

COMMENTARY

Dirty work on the COVID-19 frontlines: Exacerbating the situation of marginalized groups in marginalized professions

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As a result of the COVID-19 pandemic, Rudolph et al. (2021) argue that frontline health care workers are facing very high levels of job stressors and strains, which may develop into detrimental long-term outcomes. In addition, they point to the heavy burden of jobs in “businesses that continue to provide service to the public” (p. X). Although we agree with these points, we believe that the full costs borne by those working on the COVID-19 frontlines have been understated, as well as the reasons why. In this commentary, we argue that the burden from the global pandemic falls heavily on often marginalized groups working in so-called “dirty jobs” (i.e., “occupations that are likely to be perceived as disgusting or degrading,” Ashforth & Kreiner, 1999, p. 413) who already face serious preexisting health and socioeconomic disparities. The pandemic has merely exacerbated such preexisting workplace inequalities. To protect these vulnerable workers, we pose potential interventions at the national, community, and organizational levels. We conclude our commentary with thoughts on how we can find a silver lining in the COVID-19 pandemic.

Dirty work during COVID-19: The double-whammy effect

In the current pandemic, the notion of essential work has received enormous attention. A job is defined as essential if it is vital for promoting a populations’ health and welfare, and so it must be maintained, even in a disaster (e.g., Blau et al., 2020). Such occupations clearly include health care workers but also grocery store workers, janitors, farmworkers, warehouse workers, long-haul truckers, and bus drivers. What unites all of these jobs is their inability to operate remotely (a privilege of researchers and many other professions; Gamio, 2020). Instead, these employees work daily on potentially contaminated frontlines.

At the same time, many of these jobs have been collectively referred to as *dirty work*. Before the pandemic, employees in these jobs already experienced several inequalities. First, dirty jobs are associated with precarity (e.g., Kalleberg, 2009): Workers in dirty jobs are often compensated with low wages and experience high job insecurity due to seasonal work and temporary contracts; as well, they have little or no access to basic benefits (e.g., Gamio, 2020). Second, dirty jobs are oftentimes risky, physically strenuous, and carried out in noisy and contaminated environments. Third, many dirty jobs are held by members of ethnic minority groups (e.g., Landsbergis et al., 2014) who already face preexisting health disparities due to “inequities in living, working, health, and social conditions that have persisted across generations” (Centers for Disease Control and Prevention, 2020).

These preexisting inequalities likely make essential workers in dirty jobs more vulnerable to the COVID-19 pandemic and exacerbate their hardships, contributing to even greater inequalities in

the future. Within the United States alone, thousands of reports have documented workplaces (e.g., grocery stores, food processing plants, health care settings) operating without proper provisions of social distancing measures, disinfection, and personal protective equipment (e.g., Whoriskey et al., 2020). A recent report showed that workers in dirty frontline jobs are oftentimes working in cramped spaces and thus face the highest risk of a COVID-19 infection (Gamio, 2020). Moreover, in the US, only 47% of workers in the bottom quartile of earners have paid sick leave (in contrast to 92% of workers in the top quartile; Gamio, 2020). These workers may feel forced to work while sick, thus contributing to COVID-19 transmissions. In sum, workers in dirty jobs are at a higher risk of exposure to the coronavirus, and because of their preexisting health inequalities, they are more vulnerable to its effects. Despite the increased risk of transmission and infection, many workers in dirty jobs are also at an economic disadvantage due to their relatively low wages, coupled with financial and job security pressures to remain at work even when they or a family member falls ill. Together, this may create a perfect storm jeopardizing individual and public health.

This dilemma is evidenced by an accumulating number of statistics, media reports, and incidents of coronavirus hotspots. First, data on registered deaths in England and Wales show a sharp divide between COVID-19 deaths in professional and managerial versus manual occupations (Williams, 2020). Second, the Centers for Disease Control and Prevention (2020) report that “systemic health and social inequities” place ethnic minority groups at “increased risk of getting COVID-19 or experiencing severe illness, regardless of age” and at rates four to five times greater than non-Hispanic White persons. Reports from India point to a similar direction, noting that “some of the worst sufferers of the COVID-19 pandemic are India’s ‘untouchables’”—people who stand outside the four main groups of the Indian caste system and usually occupy dirty jobs (Ganguly, 2020). Third, recent workplace COVID-19 outbreaks have revealed highly precarious working conditions that appear to be standard in certain industries (e.g., agriculture, meatpacking, textile) that often employ large numbers of migrant workers who live and work in poor and cramped conditions rendering social distancing impossible (e.g., Pittam, 2020; Ziady et al., 2020).

Protecting marginalized workers on the COVID-19 frontline: A contextual perspective

Clearly, the causes and remedies for the conditions faced by essential workers on the COVID-19 frontlines are complex and far reaching. However, psychosocial theories and research provide useful directions to identify promising interventions to better protect essential workers. According to conservation of resources theory (Hobfoll, 1989), individuals potentially have access to numerous resources in the form of objects (e.g., housing, food), conditions (e.g., stable employment, status), personal characteristics (e.g., self-efficacy, optimism), and energies (e.g., social support). When resources are lost or threatened, stress can result. Of particular relevance to marginalized essential workers in dirty industries with often precarious positions, those who already lack resources are more likely to experience future resource loss.

If resource depletion partially explains adverse effects on already vulnerable workers, it also provides clues to potential remedies. Specifically, the provision of macro-level resources (e.g., social equality, public policies, organizational resources, Hobfoll, 2001) may serve to offset and/or attenuate these effects. Indeed, at the national level, Debus et al. (2012) demonstrated that the relationships between job insecurity—a stressor often faced by essential COVID-19 frontline workers—and adverse outcomes were attenuated among workers who live in countries with more generous social safety nets. Similarly, early evidence from the COVID-19 pandemic (Probst et al., 2020) suggests that job insecure workers in U.S. states with more robust unemployment wages were more likely to enact the recommended COVID-19 prevention behaviors (e.g., maintaining social distance, frequent handwashing and disinfection) compared with their counterparts working in states with less generous unemployment benefits. In both articles, the authors argue that

knowledge of a social safety net to “catch them if they fall” may alleviate the stressor of precarious employment.

Research at the community level (Probst *et al.*, 2018) found that the population health context (i.e., community socioeconomic factors, access to/quality of health care, environmental aspects such as housing and public transportation) had effects on employee health and well-being but also attenuated the negative effects of economic deprivation and financial strain. Given that essential workers are often at the low end of the income inequality differential and tend to live in communities with poor population health contexts (e.g., food deserts, long commute times, poor health care), these findings can be discouraging. Yet, they also offer an empirical (in addition to the moral) imperative to address the many societal inequalities already faced by workers in dirty jobs. At the organizational level, research from industrial-organizational (I-O) psychology (e.g., Christian *et al.*, 2009) highlights the need to develop a strong safety climate, where, in the context of the COVID-19 pandemic, workers are provided with adequate protections and encouraged and rewarded for complying with protection guidelines. Organizations should offer paid sick leave and establish positive workplace norms encouraging workers to use such leave when they are ill or exposed to the coronavirus.

Although these studies indicate a number of measures that may be applied at the national, community, and organizational levels, we entreat I-O scholars to undertake research on other forms of interventions that may alleviate the myriad stressors uniquely faced by vulnerable workers on the COVID-19 frontlines. In 2017, Gloss *et al.* argued that our discipline needs to move away from being handmaidens to corporate interests and focus more on alleviating the inequalities encountered by people living in multidimensional poverty stemming from a lack of financial resources and opportunities to fully participate in society due to physical, social, or other barriers. As many before have asked, “If not us, who? If not now, when?”

Is there a potential silver lining? Status increase of people working in dirty jobs

The current situation faced by essential workers on the COVID-19 frontlines is, in many ways, disheartening. Yet, there may be a silver lining. The COVID-19 pandemic might have changed our collective understanding and public regard of dirty work (Gallup, 2020). Realizing their importance to societal well-being, communities have shown their recognition for essential workers with rituals such as clapping and singing (e.g., Hinnant, 2020). Also, political leaders have expressed their gratitude: After being discharged from the hospital, British Prime Minister Boris Johnson thanked the health care team, including two nurses from overseas, for ensuring his survival of COVID-19 (Booth *et al.*, 2020). Essential workers appear to have taken note: A recent poll (Ibbetson, 2020) shows that they perceive an increased appreciation of their work after the COVID-19 outbreak (but see Hennekam *et al.*, 2020, for some remaining skepticism). This strengthened perceived occupational social worth (Grant, 2008) could be a protective factor for essential workers when dealing with the stressors encountered at work *and* at home during the pandemic. Calls for more tangible recognition of essential work have also become louder in the public discourse, with many countries having already decided on financial bonuses for health workers (Williams *et al.*, 2020).

Yet, we hope that the tangible and intangible recognition of dirty but essential work will be continuously and sustainably improved. This entails, but is not limited to, the destigmatization of these occupations and the provision of safe and enriching working conditions, as well as appropriate remuneration. However, improving the recognition of essential work is not enough. We must also make sure that marginalized groups will benefit from this change and that the more powerful will not push them out of these occupations once they become more valued. Using lessons learned from the gentrification of neighborhoods and subsequent displacement of communities of color and low-income residents (Marcuse, 1985), we must ensure that marginalized employee groups will not have an analogous experience.

In closing, the situation faced by essential workers during the COVID-19 pandemic is far more complex than Rudolph et al. (2021) could portray—with long-standing sociocultural and economic roots. By delineating some of the causes and effects of the burdens borne by workers on the COVID-19 frontlines, as well as potential remedies at the organizational, community, and societal levels, we hope to spur research that will address these disparities and that will have long-lasting beneficial effects, long after the pandemic is over.

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