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Occupational health physicians and the impact of the Great Recession on the health of workers: a qualitative study

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Key words

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Parole chiave

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Summary

Background: *Italy is one of the Eurozone members where the 2008 "Great Recession" struck worst, with a 9% drop in national GDP between 2008 and 2013. The negative effects of the recession on the health of the Italian population were documented on a nation-wide level. However, few local or regional studies are currently available in the scientific literature.* **Objectives:** *To assess the impact on workers' health of the economic recession in the industrial area of Sassuolo (Modena, Northern Italy), and to provide recommendations for targeted interventions.* **Methods:** *Two focus groups were conducted, involving 8 occupational health physicians (OHPs) active in the area. Rough descriptions were analyzed using MAXQDA 11, according to the principles of grounded theory.* **Results:** *261 segments were coded, divided into four areas. The first, "changes in contemporary world", pointed out that the recession may have just made pre-existing problems worse, accelerating reductions in staff and workers' benefits. The second, "social area", highlighted a decrease in vertical social capital and the beginning of new trends in emigration. The third, "work area", covered workers' fear of losing their jobs if they were ill and a reduction in horizontal social capital, namely difficult relations between co-workers. The fourth, "medical area", indicated a general worsening of workers' health in the Sassuolo ceramic district compared to previous years. The OHPs reported an increase in muscular-skeletal complaints, gastritis, tension-type headache, irritable bowel syndrome symptoms, back pain, panic attacks, insomnia, tachycardia, and other medically unexplained symptoms. Anxiety problems seemed to prevail over*

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depressive manifestations. An increase was reported for antidepressants and benzodiazepines consumption. **Conclusions:** *The local impact of the economic crisis on health was mainly negative, consistent with available national data. Mental health professionals could work together with OHPs, e.g., through Balint Group-like meetings, to develop targeted psychosocial and clinical interventions addressing the medical, psychological and social needs of workers, also involving advocacy and fostering workers' empowerment.*

Riassunto

«Medici del lavoro e impatto della Grande Recessione sulla salute dei lavoratori: uno studio qualitativo». **Introduzione:** *L'Italia figura tra i paesi dell'Eurozona in cui la Grande Recessione del 2008 ha colpito più duramente. Gli effetti negativi della recessione sulla salute della popolazioni italiana sono stati documentati a livello nazionale. Tuttavia, pochi studi condotti a livello locale o regionale sono attualmente disponibili.* **Obiettivi:** *Valutare l'impatto della recessione economica sulla salute dei lavoratori del distretto industriale di Sassuolo (Modena, Nord Italia) e fornire indicazioni per progetti di intervento mirati.* **Metodi:** *Sono stati realizzati due focus groups, coinvolgendo 8 medici del lavoro attivi nell'area. I trascritti sono stati analizzati utilizzando MAXQDA 11, secondo i principi della "general grounded theory".* **Risultati:** *Sono stati complessivamente codificati 261 interventi, suddivisi in quattro aree. La prima, "cambiamenti nel mondo contemporaneo", ha evidenziato che la recessione può aver peggiorato problemi preesistenti, accelerando la riduzione di personale e di benefit. La seconda, "area sociale", suggeriva una riduzione di capitale sociale verticale, e l'inizio di nuovi processi di emigrazione. La terza, "area lavorativa", era caratterizzata dalla paura, da parte dei lavoratori, di perdere il lavoro quando sono malati, e da una riduzione di capitale sociale orizzontale, più precisamente da relazioni più difficili tra colleghi. La quarta, "area medica", indicava un generale peggioramento del livello di salute dei lavoratori del distretto della ceramica, in confronto agli anni precedenti. I medici del lavoro hanno segnalato un aumento di sintomi muscolo-scheletrici, gastriti, cefalea muscolo-tensiva, sindrome del colon irritabile, lombalgia, attacchi di panico, insonnia, tachicardia, e altri sintomi medici inspiegabili. Le sindromi ansiose sembrano maggiormente prevalenti rispetto a quelle depressive. Un aumento nel consumo di antidepressivi e benzodiazepine è stato infine segnalato.* **Conclusioni:** *L'impatto locale della crisi economica sulla salute è stato principalmente negativo, in linea con i dati nazionali disponibili. I professionisti della salute mentale potrebbero lavorare insieme ai medici del lavoro, ad esempio attraverso la realizzazione di gruppi Balint, per sviluppare interventi psicosociali e clinici mirati ai bisogni medici, psicologici e sociali dei lavoratori, e includendo percorsi di advocacy e di empowerment rivolti agli stessi.*

Introduction

Autumn 2008 saw the worst economic downturn since the Second World War and has thus been called the "Great Recession" (GR) (34), which was triggered by the financial crisis that started in the United States in 2007 (2). The expansion rate and intensity of the GR differed from country to country, with heterogeneous features (30, 36).

Recent research explored the impact of socio-economic policies on health. Some initial, counter-intuitive findings, indicating a general worsening of health and quality of life in some countries experiencing economic hardship, while in others opposite trends were noticeable, became clearer as the role of mediators of the effect on socio-economic determinants on health became better known. Recession may not be harmful for the populations *per se*: rather, the choice made by governments to implement economic policies of stimulus or austerity may be one of the key factors mediating consequences on the health of the population. Specifically, austerity responses to recession seem to have a major detrimental effect, resulting in a general worsening in public health (28).

Italy is one of the Eurozone members where the crisis struck worst, with a 9% drop in national

GDP between 2008 and 2013, the worst ever experienced in peacetime (17). Austerity politics were implemented (e.g. a Retirement Reform in 2012) and negative effects of the GR on the health of the Italian population were documented on a nation-wide level (12, 13, 22). However, a local perspective may be of interest, given the heterogeneity of social fabric and backgrounds typical of Italy. Hence the choice of conducting the present research in Sassuolo (Modena, Northern Italy), in the heart of the so-called "Ceramics Industrial Zone".

This study is part of the BUDAPEST RP Project (BUrden of Disease Attributable to Problems in the Economic Situation and Treatments Required for the Population), launched in 2010 by the University-based Department of Psychiatry in Modena, Italy. BUDAPEST RP aims at studying the impact of the GR on the health of the Italian population, in accordance with the 2009 WHO call for research in this field (35). The project, named after the city where the first results were made public (21), progressed through four steps. The first step concerned the analysis of the situation from a short-term, nation-wide perspective (22). The second step, dealt with here, explores more local and specific effects of GR on health and mental health of the population. Further steps will consist of developing specific clinical interventions and training initiatives.

Aim

To collect information on the impact on mental health of the economic recession in the industrial zone of Sassuolo (Modena), by interviewing in focus groups and analyzing opinions of local Occupational Health Physicians (OHPs), and to provide recommendations for future targeted clinical interventions.

Methods

A qualitative study was made, exploring the opinions of 8 OHPs operating in the Ceramics Industrial Zone. Written informed consent was obtained from each participant and the Declaration of Helsinki guidelines governing research were followed.

Background information on Occupational Health in Italy

About 100 OHPs currently work in the province of Modena. Duties and responsibilities of OHPs are defined by Italian law 81/2008 and subsequent modifications ("Testo unico sulla salute e sicurezza del lavoro"), especially articles 25, 38 and 41. The core functions of OHPs within a company are risk assessment and health surveillance, the latter defined as "medical acts aiming at protecting workers' health and safety, with respect to the work environment, the occupational risks, and the way of performing work tasks" (Law 81/2008, art. 2, paragraph 1, letter m).

Research team and reflexivity

Two focus group were conducted by 3 of the authors, GM (facilitator, male), GMU (co-facilitator, male) and SF (co-facilitator, female) on 21 November 2013 and 11 December 2013; two (GM, M.D., a third year resident in psychiatry, and SF, M.D., Ph.D., research psychiatrist) were specifically trained in the field of qualitative research. A neutral approach was chosen to carry out the research: the head of the Occupational Health Unit of the Sassuolo General Hospital was approached by the researchers and asked to invite OHPs working in the area to join the focus groups voluntarily. All invited OHPs accepted and participated in the focus groups; no direct, previous personal contacts were known to exist between researchers and participants; researchers gave the least possible details about themselves.

Study design

The theoretical framework of the present study was grounded theory (6). The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed (31).

The total number of participants in the 2 focus groups was 8 OHPs (3 women and 5 men, mean age 47.7±12.5). The meetings took place at the Sassuolo GH. The first focus group was given a brief Power Point presentation, to describe the topic of the research and the focus group itself. Participants were asked to discuss their opinions concerning the impact of the economic crisis on the health of the workers in the ceramic tile industry, based on their personal clinical experience. Field notes were taken by GMU during the focus group meeting and used later in the coding phase. The two focus group meetings lasted about an hour and 15 minutes each and were voice-recorded. At the end of the study, both transcripts and findings were returned to participants for further respondent validation.

Data analysis

Rough, anonymized transcriptions of the two focus groups' recordings were analyzed independently by GU and GM by means of MAXQDA 11 software (VERBI GmbH) so as to develop a hierarchical code system *a posteriori* (derived from the data), with the independent supervision of SF. The code tree is described in detail in table 1. The second focus group was intended as a respondent validation of the first, yet it yielded further data up to theoretical saturation. Data saturation was discussed at the end of the analysis of each focus group.

Results

Seven OHPs took part in the first focus group, four in the second. Altogether, 219 segments were coded, a hierarchical code system was developed during the analysis and is documented in Table 1, together with the number of segments coded, which were grouped into 4 main subject areas: 'Changes in contemporary world', 'Social area', 'Work area', and 'Medical area'. Paradigmatic examples illustrating each area are provided (the letter and number between brackets indicate respectively: the focus group number, the statement number, and the physician who was speaking).

Changes in contemporary world

The GR may have just made pre-existing problems worse, accelerating the staff reduction that was already under way in ceramic tiles manufacture.

Here in Sassuolo it was a question of fanning the flames, for the crisis in the ceramic tiles industry has been going on for years so the economic crisis just added to it (1.40 M.4).

We had 35 000 people employed in the ceramics sector, today I believe we have 10 000 (1.57 M.3).

The process of change, partly due to the GR, partly pre-existing, seems to have entailed not only a reduction in people employed, but also more subtle changes affecting those who are still employed as well.

Like the possibility of meals for a reduced price (meal tickets). It may seem a small item but the possibility of having meal tickets is a benefit they [the employees] have lost (1.37 M.1).

The reduction in the number of employees was accompanied by salary reductions and changes in job definitions, privileging temporary and 'flexible' contracts.

It is work organization that changes. These people [with flexible contracts] are still few in number and they feel they are disadvantaged. When, in maybe 20 years' time, 100% of contracts are flexible, employees will think this is the normal situation. (1.38 M.5).

Employees seem to have little chance of reacting to this trend.

Before, there were more chances and possibilities of negotiation and critical situations could be solved. Today this option is not available. Employees face a "take it or leave it" situation. If they leave, they lose their job (1.107 M6).

This situation affects not only the individual employee, but also the OHPs, who struggle between more rigid bureaucracy and having to deal with human beings.

I saw a change in mentality, as one would say: be careful, if we act too strictly we may cause employees to lose their jobs (2.10 M.3)

Table 1. A posteriori hierarchical code system and results of the qualitative analysis of two focus groups of Occupational Health Physicians in Sassuolo, Italy

Macro areas (main codes)	Sub-codes	Number of segments coded
Changes in contemporary world		14
	Ceramic tiles crisis	2
Social area		6
	Sense of reality	2
	Politics	7
	Economic loss	5
	Family	5
	Unions	10
	The crisis of values	1
	Freelance jobs	1
	Crisis of social relationships	1
	Maternity	2
Work area		2
	Ageing	1
	The occupational health physician as human resources manager	10
	The occupational health physician as a psychotherapist	9
	The occupational health physician as part of the company	9
	Differences between companies	2
	Worker protection	10
	Exclusion from work	1
	Job insecurity	3
	Increased work-load	1
	A heterogeneous crisis	2
	Negative employee attitude toward employers	6
	Crisis of work relationships	10
	Job dissatisfaction	3
	Job satisfaction	2
	Employers' negative attitude	19
	Employers' positive attitude	14
	Workplace and organization	4
	Job flexibility	2
	Complaints	1
	Work as a fundamental right	3
Medical area		3
	Women's health problems	1
	Mental health problems	2
	Somatic symptom and related disorders	4
	- headache	2
	- gastrointestinal symptoms	3
	- muscular-skeletal symptoms	6
	- hypertension	1
	Mood symptoms and disorders	-
	- anxiety	10
	- depression	4
	Work-related illness	1
	Medications	6
	Changes in occupational health medicine	2

Social area

In the first focus group, 47% of all segments focused on changes and critical issues in the relationship with Trade Unions:

It seems now that Trade Unions only back up lazy workers, this is the problem (1.96 M.3).

Trade Unions try to defend even indefensible situations. I would like to tell them that things are changing dramatically, while they keep saying everything is fine. My comment is that Trade Unions are not managing the changes competently (1.108 M.5).

Nobody, I say nobody whose task it is to do it, is managing the change. Including public Agencies, including those who should draw up and adapt norms (1.112 M.6).

The difficult, chaotic situation together with the change in the work environment has started having specific social consequences: during its expansion, the industrial area of Sassuolo became a very popular destination for migration from the South of Italy and, later, from developing countries. Now trends of migration are changing:

Workers go abroad, move from over here to over there, adding stress to stress, damaging families, creating new risks. Not everybody is fit for this. Those who succeed survive, the others fall apart (1.40 M.4).

Work area

The ongoing economic crisis is associated with a transition in work organization. The OHP may be seen by workers as a means to obtain privileges:

[Workers] basically believe that if one suffers from a specific condition, then he/she can change job, and move to a more favourable department. So they try to get the appropriate certificate as soon as possible. They suggest to the OHP what specific task would best suit them (1.59 M.3).

Nonetheless, being re-allocated to preferred tasks is not always possible, especially in smaller companies. If, traditionally, involving the OHP was seen as a means to obtain privileges, one peculiar consequence of the crisis was the opposite behaviour, that is to keep a medical condition hidden.

There are persons who check in at work just the day after they have had a chemotherapy session… and will beg you not to report it, in order not to lose their job (1.48 M.1).

This was felt as a major change brought about by the crisis, which is also associated with less absenteeism and increasing responsible and committed behaviour:

Many workers abandoned a superficial approach to work and today – for fear of losing their job – do not complain about small problems. Absenteeism for headache does not happen anymore, they make an effort to go to work (1.12 M.4).

Another major issue was the impression that relations between collegues were profoundly affected by mistrust and informing against each other.

The working class has always been cohesive. Simple people, all together, usually helping and supporting each other. This does not happen any longer… (1.50 M.1).

Not all companies are actually experiencing economic distress; this situation leaves room for some unethical behaviour, generating extra psychosocial stress for workers:

There are companies only pretending to suffer economic problems, just in order to get rid of those they want to get rid of (1.16 M.5).

Companies may behave differently. Some take chances (1.24 M.1).

Workers may perceive the annual statutory and other on-demand occasional consultations with the OHPs as a special "listening place".

I have never seen so many consultations requested by workers as this year… Some of them, just as they know I am in, may knock on my door to have a word, they tell me their problems… And I listen to them (2.8 M.3).

Of course, this kind of psychotherapeutically-oriented listening extends the length of the consultation, and the doctors' workload:

Listening to people who offload during the consultation may take one hour… Some companies allow you only a few minutes for consultation, and I feel sorry for them… (2.63 M.7).

Not all participants agreed on the appropriateness of this "listening role" of the OHP:

This sort of psychological support is a waste of time that should be used instead for our core function. We become unable to help those who are really ill (2.19 M.1).

Medical area

A general impression of a worsening of workers' health emerged, particularly mental health.

The economic crisis has generally worsened the mental health situation, in the ceramic district, for many reasons… many have internalized problems, others are no longer able to internalize and explode. On the other hand, in the past, patients used to complain about minor problems more often, today they do not do so anymore. Somatization of minor problems today is more rarely seen (1.40 M.4).

Despite this, muscular-skeletal complaints, gastritis, tension-type headache, irritable bowel syndrome symptoms, back pain, panic attacks, insomnia, tachycardia, and other medically unexplained symptoms were also reported as extremely common among workers. Anxiety problems appeared to be more common than depressive manifestations:

We see depression, but anxiety prevails… they wake up at night… anxiety assails them… Palpitations, acute anxiety, panic attacks. They suffer similar episodes also at the workplace (1.70 M.1).

Basically it is more an anxiety problem rather than depression… it is more a reaction to stress (1.14 M.4).

In my experience, psychosomatic ailments like back pain, gastritis, headache, have skyrocketed during the last five years (1.8 M.3).

OHPs reported a significant increase in the use of psychotropic medications, particularly antidepressants and benzodiazepines:

Consumption has increased in an exponential manner (1.79 M.5).

Apparently, workers share suggestions for anti-anxiety medication:

[One will suggest to his/her workmate…] "Take some drops of EN [a benzodiazepine]", "My doctor does not agree…", "You can buy it at that chemist's, they usually don't ask for the prescription"… there is a sort of organization… it is outside medical control… they go to the pharmacy and simply get it, EN, Xanax, that kind of drugs… (1.86 M.5).

The OHPs shared the impression that the gender of workers also played a part in the disclosure of mental health problems:

Workers report more anxiety than depression. But depression is less acknowledged, especially by men. A woman perceives it more clearly. It is easier for women to talk about themselves. It is much more difficult for men. But if you ask, you find out that many men take antidepressants… all conditions that are "psycho"-related emerge more clearly with women. Women talk, men just act (2.2 M.6).

Suggestions for targeted interventions

Suggestions for possible interventions addressing the psychological needs of workers, directly or indirectly, were also collected.

The first step, I believe, is to let people recover their sense of reality. Many live in a sort of virtual reality, not as hard and oppressive as real life is. Next, we should help people recover a real positive sense of relationship. Not based on conflict, but on "help" and "civic-mindedness" (1.110. M.3).

The physician could act as a mediator between employees and employers:

What we can do is keep channels of communication open…. in a critical environment, the employer will say: I am fed up, I have obligations, I don't know if I shall get paid, I don't want my employees to create additional problems (2.4 M.6).

In the eyes of employees, the OHP is seen as a valuable resource inside the company, especially during hard times:

We should work on this, on the perception of work, on the awareness of what your work gives you back in terms of satisfaction. This is an important point (2.15 M.6).

Participants also addressed the topic of occupational health policies and rules. The rules should equally challenge all parties: workers, companies, and OHPs.

When a job-related medical condition is diagnosed, that may allow the employer to say: "Look! Here we have no other tasks for you"… It is a double-edged blade. The diagnosis as such may turn into a dismissal letter for the worker (1.133 M.5).

New rules are also needed for shift problems and maternity policies:

We should look at society bearing in mind gender differences (2.22 M.6).

Women, shifts, should be crucial points to keep in mind when we talk of work organization, work

timetable. The focus is on production. Can the work be organized differently? Nobody thinks about it (2.59 M.3).

Discussion

This was a qualitative study exploring the impact of the GR on health (and mental health in particular) of workers in the industrial area of Sassuolo (Modena), Northern Italy, by analyzing the views of local OHPs. Qualitative methods were deemed to be the best way to address the topic, complementing quantitative studies measuring crisis-related changes in the burden of disease (22) and allowing research on complex phenomena (27). Since the onset of the GR, increasing evidence was produced concerning the possible detrimental effects on the health of unemployed people. However, few studies are currently available regarding the consequences on people who are still employed, yet face a period of uncertainty, increased layoffs and growing unemployment (29).

The findings of the present study portray a local situation consistent with the national level and which was gradually developing even before the GR, over a decade of economic stagnation (17). Also, the heterogeneity of the general Italian context mirrors heterogeneity at local level, with not all ceramic tile companies equally affected by the crisis. Yet a general and steady decline in production in the Sassuolo ceramics district was reported in the last few years, about -50% between 2000 and 2014. In the same period, reductions of 35% in the rate of employment, of 30% in the number of industries and of 20% of sales were also recorded (4). The contraction of the local economics was mirrored by a reduction in the population in the area, after decades of increase, the latter due to national and international immigration. The area underwent two waves of migration: one during the 1970s from the South of Italy, and a second during the 1990s from North Africa and Eastern Europe/former USSR. Nowadays new processes of migration *away* from the Ceramics area have produced a decrease in the population of Sassuolo, the main city in the area, up to the current number of 41 000 inhabitants (4).

In both focus groups, many statements addressed the relationship between the social situation and work organization, mediated by Trade Unions, which were criticized by some OHPs as old-fashioned and ineffectively trying to preserve a way of conceiving work that does no longer exists. However, it may be worth recalling that the few specific interventions developed in Italy in recent years addressed to workers who had lost their jobs or were experiencing job insecurity were supported by the Trade Unions (8, 23).

The ongoing process of change involving work and contract models, partly due to the GR, partly pre-existing, has not only led to a reduction in the number of employed people, but has also had many other more subtle consequences. One is loss of benefits traditionally reserved to those in work, such as meal tickets, parking places, Christmas gifts that, placed in a general context of uncertainty, may threaten individual ontological security (18), i.e. "a personal sense of continuity of things and persons" (26), ultimately resulting in the emergence of psychological symptoms (e.g., anxiety and depressive symptoms). The sociological concept of ontological security, strongly intertwined with individual psychology, may mediate between social environment and psychiatric disorders.

On the subject of how changes in work systems may affect individual health of workers, two main themes emerged. The first was that workers fear losing their jobs so much that they give up their right to sick leave when they are ill, even when resting at home would be necessary for appropriate recovery. The second was the perception of how GR has led to a deterioration of relationships between work mates, with a possible significant impact on individual health, given the possible protective role of loyalty and reciprocal support on the bio-psycho-social wellbeing of workers. It is well known that among psychosocial work risk factors for depression, job security and support from colleagues are protective factors in men and women (1). Noticeably, job security steadily decreased in Italy over the last few years; in the same way, according to the OHPs who took part in the two focus groups, a worsening was noticeable in the relationships between work mates. Even if the impres-

sion of the OHPs was that more anxiety than depressive symptoms were seen among workers, often both conditions exist as anxious-depression, or anxiety-depressive syndromes; therefore, it could be hypothesized that job security and support from work mates might exert a protective factor even against such conditions, and not solely against depression. Moreover, the relationships between workers may be considered part of the so-called "social capital", i.e. "the resources available to individuals and groups through membership of social networks" (32). Both horizontal and vertical social capital, i.e., interpersonal and institutional trust, have been affected by the GR; Economou et al. (14) argued that the effect of social capital on mental health is not even, and that cognitive social capital ("people's perceptions of the level of interpersonal trust as well as norm of reciprocity within groups", 32) no longer exerts its protective influence on mental health when individuals experience severe economic distress, therefore suggesting a link between decreased work security and worsened relationships between colleagues. This issue has particular importance in the field of occupational health, given its interconnections with the burnout syndrome (BS). Support from work mates, previously mentioned as a protective factor against depression, is also a recognized factor able to reduce the incidence of BS (3). Few studies are available regarding the prevalence of such condition among Italian workers, yet it is known to be common especially among healthcare professionals, even during training periods (3, 16). Specifically, a recent extensive literature review concerning the state-of-the-art of BS and its treatment pointed out the possibility of a significant increase in the syndrome following the GR (3).

Economic recessions may also have beneficial effects (15). One, reported by OHPs, was a dramatic reduction in absenteeism, which has very high costs (24). Nevertheless, the same driving force may have also produced more "presenteeism", which in the USA was estimated to cost five times more than absenteeism itself (24). The Authors are not aware of any similar studies in Italy. The potential "benefits of recession" on health were recently discussed in *The Lancet*: the role of allocations for health resources, and their accountability vs. the risk of corruption are still major problems in the Italian NHS (10, 15).

OHPs also noted a general worsening of the health of their workers. This is consistent with two surveys carried out by the Department of Economics of the University of Modena and Reggio Emilia (4, 5): between 2008 and 2012 in the province of Modena the mental health index decreased, and decreased more than the mean national level (-2.6), going from 48.6 in 2006 to 46.0 in 2012. Studies confirmed that in times of economic hardship mental health is expected to deteriorate more than physical health (11). The OHPs' impression that anxiolytics and antidepressants consumption increased is also corroborated by data from the local Mental Health Department (25). Similarly, Vittadini et al. found that being aged over 55 years, having a low level of education and a blue collar job are risk factors for the use of psychotropic drugs, especially antidepressants (32). In this study, fear of unemployment and job insecurity were also associated with higher use of antidepressants.

Several financial support scheme were activated, especially in the first years of the GR, to help workers, unemployed people and companies experiencing economic hardship. For example, the Municipal Government of Modena allocated 832 000 Euros in 2009 and 350 000 in 2010 to help people with housing problems, 100 000 Euros to offer consultations to industries and enterprises in 2009-2010, and 150 000 Euros to organize job seekers support initiatives. The Province of Modena allocated 150 000 Euros in 2009 and 2010 to support targeted training for unemployed people. The local bank Trust Fund (Fondazione Cassa di Risparmio di Modena) allocated 2 million Euros in 2009 to finance projects aiming at supporting people experiencing social and economic distress due to the GR. Finally, in the same years, the Modena Chamber of Commerce allocated 100 000 Euros to finance a "territorial marketing" study, and 250 000 Euros to support the food processing industry (9).

From the occupational health standpoint, it is right to ask what can or should OHPs do. Some think that their role as listeners or advocates is an integral part of their job, a new challenge to take

on; others considered this a psychologist/social worker's task, something that ultimately interferes with their other statutory tasks. In such a "listening role", suggesting the need for a psychotherapeutic attitude, the OHPs may have similar functions to GPs, favoured also by their similar accessibility. Though the group did not share this perspective unanimously, a general feeling of a very high emotional workload was discernible: availability of specific interventions to support OHPs in their task, such as Balint Group-like meetings, was suggested and welcomed. Of course, such "listening function", though debated, should not be intended as a substitute for a formal psychological referral. The need to address psychological needs of workers may lead to the activation of a psychological help desk, mostly in large industries such as ceramics. This also impacts on integration between different professionals (i.e. OHPs, psychologists and psychiatrists working in the community). On the other hand, by developing a psychotherapeutic-oriented approach to the worker, the OHP may be helped in better assessing the risks that are present at the workplace and in promoting a full health surveillance.

Other suggestions for clinical intervention came from the groups, specifically supportive psychotherapy for individual workers to raise the level of their coping strategies, and recommendations addressed to the Government involving all social partners, and Trade Unions in particular, to protect workers from a normative standpoint.

The present study was conceived for three main reasons, combining its main strengths. First, because of the relative lack of qualitative research in this area. Second, because of the easy approach to the possibility of generating hypotheses allowed by qualitative methods. Third, because of the particular subjects involved, i.e. OHPs, who have a particular relationship with workers, so that OHPs may act as "amplifiers" of the experiences and situations of their patients/workers. The study also had some major limitations. First, due to the qualitative design, its external validity is limited. Nevertheless, the aim was not to generalize the experience of Sassuolo, but rather to complement national data with a local perspective, which is also important to guide context-specific clinical interventions. Second, workers and the working context were not studied directly but through the filter of OHPs. This filter, nonetheless, is a function of OHPs' thorough and specialized experience, generating an additional contribution to the understanding of such complex phenomena. Finally, the focus groups were made up of only OHPs and no other professionals (e.g., General Practitioners, nurses,...) were involved: this may have limited the view of the complex phenomena addressed in the present study. However, the participation of only one type of professional made the groups homogeneous, which was an important methodological feature, considering that the aim of the study was to gain knowledge indirectly (i.e., through OHPs' opinions) of the impact of the GR on the health of a specific population (workers), not the general population or other kinds of populations. OHPs were therefore believed to be the most sensitive "detector" of the condition of workers, both from a clinical and a normative standpoint. The participation of only OHPs also helped to make the study feasible.

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References

1. Ardito C, D'Errico A, Leombruni, R: Exposure to psychosocial factors at work and mental well-being in Europe. Med Lav 2014; *105*: 85-99
2. Blanchard O, Amighini A, Giavazzi F: Macroeconomics. A European perspective. Upper Saddle River, New Jersey: Financial Times Press, 2010
3. Camerino D, Cassitto MG, Gugiari MC, et al: Burnout ieri e oggi: stato delle conoscenze. Med Lav 2013; *104*: 411-427 (in Italian)
4. Caporale A, Zaccariello G: Sassuolo, il sogno perduto nel regno delle piastrelle. E il Comune rischia di fallire. Ilfattoquotidiano.it, 19 gennaio 2014. Accessed online: September 8, 2015. http://www.ilfattoquotidiano.it/2014/01/19/sassuolo-il-sogno-perduto-nel-regno-delle-piastrelle-e-il-comune-rischia-di-fallire/849661/ (in Italian)
5. Centro di analisi delle politiche economiche: ICESmo2. La seconda indagine sulle condizioni economiche e so-

ciali delle famiglie della provincia di Modena. Anno 2006. Accessed online: June 21, 2015 http://www.capp.unimore.it/strumenti/ICESMO2.html (in Italian)
6. Centro di analisi delle politiche economiche: ICESmo3. La terza indagine sulle condizioni economiche e sociali delle famiglie della provincia di Modena. Anno 2012. Accessed online: June 21, 2015 http://www.capp.unimore.it/strumenti/ICESMO3.html (in Italian)
7. Charmaz, K: Constructing grounded theory: a practical guide through qualitative analysis. London: Sage, 2006
8. Cirri, M: Il tempo senza lavoro. Milano: Feltrinelli, 2013 (in Italian)
9. Commissione Consiliare Speciale per il Monitoraggio della Crisi Economica: Primo Report – giugno 2010. Accessed online: September 8, 2015. http://www.comune.modena.it/il-governo-della-citta/commissioni/rapporto-monitoraggio-crisi-economica (in Italian)
10. Corcella, R: Rapporto corruzione nella sanità «Voragine» da 23,6 miliardi di euro. Oltre a frodi e truffe, calcolati anche gli effetti in termini di inefficienza e sprechi. Corriere della Sera, April 14, 2014. Accessed online: June 20, 2015 http://www.corriere.it/salute/14_aprile_16/corruzione-sanita-a9fb63dc-c560-11e3-ab93-8b453f4397d6.shtml (in Italian).
11. Davalos ME, French MT: This recession is wearing me out! Health-related quality of life and economic downturns. J Ment Health Policy Econ 2011; *14* : 61-72
12. De Vogli R, Marmot M, Stuckler D: Excess suicides and attempted suicides in Italy attributable to the great recession. J Epidemiol Community Health 2013; *67*: 378-379.
13. De Vogli, R: Unemployment and suicides during the recession in Italy. BMJ 2013; *6*: f4908, 2013
14. Economou M, Madianos M, Peppou LE, et al: Cognitive social capital and mental illness during economic crisis: a nationwide population-based study in Greece. Soc Sci Med 2014; *100*: 141-147
15. Editorial: The benefits of recession. The Lancet 2011; *5*; 377 (9768): 783
16. Ferrari S, Cuoghi G, Mattei G, et al: Young And Burnt? Italian Contribution To The International BurnOut Syndrome Study (BOSS) among residents in psychiatry. Med Lav 2015; *106*: 172-185
17. Fubini F: Recessione Italia, come usciamo dalla crisi più lunga della storia. Bari-Roma: Editori Laterza, 2014 (in Italian)
18. Giddens A: Modernity and Self-Identity. Self and Society in the Late Modern Age. Cambridge: Polity, 1991
19. Iacobucci G: A third of NHS contracts awarded since health act have gone to private sector, BMJ investigation shows. BMJ *349*: g7606,2014. Accessed online: June 20, 2015.
20. Law 81. 2008. Attuazione dell'articolo 1 della legge 3 agosto 2007, n. 123, in materia di tutela della salute e della sicurezza nei luoghi di lavoro. *Gazzetta Ufficiale* n. 101 del 30 aprile 2008 - *Supplemento Ordinario* n. 108. Accessed online: June 15, 2015. http://www.camera.it/parlam/leggi/deleghe/08081dl.htm (in Italian)
21. Mattei G, Ferrari S, Rigatelli M: Economic recession in Italy: a review of short-term effects on health. J Psychosom Res 2011; *70*: 606
22. Mattei G, Ferrari S, Pingani, L, et al: Short-term effects of the 2008 Great Recession on the health of the Italian population: an ecological study. Soc Psychiatry Psychiatr Epidemiol 2014; *49*: 851-858
23. Matteo G (ed.): L'anima licenziata. Firenze: Azienda Sanitaria, 2014. Accessed online: May 5, 2015. http://www.asf.toscana.it/images/stories/Comunicati_stampa/2014.08.28_comunicato_stampa_145_licenziati_allegato.pdf (in Italian)
24. McDaid D, Curran C, Knapp M: Promoting mental well-being in the workplace: A European policy perspective. Int Rev Psychiatry 2005; *17*: 365-373
25. Modena Mental Health Department: Il costo della crisi in termini di salute mentale, 2014. Accessed online: June 21, 2015. http://www.ausl.mo.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/11568 (in Italian)
26. Ross LM, Squire GD: The Personal Costs of Subprime Lending and the Foreclosure Crisis: A Matter of Trust, Insecurity, and Institutional Deception. Soc Sci Q 2011; *92*: 140-163
27. Smith GC: From consultation liaison psychiatry to integrated care for multiple and complex needs. Aust NZ J Psychiat 2009; *43*: 1-12
28. Stuckler D, Basu S: The body economic. London: Allen Lane, 2013
29. ten Havem M, van Dorsselaer S, de Graaf, R: The association between type and number of adverse working conditions and mental health during a time of economic crisis (2010–2012). Soc Psychiatry Psychiatr Epidemiol [Epub ahead of print], 2015
30. Tremonti, G: Informativa del Ministro dell'Economia e delle Finanze Giulio Tremonti sugli sviluppi della crisi finanziaria in atto, 2008. Accessed online: May 5, 2015. http://www.mef.gov.it/podcast/2008/video_0041.html (in Italian)
31. Tong A, Sainsbury P, Craig J: Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care 2007; *19*: 349-357
32. Villalonga-Olives E, Kawachi I: The measurement of social capital. Gac Sanit 2015; *29*: 62-64
33. Vittadini G, Beghi M, Mezzanzanica M, et al: Use of psychotropic drugs in Lombardy in time of economic

crisis (2007-2011): a population-based study of adult employees. Psychiatry Res 2014; *220*: 615-622
34. Wessel D: Did 'Great Recession' live up to the name? Wall Str J, April 10th, 2010. Accessed online: November 14, 2012. http://online.wsj.com/news/articles/SB10001424052702303591204575169693166352882
35. World Health Organization: The financial crisis and global health: background paper for WHO high level consultation. Geneva: World Health Organization, 2009. Accessed online: April 20, 2015. http://www.who.int/mediacentre/events/meetings/2009_financial_crisis_report_en_.pdf
36. World Health Organization: Impact of economic crises on mental health. Geneva: World Health Organization, 2011. Accessed online: April 20, 2015 http://www.euro.who.int/en/what-we-o/healthtopics/noncommunicable-diseases/mental-halth/publications/2011/impact-of-economic-crises-on-mental-health

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