WELLESLEY CENTERS FOR WOMEN

EMPLOYMENT AND WOMEN'S HEALTH

Women work. In 2009, more than 65 million women in the United States were in the workforce. Of these, more than 48 million, or 74% were employed full time.[1] The rise in women's employment over the latter half of the twentieth century has not meant a decline in women's health, but it has meant the need to incorporate women into research on the effects of employment on health, and has led to the inclusion of new perspectives into research on women's – and men's – health. Overall, research has found that **employment, per se, has either no effect or positive effects on women's health**.[2] Working women face health risks at work that are similar to those faced by men in similar occupations. However, **rates of stress-related illness, including depression, are nearly twice as high for women as for men**.[3] This fact sheet reviews research on some of the explanations for this.

WORKING CONDITIONS AND HEALTH

- The combination of heavy job demands, and limited control or decision latitude to moderate those demands, results in **job strain, which leads to negative health consequences**.[4]
- Other important working conditions include emotional demands, such as those found in service jobs. Worker health benefits from social support from co-workers and supervisors, and from meaningful labor.[5]
- Both women and men are affected by these working conditions.

OCCUPATIONAL SEGREGATION AND WOMEN'S HEALTH

- In 2009, 44.6% of women were concentrated in just 20 occupations and most of these occupations were heavily female, including secretaries and administrative assistants; registered nurses; elementary and middle school teachers; cashiers; nursing, psychiatric, and home health aides; restaurant servers; maids and housekeeping cleaners; customer service representatives; child care workers; bookkeeping, accounting, and auditing clerks; and receptionists and information clerks.[6]
- This **occupational segregation means that women and men are exposed to different occupational health hazards**.
- More than one-third of all women workers are employed in education and health services industries; in these industries, there are 5 reported cases of non-fatal injuries in illnesses per 100 full-time workers, compared to only 3.9 cases per 100 full-time workers across all industries. **Rates of injuries and illnesses are especially high in hospitals and nursing care facilities**.[7]
- Occupational health risks in women's top 20 occupations include low-back pain (nurses, child care workers), asthma (health-related industries and teaching), noise exposures that can contribute to reduction in hearing sensitivity and increased stress (teaching), and exposure to infectious, biological, or chemical hazards (nurses, child care workers).[8]

SEXUAL HARASSMENT AND WOMEN'S HEALTH

- On average, **24% of women have experienced sexual harassment at work, and 58% have experienced potentially harassing behaviors**.[9]
- Sexual harassment is more common in organizations that have a higher tolerance for sexual harassment.[10] Men who are more hostile to women and at risk to harass are more likely to harass in these types of organizations.[11]
- Women are more likely to experience sexual harassment when they work in a setting with fewer women and more men, or in an occupation that is traditionally male.[12]
- Women who have experienced sexual harassment reported decreased job satisfaction, lower organizational commitment, greater wok withdrawal (missing work, neglecting work tasks), and reduced productivity. Additionally, **sexual harassment is linked to poorer physical health and reduced psychological well-being**.[13]

WORK-FAMILY BALANCE

- Combining employment and family is not inherently negative. It is only **when the combined demands of work and family are too great for the available resources that workers – women and men – experience work-family strain, which can hinder health**.[14]
- While men may also experience work-family conflict, women continue to spend more time in family labor than do men. Bianchi, Robinson, and Milkie (2006) found that married mothers spent an average of 41 hours per week on domestic tasks, compared to 21 hours per week for married fathers. While men spend more hours, on average, in paid labor than women do, women's second shift can lead to work-family conflict.[15]
- **Work-family strain is more likely when work requires long hours, and work schedules are less flexible or are incompatible with family demands** (working non-day schedules that conflict with child care and school schedules; jobs with heavy travel demands).
- Women with infants are more likely to experience work-family conflict and poorer emotional health than are women with older children, especially when they are in jobs with poor working conditions, are single mothers, or are caring for infants who are sick more often than other infants.[16]
- The parenting needs of school-age children are different from those of infants and preschoolers, contributing to research findings that women with school-age children report lower levels of work-family conflict than do women with younger children, although they report higher work-family conflict compared to workers without children.[17]
- Among men and women between the ages of 53-63, 26% of women and 15% of men spent at least 100 hours per year taking care of or helping their parents. Over half of caregivers are currently employed.[18]
- **57% of older workers who were caregivers reported that caregiving responsibilities interfered with their work, requiring them to go in late or leave early, or take time off**.[19]
- Older workers who were also caregivers reported less caregiving stress if they had rewarding full-time jobs, or were employed part-time.[20]

www.wcwonline.org/WorkFamiliesChildren

REFERENCES

[1] Bureau of Labor Statistics (BLS). (2010a). *Workplace injuries and illnesses—2009*. News Release. USDL-10-1451.

[2] Klumb, P. L., & Lampert, T. (2004). Women, work, and well-being 1950–2000: A review and methodological critique. *Social Science & Medicine, 58,* 1007–1024.

[3] National Institute for Occupational Safety and Health (NIOSH). (2001). *Women's safety and health issues at work*. DHHS (NIOSH) Publication Number 2001-123; and National Occupational Research Agenda (NORA). Update 2003. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication Number 2003-148.

[4] Karasek, R. A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24,* 285–308; and Karasek, R. A., & Theorell, T. (1990). *Healthy work*. New York, NY: Basic Books; and Belkic, K. L., Landsbergi, P.A., Schnall, P.L., & Baker, D. (2004). Is job strain a major source of cardiovascular disease risk? *Scandinavian Journal of Work & Environmental Health, 30,* 85-128.

[5] Hauser, J. A., Mojzisch, A., Niesel, M., & Schulz-Hardt, S. (2010). Ten years on: A review of recent research on the Job Demand-Control(-Support) model and psychological well-being. *Work & Stress, 24,* 1–35; and Marshall, N. L., Barnett, R. C., & Sayer, A. (1997). The changing workforce, job stress and psychological distress. *Journal of Occupational Health Psychology, 2*, 99–107.

[6] Calculated from Table 11 of *Women in the Labor Force: A Databook* (Bureau of Labor Statistics, 2010); only 34% of men are concentrated in their top 20 occupations, most of which are heavily male, such as drivers/sales workers and truck drivers; janitors and building cleaners; laborers and material movers; construction laborers; carpenters; chief executives; and computer software engineers.

[7] Bureau of Labor Statistics (BLS). (2010a). *Workplace injuries and illnesses-2009*. News Release. USDL-10-1451.

[8] Marshall, N. L. (2013). Employment and women's health. In M.V. Spiers, P.A. Geller & J.D. Kloss (Eds.), *Women's health psychology* (46-63). New York: John Wiley & Sons.

[9] Psychological studies define sexual harassment to include unwanted sexual advances or sex-related experiences, and the individual's perception of having been sexually-harassed, whether or not it meets the legal definitions of sexual harassment. Ilies, R., Hauserman, N., Schwochau, S., & Stibal, J. (2003). Reported incidence rates of work-related sexual harassment in the United States: Using meta-analysis to explain reported rate disparities. *Personnel Psychology, 56*, 607–631.

[10] That is, a climate in which employees believe that reports of sexual harassment will not be taken seriously, will not have consequences for the harasser, or where reporting sexual harassment may have negative consequences for the reporter. Willness, C. R., Steel, P., & Lee, K. (2007). A meta-analysis of the antecedents and consequences of workplace sexual harassment. *Personnel Psychology, 60*, 127–162.

[11] Pryor, J. B., LaVite, C. M., & Stoller, L. M. (1993). A social psychological analysis of sexual harassment: The person/situation interaction. *Journal of Vocational Behavior*, *42*, 68–83.

[12] Berdahl, J. L. (2007). The sexual harassment of uppity women. *Journal of Applied Psychology, 92,* 425–437.

[13] Chan, D. K.-S., Lam, C. B., Chow, S. Y., & Cheung, S. F. (2008). Examining the job-related, psychological, and physical outcomes of workplace sexual harassment: A meta-analytic review. *Psychology of Women Quarterly, 32,* 362–376; and Willness, C. R., Steel, P., & Lee, K. (2007). Op cit.

[14] Byron, K. (2005). A meta-analytic review of work–family conflict and its antecedents. *Journal of Vocational Behavior, 67*, 169–198; and Burke, R. J. (1988). Some antecedents and consequences of work-family conflict. In E.B. Goldsmith (Ed.), *Work and family: Theory, research and applications* (pp. 287–302). Newbury Park, CA: Sage; and Frone, M. R., Russell, M., and Cooper, M. L. (1991). Relationship of work and family stressors to psychological distress: The independent moderating influence of social support, mastery, active coping, and self-focused attention. *Journal of Social Behavior and Personality, 6,* 227–250; and Marshall, N. L., & Barnett, R. C. (1993). Variations in job strain across nursing and social work specialties. *Journal of Community and Applied Social Psychology, 3,* 261–271.

[15] Bianchi, S. M., Robinson, J.P., and Milkie, M.A. (2006). *Changing rhythms of American family life.* New York: Russell Sage Foundation.

[16] Marshall, N. L. & Tracy, A.J. (2009). After the baby: Work-family conflict and working mothers' psychological health. *Family Relations,* 58, 379-390.

[17] Grzywacz, J. G. (2000). Work-family spillover and health during midlife: Is managing conflict everything? *American Journal of Health Promotion, 14,* 236–243; and Marshall, N. L., & Barnett, R. C. (1993a). Variations in job strain across nursing and social work specialties. *Journal of Community and Applied Social Psychology, 3*, 261–271; and Martinengo, G., Jacob, J. I., & Hill, E. J. (2010). Gender and the work-family interface: Exploring differences across the family life course. *Journal of Family Issues, 31,* 1363–1390; and Roehling, P. V., Moen, P., & Batt, R. (2003). When work spills over into the home and home spills over into work. In P. Moen (Ed.), *It's about time: Couples and careers.* Ithaca, NY: Cornell University Press.

[18] Johnson, R. W., & Lo Sasso, A. T. (2000). *The trade-off between hours of paid employment and time assistance to elderly parents at midlife*. Washington, DC: The Urban Institute; and National Alliance for Caregiving and American Association of Retired Persons (NAC/AARP). (2004). *Caregiving in the U.S.* Bethesda, MD: Author.

[19] Scharlach, A. E. (1994). Caregiving and employment: Competing or complementary roles? *Gerontologist, 34*, 378–385; and Scharlach, A. E., & Boyd, S. L. (1989). Caregiving and employment: Results of an employee survey. *Gerontologist, 29*, 382–387; and Scharlach, A. E., Sobel, E. L., & Roberts, R. E. (1991). Employment and caregiver strain: An integrative model. *Gerontologist, 31*, 778–787.

[20] Stephens, M. A. P., Franks, M. M., & Atienza, A. A. (1997). Where two roles intersect: Spillover between parent care and employment. *Psychology and Aging, 12*, 30–37; and Rozario, P. A., Morrow-Howell, N., & Hinterlong, J. E. (2004). Role enhancement or role strain: Assessing the impact of multiple productive roles on older caregiver well-being. *Research on Aging, 26*, 413–428.