Ageing – Gender - OSH & Overall Analysis

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Main findings

- Women’s labour market participation is increasing
  - large differences between countries
- There is a double discrimination
  - gender and age
- Women’s work environment/hazards differ from men
  - vertical and horizontal segregation
- Older working women are more likely to
  - be in the welfare/public sector
  - do more unpaid domestic work
  - have part-time employment
- Limited evidence including both gender and age

Employment of women age 20-64 (2014)

- Employment rate of women below 55
- Employment rate of women 55-65%
- Employment rate of women >65%
Evidence base: What gender dimensions have an impact on OSH for older workers?

- Scientific publications
- Policy documents, reviews (e.g. agencies)
- Other "grey" literature
- Published ≥ year 2000

- Systematic review
- Standardized data extraction
- Criteria for including original publications?
Overall comments

- Acknowledges different levels
  - macro (position on the labour market),
  - meso (workplace, e.g. segregation)
  - micro (individual, e.g. physical capacity, PPE, family)

- Uses segregation (horizontal and vertical) as main framework for gender differences

- Emphasis on physical, biological and chemical work factors
- Psychosocial work factors are discussed in much less detail
  – problematic?
Overall comments on framework

- Segregation (horizontal and vertical) used as main framework for gender differences
- Other aspects are also relevant
  - pre-existing chronic disease
  - social disparities in health
  - infrastructure for OSH (OSH activities at the workplace, access to occupational health)

From Schulte P et al, Am J Publ Health 2012;102; 434-48
# Interaction occupational - personal risk factors

1. A chronic disease and an ORF are independent risks for occupational disease

- Gender/Sex
- Chronic disease

2. Chronic disease modifies an ORF–occupational disease association

- Work climate
- Depression
  - Female

- Dioxin
  - Ischemic heart disease

- Hypertension

3. An ORF modifies a chronic disease–occupational disease association

- Clerical–sales work
  - Non–small cell lung carcinoma

- Chromium (Cr)
  - Cr poisoning

- Dermatological disease

- Animal-related allergens in animal handling–related industries
  - Atopy
  - Allergic reactions

4. A chronic disease is a risk for one disease/disease state, an ORF is a risk for another, and the 2 interact

- Stress
- WMSDs
  - Female

- Female
- Depression

- Dust
  - COPD

- Atopy
  - Asthma

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From Schulte P et al, Am J Publ Health 2012;102; 434-48
Gender and age – or sex and age?

- Emphasis on menopause: Other health differences more important?
  - COPD (poorer prognosis)
  - Adult onset asthma (more common)
  - Osteoarthritis (more common)
  - Osteoporosis (more common)

- Gender and health diversities by
  - Country
  - Occupational class/educational level (tend to increase; e.g. obesity)

Gender and age – or sex and age?

- Emphasis on menopause: Other health differences more important?
  - COPD (poorer prognosis)
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- Diverse gender health differences by:
  - Country
  - Occupational class/educational level (tend to increase; e.g. obesity)

Workplaces have to deal with increasing health diversity with age - associated with sex, gender, occupational class and ethnicity.

Occupational exposure, gender and age

• Musculoskeletal disease (MSD)
  – Different tasks for same job? Yes, possibly
    • No difference when performing standardized task – but higher relative muscular load (Heilskov-Hansen et al 2014, Meyland et al 2014; Nordander et al 2008)
  – Higher prevalence of MSD for every level of exposure (Nordander et al 2008)
  – Similar slope for men and women (Nordander et al 2013)

• Respiratory disease – occupational asthma is common in female jobs
  – Population attributable risk women 12%, men 9% (Toren and Blanc 2009)
  – New and emerging risks, e.g. eyelash extension (Lindström et al 2013)
  – Poorly controlled but well-known risks (e.g. flour dust, persulphates, cleaning), ”natural exposures” under researched (e.g. cooking fumes; c.f. e.g. isocyanates)

• Human voices and hearing impairment/symptoms
  – Hearing-related symptoms (Fredriksson et al 2015) & fatigue/impairment (Sjödin et al 2012)
Psychosocial risks

• Gender difference - horizontal and vertical segregation
  – *Consequences for health, and work participation are important*

• Causal association with
  – depression, but not differential effects in men and women.
  – myocardial infarction, (job strain) and stroke (long working hours)

• Job control (decision latitude) a key issue? Longitudinally:
  – Decrease - greater decline in physical health functioning in older employees,
  – Increase - improvement in physical health.
  – Inversely associated with leisure-time physical activity. Long working hours associated with risky alcohol intake? Effect of job control and working hours could operate though shifts in life-style.
  – Effort-reward imbalance and low job control predict labour market exit independent of age, sex, education, and occupation (Hintsa et al 2015)
    • Female air controllers less job control than male ones (identical work tasks; Arvidsson et al 2006)

• Overall the evidence indicate a gender difference in exposure, but not a differential effect in men and women.

Above priority over workplaces/practices designed for menopausal women.....
OSH - extending working life for women

• Vertical segregation - women remain with high physical work-load
• Horizontal segregation: Care of older relatives, and the care of children focused as additional burdens for those employed in the elderly care.
• But this is found in all sectors of working life, and generally limits the work-participation of older women.

• The general interaction between women’s work participation, access to elderly care and child care is likely to be important
• Skills development/career change
• Explore in life-course perspective!
Young workers, sustainable work and gender

• A life-course perspective is important (young workers condition matter for their work ability as older workers)

• Addendum: Maternity leave, and caring for ones own children it the breaking point where women’s salaries and career development lag behind those of their male colleagues.
Changing world of work.

• Emerging issues
  – Sedentary work
  – Standing work
  – Visual ergonomics (VDU)
  – Harassment and violence

• Boader time trends:
  – Which are the new jobs, the new employment contracts? Are they gender neutral?
  – Effects of globalisation on women’s work – especially that of older women?
  – Other effects of digitalisation (management, care)?
Support needs

• Gender and compensation
  – Irrelevant practices and understudied risks

• Gender and rehabilitation
  – Several barriers – similar to those in medical therapy?

• Also: Access to OSH at the work-place
  – occupational health service and a systematic approach to work safety at the workplace
    • in Sweden women have less such access (especially blue collar workers) than men and in faster decline (horizontal segregation, size of the work-place)
    • National strategies needed
The impact of extending working life

- National policies use economic incentives to prolong working life, but working conditions are not simultaneously improved.
- If work demands (physical or mental) are excessive, or recovery not sufficient, timely retirement may be health-preserving.
- Changes in retirement benefits that prevent workers with small economic resources from retiring may increase social inequalities in health, and also gender inequalities.

Work-place health promotion, diversity

• Several good suggestions on gender
• Programs directed towards life-style change have had difficulties to reach out to low-education/low-income groups – need to include social diversity
• A recent qualitative study indicated that such participants
  – Identified physical and psychological demands/stressors as antecedants for overweight,
  – Inflexible working hours/untraditional work shifts as limiting their ability to follow recommendations on diet and physical activity.
  – Working conditions should be a starting point in workplace programs on obesity in low-wage groups
Final analysis

- Describes main concepts on safe and healthy work,
- Reviews national frameworks
- Gives examples of workplace policies from different countries
- Provides conclusions and recommendations
- Grading by country of the policies and implementations for sustainable work and return to work
  - Bias from self-report?

- Disparities in health between countries and within countries (e.g. between occupational classes) are not integrated in the analysis
  - e.g. the concept of health inequalities and the EU framework (Commission Communication “Solidarity in health: reducing health inequalities in the EU”)

- Challenges facing national policies from globalisation and the new working life are not explicitly considered
  - Can these policies to be implemented throughout the whole labour market, or will job polarisation leave low-skilled workers out of all such ambitions?

- Have the effects of changing retirement policies been evaluated with regard to effects on occupational safety and work health - or is this an important knowledge gap?
Setting the scene – diversity in health

- Health is a major determinant for work participation, productivity and employability
- Diversities in health between countries, and occupational classes are important

Health inequalities in the EU- Final report of a consortium.
Consortium lead: Sir Michael Marmot, European Union 2013
Challenges by an ageing workforce

• The importance of control over working hours is discussed in general and from the perspective of having caring responsibilities.
  – Alternative approach: interaction between access to child/elderly care and women’s work participation (incl career, skills development & being able to work full time; *add to figure 6*)

• Atypical forms of work are discussed in the older age groups.
  – What are the mechanisms for the increase: Why are older workers more often employed in such work? Are their skills not sufficient for other jobs? Do they have to accept it after being on long sick-leave (return to poorer/riskier work) or is it voluntary (more flexible?).

• The point about age discrimination in training and development opportunities is important,
  – Comes back in the final part of the report (but gender aspects could be clearer).
National frameworks

• Between country differences in disability-free expectancy are discussed, but within country differences (especially between occupational classes) are maybe even more relevant?

• Sweden is described as taking action with regard to protection and promotion of health at work in the early 2000s.
  – The National Institute of Working Life was closed in 20007 and the budget for the Swedish Work Environment Agency was reduced by 33% with no other compensatory major measures. Emphasis was put on return to work, but partly by restricting benefits (limiting paid sick-leave, stricter criteria for disability pension).

• OSH, legal and institutional frameworks are discussed and characteristics of mature systems are described
  – Their resilience to globalisation and the ”changing world of work” are not discussed
National systems for rehabilitation and return to work – tailored approaches

• The work in the Netherlands on evidence-based guidelines may be informative on
• work and health,
• work-related aspects in clinical guidelines for specific diseases (https://www.nvab-online.nl/english/english)
Final remarks

• Gender and occupational class matter
• Combined frameworks
  – Public sector
  – Public tenders
  – Improved surveillance for common ground
• Trans-sectoral approach (welfare sector – labour market – OSH)
• Employers’ perspective
• Evaluate policies

Percentage of workers aged 50-54 who do not think they will be able to do the same job aged 60
Work worthy of the dignity of man

- The basic problem, affecting the elderly as much as the other age-groups, is how to make work worthy of the dignity of man, how to make work worth doing because of itself and not because of incentives, which however laudable are separate from work, and how to use the machine as an aid to human labour.

When this is done, the elderly will find in work a mode of life suitable and impelling.