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Self-perception of occupational health in administrative staff of temporary services companies: cross-sectional case study with GHQ-30

Autopercepción de la salud laboral en personal administrativo de empresas de servicios temporales: estudio de caso transversal con GHQ-30

Yulianis Carolis Herrera Guerra
Corporación Universitaria Minuto de Dios – UNIMINUTO. Barranquilla, Atlántico, Colombia
yulianis.herrera@uniminuto.edu.co; https://orcid.org/0009-0008-1617-4757

Ronald Alfredo Acuña Blanco
Corporación Universitaria Minuto de Dios – UNIMINUTO. Barranquilla, Atlántico, Colombia.
ronald.acuna@uniminuto.edu.co - https://orcid.org/0009-0001-8356-8472

Cristian David Diaz Hernández
Corporación Universitaria Minuto de Dios – UNIMINUTO. Barranquilla, Atlántico, Colombia.
cristian.diaz-h@uniminuto.edu.co - https://orcid.org/0009-0009-5335-7971

Irlena Patricia Ahumada Villafañe
Corporación Universitaria Minuto de Dios – UNIMINUTO. Barranquilla, Atlántico, Colombia.
irlena.ahumada@uniminuto.edu - https://orcid.org/0000-0002-0557-122X

Carlos Alberto Severiche Sierra
Corporación Universitaria Minuto de Dios – UNIMINUTO. Barranquilla, Atlántico, Colombia.
carlos.severiche@uniminuto.edu.co - https://orcid.org/0000-0001-7190-4849

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ABSTRACT

This study assessed the self-perception of occupational health among administrative personnel in temporary staffing agencies, a workforce exposed to high administrative demand, task variability, and non-standard employment arrangements. We conducted an observational, cross-sectional, analytical study using convenience sampling. Twenty workers completed a sociodemographic-labor questionnaire and the 30-item General Health Questionnaire (GHQ-30) as a screener for common mental distress. The sample showed a female predominance and high educational attainment, with ages concentrated in mid-career adults and long service trajectories. Screening identified impairment in at least one dimension in more than half of participants, with a predominance of psychosomatic symptoms and anxiety/insomnia, whereas social dysfunction and depression contributed less. Overall distress was heterogeneous: profiles of low/mild impairment coexisted with a subgroup with high intensity, suggesting internal gradients potentially associated with workload, intensified pace, perceived job insecurity, and uneven organizational support. These findings align with psychosocial risk frameworks (demand–control; effort–reward) and international literature linking temporariness, role rotation, and reduced control to poorer mental health. We recommend integrating the GHQ-30 into Occupational Health and Safety Management System (OHSMS) surveillance in temporary staffing agencies, prioritizing interventions on workload and time management, predictability of assignments, supervisory support, and sleep/recovery strategies. Main limitations small sample size, non-probability sampling, and cross-sectional design constrain generalizability and causal inference; nonetheless, the results provide useful inputs to guide preventive actions and to inform future studies with larger probabilistic samples and longitudinal designs.
KEYWORDS: Occupational Health; Mental Health; Working Conditions; Workers; Service Industry.

RESUMEN

Se evaluó la autopercepción de la salud laboral en personal administrativo de empresas de servicios temporales, un colectivo expuesto a alta demanda administrativa, variabilidad de funciones y marcos de contratación no estandarizados. Se realizó un estudio observacional, transversal y analítico con muestreo por conveniencia; participaron veinte trabajadores que diligenciaron un cuestionario sociodemográfico-laboral y el GHQ-30 (tamizaje de malestar psíquico). La muestra presentó predominio femenino y alta cualificación académica, con concentración etaria en adultos en etapa laboral intermedia y trayectorias prolongadas de servicio. El tamizaje identificó afectación en al menos una dimensión en más de la mitad de los participantes, con predominio de síntomas psicosomáticos y quejas de ansiedad/insomnio, mientras que disfunción social y depresión tuvieron menor peso relativo. La distribución de la afectación global fue heterogénea: coexistieron perfiles de baja/leve afectación con un subgrupo de alta intensidad, sugiriendo gradientes internos posiblemente asociados a cargas de trabajo, ritmos intensificados, inseguridad percibida y apoyos organizacionales dispares. Estos hallazgos se alinean con marcos de riesgo psicosocial (demanda–control, esfuerzo–recompensa) y con la literatura internacional que vincula temporalidad, rotación y menor control con peor salud mental. Se recomienda integrar el GHQ-30 a la vigilancia del SG-SST en EST, priorizando intervenciones sobre gestión de carga y tiempos, previsibilidad de asignaciones, apoyo supervisor y estrategias de sueño/recuperación. Las principales limitaciones tamaño muestral acotado, muestreo no probabilístico y diseño transversal restringen la generalización y la inferencia causal; no obstante, los resultados aportan insumos pertinentes para orientar acciones preventivas y futuras investigaciones con mayor alcance y carácter longitudinal.

PALABRAS CLAVE: Salud Laboral; Salud Mental; Condiciones de Trabajo; Trabajadores; Industria de Servicios.

INTRODUCTION

Mental health at work is a critical determinant of well-being and organizational performance. The most recent joint guidelines note that psychosocial risks—high demands, low autonomy, insufficient recognition, and role conflict—contribute to common mental disorders and impaired social functioning, with measurable effects on productivity and safety (World Health Organization & International Labour Organization, 2022). Within this framework, self-rated health offers a sensitive indicator of distress and the need for early intervention in high-pressure administrative work environments (Borja & Severiche, 2025).

Employment transformations have increased the presence of non-standardized arrangements, temporary employment, subcontracting, and mission work, with documented impacts on mental health (Posada et al., 2024). International evidence shows consistent associations between precarious employment and an increased risk of anxiety-depressive symptoms, insomnia, and psychosomatic distress, particularly when high demands and low control coexist (International Labour Office, 2016; Kim & von dem Knesebeck, 2015; Rönnblad et al., 2019). These findings support the need to systematically monitor the subjective experience of health in groups exposed to high turnover and job variability.

In the Ibero-Latin American context, specific frameworks and measures have been developed to characterize job insecurity and its relationship to health (Salas et al., 2024). The EPRES scale has demonstrated adequate psychometric properties in the Spanish-speaking population and has revealed dose-response gradients between job insecurity and poor mental health (Vives et al., 2010). Additional review and synthesis have consolidated job insecurity as an emerging social determinant of health with implications for surveillance and public policy in the region (Benach et al., 2014).

The Colombian case presents regulatory and management specificities that impact the organization of administrative work in temporary service agencies. The temporary service agency concept was introduced by Law 50 of 1990 and regulated, among other standards, by Decree 4369 of 2006. In parallel, the Occupational Health and Safety Management System is mandatory and is operationalized, among other instruments, by Decree 1072 of 2015 and Resolution 0312 of 2019 (Colombian Congress, 1990; Ministry of Social Protection, 2006; Ministry of Labor, 2015; Ministry of Labor, 2019). In population mental health, the National Mental Health Survey provides a useful epidemiological context to interpret patterns of psychological distress and demand for services (Gómez-Restrepo et al., 2016; Ministry of Health and Social Protection & Colciencias, 2015).

From a psychosocial risk perspective, the demand-control and effort-reward models explain plausible mechanisms for somatization, anxiety, and sleep disturbances in highly demanding administrative jobs with short response times and constant exposure to multiple management channels (Karasek, 1979; Siegrist, 1996; Stansfeld & Candy, 2006). These theories support interventions aimed at modulating workloads and rhythms, expanding decision-making margins, and strengthening recognition and support, with the goal of improving subjective health indicators.

In terms of measurement, the General Health Questionnaire (GHQ) has been established as a valid and reproducible screening tool for detecting psychological distress in the general and working population, with standardized scoring rules and extensive evidence of reliability (Goldberg & Hillier, 1979; Goldberg & Williams, 1988). The availability of Spanish versions and validations facilitates its comparative use in the region (Lobo et al., 1986; Sánchez-López & Dresch, 2008). In this context, this article analyzes the self-perception of occupational health in administrative staff of temporary service agencies, with the purpose of providing applicable evidence for the monitoring of the OSHMS and the prioritization of preventive actions in environments with high organizational variability

METHODOLOGY

A sequential mixed-method study was conducted, with the predominant quantitative phase adopting a non-experimental, cross-sectional, descriptive-analytical design, complemented by a brief qualitative phase focused on the interpretation of meanings (Creswell & Plano Clark, 2011). The methodological report followed the STROBE guidelines for observational studies (von Elm et al., 2007). The target population consisted of administrative staff employed by temporary service agencies (TSAs). Non-probability convenience sampling was used; the final sample consisted of 20 participants. They were eligible for being over 18 years of age, having at least six months' experience (either at the TSA or on assignment), being actively employed, and agreeing to give informed consent. Individuals on leave, medical disability, or being laid off at the time of the survey were excluded.

Self-perception of mental health was measured using the 30-item General Health Questionnaire (GHQ-30, Spanish version, self-administered), a widely used instrument for detecting psychological distress in the general and occupational populations (Goldberg, 1972; Goldberg & Williams, 1988). The GHQ scoring method (0–0–1–1) was followed, and scores were generated by dimension and overall; as a screening criterion, a "case" was considered when the total was ≥8, a decision supported by the instrument's technical literature (Goldberg & Hillier, 1979; Goldberg & Williams, 1988). To support cultural and linguistic validity, evidence of use/validation in the Spanish-speaking population was considered (Lobo et al., 1986; Sánchez-López & Dresch, 2008). Given the context of the ESTs, a brief contextual module (8–12 Likert-type items 1–4) was added on perceived job insecurity, role/location rotation, workload and pace, extended working hours and digital disconnection, supervisor/user company support, communication and recognition, based on the framework of precarious employment and its impacts on mental health (Virtanen et al., 2005; Vives et al., 2010; Benach et al., 2014; Rönnblad et al., 2019; International Labour Office, 2016). Sociodemographic and occupational variables (sex, age, education, seniority, type of contract, work modality, functional area and hours/week) were also collected for characterization and association analyses.

Data collection was carried out once using an online questionnaire (Google Forms), anonymous and restricted to one response per person. A cognitive pilot was previously conducted to ensure semantic clarity and estimate completion times (≈8–12 minutes). Statistical analysis included a descriptive component (frequencies and percentages; mean and SD or median and IQR according to distribution), after normality was tested using the Kolmogorov–Smirnov test (Altman, 1991). Associations between GHQ status (case/non-case) and occupational/sociodemographic factors were explored using Fisher's exact tests in categorical tables and Mann–Whitney tests for comparisons of non-normal ordinal/continuous variables, reporting estimates with odds ratios (OR) and 95% CI when relevant (Altman, 1991; Hosmer et al., 2013). The internal consistency of the GHQ-30 and the contextual module was estimated using Cronbach's alpha, interpreted with due caution due to the sample size (Cronbach, 1951). In all cases, a significance level of α=0.05 was considered, and interpretation based on effect sizes and interval precision was prioritized.

The study complied with the ethical principles of the Declaration of Helsinki (World Medical Association, 2013) and Colombian regulations for health research (Ministry of Health of Colombia, 1993). Informed consent was obtained digitally; anonymity, confidentiality, and the possibility of withdrawal without consequences were guaranteed. Given the focus on mental health, a referral route to institutional and community support services was available when scores suggested significant impairment, in accordance with international recommendations on mental health in the workplace (World Health Organization & International Labour Organization, 2022).

RESULTS

The sample included 20 administrative workers from temporary service agencies (TSAs), see Table 1. There was a predominance of women (75%) and high academic qualifications (85% with vocational training). The age structure was concentrated between 26 and 45 years (70%), with extensive work histories: 45% reported ≥16 years of service. These findings characterize an adult population, with experience and educational capital, operating in high-demand administrative contexts.

Table 1.

Sociodemographic and employment characteristics

Variable	Category	n	%
Sex	Female	15	75
	Male	5	25
Age (years)	≤25	1	5
	26–35	7	35
	36–45	7	35
	46–55	4	20
	≥56	1	5
Marital status	Single	7	35
	Married	10	50
	Divorced	1	5
	Widowed	1	5
	Free union	1	5
Schooling	Technical	1	5
	Technological	2	10
	Professional	17	85
Service time	1–4 years	4	20
	5–10 years	5	25
	11–15 years	2	10
	≥16 years	9	45

The mental health self-perception screening (GHQ-30) identified impairment in at least one dimension in 55% of participants. The predominant dimension was "psychosomatic symptoms" (25%), followed by anxiety/insomnia (15%), social dysfunction (10%), and depression (5%), see Table 2. This suggests that, in the administrative context of ESTs, somatic complaints of probable psychosocial origin and anxiety-insomnia complaints constitute the most frequent focal points, while depressive involvement was less common in this cross-sectional area.

Table 2.

Prevalence of involvement by dimensions of the GHQ-30

Dimension	Affected employees (n)	%
Psychosomatic symptoms	5	25
Anxiety and insomnia	3	15
Social dysfunction	2	10
Depression	1	5
≥1 dimension affected	**11**	**55**

When analyzing the total intensity of affectation (aggregate percentages reported per employee), the mean was 33% (median: 30%; SD: 21.3), with heterogeneous distribution and a subgroup with high scores (≥60%) in 25% of cases, which suggests differentiated profiles of well-being/discomfort within the group., see Table 3. The remaining majority was located between low and mild affectation, consistent with the variability of demands and support in administrative roles.

Table 3.

Distribution of total GHQ-30 involvement (by %) ranges

Range (%)	Criterion	n	%
0–19	Low	7	35
20–39	Mild	5	25
40–59	Moderate	3	15
≥60	High	5	25
Total		**20**	**100**

In addition, the averages by dimension point to a higher burden of psychosomatic symptoms (≈16%) and anxiety/insomnia (≈11%), with social dysfunction and depression below 5% and 2%, respectively, reinforcing the pattern of somatic complaints and sleep/tension as early signs of risk. This profile, observed in a predominantly female, highly educated cohort with long careers, is consistent with recurring organizational pressures in ESTs (administrative burden, work rhythms, service demands, and inter-company coordination), which tend to initially express themselves as somatic complaints and sleep disturbances.

DISCUSSION

In summary, the results reveal extensive experience and qualifications in the administrative staff, while also revealing warning signs in more than half of the participants in at least one dimension of the GHQ-30, with a quarter of the group showing high levels of overall impairment. These findings support the need for preventive interventions focused on workload/rhythm management, psychosocial support, and sleep and recovery strategies, integrated into the SG-SST (Social and Social Development Management)

for ESTs.

The findings show that more than half of temporary service agency (TSA) administrators present impairment in at least one dimension of the GHQ-30, with a predominance of psychosomatic symptoms and complaints of anxiety/insomnia. This pattern is consistent with international evidence linking job insecurity associated with temporary arrangements, job rotation, and less control over stability with worse mental health and greater nonspecific distress (Benach et al., 2014; Rönnblad et al., 2019; Virtanen et al., 2005). In reviews and meta-analyses, temporary employment and job insecurity are consistently associated with common mental disorders, particularly when high demands and low control coexist, conditions that often characterize high-paced administrative work in outsourced services (Rönnblad et al., 2019; Kim & von dem Knesebeck, 2015).

The predominance of psychosomatic symptoms as an early sign of distress coincides with the role of chronic work-related stressors on the psychoneuroendocrine axis and the bodily expression of stress (musculoskeletal pain, headache, fatigue) described in the occupational health literature (Stansfeld & Candy, 2006). In administrative personnel, the effort-reward mismatch and the overload associated with peak operational demands and short response times, both common in subcontracting chains, are plausible mechanisms to explain the transition from distress to somatic complaints and sleep disorders (Siegrist, 1996; Karasek, 1979; Stansfeld & Candy, 2006). Furthermore, longitudinal studies indicate that intensified work and extended working hours increase the risk of anxiety-depressive symptoms and sleep problems, reinforcing the relevance of interventions on workloads and rhythms in administrative contexts (Virtanen et al., 2005; Stansfeld & Candy, 2006).

The importance of perceived job insecurity, central to ESTs, also helps interpret the proportion of cases with high overall impairment. Meta-analyses and multicenter studies show that job insecurity is associated with worse mental health, even after adjusting for sociodemographic factors and job characteristics (Sverke et al., 2002; Kim & von dem Knesebeck, 2015). In Spanish-speaking populations, measuring job insecurity using instruments such as the EPRES has documented dose-response gradients between precarious employment and poor mental health, which is consistent with our impairment gradient (Vives et al., 2010; Benach et al., 2014). This conceptual framework supports the finding of within-group heterogeneity: a quarter of the sample had high levels of impairment, possibly those who accumulated multiple dimensions of precariousness (instability, low autonomy, tight income, and low recognition).

The predominantly female composition of the group provides a relevant nuance. Large-scale studies suggest that women have a higher prevalence of common mental disorders and report more symptoms in contexts with a dual work and home load and less control over their work (Seedat et al., 2009; Stansfeld & Candy, 2006). In administrative sectors, these differentials can be amplified when work organization requires extended availability, simultaneous attention to multiple channels, and emotional management of internal/external users, accentuating the risk of anxiety and insomnia, as observed in our results (Stansfeld & Candy, 2006).

Overall, the profile found—psychosomatic symptoms and sleep disturbances as core causes of affectation, with a high-intensity subgroup—aligns with the framework of psychosocial risks due to high effort with low reward and high demand with low control (Siegrist, 1996; Karasek, 1979). For EST practice, comparative evidence suggests prioritizing measures that mitigate perceived insecurity (advance communication of changes, clear assignment rules), regulate workloads and rhythms (task balance, effective breaks), and strengthen control and support resources (operational autonomy, feedback, and recognition), given that these levers are associated with better mental health outcomes

(Stansfeld & Candy, 2006; Benach et al., 2014). Likewise, the use of internationally validated metrics such as GHQ and precariousness scales facilitates continuous monitoring and impact evaluation of interventions, including subanalyses by sex and employment history, in line with the available international and Latin-Ibero-American literature (Vives et al., 2010; Benach et al., 2014; Rönnblad et al., 2019).

CONCLUSION

Evidence indicates that administrative staff in temporary service agencies show consistent signs of impaired self-perception of their mental health, with psychosomatic complaints and anxiety-insomnia predominating, while social dysfunction and depression are relatively less prevalent. This profile is consistent with the contexts of high demand, intensified rhythms, and variability of functions characteristic of outsourcing, and demands immediate organizational responses. It is recommended to manage workloads and schedules, ensure predictable assignments, strengthen support and feedback from management, and incorporate sleep hygiene measures and recovery breaks. The GHQ questionnaire is confirmed as a useful screening tool and should be integrated into SG-SST monitoring with periodic evaluations and analyses differentiated by sex and career paths. Although the sample design and access limit extrapolation, the convergence of patterns justifies prioritizing interventions based on demand, control, and reward, and moving toward broader-ranging research that will assess impact and consolidate a specific preventive approach for this sector.

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CONFLICT OF INTEREST

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AUTHOR'S STATEMENT

Yulianis Carolis Herrera Guerra: conceptualization, methodology, formal analysis, writing – initial draft, review of the final document.

Ronald Alfredo Acuña Blanco: development of results, validation, supervision.

Cristian David Diaz Hernández: methodology, formal analysis, development of results, visualization.

Irlena Patricia Ahumada Villafañe: writing – review and editing.

Carlos Alberto Severiche Sierra: development of results, validation, supervision.