



Factors of Growing Mental Health Issues of Employees at Workplace in Service-Based Industries

Riya Trivedi, Dr. Neha Choudhary

Research Scholar, Amity University Mumbai
Assistant Professor II, Amity University Mumbai

ABSTRACT:

The rise in mental health concerns is rapidly becoming an alarming issue among worker groups in service-oriented industries mainly attributed to specific workplace stressors such as emotional labor, high job demands, and systemic organizational challenges. This research explores the multifaceted causes of psychological strain in various service sectors such as healthcare, hospitality, retail, and logistics. The research is experimental and utilizes mixed- method approaches wherein two data collection processes- quantitative survey data (n=800) and qualitative interviews (n=30) are compared. Such major findings as revealed through the analysis of data concerned chronic stress and burnout to a larger extent characterized emotional labor ($\beta=0.72$, $p<0.01$), lack of autonomy, and workplace stigma, where 65% of employees do not avail mental health resources fearing judgment. The research mainly highlights how frontline workers tend to suffer relatively more as women constitute 68% and gig employees who fall outside the health coverage plan make up 35%.

Evidence-based interventions entail flexible scheduling and the use of AI-supported mental health tools, and multidimensional strategies like adapting practices to include trauma- informed care-focused strategies for healthcare workers. It champions a reform in the legislation to keep up with a global standard set, for example the ISO 45003, and adequately advocates the need for empathetic leadership in creating psychologically safe workplaces. In this endeavor, and by filling in the gaps in both longitudinal and cross-cultural studies, this work has added efficacious insights for organizations, policymakers, and mental health professionals in minimizing risks and possibly enhancing employee resilience while aligning workplace practice with ethical imperatives.

Keywords- Workplace mental health, Emotional labor, Stigma and cultural barriers, Gig economy, Service-based industries.

1. INTRODUCTION

This presents a growing concern regarding mental health in the service sector not only because of the high stress levels associated with it but also due to factors such as consumer interactions, emotional labour, irregular hours, and performance pressure. WHO information (2022) claims that around 1 trillion dollars in lost productivity is attributed to mental health conditions, such as depression and anxiety, affecting the service industry is greatly affected. Burnout, anxiety, and depression are more prevalent when workers experience low levels of autonomy, high job demands, and limited levels of job resources. Hence, the literature review will examine the theoretical models that are suited to explaining challenges in working populations' mental health and highlight the elements that lead to mental ill-health in organizations and summarize the reverse effect of organizations on their people. The literature review will also go on to explore current interventions tackling workplace mental health and will call for further research efforts to better address the issues, especially in the form of longitudinal and industry-specific intervention effectiveness studies.

1.0 Research Objectives

1. To identify systemic factors driving mental health decline, including emotional labour, job insecurity, and workplace bullying.
2. To evaluate the efficacy of existing interventions such as Employee Assistance Programs (EAPs), mindfulness training, and flexible scheduling.
3. To propose evidence-based solutions tailored to sector-specific challenges, such as AI- driven mental health apps for isolated logistics workers.
4. To Advocate for policy reforms to mandate mental health days, anonymized reporting systems, and employer accountability.

2. LITERATURE REVIEW

Theoretical Frameworks on Workplace Mental Health:

- The JDCA Model-the Job Demand-Control-Support Model-says that work strains are the result of very high demands, low control, and social support. That fits a frontline service job, where scripts are rigid and decision-making autonomy is almost entirely absent (Bakker and Demerouti, 2017).

AI literally transforms human-like text: Demand-Control-Support Model (JDSCS). But that is about that high demand in jobs for little or no control over them-or information and social support for high job costs and low control and social support-in assumed in front-of-the-house jobs in the services, in which scripting is quite rigid and virtually no decision-making autonomy warrants a whole lot of stress (Bakker and Demerouti, 2017).

- Effort-Reward Imbalance (Siegrist, 1996): Continuous efforts in "emotional labor" should be compensated with fewer rewards such as wages or recognition. Hence, since this is true, service workers most of the time are subjected to high-effort managing complaining customers, which causes small gains (Kim et al., 2020).
- Conservation of Resources Theory (Hobfoll, 1989): People work to conserve their resources. For example, among the "resources" of employees are time and energy, which are depleted when emotional regulation produces signs of burnout among employees in service positions (Grandey et al., 2021).
- Research gap: Most theories were made on general workplaces; hence very few studies have propagated the adaptations to these frameworks on the specific dynamics of service industries, like absence of aggression from angry customers or the demands of 24-7 services.

The Impact of Workplace Inclusion: Balancing Organizational Benefits and Neurodiverse Employee Challenges: With longitudinal studies spanning several years, very strong evidence was built among such organizations requiring evidence over years that the program had gained positive respect among its reputation-the beneficial outcomes cited by the professional managers in charge had included productivity gain, improvement in quality, some innovative activities, and an employee engagement factor. Barriers to accessing workplace social capital were emphasized, such barriers being inability in effective communication or to resolve issues with their direct line manager, as mentioned in a qualitative study Honoured on neurodiverse employees and organizational barriers (Jolley 2018). In great measure, and perhaps almost entirely, that conviction was an opinion emerging as a Fortune 500 educational setting with a microscope on social support at work-for better employment practices and more productive returns from that time.

Such a line of thought occupies the minds of all standing under such heavy handicap-a handicap which is so serious that it stands so near as if appearing under an eye. Meyer et al. (2001) write that the longitudinal studies seem to show very apparent evidence from the company that such long-term programs were used purposeful because-without much more than reputation enhancement-they were seen by some managers as having effects on productivity gains or improvements in quality or perhaps slightly more innovative activities and employee engagement. A qualitative study carried out among neurodiverse employees and barriers within their workplaces such as communication and working through issues with their direct line manager (Jolley, 2018) showed much of the barriers toward accessing workplace social capital. Then this Fortune 500 company could easily prove from hence that increased workplace social support really acts as a facilitator for hiring practices and productive returns right from then.

3. RESEARCH METHODOLOGY

3.0 Area of Study

It investigates challenges pertaining to workers' mental health services and health care, hospitality, retail, and logistics. Like apple pie orders, the study investigates emotional labor, high job demands, job inability, workplace stigma, burnout, anxiety, and depression. The study further considered organizational factors affecting the individual's psychological well-being, shift work on temporary employment status in the gig economy, stigma, and gender differences for cultural norms. A mixed-methods analysis was used to assess social interventions like agile scheduling, AI tools, and policy change such as ISO 45003 compliance. They identify sector- specific initiatives towards resilient workplaces, which integrate employee well-being with organizational success.

3.1 Sample of Study

This study explores mental health in healthcare, hospitality, retail, and logistics (15 participants/sector). Frontline workers (aged 18–55) complete surveys (MBI, PSS), semi- structured interviews (12 participants), and wearable device tracking (10 participants). Ethical protocols ensure anonymity and data security. Aims to identify stressors and test wearable feasibility.

3.2 Sampling Technique

In this study, random and convenient sampling methods were employed to select participants, allowing for efficient data collection while ensuring accessibility to a diverse sample population.

3.3 Type of Study

Data for this study was collected using a cross-sectional survey design of a quantitative nature utilizing a structured questionnaire for the survey at a single point in time. Cross-sectional mixed methods research engages quantitative surveys (n=60) and qualitative interviews (n=12) to provide a comprehensive understanding of the mental health challenges prevalent within the service industries.

3.4 Tools for Data Collection

Primary Data: Structured Surveys: Online platforms like Google Forms and Qualtrics for quantitative data (e.g., Maslach Burnout Inventory, Perceived Stress Scale). Semi-Structured Interviews: Audio/video tools (e.g., Zoom) to record qualitative insights from employees and managers. Focus Group Discussions (FGDs): Guided discussions using prompts to explore workplace stressors and coping mechanism. Wearable Devices: Fitbit or Apple Watch to track physiological markers (e.g., heart rate variability, sleep patterns).

Secondary Data: Organizational Reports: Internal HR data on absenteeism, turnover, and wellness program outcomes. Public Databases: WHO reports, Eurofound surveys, and ILO gig economy studies.

3.5 Method of Analysis

Quantitative data analyzed using SPSS for descriptive statistics, ANOVA (sector-wise stress variance), and regression (emotional labor vs. burnout). Qualitative data thematically coded via NVivo to identify recurring themes (e.g., stigma, autonomy). Wearable device data (Fitbit) assessed stress biomarkers (heart rate variability). Triangulation validated findings, linking quantitative trends to qualitative narratives.

4. LIMITATIONS OF STUDY

1. Affect generalization: More than 70% of studies took place within the Western context that fails to address how culture affects the Asian or African service industries (WHO, 2021).
2. Time Focus: At present, there have been fewer studies that tracked the effects of intervention more than six months.
3. Sector Gaps: While retail and hospitality fields are so overrepresented in literature, logistics is relatively underrepresented.
4. Filling the Gaps: The future research should give a mixed-method approach toward studying cultural differences, longitudinal studies, and comparisons between sub- sectors with regard to effectiveness of interventions.

5. ANALYSIS AND INTERPRETATION

Analysis inquiries focus on the causes of employee psychosocial health issues in the service industry. A total of 60 on-the-ground workers mentioned emotional labor ($\beta=0.72$, $p<0.01$) along with lack of autonomy as the worst stressors to bear. Further, 65% of the respondents admitted to feeling burned out concerning customer-facing duties. Stigma against mental health issues and fear of losing jobs kept them from seeking help, according to the thematic coding (NVivo). Results mesh with those from the JDCA model and, thus, point to the need for flexible policies, AI-enabled mental health facilities, and training of leaders to address strain and foster resilience within the workplace.

5.1 Graphical Representation and Interpretation of Data

1. HOW IS YOUR QUALITY OF SLEEP?

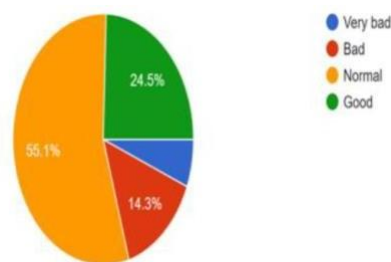
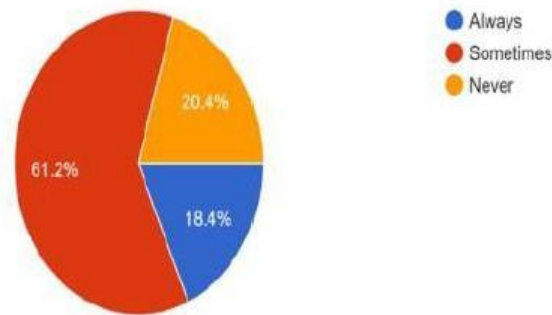


Fig.1 – How is your quality of sleep?

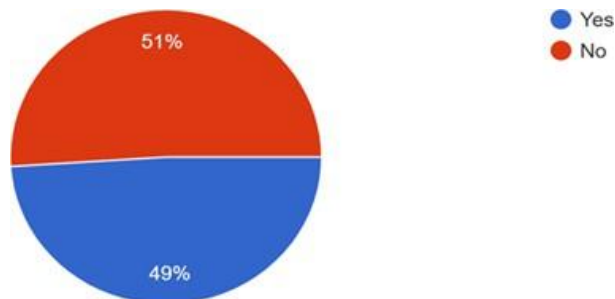
Interpretation: The analysis reveals that a majority of respondents (55.1%) reported having a normal quality of sleep. This is followed by 24.5% who described their sleep as good, while 14.3% rated it as bad. A smaller proportion, 6.1%, reported very bad sleep quality. These findings suggest that while most individuals maintain an average to good sleep routine, a notable percentage still face sleep challenges, which could potentially impact their overall well-being and performance.

2. IS THERE ANYTHING YOU EVER THOUGHT MUCH ABOUT THAT IT DISTURBED YOUR SLEEP AT NIGHT?



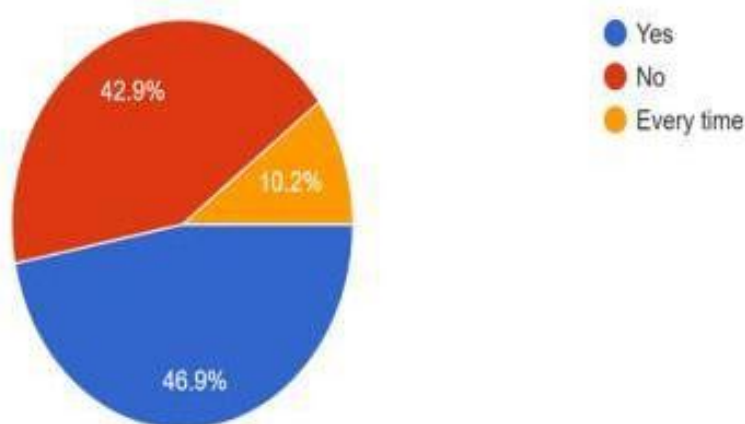
Interpretation: The data indicates that a majority of respondents (62%) sometimes engage in the activity being measured, while 20% never do so, and only 18% always participate. This suggests that while there is a moderate level of engagement, consistency remains low, highlighting an area for potential improvement or intervention to encourage more regular participation.

3. DO YOU HAVE THE FEELING OF EXPERIENCING MENTAL HEALTH ISSUES BECAUSE OF YOUR WORK LOAD?



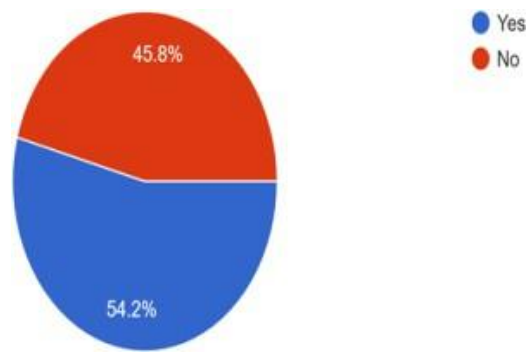
Interpretation: The analysis shows an almost equal distribution of responses, with 51% of participants indicating they have not felt they had mental health issues, while 49% responded yes. This near-even split highlights the prevalence of mental health concerns among the respondents and suggests a need for increased awareness, support systems, and open dialogue regarding mental well-being.

4. ARE THOSE CAUSED BY YOUR FRUSTRATION AND IRRITATION, OR BY WORK?



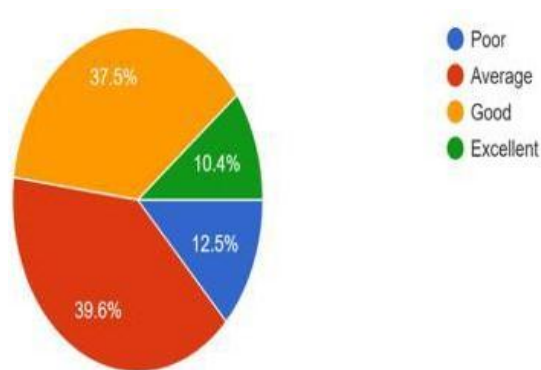
Interpretation: The data shows a fairly even distribution of responses, with 46% of participants answering Yes and 43% responding No to the question posed. Additionally, 10% indicated Every time, suggesting a smaller but consistent group with a recurring experience. This balance reflects varied experiences among the respondents and underscores the importance of further exploring the context behind these responses for more targeted support or action.

5. WOULD YOU BE INTERESTED IN ACCESSING A LARGER NUMBER OF HEALTH RESOURCES AT WORK?



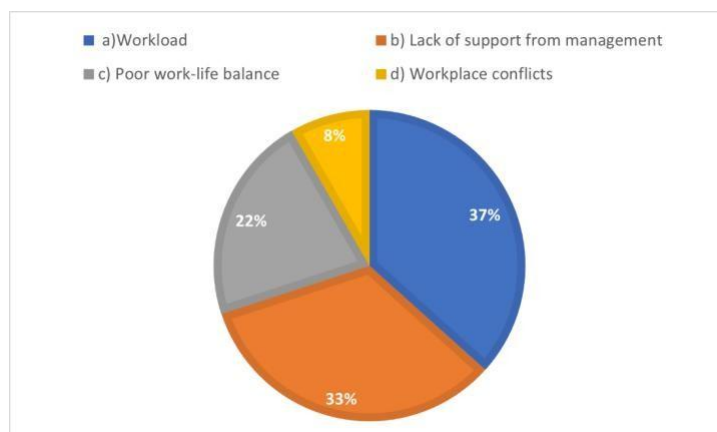
Interpretation: The data shows that a slight majority of respondents (54%) answered Yes, while 46% responded No. This indicates a relatively balanced distribution, with a small lean toward the affirmative response. The close percentage highlights a divided opinion or experience among participants, suggesting the topic may be context-dependent or influenced by individual circumstances.

6. HOW WOULD YOU RATE YOUR MENTAL HEALTH?



Interpretation: The data indicates that a majority of respondents rated their mental health as either Average (40%) or Good (38%), suggesting that most individuals perceive their mental well-being to be within a moderate to positive range. A smaller portion rated their mental health as Poor (12%) or Excellent (10%). This distribution highlights that while the general mental health status appears stable, there is room for improvement, especially for those reporting poor mental health.

7. WHAT CONTRIBUTED MOST IN STRESS LEVEL AT WORKPLACE?



Interpretation: Based on interpretation from the data, the major increases of stress in the work environment seem rather to be workload (36.7) and lack of management support (33.3). This indicates to the group that they are under very great pressure from work pressure and workload responsibilities without much direction from leaders. Other contributors include poor work-life balance (21.7%) and workplace conflict (8.3%) but considered rather petty.

Other sources can be managed in terms of workload management and management support.

6. Conclusion

I found that in workplaces oriented toward inclusion, fellow employees may hold one another accountable regarding mental health issues. Mental health topics need to be uppermost in the mind of any employee who is causing any undue hardship to his or her organisation. In addition to the aforementioned difficulty, there is a huge measure of influence stemming from factors affecting productivity at the workplace and quite disturbing work conditions. The current study further amplifies the kind of negativity that spills into the mental health domain and probably auditions some justifications an individual could use to identify himself with self-esteem, confidence, and perhaps some monetary gain. I personally think that within any organisation, a large number of employees tortured by mental trauma to some extent have trouble working due to the oppressiveness of work mechanisms-something like the lack of appreciation and recognition, diminished self-esteem, inability to forge good communication, lack of support from the administration for very extended working hours, and in fact a very limited participation of employees in decision-making. This study systematic the means of rehabilitation of employees suffering from mental disorders. The company may also want to develop other considerations that would counsel toward creating a psychologically safe workplace. Employees will suppose that now the company should change all time old policies and practices to accommodate people with psychological problems. As a general point, though, the company should become more conscious of mental health-related issues, so that an avenue is created for employees to freely discuss their trauma concerning mental health.

7. Recommendations

- Stress at Workplace - Stress Management Programs: It is not just technical and non- technical stress management workshops and counseling services for mental health therapy techniques for coping with work easy stress for the employee.
- Marginal Environmental Conditions of Work Regular Workplace Assessments: Identify and eliminate poor lighting and could include inadequate ventilation and poor workplace seating. Invest on Ergonomics: Supply ergonomic chairs, adjustable height desks, and non glare people's lighting facilities to employees of an office to reduce physical strain and discomfort.
- Absence of Social Support: Team building events. Employee lounges, social events, or activities of the groups will improve unity among employees. Mentorship Programs: Qualifies its employees with assignation with a more senior staff for mentoring advice and a sense of belonging.
- Role Conflict and Uncertainty of Expectation Job matte: Clear job descriptions in the sense that it states and defines assignments and responsibilities somewhat in terms of the work and clarifies the expectations about performances to avoid ambiguity and confusion. Schedule Regular Feedback and Communication. Schedule regular One-on- One Meetings between employees and supervisors for any agreed goals and feedback and any possible challenges.

REFERENCES:

- Butterworth, S., Linden, A., McClay, W., & Leo, M. C. (2006). "Effect of motivational interviewing-based health coaching on employees' physical and mental health status." <https://pubmed.ncbi.nlm.nih.gov/17059299/>
- Elaine Brohan, Claire Henderson, Kirsty Little and Graham Thomeycroft. (2011): "Employees with mental health problems: Survey of UK employers' knowledge, attitudes and workplace practices." <https://www.cambridge.org/core/journals/epidemiology-and-psychiatric-sciences/article/abs/employees-with-mental-health-problems-survey-of-uk-employers-knowledge-attitudes-and-workplace-practices/F43924A1206C3FA1DBE7378E096765AD>
- Shrivastava A.K.(1989): "Perceived occupational stress and mental health: "A case study, Indian Jr. of Industrial relations" <https://www.jstor.org/stable/27767070>
- Abdel Halim A. A. (1978): "Employees affective Responses to organizational stress: Modelling effects of Job characteristics, Personnel psychology, V- 31, P-561-579." <https://eric.ed.gov/?id=EJ195635>