

Occupational Justice and the Psychological Toll of Racial Microaggressions in Malawi: Predicting Distress, Hopelessness, and Suicidal Ideation

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Abstract

Background: Racial microaggressions in workplaces are subtle yet pervasive forms of discrimination that erode mental health and violate occupational rights. In Malawi's Lilongwe District, workers employed in predominantly Asian-owned enterprises report frequent experiences of discrimination, harassment, and occupational injustice. **Objective:** To examine how structural workplace factors such as discrimination type, comfort, fairness, and harassment predict distress, hopelessness, and suicidal ideation, framed through an occupational justice lens. **Methods:** A cross-sectional design was used. Quantitative data were collected from 380 Malawian employees via structured questionnaires. Descriptive statistics, Spearman's rho correlations, and binary logistic regression were conducted. **Results:** Discrimination type, low comfort, perceived unfairness, and harassment were significantly associated with distress, hopelessness, and suicidal ideation ($p < 0.01$). Logistic regression revealed harassment (OR = 2.10, $p < 0.001$) and hopelessness (OR = 1.55, $p < 0.001$) as the predictors of suicidal ideation. **Conclusions:** Structural injustices in the workplace directly undermine occupational rights and well-being, with harassment and hopelessness posing the highest suicide risk. Occupational justice interventions, including anti-discrimination policies, cultural competence training, and workplace fairness audits, are required.

Keywords

Occupational Justice, Racial Microaggressions, Workplace Harassment, Hopelessness, Suicidal Ideation, Malawi

1. Introduction

Occupational justice asserts that all individuals have the right to safe, meaningful, and equitable employment free from barriers that diminish participation or dignity (Townsend & Wilcock, 2004). This study examines workplace conditions in Lilongwe District, Malawi, focusing on racial microaggressions experienced by employees in predominantly Asian-owned enterprises. These subtle yet recurrent slights communicate exclusion and inferiority, producing cumulative harms that reflect occupational injustice. Prior research shows that racial microaggressions predict distress, depression, and suicidal ideation (Nadal et al., 2014; Keum et al., 2023), outcomes aligned with the four dimensions of occupational injustice: marginalization, alienation, deprivation, and violation.

Most studies on racial microaggressions and workplace discrimination have been conducted in Western or Asian contexts, where labor protections and workplace cultures differ markedly from those in Sub-Saharan Africa. In Malawi, foreign-owned enterprises dominate the labor market within a context of weak regulation, fragile worker protections, and entrenched cultural power asymmetries. The term *Asian-owned enterprises* refer here to businesses owned or managed by individuals of Asian descent, including Malawian citizens of Asian heritage, immigrants, and foreign nationals from countries such as China, Pakistan, and India. These enterprises play a major role in Malawi's retail, construction, and manufacturing sectors, employing large numbers of Malawian workers. Understanding their structure plays a key role in situating racialized hierarchies and occupational injustices that often go unchallenged, amplifying workers' psychological distress.

To date, no study in Malawi or the wider Sub-Saharan region has applied an occupational justice framework to examine suicide risk. The literature rarely links occupational injustice to mental health outcomes such as hopelessness and suicidal ideation, leaving gaps in understanding how structural inequities translate into psychological harm. This study addresses the gaps by analyzing how discrimination, workplace comfort, fairness, and harassment predict distress, hopelessness, and suicidal ideation among Malawian employees in Asian-owned enterprises. It extends occupational justice scholarship beyond its Western and Asian foundations and highlights the urgent need for policy and organizational reform in Malawi.

2. Literature Review

2.1. Occupational Justice Theory as a Foundation

Occupational justice is a cornerstone of professional practice and a fundamental aspect of human dignity. Bailliard et al. (2020) highlight its centrality in occupational therapy, while Hocking (2017) contends that occupational justice is inseparable from social justice, framing inclusion and fairness as moral imperatives.

Townsend and Wilcock (2004) describe occupational justice as the right to participate in safe, meaningful, and equitable work. Hammell (2020) emphasizes that structural inequities and contextual factors can constrain genuine occupational

opportunities. Durocher, Gibson, and Rappolt (2013) conceptualize occupational justice as ensuring equitable access for individuals to engage in purposeful occupations within social and organizational frameworks. Extending these perspectives, Brito et al. (2023) argue that occupational justice must also consider plural legal systems, communal responsibilities, and African and Indigenous cosmologies, where relationality, community, and culturally embedded practices define fairness and opportunity. Similarly, Fatogun (2021) emphasizes the relevance of occupational science in addressing structural and community-level injustices in African contexts, highlighting the interplay of social, cultural, and economic factors. Collectively, these perspectives underscore the need for culturally responsive approaches to occupational justice that move beyond Western-centric frameworks to recognize diverse epistemologies, lived realities, and context-specific equity concerns.

2.2. Systemic Discrimination and Microaggressions

Systemic inequities disproportionately affect marginalized populations. Attewell and Witteveen (2023) link occupational marginalization to underemployment and income inequality among minorities and immigrants. Racial microaggressions, as subtle but harmful forms of discrimination, erode psychological well-being (Sue et al., 2007; Nadal et al., 2014), with predictive links to suicide risk (Keum et al., 2023). Williams et al. (2019) further demonstrate that systemic discrimination perpetuates poor health outcomes across race, ethnicity, and gender. Oppong and Bannor (2022) note that women face persistent disparities in workplace power dynamics across diverse sociocultural contexts.

2.3. Occupational Injustice: Alienation, Deprivation, and Violation

Workplace alienation has been identified as a critical factor in employee distress. Ghaleb (2024) discusses alienation as a structural issue tied to organizational design, while Oelberger (2018) examines the personal costs of meaningful work when relational values conflict. Evidence from occupational science further shows that occupationally focused interventions in forensic mental health settings can reduce deprivation and improve outcomes, highlighting parallels with workplace contexts. Harassment, as a form of occupational violation, directly breaches worker rights and accelerates risks of hopelessness and suicidal ideation.

In South Africa, Ngwane (2018) found that workplace harassment in higher education institutions significantly undermines staff performance and morale, revealing a strong link between toxic work climates and diminished productivity. Similarly, Banda, Mayers, and Duma (2016) documented high levels of workplace violence against nurses in Malawi's southern region, illustrating how unsafe environments compound occupational stress and erode professional dignity. Complementing these findings, Chinguwo (2023) demonstrated that functional reviews in Malawi's health sector with intended to improve efficiency have instead exacerbated occupational stress and burnout among clinical officers, exposing the unintended harms of systemic restructuring on worker well-being.

Occupational science can therefore play a pivotal role in addressing structural and community-level occupational injustices, particularly within African contexts where social, cultural, and economic factors shape opportunities and access (Fatogun, 2021). The occupational justice framework provides a critical lens for analyzing disability and labor policies, emphasizing equity, inclusion, and culturally grounded participation (Chichaya, Joubert, & McColl, 2019).

2.4. Legal and Policy Perspectives on Occupational Justice

Legal scholarship emphasizes organizational responsibility in protecting occupational health and safety. Colak (2023) notes that safety violations carry direct legal consequences, while Laborda Soriano et al. (2021) demonstrate that demographic shifts can exacerbate occupational exclusion and injustice. Dhaktode (2020) highlights the role of social audits in promoting accountability, and Carvalho et al. (2025) show that health and safety audits improve organizational culture and reduce accidents. In African contexts, Makawa (2024) illustrates how labour law enforcement in Malawi, particularly regarding minimum wages, shapes occupational justice by either supporting or undermining equitable access to fair employment. Wånggren et al. (2023) argue that disability policy in Malawi must move beyond Anglocentric models, advocating for strategies rooted in the country's socio-cultural and economic realities. Taken together with reports of workplace violence and harassment (Banda, Mayers, & Duma, 2016; Ngwane, 2018), these studies underscore the urgent need for robust legal and policy interventions to protect workers, ensure fairness, and promote occupational well-being in African workplaces.

2.5. Suicide Prevention and Justice-Oriented Interventions

Occupational justice closely links to psychological health. Duran et al. (2021) connect breaches of psychological contracts to stress and poor well-being, highlighting the importance of fair management practices. Schlichthorst et al. (2022) demonstrate that national suicide prevention strategies can significantly reduce suicide rates. Jafari and Jafari (2023) show that anti-discrimination laws create safer and more inclusive workplaces, although enforcement remains challenging. Justice-oriented interventions through audits, legal protections, or prevention strategies are effective in mitigating distress, hopelessness, and suicidality. Malfitano, Souza, and Lopes (2016) trace the evolution of occupational justice, emphasizing its role in addressing social inequalities and considering the needs of individuals as occupational beings within their contexts.

2.6. Synthesis and Research Gap

The literature establishes occupational justice as a moral and professional imperative (Townsend & Wilcock, 2004; Hocking, 2017; Bailliard et al., 2020), shows that systemic discrimination erodes well-being (Sue et al., 2007; Nadal et al., 2014; Williams et al., 2019), and demonstrates that alienation, deprivation, and violation

create conditions of distress and suicidality (Ghaleb, 2024; Oelberger, 2018; Keum et al., 2023). However, empirical evidence remains limited in African contexts, particularly Malawi, where racialized workplace hierarchies, weak regulatory enforcement, and increasing mental health burdens converge (Oppong & Bannor, 2022; Makawa, 2024; Wånggren et al., 2023). This study fills the gap by applying an occupational justice lens to examine how workplace discrimination, fairness, comfort, and harassment predict distress, hopelessness, and suicidal ideation among employees in predominantly Asian-owned enterprises.

3. Methods

3.1. Design

A mixed-methods cross-sectional design was employed to integrate quantitative and qualitative data for a comprehensive understanding of workplace discrimination and mental health among Malawian employees. The quantitative component examined statistical relationships between structural workplace factors and psychological outcomes, while the qualitative strand explored workers' lived experiences, emotional responses, and coping strategies. This integration allowed the study to capture both the measurable patterns of occupational injustice and the nuanced human experiences underlying them. Participants were recruited through a combination of stratified random sampling and purposive selection to ensure both representativeness and depth of insight.

3.2. Participants

A total of 500 employees were approached, of whom 384 consented and completed questionnaires, yielding a response rate of 76.8 percent. After data screening, 380 fully completed questionnaires were included in the final analysis. Eligibility criteria required participants to be Malawian nationals, aged 18 years or older, and currently employed in Asian-owned enterprises within Lilongwe. The demographic profile indicated that the majority of respondents were aged between 26 and 35 years (44.6 percent), followed by 36 to 45 years (26.1 percent), 18 to 25 years (17.7 percent), and 46 years and above (10.7 percent). A minor overlap appeared in the 19 to 25 subgroup (0.8 percent), which likely reflected data entry inconsistencies. Regarding education, 59.9 percent of participants reported having no formal qualification, while 22.3 percent held a Junior Certificate of Education (JCE), 16.0 percent had a Malawi School Certificate of Education (MSCE), and 1.6 percent possessed a professional qualification. In terms of employment duration, 85.5 percent had worked for between one and five years in their current enterprises, 10.3 percent had worked for six to ten years, and 2.4 percent reported employment of eleven to fifteen years.

3.3. Sampling and Recruitment

A stratified random sampling strategy was applied, with strata based on industry sector. The distribution reflected the composition of Asian-owned enterprises in

Lilongwe, with 50 percent in retail and wholesale, 30 percent in construction, and 20 percent in manufacturing. Within each stratum, systematic random sampling was used to ensure representativeness. Population estimates of approximately 5000 employees were drawn from immigration and labor records, which suggested an average of four to ten Malawians employed per foreign-managed firm, though this likely underestimated the total workforce. For the qualitative component, which will be reported separately, purposive sampling was used to select 50 participants from the larger cohort of 384. This selection ensured diversity in gender, employment status, education, and reported experiences of microaggressions. Snowball sampling was further used to reach hard-to-access employees who were hesitant to participate due to the sensitivity of the topic. This multi-layered strategy balanced generalizability with depth and enhanced construct validity, consistent with recommendations by Creswell and Plano Clark (2017).

3.4. Measures

Workplace racial microaggressions were measured using a culturally adapted version of the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011), modified for the Malawian context and the dynamics of Asian-owned workplaces. The adapted scale was pilot-tested with 30 local employees to ensure cultural and contextual relevance and demonstrated strong internal consistency (Cronbach's $\alpha = 0.85$).

Mental health outcomes were assessed using three established instruments: depressive symptoms with the Patient Health Questionnaire-8 (PHQ-8; $\alpha = 0.80$), anxiety symptoms with the Generalized Anxiety Disorder-7 (GAD-7; $\alpha = 0.82$), and global psychological distress with the Kessler Psychological Distress Scale (K-10; $\alpha = 0.87$). Hopelessness and suicidal ideation were evaluated through relevant items embedded within these validated measures.

Workplace comfort, perceived fairness, and harassment were assessed using structured items drawn from validated workplace well-being and equity frameworks, further adapted to Malawian labor conditions. Workplace comfort was measured using a three-item scale that captured employees' sense of safety, inclusion, and psychological ease (e.g., "*I feel comfortable expressing myself in this workplace*"), rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Perceived fairness was measured using four items on distributive and procedural justice (e.g., "*Promotions and rewards are distributed fairly in this workplace*"), with higher scores indicating greater equity. Workplace harassment was captured using a five-item subscale adapted from the REMS and pilot-tested locally, encompassing verbal insults, intimidation, and exclusion (e.g., "*I have experienced rude or offensive comments about my background at work*").

Internal consistency coefficients for these subscales ranged from $\alpha = 0.78$ to 0.85, indicating satisfactory reliability. Together, these measures provided robust quantitative indicators of the structural and psychosocial dimensions central to this study's occupational justice framework.

3.5. Procedure

Data were collected using self-administered questionnaires available in both English and Chichewa, with fieldworkers assisting participants who had limited literacy. Ethical approval was granted by the Mzuzu University Research Ethics Committee (REF NO. MZUNIREC/DOR/24/176), and all participants provided written informed consent. Confidentiality and anonymity were maintained throughout the study, and participants were informed of their right to withdraw at any point. Referrals to St John of God Hospital, a local mental health specialist facility, were made via direct phone contact by trained enumerators, following participant consent obtained through a signed referral form. Data were securely stored without any collection of identifiable information. To minimize power imbalances, interviews were conducted in neutral settings by trained interviewers. The author declares no conflicts of interest and received no external funding. Additionally, the research team completed training on diversity, equity, inclusion (DEI), and data management protocols to uphold ethical standards.

3.6. Data Analysis

Data were analyzed in three stages. Descriptive statistics were used to profile workplace conditions and psychological outcomes. Spearman's rho correlations were then employed to examine associations between workplace factors and mental health indicators. Finally, binary logistic regression was conducted to identify predictors of suicidal ideation. Model fit was evaluated using chi-square statistics, the -2 Log Likelihood, and the Cox and Snell and Nagelkerke R^2 values.

Hopelessness, conceptually a psychological outcome of adverse workplace conditions, was included as an independent predictor of suicidal ideation in the regression model based on established theoretical and empirical evidence. The inclusion aligns with Beck's Hopelessness Theory (Beck et al., 1974), which positions hopelessness as a proximal cognitive risk factor for suicide, mediating the effects of stressors such as discrimination and harassment. In this study's occupational justice framework, hopelessness functions both as an outcome of structural injustice and as a psychological mechanism that amplifies suicidal vulnerability. Similar methodological precedents exist in mental health and occupational research where variables with dual roles, such as stress or burnout, are modeled as predictors of more severe outcomes (Keum et al., 2023; Williams et al., 2019). This dual inclusion strengthens the explanatory power of the model and reflects the complex, layered pathways linking workplace injustice to suicide risk.

4. Results

4.1. Descriptive Statistics

Descriptive analyses profiled the structural workplace conditions reported by participants. As shown in Table 1, race-based discrimination was the most frequently reported form (14.2%), followed by religion-based discrimination (8.5%) and disability-based discrimination (4.5%). Regarding workplace comfort, 39.3% of em-

employees described themselves as very uncomfortable in their current work environments. In terms of fairness, 79.9% of participants disagreed or strongly disagreed that their workplace was fair. Additionally, 26.1% of respondents reported experiencing harassment in the workplace.

Table 1. Workplace conditions reported by participants (N = 380).

Workplace Factor	Category/Type	% of Participants
Discrimination	Race-based	14.2
	Religion-based	8.5
	Disability-based	4.5
Workplace Comfort	Very uncomfortable	39.3
Perceived Fairness	Disagreed/Strongly disagreed	79.9
Harassment	Reported harassment	26.1

4.2. Correlations

Table 2 presents correlations between structural workplace factors and psychological outcomes. All associations were significant at $p < 0.01$.

Table 2. Workplace factors and psychological outcomes (N = 380).

Variable	1	2	3	4	5	6	7
1. Discrimination Type	—						
2. Workplace Comfort	-0.32**	—					
3. Workplace Fairness	-0.41**	0.36**	—				
4. Workplace Harassment	0.44**	-0.29**	-0.38**	—			
5. Distress	0.39**	-0.31**	-0.35**	0.42**	—		
6. Hopelessness	0.35**	-0.28**	-0.33**	0.40**	0.46**	—	
7. Suicidal Ideation	0.30**	-0.27**	-0.29**	0.41**	0.43**	0.49**	—

All correlations are significant at $p < 0.01$ (two-tailed). Negative signs indicate inverse associations. Higher scores reflect greater discrimination, lower comfort, lower fairness, more harassment, and worse psychological outcomes.

4.3. Logistic Regression

Harassment and hopelessness were the strongest predictors of suicidal ideation. Low comfort and discrimination type also significantly increased the risk.

As shown in **Table 3**, the logistic regression analysis identified harassment and hopelessness as the most influential predictors of suicidal ideation, with low workplace comfort and discrimination type also significantly elevating the risk. The model was statistically significant, $\chi^2(7) = 56.38$, $p < 0.001$, demonstrating that the combined predictors significantly improved the model's fit compared to the null

model. The -2 Log Likelihood was 344.94, and the model accounted for 16.2% (Cox & Snell R^2) to 22.6% (Nagelkerke R^2) of the variance in suicidal ideation.

Table 3. Predicting suicidal ideation (N = 380).

Predictor	B	SE	Wald	OR	95% CI for OR	<i>p</i>
Discrimination Type	0.42	0.15	7.84	1.52	1.13 - 2.05	0.005
Workplace Comfort	-0.38	0.14	7.36	0.68	0.52 - 0.89	0.007
Workplace Fairness	-0.29	0.13	4.97	0.75	0.58 - 0.98	0.026
Workplace Harassment	0.74	0.16	21.38	2.10	1.54 - 2.85	<0.001
Distress	0.33	0.15	4.84	1.39	1.03 - 1.89	0.028
Hopelessness	0.44	0.12	13.44	1.55	1.23 - 1.95	<0.001

Note: OR = Odds Ratio; CI = Confidence Interval. Model $\chi^2(6) = 64.32$, $p < 0.001$. Nagelkerke $R^2 = 0.24$.

4.4. Qualitative Component: Lived Experiences and Coping Narratives

The qualitative strand illuminates the subjective experiences behind the quantitative patterns of injustice, distress, and hopelessness

Themes and Illustrative Narratives

1. Subtle Racism and Power Asymmetry

Workers described daily encounters with jokes, comments, or assignments reflecting ethnic hierarchy.

“They call us names in their language—sometimes laugh—but we know it’s about us.”

2. Economic Dependence and Silence

Fear of job loss compelled most to tolerate discrimination.

“Even if I am insulted, I cannot talk. My family depends on this job.”

3. Coping Through Faith and Peer Solidarity

Many relied on spiritual resilience and informal coworker support.

“Prayer keeps me calm when I am humiliated.”

4. Erosion of Hope and Identity

Continuous microaggressions led to internalized hopelessness and self-blame.

“I used to think I can work hard and change things, but now I just survive.”

Interpretation: The narratives humanize the statistical findings, revealing how workplace harassment and discrimination transform from structural injustice into lived psychological trauma. They illustrate the pathway from occupational violation → alienation → hopelessness → suicidal ideation.

5. Discussion

The findings demonstrate that occupational injustices in Malawian workplaces are not only violations of equity but a significant predictor of adverse mental

health outcomes. Discrimination, low workplace comfort, perceived unfairness, and harassment were all strongly associated with distress, hopelessness, and suicidal ideation, confirming that structural inequities and psychosocial risks within the work environment are deeply intertwined. The results reveal that harassment and hopelessness are strong predictors of suicidal risk, suggesting that these factors may function as potential pathways through which occupational injustice intensifies psychological vulnerability.

5.1. Occupational Justice Dimensions and Psychological Impact

Occupational marginalization arises where discrimination reflects systemic exclusion based on race, ethnicity, or social identity. This aligns with global evidence that identifies race-based occupational barriers as enduring determinants of inequity and health disparities (Williams et al., 2019).

Occupational alienation appears in employees' low comfort levels, reflecting detachment from psychologically safe and supportive environments. This alienation deprives individuals of opportunities for fulfillment and belonging at work, leading to increased emotional exhaustion.

Occupational deprivation manifests as perceived unfairness, limiting access to opportunities, recognition, and equitable participation. This deprivation fosters feelings of futility and erodes morale, resulting in chronic distress.

Occupational violation appears most clearly in workplace harassment, representing a direct breach of dignity and occupational rights, and stands as the strongest structural predictor of suicidal ideation in this study.

Collectively, these injustices support Hocking's (2017) argument that occupational justice and social justice are inseparable, with exclusionary practices constituting moral violations of human dignity and inclusion. Likewise, Williams et al. (2019) demonstrate that systemic discrimination underpins poor health outcomes, a pattern reflected here where unfairness and marginalization increase vulnerability to hopelessness and distress. Framed within Townsend and Wilcock's (2004) model, the study affirms that marginalization, deprivation, alienation, and violation are not abstract constructs but lived realities that elevate suicide risk in contexts characterized by racialized power hierarchies and economic dependence.

5.2. Expanded Theoretical Integration

Conceptual Framework (Narrative Form)

The proposed integrated model merges:

- **Occupational Justice Theory** (Townsend & Wilcock, 2004): framing workplace equity as a human right.
- **Minority Stress Theory** (Meyer, 2003): identifying chronic microaggressions as stressors.
- **Beck's Hopelessness Theory** (Beck et al., 1974): positioning hopelessness as the cognitive mediator leading to suicidal ideation.

Integrated Pathway:

Racial microaggressions → Occupational injustice (violation, alienation, deprivation) → Distress → Hopelessness → Suicidal ideation.

This framework situates workplace microaggressions not only as interpersonal offenses but also as structural determinants of suicide risk, extending the discourse beyond Western contexts.

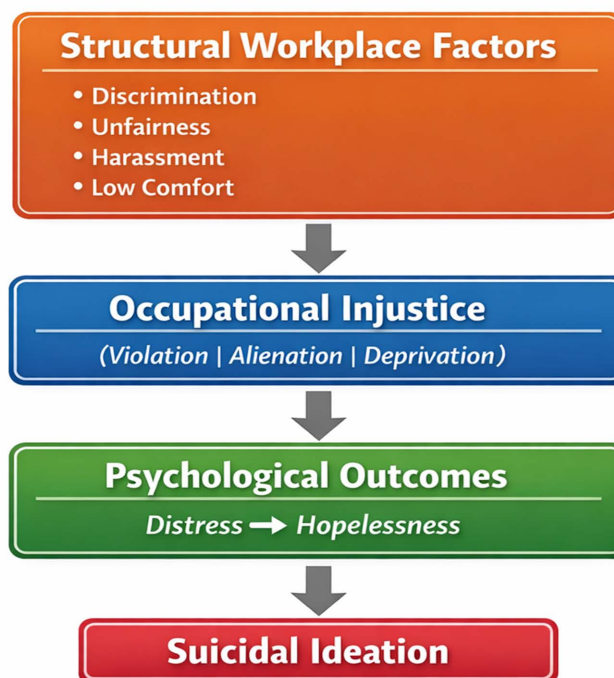


Figure 1. Conceptual diagram: pathways from occupational injustice to suicidal ideation in Malawian workplaces.

Figure 1 illustrates the conceptual pathway showing how structural workplace factors (discrimination, unfairness, harassment, and low comfort) create occupational injustices—manifesting as violation, alienation, and deprivation—which trigger distress and hopelessness leading to suicidal ideation.

5.3. Comparative Analysis: Malawi in the Global Context

In Malawi, the associations observed between discrimination, discomfort, perceived unfairness, harassment, and suicidal ideation align with findings from South Africa and other Sub-Saharan countries. For example, a study among Technical and Vocational Education and Training (TVET) college employees in Gauteng reported that workplace harassment significantly predicted depression, anxiety, and distress (Moyo & Chikomo, 2023). Similarly, in the South African public service, workplace social support has been shown to alleviate psychological strain even when organizational justice is compromised (Sithole & Van der Merwe, 2022). These regional parallels reinforce the universality of the link between microaggressions, organizational injustice, and mental health impairment.

Comparatively, Malawi presents sharper institutional and structural constraints. The labor inspectorate remains severely understaffed; as of 2012, only 45 percent of established labor inspector positions were filled, producing a ratio of approximately one inspector per 88,967 workers far exceeding the International Labor Organization’s benchmark for developing countries (Kaunda & Munthali, 2018). The enforcement deficit magnifies the psychological effects of workplace injustices, as workers have limited avenues for redress or protection.

Access to mental health services in Malawi remains limited. Less than 0.3 percent of health facilities offer mental health care, and those that exist are concentrated in tertiary hospitals (Kumwenda & Nyondo, 2024). These systemic limitations leave many districts without the capacity to respond effectively to workplace-related psychological distress. Consequently, workers exposed to discrimination and harassment often lack accessible institutional support, allowing occupational injustice to translate more readily into psychological distress, hopelessness, and suicidal ideation.

An illustrative quote from one of the qualitative interviews captures how these constraints deepen distress:

“When I complained about how my manager always makes jokes about my background, I felt powerless—there is nowhere I can report, and I fear losing my job. So I just stay quiet, but inside I feel hopeless.”

This statement encapsulates how, unlike Western or Asian contexts where formal reporting or legal remedies may exist, Malawian workers often perceive no feasible recourse. Thus, while the psychological pathways linking microaggressions to distress and suicidal ideation appear universal, the intensity of their impact in Malawi remains magnified by minimal enforcement, weak legal protections, and almost non-existent mental health service coverage. Interventions effective elsewhere such as employee assistance programmes and robust grievance systems require substantial contextual adaptation to achieve feasibility and sustainability within the Malawian labour landscape.

5.4. Justice-Oriented Intervention Framework

The model operationalizes occupational justice into four scalable levels of reform, connecting individual recovery with systemic change. As shown in Table 4, the Occupational Justice and Equity Intervention Model (OJEIM) outlines multi-level strategies for addressing workplace injustice and its psychological consequences, including individual, organizational, policy, and community-level interventions.

Table 4. The Occupational Justice and Equity Intervention Model (OJEIM).

Level	Intervention Strategy	Mechanism of Change	Key Stakeholders
Individual	Resilience training, trauma-informed counselling, mental health literacy	Reduces distress and hopelessness	NGOs, mental health practitioners
Organizational	Cultural competence workshops, workplace fairness audits, whistleblower systems	Reduces harassment, promotes inclusion	Employers, HR, trade unions

Continued

Policy	Integration of occupational justice indicators into the National Suicide Prevention Strategy	Links workplace safety to public health	Ministries of Labour & Health
Community	Worker associations and support networks	Encourages solidarity and advocacy	Faith-based groups, local NGOs

6. Policy Implications

First, culturally responsive anti-discrimination laws should specifically target practices within foreign-owned enterprises, ensuring that workers' rights are upheld regardless of nationality or ethnicity. Second, labor inspections should incorporate occupational justice audits to systematically monitor fairness, workplace comfort, and harassment. Third, the establishment of whistleblower protections and anonymous reporting mechanisms remains crucial to enable employees to report abuse without fear of retaliation. Fourth, employers and managers should undergo mandatory cultural competence training to improve inclusivity, reduce bias, and prevent discriminatory practices. Finally, workplace injustice should be explicitly integrated into the National Suicide Prevention Strategy, recognizing it as a significant psychosocial risk factor for suicidal ideation and distress among workers.

However, the practical feasibility of implementing these measures in Malawi remains challenging. Resource constraints within the Ministry of Labour, limited capacity for regular workplace inspections, and weak enforcement of existing labor laws reduce the effectiveness of policy frameworks. Moreover, political will is often inconsistent, particularly when foreign investment is prioritized over workers' welfare, leading to under-enforcement of regulations in foreign-owned enterprises.

To overcome these constraints, multi-sectoral partnerships are essential. The government should collaborate with non-governmental organizations (NGOs), labor unions, and employers' associations to co-design, fund, and implement workplace equity initiatives. Such partnerships can strengthen monitoring, facilitate awareness campaigns, and ensure accountability through shared responsibility. A coordinated approach that aligns public, private, and civil society efforts will enhance both the feasibility and sustainability of anti-discrimination reforms in Malawi's workplaces.

7. Conclusion

The study underscores the need to address racial microaggressions and occupational injustice as interconnected drivers of mental health crises in workplaces. Addressing these injustices represents not only a labor rights obligation but also a public health imperative.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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