The COVID-19 pandemic has drawn attention to the essential work of hospital service, clerical, and technical workers. Yet, their pay does not reflect the importance of their work and many hospital workers experience material hardships because they do not make enough to meet their basic needs.

Research has documented the negative effects of material hardships on health and the negative effects of stress on health. Yet, there is little discussion of the relationship of both material hardships and stress on health.

This brief examines the relationships among material hardships, stress, and health in a sample of hospital workers* in Southwest Pennsylvania. Its goal is to answer the question: Do material hardships increase stress thereby affecting health?

Data are from the second wave of a survey of hospital workers employed in a hospital in Southwest Pennsylvania (N=257). These workers were predominantly women (84%). Over half of the study participants self-reported as White (57.20%), followed by Black (36.96%). Almost one-third had an associate degree or higher. Hospital workers’ average hourly wage was $16.32. Over 70% experienced financial hardship and food insecurity, and almost 50% reported medical hardship.

Path models were estimated to test for the relationships among material hardships, stress, and health outcomes. Socio-demographic characteristics (i.e., age, race, educational attainment, and wage) were included in our model as they are associated with material hardships and health.

* In the remainder of this brief, we use “hospital workers” to include service, clerical, and technical hospital workers.
Results from the model revealed:

- Hospital workers experiencing financial hardship and food insecurity reported higher levels of stress. The experience of medical hardships was not related to higher levels of stress.

- Stress was related to both mental health and physical health; workers with higher levels of stress were more likely to report poorer mental and physical health.

- Financial hardships, material hardships and food insecurity did not have a direct effect on mental health, whereas medical hardships directly affected physical health.

Overall, results show that stress significantly mediated the associations between financial and food hardships and mental health. By contrast, stress did not mediate the relationships between material hardships and physical health. Thus, hospital workers who experienced financial and food hardships may be at greater risk for poor mental health through increasing levels of stress.
CONCLUSION

WORKERS DO NOT MAKE ENOUGH MONEY TO MEET THEIR BASIC NEEDS

Many service, clerical, technical hospital workers are unable to meet basic needs even though they make significantly more than the minimum wage (http://www.pittsburghwagestudy.pitt.edu/wp-content/uploads/2020/04/Does-it-Help_W1-Research-Brief.pdf). Most of these workers cannot afford to put food on the table, meet basic financial needs or pay the increasing costs of housing and health care. As has been evident during the pandemic, these workers put the interests of patients and the public before their own yet are unable to meet their own needs (http://www.pittsburghwagestudy.pitt.edu/wp-content/uploads/2020/03/essential-hospital-work-Final.pdf).

MATERIAL HARDSHIPS INCREASE STRESS AND WORSEN HEALTH

The material hardships experienced by hospital workers impact their stress levels and increased stress is related to poorer health and mental health outcomes. Improving resources through higher wages, better healthcare coverage, rent support, food assistance and tax credits can help low-wage workers cover their basic necessities, thereby lowering stress levels and promoting worker health. The COVID-19 crisis has sparked debates on easing eligibility for some benefits, such as Medicaid and SNAP. Efforts to better support workers through a combination of wage increases and a stronger safety net are essential if we truly value these workers.

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