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# WORKPLACE MANAGEMENT AND MENTAL HEALTH AMONG MIGRANT WOMEN CONSTRUCTION WORKERS IN TIRUPATI, INDIA: A QUALITATIVE PERSPECTIVE

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## ABSTRACT

Women migrant construction workers constitute one of the most marginalized groups in India's urban labour market, particularly in fast-growing pilgrimage cities such as Tirupati. Despite their critical role in urban infrastructure development, their mental health and psychological well-being remain largely neglected within workplace management and labour governance. This qualitative, phenomenological research study examines how workplace management practices influence mental health among women migrant construction workers in Tirupati, Andhra Pradesh. In-depth semi-structured interviews were conducted with 60 women migrant workers employed across major construction sites in Tirupati. Thematic analysis was used to examine experiences related to supervision, wage practices, workplace safety, gender relations, harassment, and access to welfare services. The findings reveal five dominant themes: managerial neglect and verbal abuse, financial insecurity due to delayed wage payments, gender-based discrimination and harassment, lack of health and welfare support, and reliance on informal peer networks for emotional coping. The study demonstrates that workplace management plays a decisive role in shaping women's psychological distress or resilience. Supportive supervision, transparent wage systems, and access to basic welfare facilities were found to significantly improve emotional well-being and job satisfaction. The paper proposes a management-centered intervention framework to promote mental health and dignity among women migrant construction workers in the Indian construction sector.

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**KEYWORDS:** Women Migrant Workers, Construction Industry, Mental Health, Workplace Management, Occupational Stress, Gendered Labour.

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## 1. INTRODUCTION

India's construction sector is one of the fastest-growing segments of the economy, employing millions of migrant workers who build the infrastructure of rapidly urbanizing cities. Women constitute nearly one-third of this workforce, yet they remain concentrated in the lowest-paid, most insecure, and least protected jobs. Cities such as Tirupati, driven by pilgrimage tourism and continuous infrastructure expansion, rely heavily on migrant women to meet labour demands. These women often migrate with families or independently from rural districts in search of survival, not opportunity.

While construction provides income, it also exposes women to extreme physical strain, wage exploitation, and social marginalization. In addition to these visible hardships, women migrant workers endure significant psychological stress arising from workplace mistreatment, income insecurity, and social isolation. However, mental health is rarely recognized as an occupational issue in the construction sector.

Most labour policies and site management practices focus on productivity, deadlines, and physical safety, ignoring emotional well-being. Yet supervisors, contractors, and site managers wield immense power over wages, work allocation, and discipline. Their actions shape not only economic outcomes but also workers' sense of dignity, security, and emotional stability.

This study argues that workplace management must be understood as a mental health determinant. By examining women migrant construction workers in Tirupati, this paper seeks to reveal how everyday managerial practices generate either distress or resilience.

## 2. REVIEW OF LITERATURE

### 2.1. Women, Migration, and Construction Work in India

The construction industry in India has emerged as one of the largest absorbers of migrant labour, employing millions of workers displaced by rural poverty, agrarian distress, and climate vulnerability (Bremán, 2016; Deshingkar & Akter, 2009). Women constitute a substantial proportion of this migrant workforce, yet they remain concentrated in the most insecure and physically demanding roles, such as carrying materials, mixing cement, and cleaning worksites (Kabeer, 2012; Neetha, 2009). Their labour is often classified as "unskilled," despite requiring physical endurance and technical coordination,

which results in systematically lower wages and limited job mobility.

Migration for construction work is rarely voluntary for women; rather, it is driven by survival imperatives such as household debt, crop failure, or lack of rural employment (Deshingkar, 2017). Women migrants frequently travel with families or follow male relatives, placing them in dependent labour arrangements controlled by contractors and supervisors. Scholars have shown that this dependency increases vulnerability to exploitation, including wage theft, forced overtime, and harassment (Bremán & Guerin, 2009; Kannan & Raveendran, 2019).

### 2.2. Informality, Power, and Psychological Vulnerability

India's construction sector operates largely within the informal economy, characterized by subcontracting chains, casual employment, and weak regulatory enforcement (Bremán, 2016). Informality means that workers lack written contracts, social security, grievance mechanisms, or job stability. For women, informality also erases protections against gender-based discrimination and violence.

According to Standing (2011), informal workers experience a condition of "precarity" defined by uncertainty, vulnerability, and lack of voice. This precarity is not only economic but psychological, producing chronic stress, anxiety, and emotional exhaustion. Research by Lund et al. (2010) and Benach et al. (2014) shows that informal employment is strongly associated with poor mental health outcomes due to insecurity, powerlessness, and lack of institutional support.

Women migrant construction workers face multiple layers of precarity economic, gendered, and migratory making them especially susceptible to mental distress (Neetha & Palriwala, 2011).

### 2.3. Mental Health and Occupational Stress

Mental health is increasingly recognized as a critical component of occupational well-being. The World Health Organization (2022) defines workplace mental health as the ability to cope with work-related stress, maintain emotional stability, and function productively. Research in occupational psychology demonstrates that job insecurity, excessive workload, lack of control, and social isolation are key predictors of anxiety, depression, and burnout (Karasek & Theorell, 1990; Siegrist, 1996).

Migrant workers face additional stressors including displacement, cultural isolation, and separation from support networks (Bhugra, 2004; Steel et al., 2011). For women migrants, mental

distress is compounded by caregiving responsibilities, gendered exploitation, and exposure to harassment (Fitzgerald et al., 1997; Willness et al., 2007).

In the construction sector, psychological risks are often overlooked due to the dominance of physical safety discourse, even though emotional stress significantly affects injury rates, absenteeism, and productivity (Leung et al., 2015).

#### **2.4. Workplace Management and Mental Health**

Workplace management plays a central role in shaping mental health outcomes. Organizational research shows that leadership style, fairness, communication, and support systems strongly influence employee well-being (Kelloway et al., 2012; Einarsen et al., 2020). Abusive supervision characterized by shouting, humiliation, and intimidation has been shown to cause anxiety, depression, and emotional exhaustion.

The Job Demand–Control model (Karasek, 1979) and Effort–Reward Imbalance model (Siegrist, 1996) both demonstrate that when workers face high demands and low rewards, psychological distress increases. For women migrant construction workers, high physical labour combined with low pay, disrespect, and insecurity creates a perfect environment for mental harm.

However, most management studies focus on formal organizations, leaving informal sectors like construction largely unexamined. This gap is particularly severe for women workers in developing countries.

#### **2.5. Gender, Harassment, and Workplace Mental Health**

Gender-based discrimination and sexual harassment are strongly linked to mental health problems among women workers (Fitzgerald et al., 1997; Willness et al., 2007). Harassment leads to trauma, shame, and withdrawal from work and social life. In construction sites, where male dominance and power hierarchies prevail, women are especially vulnerable.

Kabeer (2012) argues that women's economic participation without dignity or protection often reproduces rather than reduces inequality. When workplace management tolerates or enables harassment, it becomes a structural source of psychological violence.

#### **2.6. Research Gaps**

While existing literature documents women's exploitation in construction and the mental health risks of informal work, very few studies examine how

workplace management itself creates or alleviates psychological distress, particularly among women migrant workers in urban India. There is also limited qualitative research capturing women's own voices in specific urban contexts such as Tirupati.

This study addresses this gap by linking workplace management practices directly to mental health outcomes using in-depth qualitative data.

### **3. RESEARCH OBJECTIVES**

1. To explore mental health experiences of women migrant construction workers in Tirupati
2. To analyse how workplace management influences psychological well-being
3. To identify organizational sources of distress and support
4. To develop management-focused intervention strategies

### **4. METHODOLOGY**

#### **4.1 Research Design**

This study adopted a qualitative, phenomenological research design to explore how women migrant construction workers in Tirupati experience and interpret workplace management and its influence on their mental health. A qualitative approach was chosen because mental health, emotional distress, and workplace power relations are deeply subjective and context-specific, requiring detailed narratives rather than numerical measurement. Phenomenology allows the researcher to capture the lived realities, emotions, and meanings attached to everyday workplace interactions.

This approach is particularly appropriate for marginalized and informal workers whose experiences are rarely represented in official data or organizational records.

#### **4.2. Study Area**

The study was conducted in Tirupati, Andhra Pradesh, a rapidly growing pilgrimage and urban development centre that relies heavily on migrant construction labour. The city has witnessed significant expansion of residential complexes, commercial buildings, and infrastructure projects, creating high demand for migrant workers from rural districts of Andhra Pradesh, Telangana, Orissa and Tamil Nadu. Construction sites in Tirupati are largely informal, characterized by subcontracting systems, daily wage payments, and minimal labour regulation, making them a critical setting for examining workplace management and worker well-being.

### 4.3. Sampling Strategy

A purposive sampling method was used to select participants who could provide rich and relevant information. The inclusion criteria were:

- Women aged 18 years and above and from different states
- Migrant workers who had moved from rural areas and other states
- Currently employed in construction work in Tirupati
- At least six months of work experience in the construction sector

Using these criteria, 60 women migrant construction workers were recruited from multiple construction sites across Tirupati. The sample included women of different ages, marital status, migration histories from different states, and job roles (load carrying, cleaning, brick work, water supply, and assisting masons). The sample size was considered sufficient to achieve thematic saturation, where no new themes were emerging from additional interviews.

### 4.4. Data Collection

Data were collected through semi-structured in-depth interviews, which allowed participants to speak freely while ensuring that key themes were covered. An interview guide was developed focusing on:

- Work conditions and daily routines
- Relationships with supervisors and contractors
- Wage practices and job security
- Experiences of respect, discrimination, or harassment
- Physical and emotional health
- Access to welfare facilities
- Coping strategies and support systems

Interviews were conducted in Telugu, Tamil and Oriya depending on the participant's preference, to ensure comfort and accurate expression. Each interview lasted between 40 and 60 minutes. With participants' consent, interviews were audio-recorded and later transcribed. Field notes were also taken to record non-verbal cues, emotional expressions, and workplace contexts and also hired a person having expertise in Tamil and Oriya for data collection from the respondents from other states included in the sample.

### 4.5. Data Analysis

The study employed thematic analysis following the framework proposed by Braun and Clarke (2006). Analysis proceeded in six stages:

1. Familiarization with the data through repeated reading of transcripts
2. Initial coding of meaningful statements
3. Grouping codes into potential themes
4. Reviewing and refining themes
5. Defining and naming themes
6. Producing the final analytical narrative

This process allowed for systematic identification of recurring patterns related to workplace management and mental health. To enhance credibility, codes and themes were reviewed multiple times to ensure consistency and coherence and also mentioned number for the responses given by the respondents instead of using their names as part of research ethics.

### 4.6. Trustworthiness and Rigor

To ensure the accuracy of the qualitative study, several strategies were employed:

- **Credibility:** Prolonged engagement with participants and detailed interviews ensured authenticity of data.
- **Dependability:** A clear documentation of the data collection and analysis process was maintained.
- **Confirmability:** Direct quotations were used to support interpretations.
- **Transferability:** Rich descriptions of context and participants allow readers to assess applicability to similar settings.

### 4.7. Ethical Considerations

Ethical principles were strictly followed. Participants were informed about the purpose of the study, and voluntary informed consent was obtained. Names and identifying details were removed to ensure anonymity. Given the sensitive nature of mental health and workplace abuse, interviews were conducted in private settings, and participants were allowed to withdraw at any time without consequences.

## 5. FINDINGS

The qualitative analysis of interviews with 60 migrant women construction workers in Tirupati revealed that workplace management practices deeply influence their emotional lives, sense of dignity, and psychological well-being. Women's narratives consistently reflected experiences of fear, anxiety, humiliation, and exhaustion, alongside limited moments of resilience created through peer support. Five major themes emerged from the data (including experiences and perceptions in inverted quotations in italic form for better understanding) given below...

### 5.1. Managerial Neglect, Verbal Abuse, and Emotional Fear

A dominant theme across interviews was the emotional harm caused by supervisors' harsh behaviour. Women described being shouted at, insulted, and threatened for slowing down, requesting rest, or questioning work assignments. Such interactions created an environment of constant fear and emotional vulnerability.

*"From morning itself my heart feels heavy because I know someone will shout. Even before starting work, I feel scared."* (Woman, 32)

*"They don't talk like humans. They talk like we are animals. After hearing those words, I feel like crying but cannot cry there."* (Woman, 44)

Many women internalized this treatment, leading to loss of self-worth and emotional numbness.

*"Slowly, you stop feeling anything. You just work and keep quiet."* (Woman, 38)

These experiences indicate that managerial neglect and verbal abuse function as everyday psychological stressors, shaping women's emotional states throughout the workday.

### 5.2. Wage Insecurity and Constant Mental Anxiety

Irregular and delayed wage payments were described as a persistent source of mental tension. Women expressed how financial uncertainty invaded their thoughts, sleep, and physical health.

*"When wages don't come, my mind does not rest. Even at night, I keep thinking—what will my children eat?"* (Woman, 29)

*"We work daily, but payment comes when they want. That waiting is more painful than the work."* (Woman, 41)

Several women linked wage delays to physical symptoms of stress such as headaches, sleeplessness, and stomach pain.

*"My body works, but my mind is always worrying."* (Woman, 36)

These narratives show that wage insecurity is not merely an economic issue but a profound psychological burden.

### 5.3. Gender-Based Discrimination, Harassment, and Emotional Injury

Women spoke openly about gender-based disrespect and harassment at construction sites. Many described being ignored, mocked, or subjected to unwanted attention by supervisors and male co-workers.

*"They look at us differently. If a man does mistake, they forgive. If a woman does, they scold badly."* (Woman, 27)

*"Some words they speak are very dirty. We feel ashamed, but we stay quiet because we need work."* (Woman, 34)

Fear of job loss prevented women from reporting harassment.

*"If we complain, they will remove us from work. So we swallow everything."* (Woman, 45)

These experiences caused deep emotional injury, leading to feelings of shame, helplessness, and isolation.

### 5.4. Absence of Health, Welfare, and Emotional Support

Most women reported a complete lack of institutional support at construction sites. There were no health facilities, rest spaces, or mechanisms to address emotional distress.

*"When we fall sick, nobody asks. If we don't work, they cut money."* (Woman, 40)

*"There is no place to sit, no toilet, no water sometimes. We feel like our life has no value."* (Woman, 48)

Women described feeling abandoned during illness, pregnancy, or emotional breakdowns.

*"When I cry at home, no one knows. At work, no one cares."* (Woman, 35)

This neglect intensified feelings of invisibility and emotional exhaustion.

### 5.5. Peer Support, Shared Suffering, and Emotional Survival

Despite institutional neglect, women created informal networks of emotional support. Sharing experiences with fellow workers helped them cope with stress.

*"Only another woman understands our pain. We talk and feel lighter."* (Woman, 31)

*"Sometimes we laugh together to forget the suffering."* (Woman, 42)

However, women also recognized the limits of this support.

*"Friends give strength, but problems don't end."* (Woman, 39)

Peer support functioned as a survival mechanism rather than a substitute for formal protection.

### 5.6. Summary of Findings

Overall, the findings show that women migrant construction workers experience mental distress as a cumulative outcome of abusive supervision, financial insecurity, gendered mistreatment, and institutional neglect. Their voices reveal that psychological suffering is woven into everyday work experiences, while emotional resilience emerges largely through informal solidarity rather than organizational care.

## 6. DISCUSSION

This study demonstrates that workplace management practices are central to shaping the mental health experiences of women migrant construction workers in Tirupati. Unlike technical or safety-only explanations of occupational distress, our findings show that psychological suffering is socially produced through everyday managerial interactions, wage control, and power relations.

### 6.1. Managerial Behaviour as a Psychological Stressor

Women repeatedly described how supervisors' words, tone, and actions created emotional harm:

*"If we slow down even a little, the supervisor shouts. He calls us useless. After that, I feel small and scared the whole day."* (Woman, 34)

*"They treat us like machines, not people. No one asks if we are tired or sick."* (Woman, 41)

These experiences reflect what Hochschild (1983) called *emotional labour without dignity*, where workers are forced to suppress emotions under hierarchical control.

Studies by Kelloway et al. (2012) and Einarsen et al. (2020) show that abusive supervision is strongly linked to anxiety, depression, and trauma particularly among women in low-power jobs.

In informal construction work, this psychological harm is intensified because women cannot complain

or leave easily due to economic dependency (Deshingkar & Akter, 2009).

### 6.2. Wage Insecurity as Chronic Mental Trauma

Women consistently linked mental distress to irregular and delayed wages:

*"When payment is late, I cannot sleep. I think about rent, food, school. My head keeps hurting."* (Woman, 29)

*"If they don't give money on time, we feel trapped. We keep working but don't know when we will be paid."* (Woman, 38)

This aligns with financial stress theory, which shows that income uncertainty causes chronic anxiety (Sweet et al., 2013).

In informal labour systems, delayed wages are also a form of control (Breman, 2016), making women feel powerless and psychologically unsafe.

### 6.3. Gendered Harassment and Emotional Injury

Many women reported humiliation, sexual comments, and disrespect:

*"Some supervisors stare or talk badly. We stay quiet because we need the job."* (Woman, 27)

*"If we complain, they say they will remove us from work."* (Woman, 45)

Research shows that workplace harassment causes depression, PTSD, and withdrawal among women (Fitzgerald et al., 1997; Willness et al., 2007).

In migrant construction, gender, caste, and class intersect to create "triple vulnerability" (Kabeer, 2012).

Figure 1. Management-Driven Mental Health Framework

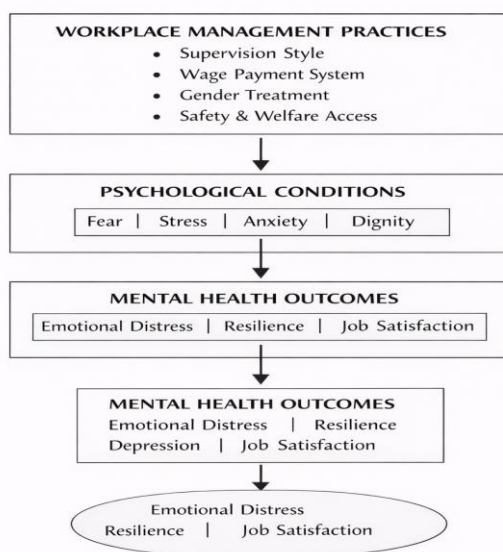


Figure 1. Management-Driven Mental Health Framework for Women Migrant Construction Workers

Figure 1

#### 6.4. Absence of Institutional Care

Women repeatedly stated:

*"If we fall sick, nobody cares. We still have to work or lose wages."* (Woman, 36)

*"There is no place to sit, no doctor, no one to talk to."* (Woman, 42)

According to WHO (2022) and ILO (2021), lack of basic welfare increases occupational mental illness. The construction sector's failure to provide health and grievance systems violates international decent-work standards.

#### 6.5. Peer Support as Psychological Survival

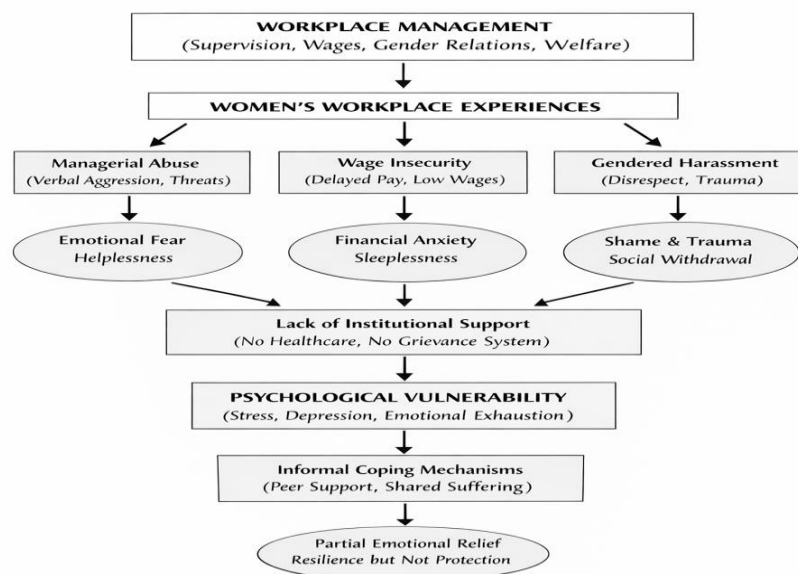
Despite neglect, women created informal emotional networks:

*"We talk to each other and cry sometimes. That gives some strength."* (Woman, 31)

This reflects Social buffering theory stated that peer support reduces stress when institutions fail (Cohen & Wills, 1985). However, informal coping cannot replace formal protection.

### 7. CONCEPTUAL FRAMEWORK

**Figure 2.** Conceptual Pathways Linking Workplace Management Practices to Mental Health Outcomes Among Women Migrant Construction Workers in Tirupati



**Figure 2.** Workplace management-driven pathways influencing mental health outcomes among women migrant construction workers in Tirupati.

Source: Developed by the author based on qualitative findings (2026).

#### Figure 2

### 8. POLICY AND MANAGERIAL IMPLICATIONS

The findings of this study highlight that workplace management practices are not merely administrative functions but critical determinants of the mental health and dignity of migrant women construction workers. Addressing psychological distress in the construction sector therefore requires coordinated interventions at managerial, organizational, and policy levels.

**Gender-sensitive supervisor training** is essential for transforming everyday workplace interactions. Site supervisors and contractors often exercise

unchecked authority, which leads to verbal abuse, humiliation, and discrimination against women workers. Training programs should focus on respectful communication, gender equity, conflict management, and mental health awareness. When supervisors are equipped with these skills, they can create a safer emotional environment, reduce workplace intimidation, and improve trust between workers and management.

**Timely and transparent wage systems** are one of the most effective tools for reducing psychological stress. Irregular or delayed wage payments were

identified as a major source of anxiety and insecurity among women workers. Construction firms and contractors should adopt formal wage payment mechanisms, such as digital or documented cash payments, with clearly defined pay cycles. Transparent wage systems not only prevent exploitation but also provide women workers with financial predictability, which is crucial for emotional stability and household well-being.

**On-site healthcare and counselling services** should be integrated into large construction projects. Most women in this study had no access to medical or psychological support at the workplace, even when facing illness, injury, or emotional distress. Establishing basic health clinics, referral systems, and periodic mental health counselling can significantly reduce untreated stress, anxiety, and trauma. These services also demonstrate institutional recognition of workers as human beings rather than expendable labour.

**Grievance redressal mechanisms** are necessary to give women a voice and protect them from abuse. The absence of complaint systems leaves women powerless against harassment, wage theft, and mistreatment. Construction companies and labour departments should implement confidential and accessible grievance channels, including women-led committees or external helplines. Such mechanisms can deter abusive behaviour and provide workers with psychological security.

Finally, stronger labour inspections and enforcement are essential for sustaining these reforms. Informal construction sites often escape regulatory oversight, allowing exploitative management practices to continue unchecked. Government labour departments must increase site

inspections, enforce minimum wage laws, and monitor compliance with safety and welfare standards. When employers know that their practices are being monitored, they are more likely to adopt fair and humane management systems.

Together, these interventions can transform construction sites from spaces of fear and insecurity into environments that support dignity, stability, and mental well-being for women migrant workers.

## 9. CONCLUSION

This study concludes that the mental health of women migrant construction workers in Tirupati is primarily shaped by workplace management practices rather than by individual factors alone, as the experiences of 60 women clearly show that abusive supervision, wage insecurity, gender-based mistreatment, and the absence of institutional support generate persistent fear, stress, and emotional exhaustion, while respectful communication, timely payments, and basic welfare provisions can significantly restore dignity and psychological stability; by framing mental well-being as a function of everyday managerial governance, this research demonstrates that improving women's mental health in the informal construction sector requires not only clinical or social interventions but also gender-sensitive supervision, transparent wage systems, and enforceable labour protections that recognize migrant women as rights-bearing workers, making the integration of mental health into workplace management essential for building more equitable, sustainable, and humane urban construction economies in rapidly growing cities like Tirupati.

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