

European Agency for Safety and Health at Work

Women and the ageing workforce: implications for Occupational Safety and Health – A review

Executive summary

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This review was carried out as part of a larger project of the European Agency for Safety and Health at Work (EU-OSHA), initiated by the European Parliament. The project, called 'Safer and Healthier Work at Any Age', aims to enhance the implementation of existing recommendations, the exchange of best practices, and the further investigation of possible ways to improve occupational safety and health (OSH), and thereby improve the sustainability of work. The present review examines a number of issues related to gender, older female workers, OSH and sustainable work, however, it is not a comprehensive review. It was informed by desk-based research that reviewed existing information on these topics. It was also informed by a workshop on the topic organised by EU-OSHA¹.

- **Why review the gender dimension of occupational safety and health, sustainable work and older workers?**

It is important to discuss how gender and age interact in relation to OSH and sustainable work, in order to inform policy, debate and future research on sustainable work. Age-related management that accounts for demographic change is crucial to the implementation of the objectives on increasing employment rates among women, in the context of the Europe 2020 Strategy. However, different measures may need to be taken to maintain and improve the OSH of older female workers. A gender-related dimension is important, for example, with regard to addressing measures to balance work and care responsibilities for older workers, and addressing the impact of physical work on women in relation to, for example, musculoskeletal disorders (MSDs), and the impact of stress and burnout resulting from emotionally demanding work carried out by women. Despite a growing body of work on the separate domains of gender and age in the workplace, there has been limited research on the intersection of gender and age and OSH in relation to safety and health issues and sustainable workplaces. Nevertheless, relevant information is available from studies on gender by EU-OSHA and Eurofound.

- **Sex and gender differences in age-related changes**

A number of changes in physical ability and health are associated with ageing, and these are influenced by sex (that is, biological) and gender (that is, socially constructed) differences, and can affect the ability of older women to work.

Women live longer than men, but they are also more likely to live longer with a chronic health condition or disability than men. The most obvious sex-specific age-related change is the menopause, although there has been very little research on the influence of the menopause on working women. Osteoarthritis and osteoporosis are diagnosed more frequently in women than in men, and are age related. Osteoporosis increases the risk of fractures in the workplace. Differences between men and women with regard to the prevalence of chronic conditions, such as chronic obstructive pulmonary disease, have been observed. These differences can also be explained by differences in the exposure to workplace hazards. Breast cancer is far more prevalent among women; evidence is growing for a link between long-term shift work, particularly night work, and breast cancer.

It is important to avoid stereotypes that relate to older workers, and older women in particular, and their work ability. For example, physical strength and endurance is very specific to individuals. For example, some older workers may be stronger than their younger colleagues. Likewise, the differences in physical ability between individual women can often be greater than those between men and women.

Declines in physical ability and health with age in women and men often do not affect work performance. Many chronic diseases are controllable. For example, while unpredictable in nature, various measures can be taken in the workplace to help those with arthritis manage their pain and fatigue. Older workers can also use their experience to adapt their ways of working. Simple measures can often be taken in the workplace to prevent early exit from work, such as equipment changes, changes in the way a task is performed, adjustments to working hours or a transfer to alternative work if necessary. Simple ergonomic measures to reduce workloads, for example lifting aids, have a positive impact on young and old workers, the only difference being that whereas they facilitate work for younger workers, they often make the work possible for older workers.

¹ <https://osha.europa.eu/en/tools-and-publications/seminars/workshop-gender-and-age-impact-working-life-etui-international>

- **Gender-related differences between men and women exist across the work-life course**

According to the European Working Conditions Survey, gender differences exist across the work-life course and, generally, well-being is lower for women than for men. This gender gap widens after a woman has had children and remains wide for the rest of the life course. Vertical and horizontal segregation in the labour market exposes women generally, and older women specifically, to different risks from those that men are exposed to. This affects women's health throughout their working lives. Vertical gender segregation leads to a concentration of women in jobs lower down the job hierarchy; this is due to a lack of promotion opportunities and career mobility². Vertical segregation because of a lack of career mobility can lead to prolonged exposure to certain workplace hazards, such as repetitive work or work that requires awkward postures.

Horizontal segregation relates to the fact that men and women tend to work in different economic sectors. Older women are over-represented in the health and social work, education and other service sectors. In the context of sustainable work, it is important not to underestimate the physical and emotional demands of some women's work. Manual handling, highly repetitive and paced work, shift work, the risk of violence and harassment, and stress are issues that affect retention and the quality of the working life in many areas in which women work. As for other areas of OSH, strategies for sustainable work should address the sectors and jobs in which women predominate, such as health care, education, and cleaning and retail work, as well as male-dominated sectors, such as construction. This is also important in the context of an increased risk of developing MSDs as a result of desk-based work; this is especially relevant for relatively low-grade administrative workers, who have less control and variety in their work.

- **The menopause and workplace health promotion**

Other health issues faced by women related to, for example, the menopause, remain taboos in society and, therefore, in the workplace. Simple measures can be taken in the workplace to address such health issues; for example, access to drinking water can be provided, layered clothing can be used for uniforms, and flexible working can be arranged to facilitate doctor's appointments. However, more awareness raising and support for workplaces is needed, including advice on non-stigmatising measures, model policies and risk assessment checklists. In addition, more research on workplace implications is needed. Similarly, there is a need for more tailored approaches to addressing the promotion of men's health in the workplace, especially as different awareness-raising techniques are needed to engage men and women.

- **Gender-sensitive occupational safety and health strategies across the life course**

Workplace safety and health strategies for sustainable working, which start with younger workers, should be both age and gender sensitive. For example, a lifelong approach to sustainable work should encompass risk education and prevention for girls and boys in schools, and ensure that OSH education addresses the risks associated with female-dominated jobs and that OSH is included in vocational training in typical women's jobs.

- **Stress and musculoskeletal disorders**

Stress and MSDs can have a major impact on the sustainability of women's work. More attention needs to be given to these two issues, including a focus on risk prevention in jobs predominantly carried out by women. For example, in the case of MSDs, more attention needs to be given to work that involves prolonged standing or prolonged sitting, both of which are prevalent in some jobs often carried out by women, such as at supermarket checkouts or office administration work.

- **Rehabilitation**

A specific gender focus also needs to be given to rehabilitation from work-related illnesses and to ensure that programmes are accessible for women with childcare responsibilities. Non-recognition of the work relatedness of women's ill health can be a barrier to women accessing rehabilitation if such access is dependent on having a recognised occupational health problem. As an example of good practice for

² EU-OSHA — European Agency for Safety and Health at Work, *New risks and trends in the safety and health of women at work*, 2013. Available at: <https://osha.europa.eu/en/publications/reports/new-risks-and-trends-in-the-safety-and-health-of-women-at-work/view>

rehabilitation, the French work injury insurance organisation Anact (L'agence nationale pour l'amélioration des conditions de travail) has promoted a guide for the rehabilitation of female workers after treatment for breast cancer; this was developed by associations of occupational physicians³. Breast cancer is one of the most common female cancers and affects mainly older women.

- **Incorporating age and gender dimensions into risk assessment and strategy development**

For the promotion of sustainable work, it is important to integrate age and diversity into risk assessment, so that OSH strategies promote diversity through risk prevention and by tackling risks at their source. This should be underpinned by key principles based on the importance of collective measures, consultations with employees and valuing diversity as a resource. Therefore, it is important to address age equality, gender equality and OSH in one policy and practice framework.

The close link between gender equality and sustainable work is demonstrated by an intervention that was employed by a French printing company. Women working in 'finishing' suffered from exceptionally high rates of MSDs. Ergonomic improvements were recommended but more had to be done to prevent exposure to repetitive tasks for long periods. An analysis of the length of time spent in different jobs by gender revealed that men were more quickly promoted from roles involving 'finishing' work than women, so one of the recommendations included promoting women's career path development and skill recognition, in order to prevent women from becoming trapped long term in repetitive jobs.

An example of integrated strategy development in a sector dominated by a female workforce is the strategy of the tripartite Working Longer Group (WLG) of the National Health Service (NHS) in the UK⁴. This group was established to address the impact of the increase of the retirement age from 65 years to 68 years on the NHS workforce, which is 77 % female, with nearly two-thirds of nurses over the age of 40 years. The recommendations cover four main areas: data; pension options and retirement decisions; working arrangements and the work environment; and good practice occupational health, safety and well-being. The audit of existing evidence found that if older workers are in good health and their 'job fit' is right, they can work as productively as their younger counterparts. This highlighted the importance of fully implementing sector guidelines on health and well-being at work to ensure that a longer working life does not adversely affect an employee's health or ability to work effectively and safely. Specific recommendations were made with regard to developing and implementing a risk assessment framework, in order to assist organisations in addressing the cumulative impact of working for longer. For employers, this means supporting staff with health, safety and well-being issues throughout their working lives to enable them to work longer.

- **Family carers**

With an ageing working population and an increase in the retirement age, more workers are likely to have the responsibility of caring for sick relatives. Measures for the reconciliation of work and family life are increasingly recognised as being important in the context of the EU 2020 Employment Strategy and as a driver for gender equality. Currently, 80 % of the time spent caring for people with disabilities and older people is provided by informal carers, and the highest proportion of this care is provided by women of 50 years or older. There is evidence that older men are more likely to be carers for, for example, a sick spouse or elderly parent, than younger men. However, current strategies aimed at carers focus on young women with childcare needs.

Preconceptions regarding who may be affected by care duties should be avoided in order to develop appropriate reconciliation policies and practices, which are essential for promoting the employment of both older women and older men. Flexible working schemes and part-time policies, as have already been implemented for young parents, should also be considered, in order to prevent older carers, and especially older female workers, from exiting the workforce. As well as employment policies that allow the reconciliation of work and care by employees, an ageing population in Europe requires additional resources for the care of older and disabled people and services to promote independent living as part of an integrated strategy.

³ Anact — L'agence nationale pour l'amélioration des conditions de travail, *Travailler avec un cancer du sein*, 2008, Association CINERGIE, Paris. Available at: <http://handitrav.fr/travailler/travaillerCancerSein.pdf>

⁴ <http://www.nhsemployers.org/wlr>

- **Mainstreaming diversity in national occupational safety and health strategies**

Labour inspectorates need to be able to support the process of incorporating age and gender considerations into sustainable workplace strategies without causing discrimination. To do this systematically, diversity should be mainstreamed into the strategies and activities of labour inspectorates. One example of how to achieve this is provided by the diversity mainstreaming strategy implemented by the Austrian labour inspectorate, the outputs of which include a range of gender mainstreaming tools, and training and diversity checklists for inspectors to use in companies. Another example is the research and advice for employers on different areas of diversity carried out and provided by the UK Health and Safety Executive⁵.

An example of an intervention in a workplace in which women predominate is given by a kindergarten in Denmark, which introduced a range of sustainable work adjustments to retain staff affected by repetitive movements and lifting. These adjustments specifically addressed the fact that workers had to bend frequently and that the available furniture was only apt for children and was not height-adjustable. Working time adjustments, external help with lifting, and advice on working methods and the prevention of MSDs were facilitated through trade union and worker involvement and access to a municipal health promotion programme, which included training for the kindergarten director.

- **Gaps in knowledge**

More research is needed on the intersection between age and gender in relation to OSH and sustainable work. The following general knowledge gaps have been identified during the review:

- Further work is needed to improve the collection of data on hazards to which women are exposed, rather than making assumptions about work tasks and job roles, or correcting for sex and gender, in research studies.
- Because of horizontal segregation in certain sectors, such as cleaning and health care, women can be exposed to multiple hazards; further research is needed to examine this in relation to age and extending the working life.
- Further research is needed to understand why women report poorer mental health outcomes than men exposed to the same psychosocial risks.
- Further research is needed to strengthen our understanding of the impact of women's dual roles of paid and domestic work on their health, especially in the context of extending working lives.
- Studies need to include older women workers from different ethnic groups.

More specific research gaps have also been identified:

- Our understanding of the possible impact of the menopause on a woman's working life is still limited and this is an area for which further research is needed, in order to identify support strategies for the workplace.
- Further research is needed on the links between night work and breast cancer in women to increase our understanding of the potential cause mechanisms and to improve risk prevention strategies.
- Further research is needed on working with painful and fatiguing conditions.

⁵ EU-OSHA — European Agency for Safety and Health at Work, *Mainstreaming gender into occupational safety and health practice*, 2014. Available at: <https://osha.europa.eu/fr/tools-and-publications/publications/reports/mainstreaming-gender-into-occupational-safety-and-health-practice>

- **Overall conclusions: taking account of gender issues in the occupational safety and health aspects of sustainable work**

In the future, it will be important to create sustainable working patterns for older workers, with a specific focus on older female workers, through measures that address workloads, work tasks, flexible working hours, the work–life balance, support in the workplace for specific gender-related health issues, and workforce development. Strong policy frameworks, investment and resources are crucial for supporting actions, at strategic and practical levels, on the complex intersection between age and gender. This requires consistent, coordinated actions in order to address age, gender and OSH actions related to risk management, the adaptation of work, and the balance of work and care responsibilities across the life course. In addition, more research is needed on the intersection of age and gender in relation to OSH and sustainable work, and more practical support for the workplace is also needed. Older female workers are a valuable asset to organisations. It is important to counter stereotyped views of their abilities and avoid the double discrimination that older women may face in the workplace. The key findings are summarised below:

- *Sex- and gender-related differences in working conditions persist throughout the working life:* Sex- and gender-related differences between men and women influence the health issues they may face, what jobs they do, their conditions of work and the occupational risks they face throughout their working lives. Therefore, a gender-specific approach is needed for sustainable work strategies, and policy plans should be assessed for any possible gender-specific impacts.
- *The cumulative physical and emotional impacts of women’s work should not be underestimated:* Sustainable work strategies need to focus on the cumulative impact of the exposures women face throughout their working lives (a life-course approach) in particular sectors and jobs, including in relation to repetitive and monotonous work, prolonged standing and sitting, stress and emotionally demanding work, and paced and shift work.
- *In the workplace, support for risk assessments of the cumulative exposure to hazards that incorporate the complexities of age and gender is needed:* The assessment of cumulative exposures should take into account differences related to both gender and age; for example, older men and older women or older and younger women should be considered within one occupation/sector.
- *Segregation into low-level jobs without career promotion can lead to long-term exposure to hazards:* Attention needs to be paid to women’s career development, to avoid them being trapped in low-level jobs resulting in long-term exposure to the same hazards.
- *The barriers to equal access to rehabilitation and vocational training need to be tackled:* Women of all ages need equal access to appropriate/adapted rehabilitation programmes, and vocational retraining should be adapted/relevant to the sectors and jobs they are usually employed in. Non-recognition of the work relatedness of some health problems, and child and other care obligations, can be barriers to access.
- *Simple non-stigmatising workplace measures can support women going through the menopause:* Understanding and support for female workers during the menopause are needed; such support could be as simple as providing access to drinking water. More research and practical, non-stigmatising advice for the workplace in this taboo area is needed.
- *Workplace health promotion strategies need different approaches for male and female audiences.*
- *Flexible work measures need to be relevant to carers of older relatives and to both men and women:* The workplace approach to family carers needs to be adjusted away from the current model that focuses on women who care for children, so that it is relevant to both male and female carers of older relatives.
- *Labour inspectorates need diversity strategies, and examples of such strategies exist:* Labour inspectorates need to adopt diversity strategies in order to routinely incorporate age and gender issues into their work, avoid discrimination in their practices and be able to support workplaces effectively.

- *More research on the age/gender intersection is needed:* More research is needed on the intersection between gender and age in relation to OSH and sustainable work, combined with more practical support for the workplace.

Older female workers should be viewed as a valuable asset and the double discrimination that older female workers may face should be addressed through awareness raising: Simple measures can often be taken in the workplace to allow women with declining health or abilities to continue working. Measures to reduce work demands will often benefit all workers.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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