



## The psychosocial risks of farm workers in south-east Spain



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### ABSTRACT

This work used the FPSICO v.1 method of the Spanish National Institute of Safety and Hygiene to determine the possible psychosocial risks of farm workers in Almería-type greenhouses located in south-eastern Spain to propose health-condition improvements. A 75-question survey was used to evaluate seven psychosocial variables: cognitive load, temporal autonomy, job description, supervision-participation, role definition, worker interest, and personal relationships. A total of 548 workers were evaluated. Also, five qualitative characteristics (of workers) were identified: sex, age, greenhouse type, nationality, and crop type. None of the variables were associated with high psychosocial risk. Thus, the psychosocial health risks encountered by Almería-type greenhouse workers are acceptable, although optimisations over the mid and long term are necessary.

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## 1. Introduction

### 1.1. Definition and standards

According to the International Labour Office (ILO, 1984), psychosocial factors at work refer to the interactions in work environments, job description, worker abilities, needs, and personal considerations that might influence health, work performance, and job satisfaction.

The Council Directive 89/391/EEC on the safety and health of workers within the European Union was published in 1989 (OJEC, 1989). This legislation was integrated into Spanish Law 31/1995 (BOE, 1995).

Shortly afterward, a European commission communication (CFC, 2002) indicated that the emerging risks for workers are psychosocial in nature.

The Senior Labour Inspectors Committee (SLIC) European campaign on Psychosocial Risk Assessments was conducted in 2012 (SLIC, 2013). This campaign outlined and described the measures to be adopted to evaluate psychosocial risks; it also recommended evaluation models and their use.

### 1.2. Psychosocial risk management

The efficacy of the psychosocial risk-management programs in the European Union has been called into question (Leka et al., 2011b). The specific policies of different countries do not address psychosocial risk management in depth. Thus, new (voluntary) assessments of psychosocial risk management have been proposed to complement regulations and to help psychosocial risk inspectors and evaluators (Leka et al., 2011a; Rasmussen et al., 2011). A similar development also occurred in Australia (Johnstone et al., 2011). However, countries such as Canada have made additional advances and have clarified their legislation regarding this topic (Lippel et al., 2011).

Implementing new psychosocial risk-management programs is difficult (Bruhn and Frick, 2011), and authorities, employers, workers (Mellor et al., 2011), and trade unions (Moncada et al., 2011) need to increase their participation.

### 1.3. Relationship with other risks

Although an extensive body of research exists (in all economic sectors) concerning the relationships among psychosocial risks and accidents, musculoskeletal risks, physical risks, and chemical risks, workers' perceptions of the management of psychosocial risks are usually poor (Idris et al., 2012). In addition, the effects of these risks on job security and their consequences has rarely been studied (Koukoulaki, 2010). An excess of long hours (Parkes,

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2012) is not only a stressor or psychosocial problem but also might cause fatal accidents, depending on the type of work (e.g. air-traffic controller, surgeon).

Risks can also vary between companies that conduct the same activity. In fact, work environments that include ergonomic, physical, and chemical risks are usually better within large companies compared with small ones. However, psychosocial risk management is usually better in small companies compared with large ones (Sorensen et al., 2007), although more recent studies contend the opposite (EU-OSHA, 2010, 2012).

#### 1.4. Psychosocial risks in agriculture

The International Labour Office (ILO, 2010) describes the concept of agricultural 'working environment surveillance'. This term is associated with a view of the overall risks faced by workers. Risk control focuses on health, ergonomics, accidents, illnesses, hygiene, organization, and psychosocial factors.

This description suggests that psychosocial risks are more complex within the extensive context of OHS (Lippel and Quinlan, 2011).

Occupational Health and Safety (OHS) worker guarantees have deteriorated as a result of the vast changes to all world economic sectors (from the primary to the tertiary; Fig. 1). Between-country labour exchange is an ongoing reality, especially in agriculture. The migrations from Africa to Europe (Montoya-García et al., 2013), from Mexico to the United States (Habib and Fathallah, 2012), and from Mexico to Canada (Bauder, 2008) are clear examples. Employers have been confronted with different languages, cultures, and capacities (among many other worker characteristics), obligating major changes to the work environment.

Svensson et al. (2012) classified the global OHS investigations concerning agricultural immigrant workers into twelve groups: illnesses and associated occupational injuries; chemical effects; ergonomic conditions and musculoskeletal injuries; the effect of working hours; psychosocial conditions; housing conditions; access to basic services; undocumented status, discriminatory situations, or precarious working conditions; the consequences of increased migration to agricultural working environments; models to address problems; "best practices"; and working conditions. The last nine are clearly related to psychosocial risk management, highlighting its importance.

In general, foreign workers are more likely to take hazardous jobs or those of the native population because of low social status, low wages, or harsh conditions. In addition, these jobs are associated with social exclusion, a lack of safety and health training, fear of reprisals for demanding better working conditions, communication difficulties, and a lack of health supervision (especially in countries in which this supervision is not possible). Therefore, the conditions of the foreign worker are a major source of occupational health inequality (Benach et al., 2010).

Many researchers (Kim et al., 2012; Muntaner et al., 2012a,b) analysing the relationships among social class, occupation, and health have concluded that the globalisation of labour relations in different countries requires new methodologies or study concepts. Thus, workplace psychosocial risks influence employee health and are directly related to worker nationality and social status (Muntaner et al., 2011a,b).

Agriculture has not been well studied compared with other economic sectors (ILO, 2013; see Fig. 1), and government labour-risk management policies have focused on the fatal accidents that are more numerous in secondary and tertiary sectors (Zhangtao, 2010; Fabiano et al., 2004; Pérez-Alonso et al., 2011a, 2012). Social and cultural isolation often occurs among immigrant farm workers, primarily because of language and cultural barriers (EU-OSHA, 2007). Regulations on OHS and worker rights is a recurrent problem in debates on immigration (Ivancheva, 2007). Agriculture is the economic sector with the longest history of work programmes for temporary immigrants (Preibisch, 2010). Male immigrant workers for seasonal agricultural tasks show cognitive loads for not having a better work atmosphere (England et al., 2007). Cognitive load, together with social isolation are often related to alcohol and drug abuse (Duke and Carpinteiro, 2009; Bletzer and Weatherby, 2009).

EU-OSHA (2007) warns of the lack of studies on migrant and native workers and their interactions in the same job, and also indicates that migrant workers hold the worst jobs in terms of wages, working hours, training opportunities and OSH. Regarding the difficulties of migrant workers EU-OSHA (2009) proposes several lines of research and development, focusing on courses of training and integration. More recently, EU-OSHA (2013a), insisted on courses for the integration of immigrant workers. Some of these lines of improvement have already been developed and implemented in different companies, with excellent results (EU-OSHA, 2004).

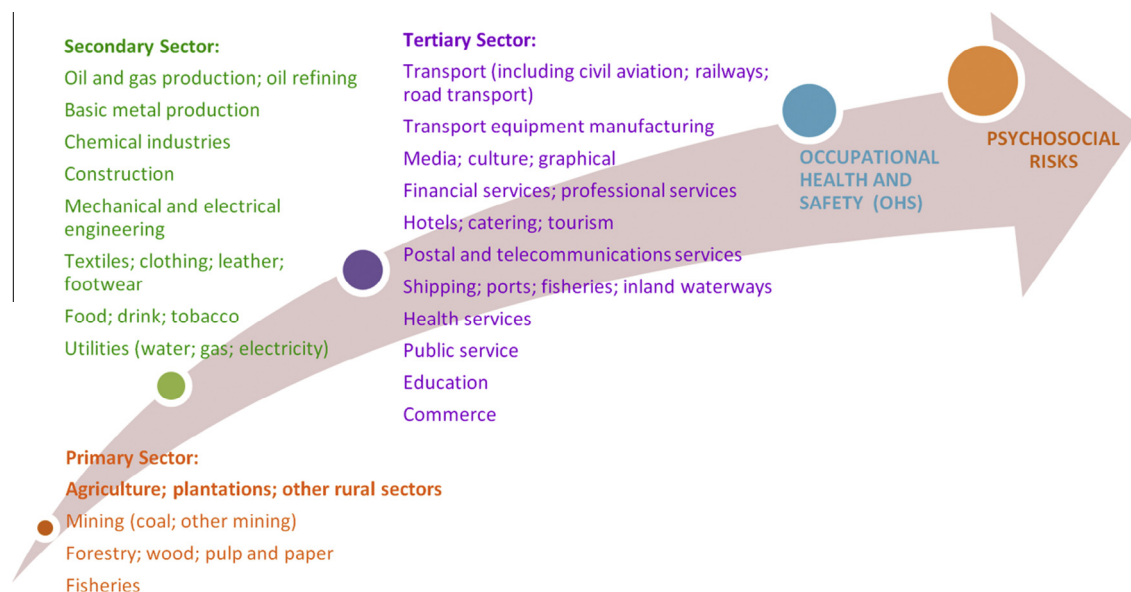


Fig. 1. Economic sectors evaluated in OHS (ILO, 2013).

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