Working conditions
At your service:
Working conditions of interactive service workers
When citing this policy brief, please use the following wording:

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Research carried out prior to the UK's withdrawal from the European Union on 31 January 2020, and published subsequently, may include data relating to the 28 EU Member States. Following this date, research only takes into account the 27 EU Member States (EU28 minus the UK), unless specified otherwise.

This report presents the results of research conducted prior to the outbreak of COVID-19 in Europe in February 2020. For this reason, the results do not take account of the outbreak.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.


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The service sector now accounts for three-quarters of all employment in the EU, and with this, the role that service workers play in the economy and society at large is expanding. A substantial proportion of the EU workforce – 41% of employees, according to our analysis – interacts directly with the recipients of the services they provide: with clients, patients, pupils and so on. While many such roles have been automated – by, for example, self-service shop checkouts and online ticket sales – other roles involving direct personal contact are on the rise. The ageing of the population, for instance, calls for more health and care service workers. The transformation from industrialised to knowledge-based economies creates more demand for education professionals.

The Coronavirus (COVID-19) pandemic has highlighted the critical role of these workers in the functioning of society. They include those at the frontline like doctors, nurses, paramedics and ambulance workers. They also include most workers in ‘critical occupations’ as defined in the European Commission’s Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak from 30 March, such as firefighters and transport workers. We estimate that workers in the newly defined critical occupations represent 36% of all those who interact with service recipients.

Contact with clients and customers often puts these workers in stressful, emotionally demanding situations, which can damage their productivity and well-being.

This policy brief explores the working conditions of employees who are ‘interactive service workers (ISWs)’, a term used in the literature to capture the broad scope of this portion of the workforce, ranging from call-centre workers to business consultants, from teachers to police, from nurses to delivery workers. It aims to discover to what extent their job quality conforms to that of the average employee, for better or worse.

The analysis puts a spotlight on the multiple emotional demands on these workers and assesses to what extent specific job resources can help to prevent negative impacts of such demands.

Because of their critical role in fighting COVID-19, health sector workers are singled out in the analysis, to highlight their working conditions and the challenges they face even in normal times.
Healthy and safe work environments

Being in direct contact with service users is a two-sided coin. On the one hand, these jobs are more often perceived as meaningful by job-holders compared to other jobs. On the other hand, client-facing work tends to be emotionally demanding and is more likely to expose job-holders to uncomfortable, emotionally disturbing situations. The emotional aspects of interactive service work have been referred to as emotional labour, which includes the psychological processes necessary to 'express emotions that are desired by the organization during interacting with clients' (Zapf, 2002). Work environments dealing with service users hence present very specific challenges. One aspect is clients' expectations of workers to be friendly and forthcoming, which can cause emotional dissonance, a discrepancy between felt and expressed emotions. This occurs when employees are required to express emotions that they do not really feel in the specific situation – one of the most stressful aspects of service work. In the context of COVID-19, emotional demands have escalated for frontline health workers arising from the surges in the number of patients needing treatment, seeing many suffer or die, the need to keep formal distance while empathising, the fear of contagion and dealing with distressed relatives.

High emotional demands come with risks such as increased burnout, poor mental well-being and reduced general health. Role ambiguity and workload add to the likelihood of burnout. Improving working conditions for all workers has long been a goal of EU policies. While this obviously also holds for ISWs, it is especially their safety and health that take centre stage in policy. Safe and healthy working conditions became a social right with the European Charter of Fundamental Rights, which states that 'every worker has the right to working conditions which respect his or her health, safety and dignity' (Article 31). The European Pillar of Social Rights, ratified in 2017, reiterates the importance of working conditions conducive to health, declaring in Principle 10 that workers have the right to healthy, safe and well-adapted work environments.
Gender equality against the backdrop of COVID-19

A majority of ISWs (61%) are women. Sales workers, tour guides, hairdressers, flight attendants and many other ISWs are often in precarious jobs that might not be covered by the full range of employment-related entitlements, so they are currently feeling the impact of the pandemic more severely than other workers. And while the full consequences of the pandemic are not yet known, it is likely that business closures and collective dismissals will hit female ISWs in female-dominated occupations hard. The potentially uneven gender impact of the pandemic on the labour market links in with the goals of Principles 2 and 3 of the European Pillar of Social Rights, which assert the rights to gender equality and equal opportunities. Moreover, both the EU Directive on Gender Equality 2004 and the recently published EU Gender Equality Strategy 2020–2025 stress the need to intensively continue the efforts to reach gender equality in the labour market.

The Gender Equality Strategy presents the policy objectives and actions to make significant progress by 2025 towards a gender-equal Europe. While there is a shrinking gap in the employment rates of women and men, the COVID-19 crisis has highlighted some important differences between the types of jobs men and women have. Some 80% of workers in the human health and social services sector – which includes but is not limited to nurses and care workers – are women. These are essential frontline workers, who risk their lives working with sick people or have to take special precautions not to risk others’ lives. According to the Eurofound report Gender equality at work, the health sector already had the highest work intensity among all sectors in 2015, and it was much higher for women. The current situation has drastically increased work intensity within hospitals. Yet, as the European Institute for Gender Equality (EIGE) highlighted in a recent article, nursing and healthcare work are among the most undervalued and underpaid jobs in the EU.

This policy brief feeds into debates on occupational safety and health and gender equality in the labour market by highlighting the challenges of a specific but very large subgroup of employees: those who are in direct contact with the recipients of the services they provide. It complements Eurofound publications on workers’ health (2019), gender equality at work (2020), and several blog posts on working and employment conditions against the backdrop of COVID-19, in particular the post titled COVID-19 intensifies emotional demands on healthcare workers.
Overall, 41% of EU employees work in direct contact with clients, customers, users, patients or other service recipients – typically described as interactive service workers (ISWs). One-fifth of these are health workers on the frontline of the COVID-19 pandemic. Interactive service work is female-dominated: 61% of all ISWs are female. The subgroup of frontline health workers is even more gender-imbalanced, comprising 85% women.

Two broad groups of ISWs can be distinguished based on their place of work. One group, which we term off-site ISWs, interact with clients in places outside their workplace and include occupations such as electricians, estate agents and personal care workers. The other and larger group, on-site ISWs, are based at their own workplace; examples include shop assistants, hospital nurses and teachers. These two groups differ from each other in terms of composition (gender, age, income and occupation) and in some core aspects of job quality.

In terms of job quality, ISWs have more challenges with respect to working time – atypical hours, inflexible time arrangements and longer hours – than workers who do not interact with service recipients. They also have higher work intensity – meaning, for instance, that they have tight deadlines, and their pace of work is more often determined by the demands of clients and customers. Their social environment is poorer, too, attributable in part to their contact with clients and customers, which exposes them to more adverse social behaviour.

On-site ISWs are closer to the EU average worker in terms of job quality, although their earnings are lower. Off-site ISWs have more autonomy, better opportunities to develop and advance at work, better job security and higher earnings than average. Their work intensity, however, is higher and working time quality poorer.

The job quality of frontline health ISWs is similar to that of off-site ISWs. Their social environment, however, is worse, due in part to the level of verbal abuse and other adverse social behaviour they experience, and their earnings are lower.

A key risk for ISWs are the high emotional demands placed on them, such as having to hide their feelings, handling angry clients and being exposed to emotionally disturbing situations. The data show that 22% of all ISWs and 32% of frontline health ISWs are exposed to high emotional demands, compared to 14% of EU employees overall.

High emotional demands can erode well-being and health. Over half of ISWs with high emotional demands experience stressful work, exhaustion and fatigue compared to 24–34% of ISWs with low emotional demands and employees in general.

Job resources mitigate the negative consequences of emotional labour. The analysis looked at three job resources: social support from colleagues, work autonomy and high management quality. High-quality management had the strongest impact; for instance, average well-being rises from 55 points among those who rate their management quality low to 73 points among those who rate it high.
Exploring the evidence

The analysis in this section looks at the working conditions of interactive service workers (ISWs) in comparison to the average EU employee and, identifying two types of ISW, it examines differences in job quality between them. It examines the experiences of women and men in this area of work to identify where gender gaps in job quality exist. The analysis goes on to focus specifically on the emotional demands placed upon these workers by their jobs, measuring the consequences and identifying the resources that help mitigate the negative effects. Acknowledging the impact of COVID-19, the analysis singles out frontline health workers to highlight the particular difficulties they face in the normal course of their daily work.

The analysis is based on the responses of EU employees to the 2015 European Working Conditions Survey (EWCS), a representative survey of workers across the EU and the United Kingdom.

Profiling ISWs in the EU

Around 75.5 million employees (aged 15 or over) in the EU – 41% of the total – work in jobs dealing directly with service recipients, such as clients, customers, patients and pupils, most or all of the time. The proportion differs in individual Member States, ranging from 27% in Czechia to 58% in Greece. Interactive service work is female-dominated: 61% of all ISWs are women.

Within the broad group of ISWs are frontline health employees, which account for one-fifth of the total. This subgroup is even more gender-imbalanced, comprising 85% women.

Two types of ISW

ISWs can be distinguished by place of work, and the analysis in this policy brief will show that this distinction makes a significant difference to some working conditions:

- those who provide their services at the premises, workplaces, homes, and so on, of the service recipient (such as electricians, plumbers, consultants, estate agents and personal care workers), referred to here as off-site ISWs
those who deal with service recipients in their own workplaces, either face to face (such as shop personnel, hospital nurses, most doctors, teachers, receptionists and pilots) or via the telephone or internet (such as call centre workers, technical assistance and insurance agents), referred to here as on-site ISWs

More ISWs across the EU are on-site (accounting for 29% of all EU employees) than off-site (12%).

Profile of on-site ISWs
A large majority of on-site ISWs are women (68%) and more are in the youngest age group (under 25) compared to off-site ISWs (12% versus 6%, respectively). They work mostly in commerce and hospitality (32% are employed in the sector), education and health (19% employed in each). They are disproportionately employed on fixed-term contracts when compared with off-site ISWs (14% versus 9%, respectively). The main reason for this is probably the young average age rather than the nature of their work.

Profile of off-site ISWs
This group is more gender-balanced, with a slight majority of men (56%). It has an older age profile, being more prevalent in the 35–44 years age group. The sectors in which these employees most commonly work are health (where 23% are employed) and other services (20%). Stable employment is more common than among employees as a whole: 84% have permanent contracts compared to 79% of employees overall. However, and although this policy brief looks only at employees, it is worth noting that 28% of all off-site ISWs are self-employed, most of them without employees, and it is safe to assume that many operate under precarious conditions (for example, as personal care workers working through online platforms with no employment contracts).

Both types of ISW have above-average educational attainment: 42% of off-site and 34% of on-site ISWs have a tertiary degree. One reason for this is the high number of highly qualified occupations in both groups – for example, around 80% of professionals have tertiary education and this occupational group accounts for 17% of all ISWs. Another is the relatively young age of ISWs (younger age groups have higher educational attainment on average).

Frontline health ISWs
Looking specifically at frontline health ISWs, two-thirds are classified as on-site, which is unsurprising as they work mostly in hospitals and medical practices, 85% are women, and they are overrepresented in the 45–54 years age group. Most enjoy stable employment, with 85% having permanent contracts.

Occupational differences
There are substantial differences in occupation between the two types of ISW (Figure 1). An overwhelming majority (75%) of on-site ISWs and even more health sector ISWs (90%) fall into three broad occupational groups – service and sales workers, professionals and technicians. These three cover 62% of off-site ISWs.

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1 Other services is a broad sector including information and communication; professional, scientific and technical activities; administrative and support service activities; arts, entertainment and recreation; and activities of households as employers.
Looking at a more detailed breakdown in Table 1, it shows that over half of on-site ISWs work in just 4 occupations (sales workers, teachers, personal service workers and personal care workers) and over 80% are covered by 10 occupations. Off-site ISWs are a more heterogeneous group and more evenly spread across occupations; 60% are covered by 11 occupations.

Table 1: Main occupations of ISWs, EU27 and the UK, 2015

<table>
<thead>
<tr>
<th>Off-site ISWs</th>
<th>On-site ISWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Business and administration associate professionals</td>
<td>10%</td>
</tr>
<tr>
<td>2. Personal care workers</td>
<td>8%</td>
</tr>
<tr>
<td>3. Drivers and mobile plant operators</td>
<td>6%</td>
</tr>
<tr>
<td>4. Health professionals</td>
<td>6%</td>
</tr>
<tr>
<td>5. Health associate professionals</td>
<td>5%</td>
</tr>
<tr>
<td>6. Teaching professionals</td>
<td>5%</td>
</tr>
<tr>
<td>7. Building and related trades workers</td>
<td>4%</td>
</tr>
<tr>
<td>8. Legal, social and cultural professionals</td>
<td>4%</td>
</tr>
<tr>
<td>9. Sales workers</td>
<td>4%</td>
</tr>
<tr>
<td>10. Business and administration professionals</td>
<td>4%</td>
</tr>
<tr>
<td>11. Cleaners and helpers</td>
<td>4%</td>
</tr>
</tbody>
</table>
A substantial gender difference exists in the occupational composition of off-site ISWs (Table 2). Four occupations account for 51% of female off-site ISWs, and the top two are frontline health occupations. On the other hand, eight occupations account for 53% of male off-site ISWs, but there is no overlap with the female occupations. Furthermore, few are considered critical occupations against the COVID-19 backdrop. Among on-site ISWs, there is considerable overlap between the main occupations of women and men.

### Income differences

An examination of income further confirms the distinction between on-site and off-site ISWs (Figure 2). Overall, slightly more ISWs are in the lower income quintiles: 23% in the bottom and 22% each in the second and third quintiles, with only 15% in the highest quintile. However, the distribution of on-site contrasts with off-site: most on-site ISWs (50%) are in the bottom two quintiles and only 12% are in the top quintile, while close to half (46%) of off-site ISWs are in the top two quintiles and only 15% are in the lowest quintile.

Frontline health ISWs are spread differently across the income quintiles from both groups: the largest proportion (26%) are in the third quintile while the smallest proportion (8%) are in the highest quintile.

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**Table 2: Occupational breakdown of ISWs by gender, EU27 and the UK, 2015**

<table>
<thead>
<tr>
<th>Off-site ISWs</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business and administration associate professionals</td>
<td></td>
<td>Personal care workers</td>
</tr>
<tr>
<td>Drivers and mobile plant operators</td>
<td></td>
<td>Health professionals/health associate professionals</td>
</tr>
<tr>
<td>Building and related trades workers</td>
<td>53%</td>
<td>Cleaners and helpers</td>
</tr>
<tr>
<td>Business and administration professionals</td>
<td></td>
<td>Teaching professionals</td>
</tr>
<tr>
<td>Protective services workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other elementary workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science and engineering professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative and commercial managers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On-site ISWs</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales workers</td>
<td>51%</td>
<td>Sales workers</td>
</tr>
<tr>
<td>Teaching professionals</td>
<td></td>
<td>Teaching professionals</td>
</tr>
<tr>
<td>Drivers and mobile plant operators</td>
<td></td>
<td>Personal service workers</td>
</tr>
<tr>
<td>Personal services workers</td>
<td></td>
<td>Health professionals/health associate professionals</td>
</tr>
</tbody>
</table>

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The quintiles are based on the monthly income (net earnings from the main job) of the whole EWCS sample, including all workers. It must, however, be noted that EWCS income data include over 30% missing values.
When these results are broken down by gender we see – like in the overall population of workers – that women are overrepresented in the lower quintiles and men in the higher quintiles in each of the groups.

**Job quality and variation from the norm**

Is the job quality of workers who have contact with service recipients any different from other workers? Does it differ for those who work on site compared to those working off site? Is there a gender gap in experience of work?

To answer these questions, we use the Eurofound job quality framework, which assesses working conditions along seven key dimensions, measured within the workplace, based on data from the EWCS:

- **Skills and discretion**: the opportunities for workers to exercise autonomy, apply their skills, participate in the organisation and develop professionally.
- **Social environment**: the extent to which workers experience both supportive social relationships and adverse social behaviour.
- **Physical environment**: the degree to which workers are exposed to physical and environmental risks at work.
- **Work intensity**: the level of time, workload and emotional demands that put pressure on workers.
- **Prospects**: the degree of job security and opportunities to progress in one’s career.
- **Working time quality**: the duration, scheduling and flexibility of working time arrangements.
- **Earnings**: the income from work.

The results of this job quality analysis are shown in Figures 3–5. In these, the central vertical axis of each mini-chart represents the average score for all employees; bars to the right of the axis indicate scores above the average, while bars to the left indicate scores below it. A blue bar represents a favourable difference from the average, while a red bar represents an unfavourable difference.
ISWs compared to non-ISWs

Comparing ISWs with workers who do not interact with service recipients shows substantial differences between the two (Figure 3). The most striking is in relation to Working time quality, which is much poorer for ISWs. ISWs also report higher work intensity – meaning, for instance, that they are more likely to work to tight deadlines and their pace of work is more often determined by the demands of clients and customers. Their social environment is poorer, too, attributable in part to their contact with clients and customers, which exposes them to more adverse social behaviour.

Off-site ISWs compared to on-site ISWs

There are also substantial differences between the two types of ISWs (Figure 4). On-site ISWs are similar to the EU average worker, although their earnings are lower. Off-site ISWs score well above average on the Skills and discretion dimension, suggesting that they have a high degree of autonomy and good opportunities to develop and apply their skills, whereas their on-site counterparts score somewhat below average. Off-site ISWs score higher on the Prospects and Earnings dimensions, too, meaning that they have much better job security, opportunities for career advancement and higher monthly income. These findings probably reflect the different sector-occupation combinations of the two groups; for instance, shop assistants in retail (on-site ISWs) compared with consultants in the other services (off-site ISWs) sector.

Both report lower working time quality than the average worker, but the reasons are different. When we look at the statistics on their working time, it shows that on-site ISWs find it more difficult, for instance, to take time off during working hours to take care of personal or family matters: 47% report it fairly or very difficult compared to 37% of employees on average. More also report working atypical times: 37% work on Sundays, for instance, compared to 28% of employees overall. In addition, 30% are part-timers compared to 23% of EU employees overall.

For off-site ISWs, the issue is time spent at work: 16% work long hours (48+ hours per week) compared to 11% of the workforce on average, while 46% have long days (of more than 10 hours) compared to an EU average of 29%. While they have more flexibility to arrange their working time, more of these workers also bring their work home than the average employee (37% compared to 19% for the workforce as a whole).
Both groups score below average on the Social environment dimension, but scores are lower for off-site ISWs due to a higher prevalence of adverse social behaviour on the part of service recipients.

**Frontline health ISWs compared to other ISWs**

Figure 4 also shows results for frontline health ISWs, and these are significantly different in a number of dimensions from the other two groups. Of all three, frontline health ISWs report the highest work intensity, due to high emotional demands and pressure of work. They also experience the poorest physical environment; a high proportion report that they work in tiring and painful positions, that they lift or move people, or that they are in direct contact with infectious materials. They have the worst Social environment score, reflecting the high number of health sector ISWs who report verbal abuse (26% versus 12% on average) or other forms of adverse social behaviour. Social support from colleagues, on the other hand, is more common than for the average employee.

Their working time quality is the lowest of all groups, mainly because atypical working hours and inflexibility of working time are common, a characteristic of the health sector (or at least part of it). When the work–life balance of this group is examined, it is also found to be comparatively poor, with 22% reporting a poor fit between their working hours and their family or social commitments, compared to 15% of the total workforce.

**Gender differences in job quality**

There are also considerable differences in the job quality of male and female ISWs, as Figure 5 shows. Compared to the average worker, male ISWs experience poorer job quality in terms of physical and social environments, work intensity and working time quality, but they score well above average in the other three dimensions. Female ISWs, on the other hand, have better working time quality compared to their male counterparts, although still poorer than average. Their physical environment is better, but unlike male ISWs, their earnings are much poorer, and many see their career prospects and job security as unpromising.

**Emotional demands at work**

Because ISWs provide services directly to people as part of their jobs, they have to cope with emotional demands at work to a greater extent than other workers. The impact of this deserves to be examined because such demands can affect workers’ health and well-being. The EWCS gathers data about three specific emotional demands that workers commonly experience: having to hide one’s feelings at work, handling angry clients and being in emotionally disturbing situations. These capture situations at work where employees are expected to manage their emotions.

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**Figure 5: Job quality profiles of male and female ISWs compared across seven dimensions**

<table>
<thead>
<tr>
<th></th>
<th>Work intensity</th>
<th>Physical environment</th>
<th>Social environment</th>
<th>Working time quality</th>
<th>Skills and discretion</th>
<th>Prospects</th>
<th>Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female ISWs</td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Blue" alt="Blue" /></td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Blue" alt="Blue" /></td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Red" alt="Red" /></td>
</tr>
<tr>
<td>Male ISWs</td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Blue" alt="Blue" /></td>
<td><img src="Red" alt="Red" /></td>
<td><img src="Blue" alt="Blue" /></td>
<td><img src="Blue" alt="Blue" /></td>
<td><img src="Blue" alt="Blue" /></td>
</tr>
</tbody>
</table>
Figure 6: Emotional demands on ISWs and extent of those demands (%), EU27 and the UK, 2015

![Graph showing percentages of employees who, at work, have to hide their feelings most of the time, handle angry clients at least three-quarters of the time and are in emotionally disturbing situations at least three-quarters of the time.]

**Note:** The chart shows the percentages of employees who, at work, have to hide their feelings most of the time, handle angry clients at least three-quarters of the time and are in emotionally disturbing situations at least three-quarters of the time.

Figure 6 shows ISWs’ exposure to these three emotional demands: 42% hide their feelings at work, 29% handle angry clients and 16% are frequently exposed to emotionally disturbing situations. We consider work to have high emotional demands if a worker frequently faces at least two emotional situations, and 22% of workers are in this category. The gender differences are minor, although women are slightly more exposed to emotional demands than men.

Figure 7 shows that ISWs’ jobs are much more emotionally demanding than those of workers who do not interact with service recipients. It also highlights that frontline health ISWs are the group most often confronted by high emotional demands in their jobs. Difference between off-site and on-site ISWs are minor; for this reason, the distinction between the two will not be maintained for the rest of the analysis, and ISWs will be examined as one cluster.

**Profiling ISWs with high emotional demands**

Like interactive service work in general, emotionally demanding interactive service work is clearly female-dominated: 61% of workers in such environments are women. The subgroup of frontline health ISWs accounts for 27% of this group; it accounts for 18% of ISWs not exposed to high emotional demands.

Figure 7: Experience of high emotional demands (%), by type of employee, EU27 and the UK, 2015

![Graph showing percentages of employees exposed to high emotional demands by type of employee.]

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Figure 8 shows the occupations most exposed to the various emotional demands; 18–30% of workers in each occupation report high emotional demands. The top three are health professionals, protective service workers (such as police and firefighters) and personal care workers. Workers in these three occupations also most often report being frequently exposed to emotionally disturbing situations; over 20% of employees in all three occupations. This finding underscores how frontline workers experience the highest levels of emotional demands even under normal circumstances. Across all occupations shown, however, the most prevalent emotional demand is hiding one’s feelings at work, ranging from 38% of teachers to 48% of health professionals.

Consequences of high emotional demands

It is well known from previous research that emotional demands can have negative effects on workers’ health and well-being and increase the likelihood of burnout – see, for instance, Eurofound’s 2018 report *Burnout in the workplace*. Findings from this research are confirmed in our analysis of ISWs.

Table 3 compares the prevalence of health and well-being outcomes among ISWs with high and low emotional demands, such as being satisfied with one’s working conditions, being able to work until age 60 and finding work meaningful. It demonstrates remarkable differences between the two, and that ISWs with high emotional demands face multiple challenges to their health and well-being. The most striking differences between the groups are in respect of stressful work, exhaustion and fatigue: over 50% of ISWs with high emotional demands experience such negative outcomes compared to 24–34% of the average non-ISW or ISW with low emotional demands. In addition:

- 24% report very low satisfaction with their working conditions (compared to 12% of other ISWs and 14% of non-ISWs)

Figure 8: Prevalence of emotional demands in the most exposed occupations (%), EU27 and the UK, 2015
Table 3: Working life outcomes by type of employee, EU27 and the UK, 2015

<table>
<thead>
<tr>
<th></th>
<th>ISWs: high emotional demands</th>
<th>ISWs: low emotional demands</th>
<th>Non-ISWs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Frontline</td>
<td>All</td>
</tr>
<tr>
<td>% Satisfaction with working conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very low/low</td>
<td>24</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>High/very high</td>
<td>76</td>
<td>75</td>
<td>88</td>
</tr>
<tr>
<td>Able to work until 60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>54</td>
<td>49</td>
<td>65</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>42</td>
<td>25</td>
</tr>
<tr>
<td>Engagement at work</td>
<td>71</td>
<td>71</td>
<td>75</td>
</tr>
<tr>
<td>Meaningful work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always/most of the time</td>
<td>83</td>
<td>93</td>
<td>89</td>
</tr>
<tr>
<td>Rarely/never</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stressful work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always/most of the time</td>
<td>54</td>
<td>58</td>
<td>24</td>
</tr>
<tr>
<td>Rarely/never</td>
<td>15</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Exhausted always/most of the time</td>
<td>51</td>
<td>56</td>
<td>30</td>
</tr>
<tr>
<td>Fatigue over the last 12 months</td>
<td>51</td>
<td>59</td>
<td>34</td>
</tr>
<tr>
<td>Anxiety</td>
<td>29</td>
<td>32</td>
<td>15</td>
</tr>
<tr>
<td>Subjective well-being score (scale 0–100)</td>
<td>63</td>
<td>63</td>
<td>70</td>
</tr>
</tbody>
</table>

- 38% do not believe that they can continue in the same job until 60 (against 25% of other ISWs)
- their average subjective well-being score is 63 points (on a 1–100 scale), compared to 70 points among ISWs whose emotional demands are low

The emotional burden does not, however, diminish the meaningfulness of work. In fact, the largest percentage who find work meaningful are among the frontline health workers – 93% – the group with the most emotionally demanding jobs (as illustrated in Figure 7). Furthermore, comparable percentages of non-ISWs and ISWs in emotionally demanding jobs find their work meaningful.

Similar findings are echoed in other health-related outcomes. For instance, as shown in Figure 9, some 42% of all ISWs and 54% of frontline workers with high emotional demands report that their work has a negative effect on their health, while only 8–9% report a positive effect.
Almost 10% of ISWs with high emotional demands had been on sick leave in the 12 months prior to the survey for more than 21 days; the figure is 12% among the frontline group.

These percentages differ drastically from ISWs with low emotional demands, among whom only 18% report a negative and 13% a positive effect of work on their health, and only 5% have taken sick leave of more than 21 days.

Balancing emotional demands with resources

The potential negative effects on health, well-being and productivity of high emotional demands can be mitigated by the resources that are at workers’ disposal. Such resources are crucial elements in reducing the risk of burnout and poor subjective well-being. Three job resources that are known to balance out emotional demands especially are:

- Social support from colleagues
- Autonomy at work
- High-quality management

Social support from colleagues can help individuals to let off steam, relieve stress (for instance, by swapping shifts), or give individuals a feeling of being socially integrated. Autonomy at work enables a person to be master of their own work organisation, to decide how to do things and when. High-quality management addresses the need for recognition, appraisal and guidance to fully develop one’s skills and capabilities at work.

The impact of the presence and absence of these job resources on the health and well-being of ISWs who are exposed to high emotional demands was analysed, and the results are illustrated in Figures 10–12. The results strongly suggest that these three resources have a crucial role to play in mitigating negative outcomes.3 The impacts are the same for the whole ISW group and for frontline ISWs (though more pronounced for the latter), which is why in the figures, only the former is illustrated.

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3 Differences remain significant after controlling for country, occupation and education. Only relative associations can be considered with the data at hand and no conclusions on causal pathways can be drawn.
Social support

Social support from colleagues is a powerful resource. While ISWs who receive little social support from their colleagues have an average well-being score of 54 and take an average of 11 annual sick days, the well-being score of those with high support stands at 65 and they report an average of 7 annual sick days. As Figure 10 illustrates, a high level of social support is associated with higher average satisfaction with working conditions and more meaningful work, and lower percentages of employees reporting a negative effect of work on their health, being exhausted most of the time, and stress.

Autonomy

Autonomy at work shows weaker links to positive outcomes than social support. Still, it makes a difference, particularly as regards satisfaction with working conditions, with 80% of ISWs with high autonomy reporting high satisfaction compared to 69% with low autonomy (Figure 11). The mitigating power of autonomy as regards the impact of work on sick days is negligible, but the likelihood of exhaustion is clearly lower.

Management quality

Management quality has the strongest effects of all three resources (Figure 12). Average well-being rises from 53 points among those who rate their management quality low to 72 points among those who rate it high. The proportion of ISWs reporting high satisfaction with working conditions varies from 56% when management is poor to 90% when management is good. The average number of sick days annually is lower among those with good management (6, compared to 10 among those with low-quality management), as are the proportions of employees reporting negative effects of work on health, exhaustion and stress.

This section has highlighted the importance of job resources for ISWs exposed to high emotional demands to mitigate negative consequences for health and well-being. Two additional points are worth mentioning: first, job resources are essential not only for ISWs but also for other workers in order to balance job demands of any kind. Second, ISWs with high emotional demands report poorer outcomes than those without such demands or...
non-ISWs, even if they have the resources described. Specific challenges hence remain for ISWs, and particularly for frontline service workers at the coalface of the COVID-19 pandemic. Those with resources do better, but they still lag behind their co-workers who face fewer emotional demands in general.

Figure 11: Impact of autonomy on health outcomes of ISWs with high emotional demands (%), EU27 and UK

Figure 12: Impact of management quality on health outcomes of ISWs with high emotional demands (%), EU27 and the UK
Gender equality: As this brief has shown, 61% of all interactive service workers are women, as are 85% of frontline health workers. Psychosocial risks, such as adverse social behaviours and emotional demands, impact women and men equally. However, as the prevalence of female workers in these professions is much higher, risk at work becomes a gender-equality issue and needs also to be addressed by policymakers from this perspective, particularly as regards violence, verbal abuse and other forms of harassment. The analysis also identified considerable disparities in the job quality of women and men who do this type of work: women have lower earnings and poorer job prospects than the average worker, whereas men have more challenges with working time and high work intensity. EU policy, in the form of the 2006 Recast Directive on equal opportunities and equal treatment of women and men (2006/54/EC) and the recently published EU Gender Equality Strategy, aims to address gender imbalances in traditionally male- or female-dominated professions but more robust action from Member States is required to implement the concrete measures derived from policy.

Mental health in the workplace: Psychosocial risks at work, including emotional demands, are becoming more common as the service industry grows and the need for additional capacity in the health sector rises as a result of demographic ageing, and possibly as a long-term consequence of COVID-19. ISWs in general, and those in health and education sectors particularly, are highly affected by the emotional impact of work, as highlighted by this brief. These demands are a significant cause of fatigue, exhaustion, anxiety and other health risks such as reduced mental well-being. This requires specific attention by policymakers.

As outlined in the European Framework for Action on Mental Health and Well-being, the implementation of suitable actions in a large number of public and private workplaces needs external support. Policies – especially health policies and labour and social policies – designed in partnership with social partners and relevant institutions (healthcare and occupational health and safety...
committees) can facilitate improvements in individual organisations by assisting the development of supportive infrastructures. Cooperation and mutual coordination among these external stakeholders are crucial in spreading good practice. The key recommendation of the framework is that intensified collaboration among all stakeholders in both health and labour policy fields is needed to adjust workplaces to reduce risks.

- **Responding to high emotional demands at the workplace**: High emotional demands need to be better recognised as a health and safety risk both by policymakers and by HR and line managers within the workplace. More effective responses through regulation or collective agreements (complementing existing sector-specific joint declarations) are required. Emotional and psychological support is a key measure when employees have to deal with unreasonable and dysfunctional service recipients. If little or no support is provided, employees will use various ways to resist the stress caused by emotional labour, such as escaping direct interaction with recipients or going so far as leaving the organisation. Such responses can be averted by well-developed staff well-being initiatives designed to transform workplaces and work organisation into positive and healthy work environments and build up resilience. These include the removal of organisational stress, which on top of emotionally demanding client-facing work impacts negatively on workers’ health. Principle 10 of the European Pillar of Social Rights establishes workers’ entitlement to healthy workplaces, stressing that ‘workers have the right to a working environment adapted to their professional needs and which enables them to prolong their participation in the labour market’.

- **Social partner action**: A number of EU-level social partner agreements address health and safety at the workplace and provide useful tools to respond to work-related stress. The European Autonomous Framework Agreement on Work-related Stress (2004), for instance, provides a framework for employers and workers and their representatives to identify and prevent or manage problems of work-related stress. Such agreements need to be revisited against the backdrop of high emotional demands in interactive service work and to take action to prevent, eliminate or reduce the stress associated with such work. It is the mutual responsibility of employers and workers to develop both collective and individual measures that can better respond to the challenges identified in this policy brief.

- **Prevention of burnout arising from psychosocial risks**: More concerted action is needed to prevent burnout in those service jobs where it is most prevalent, for instance work in special schools, elderly care, and prison and probation services. The provisions of the Framework Directive on Safety and Health at Work (89/391/EEC) and the interpretative document from the European Commission (2014) place responsibility on employers and occupational safety and health (OSH) management in companies to take risk-prevention measures to safeguard the mental health of the workers. Guidance on the management of risks to mental health is given by the Commission’s interpretative document as regards the legal framework, employers’ obligations and risk management and health promotion approaches. It also recommends the involvement of further stakeholders and social partners, policymakers and OSH professionals in the promotion of mental health in the workplace. The new EU Strategic Framework on Health and Safety at Work 2021–2027 should pay special attention to psychosocial risks and exposure to high emotional demands among ISWs.

- **Full active training approach**: Interactive service work needs to be accompanied by occupation-specific and continuous training to prepare and support job-holders to deal with emotionally
demanding direct interactions with service recipients. For specific professions, in healthcare or education for instance, this needs to be implemented as an integral component of the educational curriculum. Challenges for service and sales staff need to be addressed via coordinated on-the-job training and psychological support at work. Joint effort by policymakers, sectoral social partners and HR managers is needed to roll out a holistic educational programme for workers who interact with service recipients. Related to this, organisations need to train employees involved in such work in dealing with emotional stress and coping with pressure from customers, patients, pupils and so on, and to ensure they receive support from their team leaders. Here, a high degree of job autonomy and good quality management buffer the impact of emotional regulation on emotional exhaustion. In addition, social partners could launch targeted initiatives to ‘educate’ service recipients with the aim of raising awareness of the emotional challenges service workers are exposed to.

Fostering management skills and quality supervision: The analysis found that high-quality management has a significant impact on mitigating the harm of emotionally demanding work. The direct supervisors of ISWs are responsible for providing this level of management. Good management practices include praising and recognising work well done; it also demands more practical management skills such as constructive feedback, supporting development and successfully getting people to work together. In order to achieve good-quality management, management staff need to be recruited not only on the basis of their knowledge and skills in the particular area of work but also on their managerial skills, including people management. Continuous training of managers is another important tool for maintaining management skills in an organisation. Management quality should also be a topic for workplace social partners.

Lessons of COVID-19: The pandemic has taught us that in such a crisis, the capacity needs to be in place to quickly provide effective protection for ISWs on the frontline in health, retail and other essential service sectors in terms of technical and physical equipment. This brief highlights that today’s COVID-19 frontline ISWs are, even under ‘normal’ conditions, more likely to suffer work-related stress, to be exposed to emotionally disturbing situations, and to have poor health and well-being outcomes. These results suggest that health and safety risks, particularly in the hospital sector, need to be reviewed by policymakers and social partners.

Targeting recruitment strategies: Organisational recruitment strategies should be directed at selecting the most suitable candidates to directly interact with service recipients. This includes psychometric testing, assessment centres and other HR recruitment measures to identify candidates with the capabilities and psychological capacity to most efficiently tackle emotional demands. Recruitment strategies should be developed and assessed in close cooperation with sectoral social partners.

EIGE (European Institute for Gender Equality) (2020), *Coronavirus puts women in the frontline*, 25 March.


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Around three-quarters of the EU workforce is employed in the service sector, and a sizeable portion of service workers interact directly with the recipients of the services they provide, such as clients, patients, pupils and so on. This can be demanding work as it routinely places emotional demands on these workers and can have an impact on their well-being.

This policy brief examines the working conditions of people employed in interactive service work and investigates their job quality compared to the average employee. It focuses on the multiple emotional demands placed on them and assesses to what extent specific job resources (such as social support or good management quality) can help to prevent negative impacts of such demands. In light of the COVID-19 pandemic, a special focus is put on the subgroup of workers in the health sector.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.