-control model hypothesis is still supported.

Despite the limitations, both the findings of the present study and the research cited, highlight the responsibility of public and private organizations, of any sector, to establish as a corrective measure, the evaluation of psychosocial factors, which is mandatory in various regulations, as is the case in Colombia. Such measures assist to identify the psychosocial factors of the work environment that represent a risk to the health of the worker, so as to facilitate the timely detection of cases, to subsequently implement strategies (also contemplated in Law 1616) and give attention to contribute to the health of the worker, the productivity and the financial health of the organization; However, the best measure is always prevention, that involves the various agents to, sensitize them about the importance of their participation.

In the light of the results, the invitation is divided into two parts, the first, to continue providing empirical evidence to achieve prevention. The second, as a recommendation, corrective measures are proposed to promote clear, precise and timely communication at various levels, highlighting activities in time, quantity and quality, evaluating workloads and resting moments to allow greater control over. The task. By virtue of the negative impact of these psychosocial risk factors on the perception of the general health status of the worker, the existence of laws and decrees that regulate these factors to guarantee health at work, on a global scale and in Colombia, are not enough. The promotion and maintenance of the highest level of physical, mental and social well-being of workers is pending; For this reason, the existence of the legal system does not guarantee its application, which is why it is required a change in the organizational culture that aim to, aim to prevent damage to the health of the workers due to the conditions of their work environment; and the psychosocial risk factors; as well as protecting the worker and the organization while reducing the social security costs of the country and the world. All this to reach health, defined not only as absence of disease but as the complete welfare state of the employee.

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