

Psychosocial factors in the hospitality sector in Spain: A comparison between front and back-line workers

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Abstract

The present study analyses if working conditions differentially affect to front and back-line workers and thus, explores alternatives that contribute to their well-being. Stemming from the Role and the Conservation of Resources theories, a cross-sectional study was conducted, where 270 front-line and 113 back-line workers responded to a questionnaire containing sociodemographic, psychosocial risk factors (i.e. role and ambiguity conflict and emotion work), job resources (i.e. organisational esteem) and well-being. Hierarchical regression analyses showed an explained variance of well-being around 18% and 19% for back-line and front-line, respectively. Differences between groups were found in terms of role ambiguity (only significant for front-line workers). The common significant associated variables with well-being for both groups were organisational esteem and role conflict. In addition, the effect of emotion work on well-being was mediated by organisational esteem only for front-line workers. Consequently, hospitality companies should be aware of the organisational outcomes of designing jobs with healthy working conditions by means of promoting job resources and paying special attention to specific and differentiated lines of action for front and back-line workers.

Keywords: Psychosocial risk factors, Well-being, Hospitality, Conservation of Resources Theory, Front-line workers, Back-line workers.

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1. Introduction

The hospitality industry plays a key role in the economic and social development. In Spain, tourism accounted for 11.6% GDP in 2022 and generated 1.95 million jobs which represents 9.3% of the total workforce (*Instituto Nacional de Estadística*, 2022). These figures are hardly surprising if one considers that the World Tourism Organisation estimates that Spain is currently among the five most popular tourist destinations in the world (Epdata, 2022). However, the profitable and flourishing nature of the hospitality industry is also considered a poorly remunerated sector in which unsatisfactory working conditions, long and irregular hours (Tromp & Blomme, 2012), and high job insecurity (Wen *et al.*, 2020) contribute to elevated levels of stress (e.g. Reguera & García-Izquierdo, 2021). Moreover, intense competition and strong emphasis on customer satisfaction can adversely affect worker well-being (e.g. García-Izquierdo *et al.*, 2010). These working conditions are relevant to organisations to the extent that they represent psychosocial risk factors (e.g. Cox & Griffiths, 1996; Leka & Cox, 2008) and impact occupational health. Research in this field is therefore essential to improve quality of life and ensure the sustainability of this sector. In this regard, the identification of psychosocial risk factors that affect well-being plays a crucial role in facilitating the development of effective specific prevention plans and workplace interventions.

The analysis of psychosocial risk factors should pay particular attention to role ambiguity and role conflict, given that both are considered some of the most significant antecedents of job stress in the hospitality industry (e.g. Altintas & Turanligil, 2018; Hwang *et al.*, 2014). The prominence of these two factors is better understood if it is taken into account that both types of conflicts occur mainly in complex, dynamic and demanding organisational environments (Kahn *et al.*, 1964; Rizzo *et al.*, 1970). Following Üngüren & Arslan (2021), this is the case of the hospitality industry, among others, due to the fact that the service provided by hospitality workers is characterised, on the one hand, by people interaction, which means providing a response to diverse and simultaneous demands not only from customers, but also from managers and other departments, both inside and outside the organisation (e.g. O'Neill & Davis 2011; Walsh, 2011). On the other hand, this sector is characterised by high expectations from hospitality workers in the quality of their service, which generally require overcoming ambiguities to respond to changing and even conflicting demands (e.g. Grobelna, 2015; Tiyce *et al.*, 2013).

Furthermore, since the services provided by many hospitality professionals require a high level of customer interaction, managing emotions becomes particularly relevant in the hospitality sector (Khetjenkarn & Agmapisarn, 2020). Therefore, this analysis of psychosocial risk factors should also pay attention to emotional demands. Elevated levels of exposure to criticism and continuous performance evaluation from customers create additional pressure over and above the regulation of emotions required to sustain the level of empathy necessary for the job. This creates a high demand for emotional management skills as a job requirement and working conditions with a differential impact on well-being compared to workers that do not have direct contact with customers (e.g. Lee & Madera, 2019; Zapf & Holz, 2006). Consequently, this differential impact regarding employee contact with customers highlights the need for a nuanced analysis of the hospitality sector, as previous studies have shown that hospitality employees face different working conditions and should not be treated as a single group (e.g. Fuchs *et al.*, 2021). In this regard, a role-based analysis of hospitality job descriptions provided by the O*NET database allows for the differentiation between two groups of workers in this sector, depending on the degree of interaction with clients (Jung & Yoon, 2018): front-line workers and back-line workers. These two groups face different degrees of exposure and risk perception in the workplace.

Front-line workers (e.g. bar and waiting staff) play a pivotal role by prioritizing customer satisfaction, connecting external customers with internal processes, and sharing business-related customer information (Yan *et al.*, 2021). These workers play a crucial role in service delivery and are obliged to

directly engage with customers that are sometimes perceived as disrespectful or aggressive (Sliter *et al.*, 2010). In contrast, back-line workers (e.g. kitchen staff, maintenance personnel, office workers) usually have an indirect relationship with customers and are primarily focused on preparing products and services within hierarchically organised work processes (Alexander *et al.*, 2012). These two distinct job profiles and working environments should show different degrees of emotional demands that also affect well-being in different ways (e.g. Zapf, 2002).

While many studies explore working conditions, psychosocial risk factors, and their impact on hospitality workers' health, they often present findings without distinguishing between front-line and back-line workers or focus solely on the former (e.g. Hight *et al.*, 2019). This study therefore sets out to fill this research gap by conducting an analysis of existing psychosocial risk factors that affect the well-being of hospitality workers, with consideration given to the degree to which front and back-line interact with customers, drawing on Role Theory (Kahn *et al.*, 1964) and Hobfoll's (1989) Conservation of Resources Theory (COR).

2. Theoretical background

2.1. Well-being and psychosocial risks in the context of Role and Conservation of Resources theories

Well-being is a wide-ranging concept that has evolved over time. An initial focus on the identification of primarily physical aspects (absence of illness) was subsequently expanded to address psychological aspects associated with life satisfaction and positive affect (Diener, 1984). In this sense, the work environment is clearly of utmost importance. Research has particularly focused on the way in which well-being relates to personal work experience, job satisfaction and health. This breadth of the nature of well-being may help to understand the difficulty in having a single definition and indicator (Forgeard *et al.*, 2011). For the purposes of this study, the definition of well-being by Castro-Trancón *et al.* (2024, p. 2), based on Wright and Doherty (1998), is followed: "an affective state dependent on the degree to which individual pleasure is activated and experienced in the work environment". This conception of well-being highlights how it is related to broader worker health. In this regard, research have shown that inadequate well-being can lead to adverse effects, such as worst performance and the onset of long-term mental health complications and increased absenteeism, not only on employees, but also on organisations (Einarsen & Nielsen, 2015).

Work characteristics are crucial when it comes to determining well-being at work, as they may enhance negative health outcomes by acting as risk factors (García-Izquierdo & Castaño, 2022). Most studies on psychological stressors at work have focused on tasks and work organisation, with Role Theory (Kahn *et al.*, 1964) being one of the most widely used theories (Zapf *et al.*, 1999). In terms of psychosocial risk affecting hospitality workers, the most significant roles are role ambiguity and role conflict, which can both have an undesirable effect on psychological well-being.

However, Grandey and Cropanzano (1999) believe that Role Theory is limited by its focus on work demands and its failure to address the work variables that may act as resources and buffer adverse outcomes (e.g. stress). They argue that this limitation can be overcome by turning to COR, a more general model in which stress is considered a reaction to an environment in which there is: i) the threat of a loss of resources, ii) an actual loss of resources, or iii) the lack of an expected gain of resources. Individuals seek to acquire and maintain personal resources that protect them from adversity and work demands. Among these resources, esteem is especially important due to its central role in shaping attitudes, behaviours and responses to life experiences (e.g. Hobfoll, 2011). Those with higher self-esteem and organisational esteem can be expected to have higher self-confidence and feel more supported and appreciated by the organisation when dealing with situations in which workers perceive a threat to their personal resources. Such threats may be caused, for example, by experiences of role conflict or role ambiguity.

Drawing on Role Theory and COR, this study analyses role ambiguity and role conflict as stressors that potentially impact on well-being, and esteem as a stress buffer. It should be noted that this study focuses specifically on organisational esteem, as it shapes working conditions as a challenge or an opportunity (Schuler, 1980). The study of organisational esteem will allow for the assessment of the worthiness of workers in the hospitality sector within their specific work and organisational context, with a view to providing a more general view of the working conditions of the sector. Moreover, this focus on organisational esteem will also enable the proposal of more specifically focused actions for enhancing organisational resources that promote well-being (vs. the individualistic focus).

Given that type of work influences the nature of stressors (Steyn & Vawdab, 2014) and open dialogue with regards to COR and the need to situate COR in a particular context (Hobfoll *et al.*, 2018), it is necessary to complete this analysis model with another potential psychosocial risk factor of particular importance in the hospitality sector: emotion work. The concept of emotion work, coined by Hochschild (1983), focuses on emotions as an inherent requirement of the job (part of the job tasks), beyond physical or mental demands (e.g. Zapf, 2002). It would seem appropriate to include this concept in this research due to the importance given to customer service and satisfaction in the hospitality industry (e.g. García-Izquierdo *et al.*, 2010) and its previously mentioned importance as a job requirement that differentiates back-line and front-line workers.

Below it is presented a review of the literature on how role ambiguity, role conflict, emotion work and organisational esteem relate to psychological well-being from which the study hypotheses are derived.

2.2. Role ambiguity and role conflict

Role ambiguity and role conflict are two key components of role stress, which results from undefined roles, complicated or constantly changing organisational structures, and insufficient or deficient organisational communication (Kahn *et al.*, 1964). Both can affect workers by increasing stress and making it more difficult to work effectively (Hing & Nuske 2012), and both are associated with lack of well-being (e.g. Üngüren & Arslan, 2021). Role ambiguity occurs when employees feel they lack the information necessary to effectively carry out their role or tasks; and when employees are confused about their responsibilities, company expectations, performance evaluation criterion, or the consequences of their behaviour (Grobelna, 2015). Role conflict arises when there is a collision between two or more demands; incompatibility between different functions, responsibilities and expectations; or a misalignment between the requirements of a role and the values, needs, talents and personality of the individual performing the role (Ko, 2020).

These two role-related risk factors are common in the hospitality industry (Wang *et al.*, 2021), as this sector often entails simultaneous tasks such as product (e.g. food and beverages) processing and customer service. In addition, as a customer-oriented sector requires front-line employees to respond to diverse and sometimes conflicting direct demands from customers, supervisors and co-workers, and adapt to technical proficiencies and emotional delivery. Such demands lead to boundary spanning roles (Grobelna, 2015) that make front-line workers particularly prone to increased role ambiguity. In contrast, back-line workers often require flexibility to respond to changing client demands that arrive indirectly from the front-line. This need for flexibility may contradict the hierarchically organised work processes of back-line workers and ultimately conflict with their organisational rules, routines and emphasis on uniformity (Alexander *et al.*, 2012), making them more prone to role conflict. It is therefore proposed that:

- H₁) Role ambiguity will be negatively associated with the well-being of hospitality workers.*
- H_{1a}) This relation will be greater for front-line than for back-line workers.*
- H₂) Role conflict will be negatively associated with the well-being of hospitality workers.*

H_{2a}) This relation will be greater for back-line than for front-line workers.

2.3. *Emotion work*

The requirement for emotional regulation to express or conceal certain job-defined emotions is referred to as emotion work (Zapf *et al.*, 1999). Emotion work can have a positive effect on workers through the expression of positive emotions when coinciding with their own emotions (e.g. Brotheridge & Grandey, 2002). However, emotion work primarily refers to the need to express emotions that are dissonant with experienced emotions and have negative effects on worker health (e.g. García-Izquierdo *et al.*, 2010). That said, these effects have not been uniformly demonstrated by empirical research on the subject (Zapf & Holz, 2006).

The effects of emotion work depend on the frequency of interpersonal contacts and the duration and variety of these interactions (Diefendorff *et al.*, 2005). These aspects are particularly pronounced in jobs within the service and hospitality sectors. The negative impacts of emotion work can be better understood when considering that expressing expected emotions is a significant work effort in roles that involve continuous interaction with customers or users, especially when customers highly expect to encounter polite, courteous, and empathetic employees that are willing to help (Marković *et al.*, 2013). Given their direct influence on service quality and customer satisfaction, these expressed emotions are also subject to evaluation by supervisors (Martínez, 2001; Ramis *et al.*, 2009; Zapf, 2002). Studies in this sector conclude that professionals that frequently interact with customers and perform tasks in their presence must exert considerable effort to control their emotions during social interactions at work (e.g. Kinman, 2009; Testa *et al.*, 2012; Tiyce *et al.*, 2013). Consequently, the expression of emotions becomes a required job performance behaviour rather than a natural reaction stemming from personal experience. This requirement can significantly undermine well-being (e.g. Gracia *et al.*, 2007).

Taken into account the aforementioned, a significant relationship between emotion work and psychosocial well-being in hospitality workers can be expected. Nonetheless, given that the number and frequency of interactions with customers is higher for front-line workers than for back-line workers and given the existence of studies showing that emotion work contributes to emotional exhaustion and burnout among hotel frontline employees (Khetjenkarn & Agmapisarn, 2020), emotion work is expected to be a distinguishing feature of front-line work. Therefore, the following hypotheses are proposed:

H₃) Front-line workers will score higher in emotion work than back-line workers.

H₄) Emotion work will be negatively related to well-being in the case of front-line workers.

2.4. *Organisational esteem*

Organisational esteem is considered an indicator of the employee's perceived value and role in the organisation (Crawford & Hubbard, 2008). It refers to the respect and dignity that employees think it is related to their work (Ghiselli *et al.*, 2001). It is an affective self-evaluation of job performance and organisational experience that has a significant impact on cognitions, attitudes and behaviours in the organisation. From a COR point of view, organisational esteem represents one of an individual's centrally valued resources (Wang *et al.*, 2020). Organisational esteem influences an individual's interpretation of workplace conditions. On the one hand, perception of low esteem can lead to poor service delivery and an increase in customer complaints (Bowen & Lawler, 1992). In addition, an employee that lacks pride and dignity in their work is more likely to quit their job or adversely affect their health by continuing to work with negative attitudes (Grandey & Cropanzano, 1999). On the other hand, a recent study on front-line hospitality workers found that organisational esteem is both directly and indirectly positively related to well-being (Wang *et al.*, 2020). The study concluded that the prevalence of poor working conditions in the hospitality industry leads to errors that may be perceived as a sign of incompetence, thereby negatively affecting worker well-being. However, the study also

revealed that a certain level of tolerance for such errors within the organisation can make workers feel valued and supported. This perception enhances their organisational esteem, which in turn positively impacts their well-being. A subsequent study by Sun *et al.* (2021) highlighted the positive relation between organisational esteem and well-being, in line with previous studies (e.g. Lee *et al.*, 2016). It is therefore proposed the following:

H₅) Organisational esteem will be positively associated with the well-being of hospitality workers.

Further, research has demonstrated that social support resources have an indirect effect on health via the mitigation of the negative effects of job stressors like emotion work (e.g. Mehta & Sharma, 2021; Zapf, 2002). Specifically, Aldea-Capotescu (2013) found a negative correlation between emotional demands and supervisor support and that both, peer and supervisor support, served as mediating variables between emotional demands and job satisfaction. This study emphasised the importance of considering resources such as organisational esteem as a mediating variable that could be playing a significant role in a causal sequence between emotion work and well-being (MacKinnon *et al.*, 2007), especially in service jobs where workers face high levels of emotional dissonance. This includes situations where employees must handle angry or aggressive customers and display positive emotions that do not align with their own feelings.

Based on the above discussion, it is plausible to hypothesise that emotion work will be negatively related to organisational esteem, which in turn could act as a mediator between emotion work and well-being. However, according to COR Theory, the efficacy of resources is contingent on context. A resource that is beneficial in one context may be detrimental in another or may not function as a resource at all (e.g. Hobfoll *et al.*, 2018). Consequently, there may be variations in how organisational esteem operates as a resource among front-line and back-line workers. Specifically, front-line workers consider the job demeaning and humiliating when it requires them to attend to the needs or overly demanding requirements of customers (Hadjisolomou *et al.*, 2023). For back-line workers, organisational esteem more commonly derives from task feedback and leadership quality and is therefore less affected by the direct demands of customers. It is therefore proposed that:

H₆) Emotion work will be negatively related to organisational esteem in the case of front-line workers.

H₇) Organisational esteem will mediate the relationship between emotion work and well-being in the case of front-line workers.

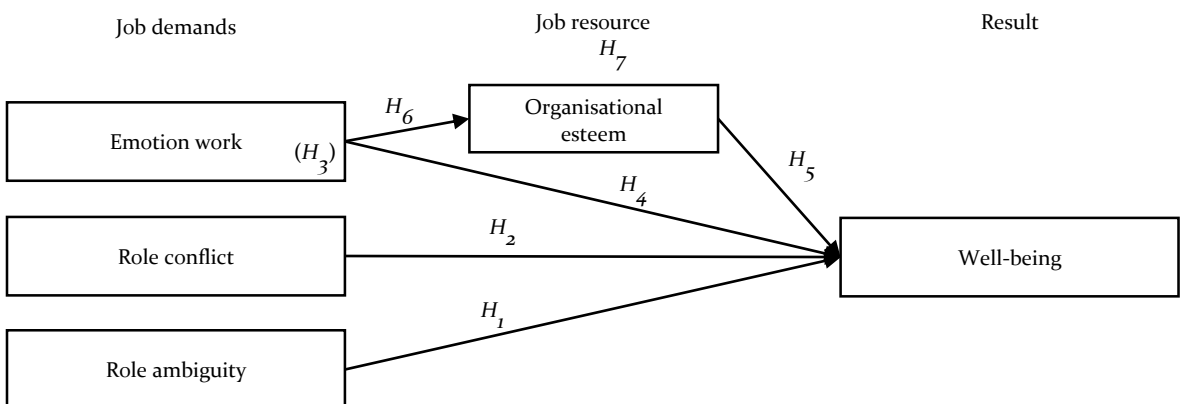


Figure 1. Research model

Figure 1 summarises the research model that includes the aforementioned hypothesised relationships between role ambiguity, role conflict, emotion work, organisational esteem and well-being.

3. Methodology

3.1. Procedure

This study is based on a cross-sectional design and was aimed at workers in the hospitality sector, who responded to a questionnaire between October 2019 and March 2020 (the study was forced to conclude due to the outbreak of the Covid pandemic). It was authorised by the Bioethics Committee of the University of Santiago de Compostela (ref. 345). Participants agreed to an informed consent before taking part in the study. In order to reduce social desirability effects and evaluation apprehension, respondent anonymity was emphasised (Podsakoff *et al.*, 2012).

Sample selection was conducted in two Spanish autonomous communities in which the hospitality sector makes a major contribution to the economy: Asturias and Galicia. In Asturias, the sample selection was taken from a database provided by the Chamber of Commerce of Oviedo. The questionnaires were administered in person during visits to companies with the prior agreement of company management. A total of 462 questionnaires were completed out of a total of 933 distributed. In the case of Galicia, a collaboration agreement was signed with the Provincial Federation of Hotel and Catering Businesses of Pontevedra for the distribution of an online version of the questionnaire among its associates. A total of 32 responses were finally obtained from Galicia.

3.2. Participants

A total of 494 hospitality sector workers participated. The mean number of workers in the participating companies was 28.60 ($SD = 51.78$). Women accounted for 58.5% of the participants. The mean age was 40.81 ($SD = 11.43$). The mean length of service in the position was six years ($SD = 6.93$). Regarding education level, 50.4% had completed secondary education, 19.4% university studies, 16% primary education, 12.8% higher vocational training, and 1.4% no education. Regarding type of contract, 70.6% had a permanent contract and 29.4% had a temporary contract. Of the participants, 113 were kitchen staff (back-line), 270 were waiting staff (front-line), and 111 were administrative, management or maintenance staff and others. Below it is described the two subsamples of interest for this study: back-line and front-line staff, as clerical workers were excluded at this time.

The mean number (company size) of back-line workers was 21.76 ($SD = 54.20$). The mean age was 45.43 ($SD = 10.70$) and 69.9% were women. The mean length of service was 6.23 years ($SD = 6.13$). A total of 47.8% had completed secondary education, 28.3% primary education, 13.3% higher vocational education, 8% university education, and 2.7% no education. Regarding type of contract, 77% had a permanent contract and 23% had a temporary contract.

The mean number (company size) of front-line workers was 29.46 ($SD = 39.99$) and 55.6% were women. The mean age was 38.09 ($SD = 11.17$). The mean length of service was 4.94 years ($SD = 6.61$). A total of 58.5% had completed secondary education, 16.7% university studies, 14.4% primary education, 9.6% higher vocational training, and 0.7% no education. Regarding type of contract, 62.6% had a permanent contract and 37.4% had a temporary contract.

3.3. Materials

Participants completed a questionnaire composed of items relating to sociodemographic data (sex, age, level of education, tenure, job position and type of contract) and the instruments detailed below (the Appendix contains the items for each variable). It should be noted that a pilot study was conducted to check respondent understanding of the items. The pilot study did not result in any modification.

Role ambiguity was measured using six reverse-coded items (e.g. "I know the degree of authority I have") of the *Role Ambiguity Questionnaire* adapted into Spanish by de Arquer *et al.* (1995). Participants responded using a seven-point Likert-type scale, from 1 (*strongly disagree*) to 7 (*strongly agree*).

Role conflict was measured using four items (e.g. "Are you required to do conflicting things at work?") from COPSOQ II by Moncada *et al.* (2014). Participants responded using a seven-point Likert-type scale, from 1 (*strongly disagree*) to 7 (*strongly agree*).

Emotion work was measured using four items (e.g. "Do you express emotions that do not match your true feelings?") of the *Interaction Control* dimension of the Spanish version of the *Frankfurt Emotion Work Scales* by Ortiz *et al.* (2012), as this is considered one of the most important aspects of emotion work (Tolich, 1993). Participants responded using a five-point Likert-type scale, from 1 (*very rarely*) to 5 (*very frequently - almost every day*).

Organisational esteem was measured using five items (e.g. "My superiors give me the recognition I deserve") from the *Effort-Reward Imbalance Questionnaire* (Siegrist *et al.*, 2004), adapted into Spanish by Macías-Robles *et al.* (2003). Participants responded using a five-point Likert-type scale, from 1 (*strongly disagree*) to 5 (*strongly agree*).

Well-being was measured using 12 items (e.g. "Felt constantly under strain") from the *General Health Questionnaire* (GHQ-12) in its Spanish version (Sánchez-López & Dresch, 2008). This is used as a screening questionnaire designed to detect recent mental health issues, but it is not a clinical tool for diagnostic purposes. The GHQ-12 must be seen as an instrument for early detection of psychological distress when high scores are shown. So, it can be seen it as a very a useful measure of well-being. It does not classify people as healthy or sick, since the content of the items refers to behaviours, emotions or thoughts that can be found in not clinical population. Participants responded using a 4-point response scale, from 1 (*more than before*) to 4 (*never*). Considering this instrument as unidimensional (recoding six of the items in reverse), scores will indicate greater or lesser likelihood of experiencing a mental health issue, and therefore greater or lesser well-being.

3.4. Data analysis

Descriptive statistics, Cronbach's reliability, Pearson and point-biserial bivariate correlations, comparison of means via t-tests, bootstrap hierarchical regression analyses (as normality could not be assumed due Kolmogorov-Smirnov test using the Lilliefors correction was $p < 0.05$), and mediation analyses applying the bias-corrected percentile bootstrap method (Hayes, 2018) were computed by means of SPSS software v.20 and PROCESS 3.5.3. macro (Yang *et al.*, 2024). The extent to which the total effect of the exposure on the outcome operates through the mediator (i.e. the percentage mediated) was calculated by dividing the indirect effect by the total effect (Reuter *et al.*, 2023). Running the multiple hierarchical regression analyses to predict *well-being*, it was initially included sex, age, level of education, tenure, and contract type. It was then added *role ambiguity*, *role conflict*, *emotion work*, and *organisational esteem*. In order to determine the Pearson's minimum correlation coefficient (sensitive to effects to 90% power, $\alpha = 0.05$, one-tailed), G*Power software v.3.1.9.2 (Faul *et al.*, 2009) was used.

4. Results

Descriptive statistics, comparison of means, and reliability and bivariate correlation indexes are shown in Tables 1, 2 and 3, respectively. Cronbach's Alpha of the independent and the dependent variables is adequate (the lowest coefficient being 0.802).

Table 1. Descriptive statistics

Variables	<i>M</i>	<i>SD</i>	Min.	Max.	Skewness	Kurtosis
Whole sample (<i>N</i> = 494)						
Age	40.81	11.43	19	71	0.086	-0.871
Company size (number of employees)	28.60	51.78	2	500	5.819	43.879
Tenure –job position– (years)	6.00	6.93	0	36	1.667	2.653
Organisational esteem	17.87	3.94	6	25	-0.266	0.041
Role ambiguity	13.11	6.53	6	42	1.361	2.277
Role conflict	15.64	5.81	4	28	-0.047	-0.430
Emotion work	12.72	4.88	4	20	-0.267	-0.911
Well-being	34.90	6.01	17	48	-0.108	-0.375
Back-line (<i>n</i> = 113)						
Age	45.43	10.70	20	66	-0.283	-0.534
Company size (number of employees)	21.76	54.20	3	500	7.492	60.598
Tenure –job position– (years)	6.23	6.13	0	25	1.188	0.512
Organisational esteem	17.44	3.92	7	25	-0.249	-0.004
Role ambiguity	13.50	6.84	6	35	1.250	1.283
Role conflict	15.67	6.31	4	28	-0.032	-0.607
Emotion work	10.61	4.86	4	20	0.239	-0.857
Well-being	34.03	5.92	17	47	0.035	-0.389
Front-line (<i>n</i> = 270)						
Age	38.09	11.17	19	63	0.268	-0.835
Company size (number of employees)	29.46	39.99	2	250	2.894	9.453
Tenure –job position– (years)	4.94	6.61	0	35	2.064	4.326
Organisational esteem	18.06	4.04	6	25	-0.283	-0.036
Role ambiguity	13.05	6.73	6	42	1.548	3.119
Role conflict	15.49	5.57	4	28	-0.013	-0.284
Emotion work	13.52	4.69	4	20	-0.455	-0.669
Well-being	35.24	6.25	18	48	-0.208	-0.439

Table 2. Mean comparisons between back-line and front-line hospitality workers

Variables	<i>M</i>	<i>SD</i>	<i>t</i>	Bootstrap one tail <i>p</i> value	Groups
Organisational esteem	17.44	3.92	-1.365	0.074	Back-line
	18.06	4.04			Front-line
Role ambiguity	13.50	6.84	0.597	0.269	Back-line
	13.05	6.73			Front-line
Role conflict	15.67	6.31	0.283	0.393	Back-line
	15.49	5.57			Front-line
<i>Emotion Work</i>	10.61	4.86	-5.484	< 0.001	Back-line
	13.52	4.69			Front-line
<i>Well-being</i>	34.03	5.92	-1.755	0.038	Back-line
	35.24	6.25			Front-line

Table 3. Reliability, Pearson and point-biserial correlations for back-line and front-line hospitality workers

Variables	1	2	3	4	5	6	7	8	9	10
1. Sex ^a	-	-0.216**	0.212**	0.012	-0.079	-0.017	-0.061	-0.086	0.079	0.004
2. Age	0.000	-	-0.293**	0.383**	-0.133*	-0.114*	0.127*	-0.059	-0.100	-0.092
3. Level of education	-0.137	-0.145	-	-0.083	-0.052	0.139*	-0.170**	0.073	0.107*	0.009
4. Tenure (years)	-0.069	0.286**	0.035	-	-0.423**	0.020	-0.040	-0.037	-0.124*	-0.002
5. Contract ^b	-0.054	-0.022	0.049	-0.393**	-	0.056	0.067	-0.056	0.023	0.032
6. Organisational esteem	0.089	0.155	-0.086	0.053	-0.100	(0.831)	-0.434**	-0.371**	-0.235**	0.406**
7. Role ambiguity	-0.045	-0.266**	0.188*	-0.074	0.207*	-0.490**	(0.865)	0.129*	0.005	-0.286**
8. Role conflict	-0.007	0.070	0.019	0.107	-0.102	-0.267**	0.079	(0.802)	0.326**	-0.301**
9. Emotion work	-0.053	-0.083	0.056	-0.131	0.183*	-0.119	0.076	0.054	(0.834)	-0.191**
10. Well-being	-0.043	0.048	-0.054	-0.042	0.040	0.407**	-0.307**	-0.298**	0.061	(0.819)

Note. Highlighted in italics those Pearson/Point-biserial correlations higher than 0.271/0.267 for back-line ($n = 113$) in the lower diagonal, and higher than 0.177/0.176 for front-line ($n = 270$) in the higher diagonal. Cronbach's Alpha ($N = 494$) in the diagonal.

*One tail significant at $p < 0.05$. **One tail significant at $p < 0.01$.

^aSex (Point-biserial correlations): 1, man; 2, woman.

^bContract type (Point-biserial correlations): 1, permanent; 2, temporary.

Regarding the comparison of means (Table 2), statistically significant differences were found for *emotion work* ($t = -5.484$, $p < 0.001$) and *well-being* ($t = -1.755$, $p = 0.038$), with higher scores in both cases for front-line compared to back-line. It can therefore be affirmed that H_3 is supported.

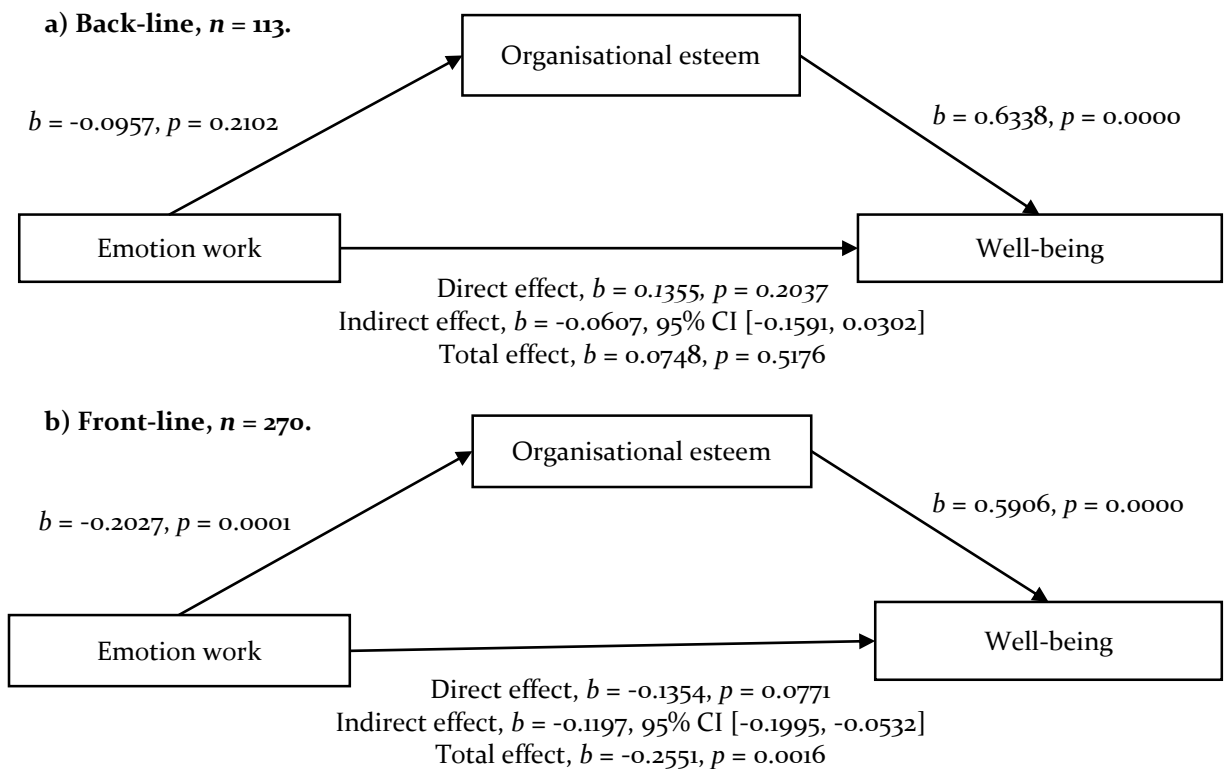
Regarding correlations (Table 3), for back-line workers, significant and positive correlations were found between *well-being* and *organisational esteem* ($r = 0.407$, $p < 0.01$). The relationship between *well-being* was significant and negative with: *role ambiguity* ($r = -0.307$, $p < 0.01$) and *role conflict* ($r = -0.298$, $p < 0.01$). Regarding the front-line sample, significant and positive correlations were found between *well-being* and *organisational esteem* ($r = 0.406$, $p < 0.01$). The relationship was significant and negative between *well-being* and *role ambiguity* ($r = -0.286$, $p < 0.01$), *role conflict* ($r = -0.301$, $p < 0.01$) and *emotion work* ($r = -0.191$, $p < 0.01$). It can be concluded that H_1 , H_2 and H_5 are supported for both subsamples. There was also evidence of support for H_4 , since *emotion work* correlated significantly with *well-being* in the case of front-line workers, but not in the case of back-line workers. Additionally, regarding the relationship between *emotion work* and *organisational esteem*, a significant and negative correlation was found in the case of front-line workers ($r = -0.235$, $p < 0.01$), while for the case of back-line workers this association was not statistically significant ($r = -0.119$, $p > 0.05$). Thus, it can be concluded that H_6 is supported.

Regarding the hierarchical regression analyses, Table 4 shows that Step 2 (adding *role ambiguity*, *role conflict*, *emotion work* and *organisational esteem*) resulted in a significant improvement in model fit with respect to the sociodemographic variables, both for the back-line ($\text{Adj } R^2 = 0.180$; $\Delta \text{Adj } R^2 p < 0.001$) and the front-line subsamples ($\text{Adj } R^2 = 0.192$; $\Delta \text{Adj } R^2 p < 0.001$). However, the significantly associated variables with *well-being* differ according to the subsample analysed. Specifically, results show differences between the two groups in terms of *role ambiguity* ($\beta_{\text{back-line}} = -0.173$, $p = 0.080$; $\beta_{\text{front-line}} = -0.152$, $p = 0.020$), which was only significantly negatively associated with *well-being* in the case of front-line workers. The common significantly positively and negatively associated variables with *well-being* for both groups were, from highest to lowest explanatory power: *organisational esteem* ($\beta_{\text{back-line}} = 0.294$, $p = 0.001$; $\beta_{\text{front-line}} = 0.260$, $p = 0.001$), and *role conflict* ($\beta_{\text{back-line}} = -0.203$, $p = 0.027$; $\beta_{\text{front-line}} = -0.161$, $p = 0.008$). H_{1a} is therefore supported, since the negative relationship between *role ambiguity* and *well-being* was significant for front-line, but not for back-line. H_{2a} is also supported, since the negative relationship between *role conflict* and *well-being* is significant for both samples, being slightly lower for front-line than for back-line.

Table 4. Summary of hierarchical regression analyses for well-being of back-line and front-line hospitality workers

Back-line (n = 113)					Front-line (n = 270)				
	<i>b</i>	<i>SE B</i>	β	Bootstrap <i>p</i> value (one tail)		<i>b</i>	<i>SE B</i>	β	Bootstrap <i>p</i> value (one tail)
Step 2 <i>Adj R</i> ² = 0.180; Δ <i>Adj R</i> ² <i>p</i> < 0.001					Step 2 <i>Adj R</i> ² = 0.192; Δ <i>Adj R</i> ² <i>p</i> < 0.001				
Constant	31.305	5.398		< 0.001	Constant	36.984	4.257		< 0.001
Sex	-0.929	1.128	-0.072	0.212	Sex	-0.166	0.768	-0.013	0.417
Age	-0.010	0.052	-0.018	0.415	Age	-0.043	0.037	-0.077	0.119
Level of education	-0.083	0.546	-0.013	0.446	Level of education	-0.353	0.405	-0.053	0.193
Tenure (years)	-0.012	0.104	-0.012	0.455	Tenure (years)	0.000	0.059	0.000	0.497
Contract type	0.800	1.467	0.057	0.291	Contract type	0.083	0.789	0.006	0.453
<i>Org. esteem</i>	0.444	0.135	0.294	0.001	<i>Org. esteem</i>	0.402	0.103	0.260	< 0.001
Role ambiguity	-0.150	0.105	-0.173	0.080	<i>Role ambiguity</i>	-0.141	0.068	-0.152	0.020
<i>Role conflict</i>	-0.191	0.099	-0.203	0.027	<i>Role conflict</i>	-0.180	0.072	-0.161	0.008
Emotion Work	0.127	0.119	0.104	0.152	Emotion Work	-0.104	0.086	-0.078	0.108

Note. Only represents the step with significant improvement in model fit.

**Figure 2.** Mediation analyses

Finally, mediation analyses were carried out to analyse whether the effect of emotion work on well-being was explained by the organisational esteem variable. These analyses were not significant in the case of back-line workers. However, mediation between *emotion work* and *well-being* was found in the case of the front-line workers (Figure 2). Specifically, it was found a significant indirect effect of *emotion work* on *well-being* through *organisational esteem* ($b = -0.1197$, BCa CI $[-0.1995, -0.0532]$). Consequently, this is a full mediation case, that is, when *emotion work* and *well-being* were analysed without taking into account other variables (i.e. total effect), their relationship was negative and significant; but when *emotion work* and *well-being* were analysed including *organisational esteem* in the model (i.e. direct effect), the relationship between *emotion work* and *well-being* was no longer significant. Regarding the percentage mediated, 46.92% of the effect of *emotion work* on *well-being* was mediated by *organisational esteem*. It can be therefore affirmed that H_7 is supported.

5. Discussion and Conclusions

From the results obtained, summarised in Table 5, it can be concluded that front-line workers generally perceive working conditions in a slightly different way from back-line workers. While sociodemographic variables (sex, age, level of education, tenure, and type of contract) did not show a significant relation with *well-being*, the following differences were found.

Table 5. Hypotheses and main results

Hypotheses	Main results	Outcome
H_1	<i>Role ambiguity</i> and <i>well-being</i> were significantly and negatively correlated in both subsamples ($r_{\text{back-line}} = -0.307$, $p < 0.01$; $r_{\text{front-line}} = -0.286$, $p < 0.01$).	SUPPORTED
H_{1a}	<i>Role ambiguity</i> was significantly and negatively associated with <i>well-being</i> only in the case of front-line workers ($\beta_{\text{back-line}} = -0.173$, $p = 0.080$; $\beta_{\text{front-line}} = -0.152$, $p = 0.020$).	SUPPORTED
H_2	<i>Role conflict</i> and <i>well-being</i> were significantly and negatively correlated in both subsamples ($r_{\text{back-line}} = -0.298$, $p < 0.01$; $r_{\text{front-line}} = -0.301$, $p < 0.01$).	SUPPORTED
H_{2a}	<i>Role conflict</i> and <i>well-being</i> were significantly and negatively associated in both samples, being this association slightly lower for front-line than for back-line ($\beta_{\text{back-line}} = -0.203$, $p = 0.027$; $\beta_{\text{front-line}} = -0.161$, $p = 0.008$).	SUPPORTED
H_3	Front-line workers scored higher in <i>emotion work</i> compared to back-line workers ($t = -5.484$, $p < 0.001$).	SUPPORTED
H_4	<i>Emotion work</i> correlated significantly with <i>well-being</i> in the case of front-line workers ($r = -0.191$, $p < 0.01$), but not in the case of back-line workers ($r = 0.061$, $p > 0.05$).	SUPPORTED
H_5	Organisational esteem and <i>well-being</i> were significantly and positively correlated in both subsamples ($r_{\text{back-line}} = 0.407$, $p < 0.01$; $r_{\text{front-line}} = 0.406$, $p < 0.01$).	SUPPORTED
H_6	<i>Emotion work</i> correlated significantly and negatively with <i>organisational esteem</i> in the case of front-line workers ($r = -0.235$, $p < 0.01$), but not in the case of back-line workers ($r = -0.119$, $p > 0.05$).	SUPPORTED
H_7	<i>Organisational esteem</i> mediated the relation between <i>emotion work</i> and <i>well-being</i> in the case of front-line workers (indirect effect: $b = -0.1197$, BCa CI $[-0.1995, -0.0532]$).	SUPPORTED

Firstly, *role ambiguity* was only found to be significantly and negatively associated with *well-being* for front-line workers. These findings can be attributed to the previously mentioned boundary-spanning roles of front-line workers, which involve direct interactions with customers (Grobelna, 2015). Front-line workers typically have less standardised tasks compared to back-line workers, often encountering new and unpredictable customer situations where they must continually decide how to respond without clear protocols (e.g. understanding their authority levels and the extent of permissible behaviour when dealing with customers). This ambiguity can result in greater job strain compared to back-line workers and a consequent significant impact on well-being.

Secondly, *role conflict* was also shown to be significantly and negatively associated with *well-being* in both samples. However, this would appear to affect back-line more than front-line workers. In line with the proposed hypothesis, these findings suggest that back-line work is usually more structured than front-line work. When situations demand flexibility to accommodate customer requests that contradict established work rules and routines, back-line workers may experience greater role conflict and consequent greater impact on well-being than front-line workers.

Thirdly, this study has also shown that *emotion work* is negatively related to *well-being* and *organisational esteem* in the case of front-line workers, but not in the case of back-line workers. In line with the academic literature (e.g. Gracia et al., 2007), this result suggests that emotion work is a differentiating characteristic of front-line work. It should be noted therefore that the aforementioned inconsistency in the relationship between emotion work and well-being (Zapf & Holz, 2006) may be due to the analysed job type in terms of intensity of relationship with customers.

Fourthly, in line with previous research (e.g. Aldea-Capotescu, 2013; Darvishmotevali & Ali 2020), the results showed that *organisational esteem* was positively associated with *well-being* in both samples. Furthermore, as expected, *organisational esteem* was negatively associated with *emotion work* in the case of front-line workers, but not for back-line workers. This reinforces the earlier point about emotion work being a differentiating characteristic of front-line work. So, it is plausible that the high emotional demands placed on these workers negatively impact their organisational esteem, since front-line roles involve continuous interaction with customers who highly expect politeness and empathy (Marković et al., 2013). This is largely because the feedback they receive regarding their value and role in the organisation comes from customer interactions.

In contrast, back-line workers, with limited customer interaction, may not have their organisational esteem shaped as directly by customer demands. As a result, the mediating role of organisational esteem between emotion work and well-being does not appear in the case of back-line workers.

In summary, the fact that this study has shown that *organisational esteem* played a mediating role between *emotion work* and *well-being* in the case of front-line workers confirms the importance of organisational esteem when attempting to foster employee well-being and performance on the basis of the signals employees receive with respect to their competence and evaluation within the organisation (Pierce & Gardner, 2004).

In conclusion, it is considered that the psychosocial risk factors associated with hospitality work hinder the attraction of motivated and qualified employees, especially those who deal directly with the public. In this regard, He et al. (2019) highlight that recent trends showing elevated levels of human resource outflows and low career commitment have originated specific well-being-related challenges within the hospitality industry. It is essential that companies in the sector are aware of the importance of creating jobs with decent working conditions that enhance the well-being of their employees. This requires not only the reduction of psychosocial job demands, but also the promotion of job resources according to a

specific design for every organisation based on the consideration of the different working conditions of front-line and back-line hospitality workers.

5.1. Practical and theoretical implications

Given the high negative correlations found for *role ambiguity* and *role conflict* in relation to *well-being*, the crucial role of leaders in promoting clarity within the workplace is emphasised. Leaders should effectively articulate job requirements and responsibilities, clearly define procedures and tasks, implement fair procedures, ensure employees to understand what is expected from them, and do not receive conflicting orders from various sources.

Organisations can also contribute to employee well-being through human resource management (He *et al.*, 2019). It is essential to develop strategic plans that provide comprehensive in-depth training to enhance health, well-being, and talent retention. When facilitating the development and implementation of such plans, organisations can seek support from specialised entities and associations, and leverage available public funds earmarked for this purpose. Training programs should prioritise the development of soft skills such as time management, communication, and conflict resolution, with particular focus on front-office positions. Leadership training and development programs will also prove effective in enhancing and promoting health and well-being at work (Peiró & Rodríguez, 2008). Finally, to specifically reduce the negative effects of emotion work, it is essential that hospitality companies (e.g. Aldea-Capotescu, 2013) implement the following practices: i) to select the adequate applicant for every job; ii) to clearly state requirements and job responsibilities; and finally, iii) to offer social support such as training or mentoring programs to address customer-related issues.

In short, it is important to make further progress in understanding these psychosocial risk factors and resources and their influence on the quality of workers' professional and personal lives. Quality of work depends on management policies and attitudes, and the willingness of managers to ensure worker well-being through flexible occupational risk prevention systems with targeted interventions that consider the individual characteristics of each employee.

Lastly, yet equally important, from a theoretical perspective, this study advances the understanding of differences in working conditions and psychosocial risk factors among hospitality workers, based on a criterion as critical in this sector as customer interaction. Since research in this field often overlooks the distinction between front-line and back-line workers, or focuses solely on front-line workers, it is believed that this study expands the knowledge base while supporting existing findings on Role Theory and COR. By proposing a differentiated model for front-line and back-line workers, this study offers a framework that more accurately reflects the realities faced by both groups and contributes to addressing a research gap in the literature. In this regard, it makes a valuable contribution to the open dialogue proposed by Hobfoll *et al.* (2018) on COR and the need to contextualise COR within specific settings. The findings of the present research demonstrate that *organisational esteem* mediates the relationship between *emotion work* and *well-being* in the case of front-line workers. This supports the thesis that the degree of salience of certain resources is dependent on context, and highlights the need for further research of these resources to facilitate the proposal of sector and job-specific interventions.

It should also be noted that research on psychosocial factors has predominantly focused on negative effects to facilitate their identification and prevention, fixing what is wrong instead of developing what is right (Cropanzano & Wright, 2001). Hence the importance of conducting research with theoretical starting models that not only consider demands, but also resources and the role of organisations as sources of well-being (Gillet *et al.*, 2012). The present research contributes to this call by complementing Role Theory with COR, in line with previous research by Grandey and Cropanzano (1999), and by shedding light on how organisational esteem acts as a buffer for the effect of demands on well-being.

All of this is ultimately aimed at generating knowledge to support the development of adjusted prevention plans and workplace interventions in the sector, adapted to the specific characteristics and working conditions of hospitality workers.

5.2. *Limitations and future lines of research*

A primary limitation pertains to the cross-sectional design, which makes not possible to establish causal relationships between the analysed variables. In this context, it is crucial that the conclusions of this study be interpreted with the understanding that it is referred to associations rather than causal relationships between the variables under analysis. Furthermore, the results may also be affected by common variance bias, given that all the variables were self-assessed. This could exacerbate the common method variance by introducing monomethod bias. Therefore, the results of the present study should be interpreted with caution. Moreover, despite sample size should be greater, data gathering was forced to conclude due to the outbreak of the COVID-19 pandemic. That said, positive subjective perceptions of working conditions by individual workers can contribute to favourable organisational outcomes (Moscoso & Salgado, 2021).

Regarding future lines of research, future studies should conduct a closer examination of the role of front and back-line workers, taking into account other potential moderating factors, such as coping style, status, age, gender and nationality, to provide a more comprehensive understanding of the hospitality working conditions and their impact on health. In terms of diversity and inclusion, given the high proportion of migrant workers in the hospitality sector in Spain and other European countries – often from disadvantaged nations and facing greater vulnerability (e.g. Cañada, 2018; Ramos & García-Izquierdo, 2018; Zopiatis *et al.*, 2014)–, it would be valuable to include diversity data that accounts for cultural backgrounds. This would enable a deeper exploration of the working conditions that may affect hospitality workers differently and shape how they perceive and experience the impact of psychosocial risk factors. Moreover, gender stereotypes could play a role as well (e.g. Castaño *et al.*, 2019).

A more comprehensive examination of protective psychosocial factors is also advocated, as they refer to the conditions that generate satisfaction and well-being at work. So, future research could identify other domains of psychological well-being, such as occupational health and safety policies, business strategies and corporate social responsibility as they relate to psychosocial risk management. Effective preventive leaders should prioritise health, safety and well-being over economic or qualitative interest. Leaders also need to provide clear and unbiased indicators for sustainable management (e.g. Álvarez *et al.*, 2022). The application of current trends in Human Resources Analytics benefits health and safety initiatives, provided that ethical criteria are maintained in the management of personal (e.g. Yallop *et al.*, 2023) and sensitive data, such as those related to employee health.

Finally, it should be noted that while numerous studies have analysed the variables that influence worker well-being, their conclusions do not always coincide. A possible explanation is that certain working conditions do not cause the same effects, as some psychosocial risk factors may present non-linear relationships with health and well-being (García- Izquierdo *et al.*, 2010). For this purpose, further research is also required in this area by means of a longitudinal design from a non-linear approach. Moreover, it is considered that a mixed-method approach combining qualitative and quantitative data could be particularly useful, given its potential to provide a more comprehensive understanding of the relationships between working conditions, the differential characteristics and circumstances of workers, and their effect on health.

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Appendix

Spanish items

English items are provided in parentheses for informational purposes

*Reverse coding

Role ambiguity

1. Conozco el grado de autoridad que tengo* (I feel certain about how much authority I have)
2. Los objetivos y metas de mi trabajo son claros y están planificados* (Clear, planned goals and objectives for my job)
3. Sé que organizo mi tiempo correctamente* (I know that I have divided my time properly)
4. Conozco cuáles son mis responsabilidades* (I know what my responsibilities are)
5. Sé exactamente qué se espera de mí* (I know exactly what is expected of me)
6. Se me dan explicaciones claras sobre lo que debo hacer* (Explanation is clear of what has to be done)

The items in English wording come from Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role Conflict and Ambiguity in Complex Organizations. *Administrative Science Quarterly*, 15(2), 150–163. <https://doi.org/10.2307/2391486>

Role conflict

1. ¿Hace cosas en el trabajo que son aceptadas por algunas personas y no por otras? (Do you do things at work which are accepted by some people but not by others?)
2. ¿Se le exigen cosas contradictorias en el trabajo? (Are contradictory demands placed on you at work?)
3. ¿Tiene que hacer tareas que Vd. cree que deberían haberse hecho de otra manera? (Do you have to do things, which ought to have been done in a different way?)
4. ¿Tiene que realizar tareas que le parecen innecesarias? (Do you have to do things, which seem to you to be unnecessary?)

The items in English wording come from Moncada, S., Utzet, M., Molinero, E., Llorens, C., Moreno, N., Galtés, A., & Navarro, A. (2014). The copenhagen psychosocial questionnaire II (COPSOQ II) in Spain—A tool for psychosocial risk assessment at the workplace. *American Journal of Industrial Medicine*, 57(1), 97–107. <https://doi.org/10.1002/ajim.22238>

Emotion work

1. ¿Reprime sus emociones para aparentar tranquilidad? (How often in your job do you have to suppress emotions in order to appear “neutral” on the outside?)
2. ¿Expresa emociones que no se correspondan con lo que siente en ese momento concreto hacia los clientes (How often in your job do you have to display emotions that do not agree with your actual feelings towards the clients?)
3. ¿Expresa emociones agradables (por ejemplo, cordialidad) o emociones desagradables (por ejemplo, ser estricto) cuando en realidad se siente indiferente? (How often in your job do you have to display pleasant emotions (i.e. friendliness) or unpleasant emotions (i.e. strictness) on the outside while actually feeling indifferent inside?)
4. ¿Expresa emociones que no coinciden con sus verdaderos sentimientos? (How often in your job do you have to display emotions that do not agree with your true feelings?)

The items in English wording come from Jonker, C. (2012, October 14-17). *Measures of emotion work: Factor structure and group differences in a care-giving population in South Africa* [Paper presentation]. WEI International European Academic Conference Proceedings, Zagreb, Croatia.

<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=4a70e6ffe98e992c735368326435fe0b5fee1a88>

Organisational esteem

1. Mis superiores me dan el reconocimiento que merezco (I receive the respect I deserve from my superiors)
2. Mis compañeros/as de trabajo me dan el reconocimiento que merezco (I receive the respect I deserve from my colleagues)
3. En las situaciones difíciles en el trabajo recibo el apoyo necesario (I experience adequate support in difficult situations)
4. En mi trabajo me tratan injustamente* (I am treated unfairly at work)
5. Si pienso en todo el trabajo y el esfuerzo que he realizado, el reconocimiento que recibo en el trabajo me parece adecuado (Considering all my efforts and achievements, I receive the respect and prestige I deserve at work)

The items in English wording come from Siegrist, J., Starke, D., Chandola, T., Godin, I., Marmot, M., Niedhammer, I., & Peter, R. (2004). The measurement of effort–reward imbalance at work: European comparisons. *Social Science & Medicine*, 58(8), 1483–1499. [https://doi.org/10.1016/S0277-9536\(03\)00351-4](https://doi.org/10.1016/S0277-9536(03)00351-4)

Well-being

1. ¿Ha podido concentrarse bien en lo que hacía?* (Have you recently been able to concentrate on whatever you're doing?)
2. ¿Sus preocupaciones le han hecho perder mucho sueño? (Have you recently lost much sleep over worry?)
3. ¿Ha sentido que tiene un papel útil en la vida?* (Have you recently felt that you were playing a useful part in things?)
4. ¿Se ha sentido capaz de tomar decisiones?* (Have you recently felt capable of making decisions about things?)
5. ¿Se ha sentido constantemente agobiado/a y en tensión? (Have you recently felt constantly under strain?)
6. ¿Ha tenido la sensación de que es incapaz de superar sus dificultades? (Have you recently felt you couldn't overcome your difficulties?)
7. ¿Ha sido capaz de disfrutar de sus actividades de cada día?* (Have you recently been able to enjoy your normal day-to-day activities?)
8. ¿Ha sido capaz de hacer frente adecuadamente a sus problemas?* (Have you recently been able to face up to problems?)
9. ¿Se ha sentido poco feliz y deprimido/a? (Have you recently been feeling unhappy or depressed?)
10. ¿Ha perdido confianza en sí mismo/a? (Have you recently been losing confidence in yourself?)
11. ¿Ha pensado que es una persona que no sirve para nada? (Have you recently been thinking of yourself as a worthless person?)
12. ¿Se siente razonablemente feliz?* (Have you recently been feeling reasonably happy, all things considered?)

The items in English wording come from Zhang, A., Gagné, T., Walsh, D., Ciancio, A., Proto, E., & McCartney, G. (2023). Trends in psychological distress in Great Britain, 1991–2019: Evidence from three representative surveys. *Journal of Epidemiol & Community Health*, 77(7), 468–473. <https://doi.org/10.1136/jech-2022-219660>

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