

Work's worse for women

Women are at greater risk from many workplace health problems, US government research has found.

Studies by the US National Institute for Occupational Safety and Health (NIOSH) have found women face a high risk from job-related stress, musculoskeletal injuries, violence and other hazards. "In many respects, the risks are higher than those for male workers," NIOSH says.

As in the UK, women make up almost half of the general US workforce. In the health care industry, where a complex range of hazards exists, including latex allergy, back injuries, and needlestick injuries, about 80 per cent of the workforce is female.

NIOSH says that as women move in to jobs traditionally done by men, like construction, physiological differences between women and men can translate into occupational hazards, for example when women operate equip-

ment designed for male workers of larger stature.

It adds that women workers are at disproportionately high risk for musculoskeletal injuries, suffering 63 per cent of all work-related repetitive motion injuries.

Hazards such as radiation, glycol ethers, lead, and strenuous physical labour can affect a woman's reproductive health, including pregnancy outcomes. Violence is also a special concern for women workers. In the US, homicide is the leading cause of job-related death for women. Women also are at increased risk of non-fatal assault.

The NIOSH article *Working women and stress* finds that gender-specific work stress factors, such as sex discrimination and balancing work and family demands, can add to the effects of general job stressors such as job over-

load and skill under utilisation.

It notes that workplaces that actively discourage sexual discrimination and harassment, and promote family-friendly policies, appear to foster worker loyalty and attachment regardless of gender.

Organisational changes effective for reducing job stress among women workers include expanding promotion and career ladders, introducing family-support programmes and policies, and enforcing policies against sex discrimination and sexual harassment.

The article *Women in construction: Occupational health and working conditions* finds that women may receive less on-the-job safety mentoring than men from supervisors and co-workers. NIOSH says this can create a potentially dangerous cycle in which tradeswomen are asked to do jobs for which they are not properly trained,

then are injured when they do them or are seen as incompetent when they are unable to do them.

Both articles appear in the Journal of the American Medical Women's Association, Spring 2000. See www.cdc.gov/niosh/womrisk.html

Additional information: *Providing safety and health protection for a diverse construction workforce: Issues and Ideas*, DHHS (NIOSH) Publication No. 99-140. Also see *Hazards* 67.



Redesign the job, not me

Women in jobs with high demands, low control and low social support are at the greatest risk of ill-health, reveals a new study.

The authors conclude that health promotion strategies should concentrate on improving job design rather than the lifestyle habits of workers.

The study, published in the *British Medical Journal* in May, assessed the impact of job strain on the health of 21,290 female nurses in the United States using a series of questionnaires.

The results show that women in the highest third for job demands and the lowest third for job control (high strain jobs) had the worst health status. Those in jobs with the highest control and lowest demands (low strain jobs) had the best health status. A lower level of social support also contributed to a decline in health.

The associations could not

be explained by factors including age, smoking status or education level. In fact, the declines in health associated with job strain are as large as those associated with smoking and sedentary lifestyles. The findings echo those reported in *Hazards* for years (*Hazards*' 43, 58, 69).

The authors conclude: "Currently most solutions proposed to reduce job stress, such as relaxation therapy and modification of lifestyle, target individuals rather than their social envi-

ronment and tend to deal with symptoms instead of causes.

"If the psychosocial work environment contributes to the quality of life of the workforce - as suggested by our study - hospitals and medical practices will need to focus their strategies for health promotion on the redesign of jobs."

Yawen Cheng, Ichiro Kawachi and others. *Association between psychosocial work characteristics and health functioning in American women: prospective study*. *BMJ*. Vol. 320, 27 May 2000, pages 1432-1436.