

# Low-status jobs with high vulnerability during pandemic

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Workplace infection risk and failing crisis information dissemination are both factors contributing to high incidence of COVID-19 among foreign-born workers in low-status occupations, a report from the University of Gothenburg's Unit of Occupational and Environmental Medicine shows.

Prevalence of COVID-19 is not only high among employees in the health and social care sectors. Overrepresentation is also prevalent in jobs characterized by low pay, low educational requirements, and a high proportion of foreign-born workers.

An interview study conducted by researchers at Occupational and Environmental Medicine, Sahlgrenska Academy at University of Gothenburg, and at Angered hospital, has focused on elevated risks of COVID-19 infection in [taxi drivers](#), bus- and tram drivers, pizza bakers, cleaners, and janitors.

The strength of the study lies not in its size—the number of interviewees was limited to 11—but in the [information](#) is obtained from people from especially [vulnerable groups](#), who seldom take part in research studies. The researchers thus found new themes that can form the basis for larger studies.

The interviewees' countries of origin were Iraq, Palestine, Somalia, Syria, and Turkey. The interviews were conducted in various languages, using semi-structured methodology, which combines a fixed template with open-ended questions allowing participants to describe their situation freely.

## **Exposed to infection**

Workplace infection risks were mainly due to a lack of adequate protective equipment and to close proximity with other people. Taxi drivers might, for example, get explicit instructions to help people with physical disabilities on transportation service journeys.

"When we get a booking, it's sometimes stated in detail that we have to go up to the apartment to assist the customer down to the car. Most of them are older people, who need help in getting from their apartment

door to the car door," says a taxi driver in the report.

Nearly all the participants had numerous social contacts, with both colleagues and others. Most were able to adhere to social distancing at work. Hospital cleaners, who are one example of an exception, described cramped spaces and belated introduction of protective measures.

In summer 2020, plastic gloves were the only personal protective equipment available for use when cleaning hospital rooms where COVID-19 patients had been cared for. As one interviewee said, "At the beginning, they sent us to a ward called an [intensive care unit](#), we went there without protection, without mouth protection, last summer."

Other interviewees also testified to scarce or delayed protective measures and employers who turned a blind eye when staff came to work with obvious symptoms of illness.

## **Customized crisis information lacking**

Another aspect that seemed highly important was shortcomings in the initial crisis information that was disseminated. The Swedish Public Health Agency was unknown to many, and there was no information outreach to them in a language they understood.

Their sources were often social media, and media from their former homeland. A bus driver describes the situation in spring 2020: "Swedish children stopped taking the bus, our compatriots and their children continued traveling by bus. I felt that Swedes had more information about corona."

However, several mentioned the local health center as a trusted place to which they could turn to. A janitor in the report says, "I'm newly arrived in Sweden, and there are lots of websites linked to government agencies

I lack information about. I don't know who to contact, perhaps I'll go to the local health center or the pharmacy."

According to the researchers, knowledge about the relevant occupational groups' vulnerability has been relatively sparse. Mia Söderberg, a researcher at Sahlgrenska Academy's Unit of Occupational and Environmental Medicine, University of Gothenburg, and the study's first author:

"Our aim with this study is to enhance the understanding of structural inequalities, to avoid that blame for the spread of infection and disease being put on groups who, in their lives, lack influence over the structures that govern their life situation," she says.

**More information:** Report (in Swedish): [www.amm.se/wp-content/uploads/...\\_till-information.pdf](http://www.amm.se/wp-content/uploads/..._till-information.pdf)

Provided by University of Gothenburg

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