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Original Article

Occupational Prevalence of GERD in the Hospitality Sector: A Cross-Sectional Study from Belagavi District, Karnataka

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ABSTRACT

Background: Gastroesophageal Reflux Disease (GERD) is a prevalent gastrointestinal disorder that significantly impacts quality of life. Occupational factors such as irregular work schedules, stress, and dietary habits contribute to GERD development. Hospitality workers, due to the nature of their profession, are at an increased risk of GERD. **Objectives:** This study aims to determine the prevalence of GERD among hospitality workers in Belagavi district, Karnataka, India, and to assess the occupational and lifestyle-related risk factors associated with the condition. **Materials and Methods:** A cross-sectional study was conducted among 350 hospitality workers, using a validated GERD diagnostic questionnaire. Participants were selected through random sampling, and data on demographic characteristics, work schedules, dietary patterns, and GERD symptoms were collected. Statistical analysis, including Chi-square tests and logistic regression, was performed to evaluate associations between GERD and occupational factors. **Results:** The prevalence of GERD among hospitality workers was found to be 28.57%, with mild (19.71%), moderate (4.57%), and severe (4.29%) cases identified. Irregular work hours (96.6% worked more than 10 hr/day), disrupted sleep (19.4% had less than 5 hr of sleep), and frequent consumption of restaurant meals (30.8%) were significantly associated with GERD. Female participants exhibited a higher prevalence of severe GERD (9.2%) compared to males (2.9%). Statistical analysis revealed significant associations between GERD and variables such as sleep duration (p=0.004), occupation type (p=0.013), and dietary habits (p=0.03). **Conclusion:** The high prevalence of GERD among hospitality workers highlights the need for workplace interventions, health awareness programs, and lifestyle modifications. Addressing occupational stress, promoting structured meal breaks, and improving sleep hygiene could help mitigate GERD risk in this vulnerable population.

Keywords: Gastroesophageal reflux disease, Hospitality workers, Occupational health, Dietary habits, Lifestyle factors, Prevalence.

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INTRODUCTION

Gastroesophageal Reflux Disease (GERD) is a chronic and progressive gastrointestinal disorder characterized by the backflow of stomach acid and contents into the oesophagus (Clarrett *et al.*, 2018). This reflux occurs due to a dysfunction of the Lower Oesophageal Sphincter (LES), leading to symptoms such as heartburn, regurgitation, dysphagia, and chest pain. In more severe cases, GERD can result in complications such as esophagitis, Barrett's oesophagus, and an increased risk of oesophageal carcinoma (Fuchs *et al.*, 2021). Given its impact on overall health and quality of life, GERD is considered a significant public health concern worldwide (Eslick *et al.*, 2009).

The prevalence of GERD varies across different populations and regions, with global estimates ranging from 10% to 20% (Eusebi *et al.*, 2018). Factors such as dietary habits, obesity, smoking, alcohol consumption, and lifestyle choices contribute to the rising prevalence of GERD. The increasing urbanization and adoption of Westernized lifestyles, including the consumption of processed foods and sedentary behaviours, have further exacerbated the condition (Glise *et al.*, 2002). Additionally, work-related factors such as stress, irregular work schedules, and physical exertion have been identified as major contributors to GERD development (Jang *et al.*, 2016). Among these occupational groups, hospitality workers are particularly vulnerable due to the demanding nature of their profession.

The hospitality sector encompasses a wide range of professions, including chefs, waiters, bartenders, housekeeping staff, and hotel management personnel. These jobs typically involve long working hours, physically demanding tasks, and unpredictable meal and sleep schedules. The nature of the hospitality industry necessitates working late shifts, consuming irregular and often unhealthy meals, and dealing with high levels of occupational stress (Lo *et al.*, 2005). Studies have shown that individuals with disrupted circadian rhythms, including shift workers, are more

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susceptible to developing GERD due to alterations in gastric acid secretion and motility (Konturek *et al.,* 2011).

One of the key risk factors for GERD among hospitality workers is irregular meal timing. The digestive system functions optimally when meals are consumed at regular intervals, allowing for proper gastric emptying and acid regulation. However, in the hospitality sector, employees often have to skip meals, eat hurriedly, or consume food at inappropriate times, such as late at night. This erratic dietary pattern leads to increased acid reflux episodes and impaired oesophageal motility. Additionally, the consumption of spicy, oily, and acidic foods, which are commonly found in restaurant settings, further exacerbates GERD symptoms (Chen *et al.,* 2023).

Another critical factor contributing to GERD prevalence among hospitality workers is prolonged standing and physical exertion (Wahlqvist *et al.,* 2006). Many roles in the hospitality industry require employees to remain on their feet for extended periods, lift heavy objects, and engage in continuous movement. Physical exertion, particularly after meals, can lead to increased intra-abdominal pressure, predisposing individuals to acid reflux. Moreover, bending and lifting activities can further aggravate the condition by exerting additional pressure on the stomach, forcing gastric contents into the oesophagus.

Despite the well-established relationship between occupational factors and GERD, there remains a significant gap in research focusing on specific high-risk populations such as hospitality workers, particularly in India (Jansson *et al.,* 2010). The Belagavi district of Karnataka, a region known for its growing hospitality industry, presents an ideal setting for investigating GERD prevalence among workers in this sector. Understanding the burden of GERD in this population is essential for developing targeted interventions and preventive measures to mitigate its impact.

The present study aims to assess the prevalence of GERD among hospitality workers in Belagavi district, Karnataka, and examine the occupational and lifestyle-related risk factors contributing to the condition. This research will contribute to the growing body of knowledge on GERD epidemiology in India and inform healthcare professionals and policymakers on strategies to address gastrointestinal health concerns among hospitality workers.

AIMS AND OBJECTIVES

To know the Prevalence of Gastroesophageal Reflux Disease (GERD) among hospitality workers of Belagavi district, Karnataka state.

MATERIALS AND METHODS

Ethical Issues

This study was conducted in compliance with ethical guidelines and approved by the institutional ethics committee. All participants provided written informed consent prior to their inclusion in the study, with assurances of confidentiality and the voluntary nature of participation.

Protocol ID - IEC/BMK/43/-2023, BMK/22/PG/SW/3

The study was prospectively registered in Clinical trials registry of India

CTRI Number - CTRI/2024/01/061548

Study Type

This study was a cross-sectional survey aimed at estimating the prevalence of Gastroesophageal Reflux Disease (GERD) among hospitality workers.

Reporting Guidelines

The study adhered to the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines for cross-sectional studies to ensure transparency and comprehensive reporting.

Study Population

The study population consisted of individuals employed in the hospitality industry, including hotel, restaurant, cafeterias and catering staff within Belagavi district, Karnataka.

Study Area

The survey was conducted in Belagavi district, an urban area in Karnataka known for its growing hospitality sector.

Study Duration

The data collection spanned a period of 6 months from May 2024 to October 2024 allowing for seasonal and workforce variations.

Sample Size Calculation

Sample size was calculated based on the expected prevalence of GERD in similar populations from previous studies, aiming for a sample size that would achieve a 95% confidence interval and a margin of error of ±5%. Accounting for an estimated dropout rate of 10%, the required sample size was determined to be 225 and the study was done on 350 samples.

Sampling Technique

A random sampling technique was employed to select participants, ensuring that every eligible hospitality worker in the district had an equal chance of participation. This approach

Table 1: GERD-Q Scale.

Question	Frequency (per week)	Score
How often did you have a burning feeling behind your breastbone (heartburn)?	0 days	0
	1 day	1
	2-3 days	2
	4-7 days	3
How often did you have stomach contents (a liquid or food) moving upwards to your throat or mouth (regurgitation)?	0 days	0
	1 day	1
	2-3 days	2
	4-7 days	3
How often did you have pain in the center of the upper stomach?	0 days	3
	1 day	2
	2-3 days	1
	4-7 days	0
How often did you have nausea?	0 days	3
	1 day	2
	2-3 days	1
	4-7 days	0
How often did you have difficulty getting a good night's sleep because of heartburn or regurgitation?	0 days	0
	1 day	1
	2-3 days	2
	4-7 days	3
If you take medication for heartburn or regurgitation, how often did you get relief?	0 days	3
	1 day	2
	2-3 days	1
	4-7 days	0

minimized selection bias and improved the representativeness of the study population.

Data Collection Tools & Measurements

Data was collected through structured, interviewer-administered questionnaires and a GERD diagnostic scale validated in previous studies. The questionnaire covered demographic data, and occupational details, while the GERD scale (Table 1) assessed the presence and severity of symptoms.

Definitions or Reference Values

GERD was defined based on symptom frequency, with participants reporting the questionnaire and the scoring of 8 or above 8 was considered diagnosis for GERD (Table 2) following standard diagnostic criteria in previous studies (Wang *et al.*, 2016).

Inclusion Criteria

Age Group: Participants aged 18 to 60 years, representing the working age group within the hospitality sector.

Occupation: Individuals currently employed in roles within the hospitality sector, including Cooks, Waiter, Cleaning staff, Clerical Staffs, Managers, Drivers and Security personals.

Demographic Factors: This study included individuals of all sexes, religions, socioeconomic statuses, and educational backgrounds to enhance the diversity and representativeness of the sample.

Exclusion Criteria

Individuals not actively employed in the hospitality industry at the time of the study were excluded.

Consent

Written informed consent was obtained from all participants after providing detailed information about the study objectives, procedures, and confidentiality measures.

Bias

Selection bias and Recall bias is a possibility in this study, if the sample is not representative or participants may inaccurately report symptoms.

Data Analysis

Data was analysed using statistical software, applying descriptive statistics to calculate the prevalence of GERD and inferential statistics to explore associations with demographic and occupational factors. Chi-square tests and logistic regression analysis were used to identify significant factors associated with GERD.

Table 2: Interpretation of GERD-Q Score.

Total Score	Interpretation
0-2	No GERD (Normal)
3-7	Mild GERD
8-10	Moderate GERD
11-18	Severe GERD

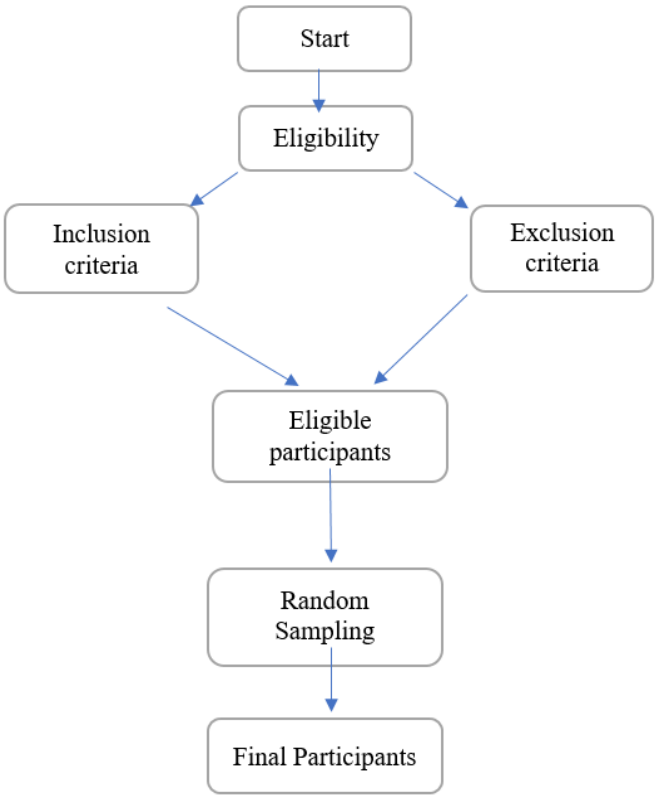

Figure 1: Flow diagram of study process and participation outcomes.

Flow Diagram

A flow diagram outlining participant recruitment, inclusion, and data collection stages is provided in Figure 1 (Flow Diagram) to illustrate the study process and participation outcomes.

RESULTS

Out of 350 hospitality workers surveyed, the prevalence of GERD was identified as 28.57%. Among these, the severity was distributed as follows: mild GERD (19.71%), moderate GERD (4.57%), and severe GERD (4.29%). Male participants comprised 78.3% of the study population, while females accounted for 21.7%. The highest prevalence was observed among workers aged 24-35 (40%). Lifestyle and occupational factors significantly associated with GERD included irregular working hours (96.6% worked more than 10 hr/day) and disrupted sleep patterns, 19.4% reported less than 5 hr of sleep. Participants consuming three meals from restaurants daily showed a higher prevalence of GERD (30.8%). the bowel habits of the participants reveals that 69.7% have a bowel movement once a day, 18.9% experience more than one bowel movement per day, and 11.4% report constipation. Figures 2 and 3 show significant demographic variables included sex, with females having a higher proportion of severe GERD cases

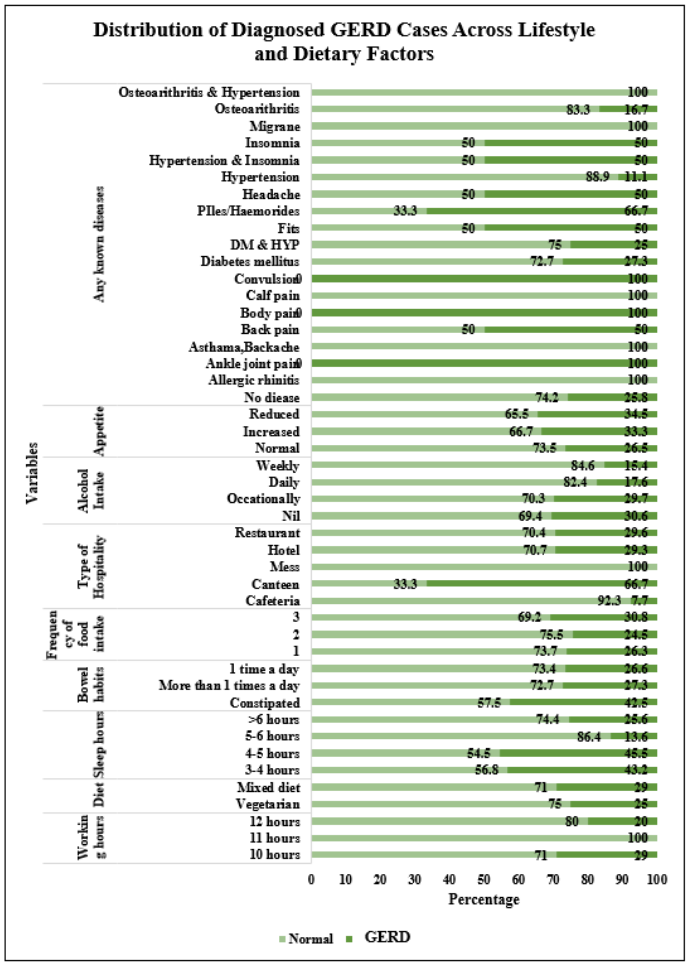

Figure 2: Comparison between GERD across Lifestyle and Dietary Factors.

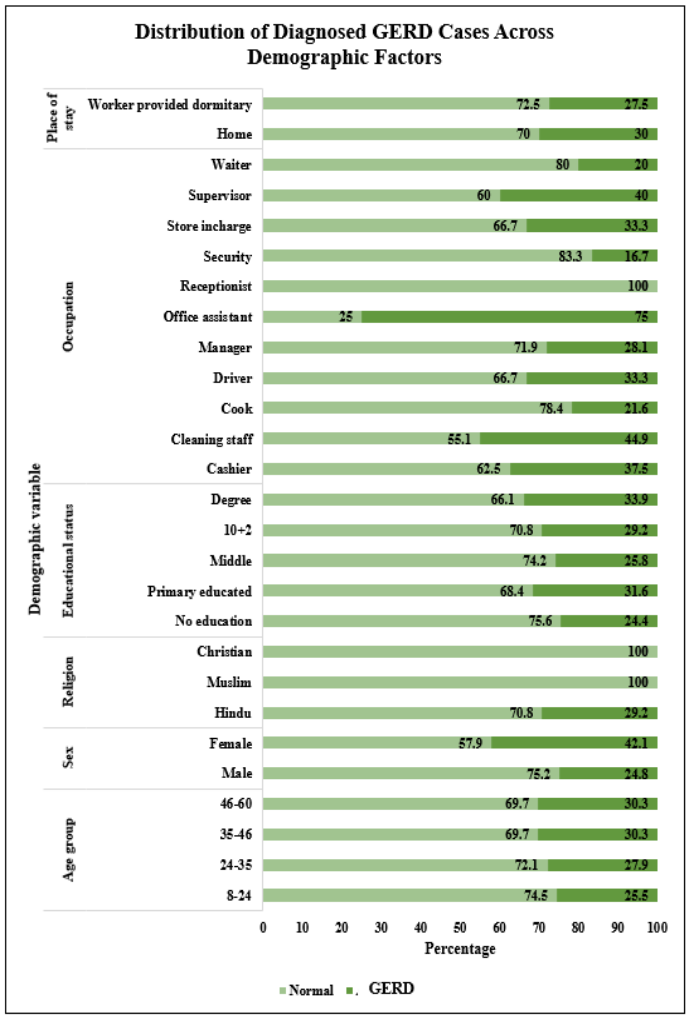

Figure 3: Comparison between GERD across Demographic factors.

(9.2% compared to 2.9% in males). Chi-square analysis indicated significant associations between GERD prevalence and variables like sleep duration (p=0.004), occupation (p=0.013), and dietary habits, including frequent intake of spicy foods (p=0.03).

DISCUSSION

The present study provides valuable insights into the prevalence of Gastroesophageal Reflux Disease (GERD) among hospitality workers in the Belagavi district, Karnataka. The findings align with global research indicating that occupational stress, irregular work schedules, and unhealthy lifestyle habits significantly contribute to GERD development (Li *et al.*, 2023). The study revealed that 28.57% of the surveyed hospitality workers exhibited GERD symptoms, with a notable proportion experiencing moderate to severe symptoms. These results emphasize the importance of addressing occupational health challenges specific to the hospitality sector.

A significant finding of this study was the high prevalence of GERD among restaurant employees. This occupational group often faces prolonged working hours, irregular meal timings, and limited access to nutritious food. Studies have established that irregular eating patterns and consumption of processed or unhealthy food increase the risk of acid reflux, which is a primary contributor to GERD (Zhang *et al.,* 2021). Many restaurant employees rely on meals prepared at work, which may not always adhere to balanced dietary recommendations. Our findings support previous research suggesting that consuming three meals from restaurants daily increases GERD risk, reinforcing the critical role of dietary habits in disease development (Heidarzadeh-Esfahani *et al.,* 2021).

Moreover, this study observed a higher severity of GERD symptoms among female participants compared to males (Kim *et al.,* 2016). This gender disparity can be attributed to several physiological and psychological factors. Women tend to have a heightened visceral sensitivity to gastrointestinal disorders, which could explain their increased symptom severity (Meleine *et al.,* 2014). Additionally, stress responses in women differ from those in men, potentially amplifying GERD symptoms. Previous studies have also highlighted the tendency of men to underreport gastrointestinal symptoms, which might have influenced the perceived gender differences in GERD prevalence. Further research is needed to explore the interplay of hormonal, behavioural, and occupational influences on GERD severity across genders (Vakil *et al.,* 2015).

The occupational roles of individuals within the hospitality industry revealed notable findings. Administrative staff such as office assistants, supervisors, and cashiers demonstrated a higher prevalence of GERD symptoms compared to other categories of workers. Interestingly, among non-administrative roles, only cleaning staff showed a similarly elevated prevalence. This may be attributed to irregular eating patterns, particularly the tendency to delay meals despite the onset of hunger. The nature of their responsibilities often demands continuous attention to tasks, leaving little opportunity for timely food intake. Such prolonged periods of an empty stomach may contribute to the development of GERD. In contrast, roles like cooks and waiters may have better access to food during work hours, allowing them to eat intermittently and thus potentially mitigating the risk of developing GERD related symptoms. Another crucial observation from this study was the strong association between GERD and sleep deprivation (Lindam *et al.,* 2016). A significant proportion of participants reported sleeping less than 5 hr per night due to extended working hours and shift-based schedules. Disruptions to the circadian rhythm have been well-documented in the literature as a risk factor for GERD. Sleep deprivation and irregular sleep patterns contribute to increased gastric acid production, weakened lower oesophageal sphincter function, and delayed gastric emptying, all of which exacerbate GERD symptoms. Our findings align with previous research demonstrating that shift workers, including those in hospitality, experience a higher prevalence of GERD due to chrono disruption (Chen *et al.,* 2022).

Occupational stress and long working hours emerged as other key factors influencing GERD prevalence. The hospitality industry is known for its physically and emotionally demanding work environment. Employees frequently experience high stress levels due to demanding customers, time constraints, and physically strenuous tasks (Yoo *et al.*, 2023). Chronic stress has been linked to gastrointestinal disorders, as it affects the autonomic nervous system and alters gastrointestinal motility. The current study reinforces these associations, showing that workers with extended shifts (more than 10 hr per day) were significantly more likely to develop GERD (Bekele *et al.*, 2023).

In addition to lifestyle and occupational risk factors, the study also examined dietary influences on GERD. Participants who consumed spicy and oily foods frequently had a higher prevalence of GERD (Heidarzadeh *et al.*, 2021). These food items are known to relax the lower oesophageal sphincter and stimulate excessive acid production, thereby increasing reflux episodes. This dietary pattern is prevalent among hospitality workers, as they often consume restaurant-prepared meals that are high in fat, salt, and spice. Public health interventions aimed at promoting healthy dietary habits among hospitality workers could play a crucial role in mitigating GERD risk.

The findings of this study highlight the urgent need for workplace interventions and policy changes to address GERD among hospitality workers. Employers should consider implementing health education programs that emphasize the importance of maintaining regular meal schedules, adopting a balanced diet, and managing occupational stress. Providing employees with structured meal breaks and access to healthier food options can significantly reduce GERD risk. Additionally, ensuring reasonable work shifts and promoting good sleep hygiene can contribute to better gastrointestinal health among workers.

Furthermore, targeted medical interventions should be explored to support hospitality workers at high risk of GERD. Regular screening programs, lifestyle modification counselling, and easy access to healthcare services can facilitate early detection and management of GERD symptoms (Ness *et al.*, 2016). Workplace-based wellness initiatives, such as stress reduction programs and ergonomic adjustments to reduce prolonged standing, may further help minimize GERD prevalence.

This study has certain limitations that should be acknowledged. Firstly, as a cross-sectional study, it does not establish causality between occupational factors and GERD but provides a snapshot of associations, so further research may be carried out on that issue. Secondly, self-reported data may be subject to recall bias, particularly regarding dietary habits and symptom reporting. Additionally, the study focused on a specific geographical region, which may limit the generalizability of the findings to broader populations. Future longitudinal studies and interventional trials are recommended to further explore GERD risk factors and effective management strategies among hospitality workers.

CONCLUSION

Overall, this study underscores the significant burden of GERD among hospitality workers in Belagavi district, Karnataka, with occupational stress, irregular sleep patterns, and dietary habits playing key roles in disease prevalence. The findings reinforce the need for workplace interventions, lifestyle modifications, and public health strategies aimed at reducing GERD risk in this high-risk occupational group. Addressing GERD through comprehensive health initiatives can improve the well-being of hospitality workers and enhance productivity in the industry.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ABBREVIATIONS

GERD: Gastroesophageal reflux disease; **LES:** Lower oesophageal sphincter.

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