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# Women's health and work

## Sharing knowledge and experiences to enhance women's working conditions and gender equality

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Date: 4-6 March 2015

Venue: International Trade Union House, Brussels

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**Conference report**

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## Equality is not just a matter of pay

Welcoming participants to the conference, ETUC General Secretary **Bernadette Ségol** stated that the gathering would benefit from the result of many years of cooperation between unions, social scientists and women's organisations in highlighting the necessary link between gender equality and health at work.

She pointed out that the masculine stereotypes of dangerous and arduous work were reinforced by statistics of accidents at work and occupational illnesses. However, she went on, the idea of women being less exposed to risk needs to be challenged. Women have historically been less involved in apparently risky work, but effects on their health need to be measured over their whole working life.



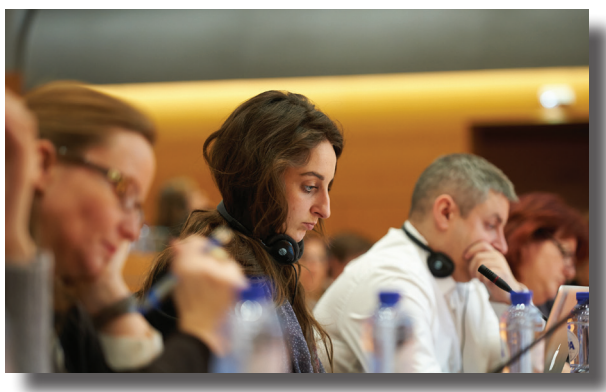
Bernadette Ségol

European studies have shown that the difference in the percentage of women than men suffering effects on their health from work disappears in the long term. Women are apparently just as likely as men to find that their working conditions do not permit them to retain their jobs until the age of 60. This is borne out by statistics showing a sharp reduction in levels of activity among women over 50 throughout Europe.

These studies also show that the gender division of work has not changed fundamentally. Women are still under valued at work and their segregation illustrates the limits of equality policy: equal pay for equal work does not take into account the fact that women are generally confined to a reduced number of sectors and to part-time work in order to reconcile their jobs with their traditional role in the home.

This is why the ETUC stipulates that equality means access to the whole range of work for women and men without putting their health in danger. This means going beyond accidents at work and occupational illnesses to examine unpaid work and the double shift for women, in particular when the problem is aggravated by unpredictable working schedules.

Younger generations, Ségol remarked, had better attitudes to the distribution of work in the home and this gave her grounds for optimism about access to a full range of professions for women in the future.



This is obviously a concern for unions as they seek to transform society and promote equality. But, to Ségol's bitter regret, and despite vigorous efforts, the Barroso Commission has blocked progress on health and safety for ten years. Workers are paying the price: 160,000 die each year through a lack of preventive measures, mainly from occupational cancers affecting both men and women.

However, Ségol reported, she was able to insist on the importance of this policy in a recent discussion with EU Commissioner Marianne Thyssen.

She concluded that despite the evident value of this conference, debate was not sufficient: action by unions, governments and in legislation at EU level is required before the end of 2015. The issue will be a theme for mobilisation throughout the year, she asserted, and encouraged all participants to take matters further in their organisations, countries and places of work.

## **Making work fit for women**

Next, **Susanna Camusso** from the Confederazione Generale Italiana del Lavoro (CGIL) spoke on her experience in Italy. She pointed out that the subject of occupational health and safety changed in the 70s and 80s when the relationship between health and the environment in which people work began to be examined. Moving beyond just technical issues there was a realisation that workers' values needed to be taken into account.

Unfortunately European liberal politics and the economic crisis have undermined the work being done on values, with little now being undertaken on health and safety for female workers in particular.

Echoing Bernadette Ségol in saying that labour standards were based on the traditional focus on masculine work, she added that medical care generally

does not take a differentiated approach to dealing with the problems of men and women in terms of occupational illnesses and accidents at work. Health and safety issues are often overlooked in the types of sector where it is normal for women to work, but these activities also provoke illnesses, accidents and of course stress.



Susanna Camusso

National legislation, she insisted, needs to reflect all aspects of EU directives. Contractual obligations are not always fully upheld, let alone possibilities for prevention properly looked at. The relationship between women's health and safety issues and harassment and violence in the workplace needs to be highlighted. They are connected and should not be dealt with separately.

The resistance of companies to the costs involved in implementing the 2007 legislation needs to be overcome by demonstrating the added value of reducing costs incurred through inadequate health and safety.

Young women in particular look at how they will be treated in making the choice to enter the workplace, she concluded, with more needing to be done, also by unions, to encourage them.

## Gender, working conditions and health

Professor **Colette Fagan** from the University of Manchester was first to speak, presenting headlines from the European Working Conditions Survey, which was carried out in five waves, the latest in 2010.

It appears equality policies have not as yet rolled back the most basic gender inequalities in employment, she said, and a gender approach to social inequalities in health must bring employment and work into the equation. She outlined four key aspects:

- Employment Segregation: Women and men are not identically placed in terms of the job ladder, status, job types and sectors of activity and job quality impacts on health.

- Working time: Men spend more time in employment over the working week and working lifetime, although gender gaps are changing as new generations move into work.
- Domestic division of labour: Women have a more onerous 'second shift' of housework and care work: keeping children healthy and growing or looking after elderly are tasks done mainly by women.
- Sexism and sex discrimination, including the effort to be accepted or 'prove yourself' in male-dominated positions, though this also applies for men in feminised jobs.



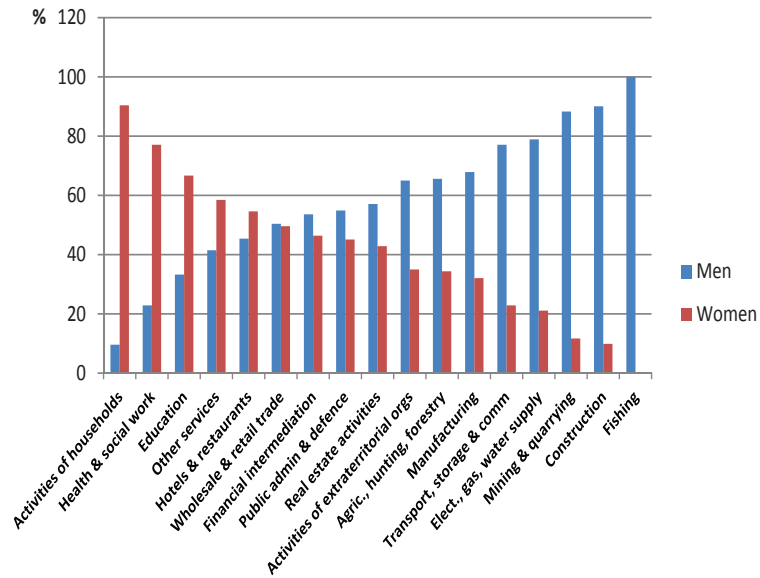
Colette Fagan

The hazards and constraints of work have held women's employment rates down and negatively impacted their health, she explained. Women's jobs are more likely to be part-time, either through choice or involuntarily, as no other jobs are available to them. Women are subject to greater precariousness of employment through part-time and often contract work in addition to the pay gap that at 16% for the EU27 is a vivid and important indicator of gender inequality, particularly as it follows through into pensions.

Just over half of all employed women in the EU27 work in female-dominated, white-collar jobs – often known as pink-collar, while 40% of men work in male-dominated jobs. Only 1 in 5 work in gender mixed jobs.

Segregation is evident in professional employment: engineers are mainly men, while nurses and primary school teachers are mainly women, while that in industrial sectors is strikingly indicated by this graph for the EU 27.

Women are also more heavily concentrated in poorly regulated private household service, SMEs with less access to union representation, and the public sector, which has suffered expenditure cuts. While men are generally more exposed to long hours and rotating shifts and their effect on health, women, for example in nursing and catering, are not immune. Whereas men will accept a poor fit between work and family, women will tend to take themselves out of employment – at a huge cost to their career, or into precarious work.



Women do most of the unpaid work at home, and are often planning for it during paid work, adding to the psychological burden of the double shift. There are also the physical demands and hazards of cleaning materials.

Though men are more exposed to physical risk, except for those related to infectious materials and lifting or moving people, women are slightly more exposed to the stress of dealing with angry or emotionally demanding clients.

Exposure to bullying and harassment clearly has a negative effect on mental health problems, but this is difficult to measure in surveys, due to under-reporting and cultural differences in what is considered acceptable, especially for unwanted sexual attention to which women are obviously more exposed than men. Women are also more likely to need to work at high speed, exposing them to risks from reckless driving to not putting on proper equipment.

Though men are more likely to perceive risks to their health at work, the studies show women in general having poorer health and reporting more work-related illnesses. Fagan finds this result surprising and suggests possible reasons:

- The survey not picking up on the full nature of the jobs concerned.
- A longer tradition of protective equipment and health and safety education in male-dominated areas.
- The additional domestic workload and related stress carried through the day.

She concluded that, overall, the survey results indicated that adapting working time and conditions to the needs of both male and female workers was essential to safeguarding their health.

## **Work organisation and how it affects health: do men and women face the same hazards?**

The apparent fragility of women at work was picked up by the next speaker, **Katherine Lippel** from the University of Ottawa. She has found answers in a Quebec survey, the 2007-2008 EQCOTESST, into violence at work and health, showing that organisational factors are significant.



Katherine Lippel

The study found a markedly higher percentage of women than men exposed to bullying. Where bullying is particularly prevalent in health and social services, men are equally subject to it as women. However, women suffer particularly in teaching, notably in secondary education.

There is a significant difference between the exposures of men and women to bullying, such as being subject to high demand while having low control, which equates with job strain. Other areas where organisational constraints particularly affect women include lack of moral support at work and of means to complete the job well.

The level of employment is also important: whereas men suffer more bullying at lower levels, the opposite is true at higher levels, with women in professional roles and middle and upper management being significantly less protected from bullying than men.

These findings from Quebec match those of Eurofound, which in its 2015 report on violence and harassment in European workplaces stated that: “Working conditions such as greater work intensity, greater psychological and physical job demands, greater job insecurity, workplace conflict and poor managerial practices can foster a greater likelihood of violence and harassment at work. National survey findings indicate that women generally report having experienced violence and harassment more than men.”



Lippel draws four lessons:

- Exposure to risk factors at work cannot be adequately measured without taking the organisational context into account.
- Organisational risk factors can vary for men and women in the same environment.
- Occasionally the same factors undermine the health of both men and women.
- Mobilisation against unhealthy working conditions would be more effective if exposure to organisational constraints is documented without presumption that they are the same for both men and women.



Organisational factors contribute to the often invisible limits to the epidemiology of accidents at work and occupational illnesses. These include temporary and part-time work, employment in small businesses, night work, the intensification of work and sub-contracting of risks.

In the case of musculoskeletal disorders (MSDs), three main obstacles limit their recognition among female workers: the apparent normality of harmful effects of female employment, a lack of epidemiological studies of highly repetitive work and the difficulty of spotting symptoms among women working part-time or on a temporary basis.

The incidence of cancer linked to working conditions among women is also underestimated, Lippel asserted, as not only do women tend to not make claims, but also those that are refused remain hidden.

The risks that are associated with unpaid work also remain unseen, such as for those women whose husband smokes.

The number of articles written about women is rising, but still significantly lags that of articles concerning men, Lippel concluded, underlining the responsibility of union organisations to bring these issues to the fore.

## Gender at work and varying forms of exposure

**Elke Schneider**, from the European Agency for Safety and Health at Work (EU-OSHA), started by pointing out that studies in France and in Germany have shown that more and more women were in multiple employment, mostly involving childcare and elderly care and domestic work, where women's OSH is difficult to follow and protection difficult to implement.

There is a need for greater recognition of the links between women's paid and unpaid work, and their effect on women's health, including combined risk exposures and less spare time. At first glance, male workers often seem to be more exposed to specific risks than their female counterparts. However, a more in-depth look at the data reveals that women may have a higher level of exposure and are particularly affected by multiple exposures, as could be demonstrated for the Horeca, healthcare and cleaning sectors, as well as in the traditional sectors of agriculture, manufacturing and transport.

Within the EU women and men tend to have similar rates of disability, but this equality is not seen when workers access rehabilitation and apply for compensation. In general, doctors are less likely to recommend rehabilitation programmes to women, which may be one of the contributing factors to women's lower participation rates in these schemes. Other contributing factors may be their age, their lower income and the fact that they are often caring for dependants.



In Sweden, one assessment of the relationship between sick leave and disability pension found that, although more women than men were granted a disability pension because of their condition, more women were granted a part-time temporary disability pension and more men a permanent pension. If women state that they are able to do housework, then they are rarely given a full-time disability pension.

Rehabilitation and back-to-work policies should also address the pattern of work-related health problems specific to women, particularly the distribution of MSDs and mental health disorders.

In all EU-27 countries women's employment is considerably higher in the service sector than in industry, with women mostly employed in the health and social sector, retail, manufacturing, education and business activities with an increasing concentration in part-time and casual jobs, which has significant OSH implications. For instance there is no way of implementing OSH structures for women working at client premises, while home care is not covered by legislation at all.

This is particularly true for migrant women who are exposed to increased stress, bullying and harassment. Undocumented workers, particularly in the domestic sector, are more likely to compromise their health and safety in return for the opportunity to work.

Women are less likely than men to suffer accidents at work. However, rates are normally not adjusted for hours worked. As women make up a high proportion of the part-timers, this may lead to a significant underestimation of the real situation. Meanwhile women suffer slips, trips and falls and accidents significantly more often: family obligations may have an impact on women's commuting accident patterns.

There is certainly an increasing need, Schneider concluded, to look more closely at the real jobs women do.



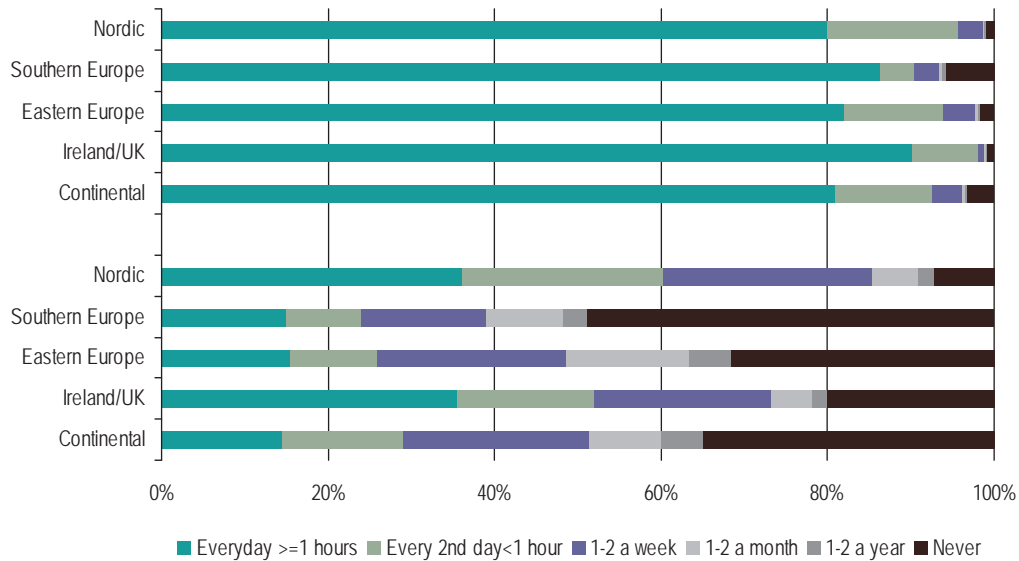
## **Gender division of work, working time and health in Europe**

**Lucia Artazcoz**, from the Agència de Salut Pública de Barcelona, started by focusing on the differing gender division of work under the various welfare state regimes in Europe:

- Nordic countries: Double earner/double carer.
- Continental countries: Traditional family model with support to families.
- Southern European countries: Traditional family models, with no support to families.

- Post-communist countries: Double earner/women carers.
- Anglo-Saxon countries: Market oriented family models.

The differences are most visible in terms of the time devoted to domestic work among married or cohabiting workers:



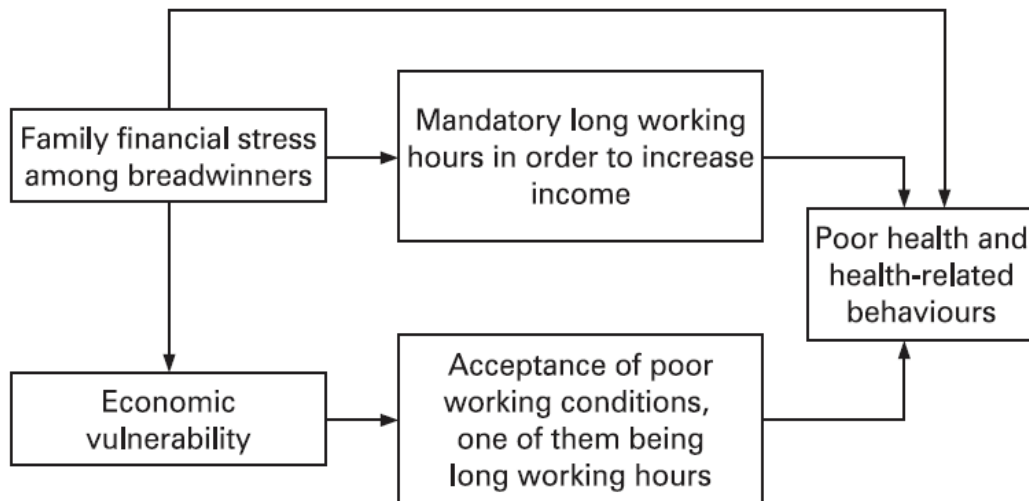
Artazcoz noted that more equal economic positions between partners led to less domestic work for women, but not more domestic work for men and whereas there is a stable pattern for the male share in domestic work throughout their life, motherhood leads to a dramatic increase for women.

Gender role expectations are linked to societal norms, gender and family policies. For instance in the Nordic model, more women are working full-time or more substantial part-time, family care occurs outside the family and there are policies promoting female participation in the labour market, whereas continental countries see promotion of women working part-time, and southern European countries women are either working full-time or being homemakers, hence their low labour market participation there.

In Spain, other factors have come into play since the economic crisis, such as the high levels of mortgage debt in Spain that have forced breadwinners to work longer, whether in full-time occupations or by fitting a full time job into a part-time framework. Working longer is associated with poor general and mental health, job dissatisfaction, hypertension, smoking and sedentary pursuits in leisure time.

At the other end of the scale, though men's health is impacted more by unemployment as work more central to their wellbeing, in fact it is having the role of breadwinner, whether male or female that is determinant. Health in families is normally better, but in Spain, single women are healthier, as children increasingly cannot afford to leave home and are a significant burden on mothers.

Inevitably, people of higher social class can afford to relieve the burdens of working longer and survive unemployment better, as they often have savings and easier access to other jobs, whereas economic vulnerability leads to exploitation and attendant health outcomes.



### Occupational health differences between women and men

**Carmen Valls**, Centro de Análisis y Programas Sanitarios (CAPS) focused her presentation on exposure to chemical and electromagnetic risks. She remarked that when she started working a woman affected, was seen as being at fault – given drugs or insulted as being hysterical.



Carmen Valls

Yet, the WHO and others have analysed endocrine disruptors and found that dioxins, phenols, pesticides, hydrocarbons, and even soy intervene and impact on the menstrual cycle, and are found in the blood of women who suffer early menopause.

Women are bio-accumulators: even skinny women have more fat tissue leading to greater accumulation of lipo-soluble toxins, causing chronic fatigue, diabetes and even sterility. However gender is difficult to integrate into basic experimental biomedical research.

Women are particularly exposed to solvents through their work in hospitals, hotels, supermarkets and swimming pools. Risk factors include absorbent surfaces, inadequate post cleaning and bad ventilation. Multi-chemical sensitivity may be a disease: most physicians consider it has both physiological and psychological causes.

Chemical sensitivity can also increase sensitivity to the ultra-invisible risk of electromagnetic fields. Mobile phones are considered capable of altering DNA, and their radiation heats your head while that of laptops your sperm, leading testicular cancer in men.

Dirty power is seen as leading to melanoma, uterine cancer and environmental effects, such as working night shifts in artificial light, are more involved in breast cancer than genetic causes.

## **The health of female workers. Is science blind?**

**Karen Messing**, from Université du Québec à Montréal (UQAM) started her presentation by describing the vicious circle that she sees from her 20-year perspective: little research, leads to risks not being identified, let alone recognised, so problems are not compensated. As science goes where the money goes, problems are attributed to women's "nature", which in turn leads back to little research.



Karen Messing

There has been progress in inclusion of women in studies, but there is still a long way to go, she asserted. Canada is funding gender specific research with several topics arousing interest: exposure differences, why women are more absent from work, effects of work/family conflict, psychosocial risks and effects and also biomechanics – how women's bodies work, how men and women metabolise different toxins.



Surveys report that women are more exposed to working at a very fast speed, for instance women food servers take 38 steps per minute as opposed to the 21 steps per minute of their male counterparts, one of the “invisible risks” of food service, while women working in a hospital spend more time cleaning toilets and less time mopping than men: an example of non-explicit treatment of gender in gender-mixed work teams.

Studies are also looking into what are perceived as “women’s problems”: the linkages between early menopause and “low-status” occupations, stress, pesticides, solvents, high strain job and shift work or those between osteoporosis and shift work, weight-bearing, lead, hand workload and working posture. Studies are continuing into the relation of infertility to exposure to shift work, metals, solvents, pesticides, education work and now also to sex work, cosmetology, military service, working at petrol stations or in the textile industry and shoe manufacturing.

However, some aspects of women at work are still overlooked. Messing raised several laughs in the room when she recounted how she had posted a question on ResearchGate: Has anyone examined the effect of breast size on the biomechanics of lifting in industry or health care? The evidently male responses ranged from lamentable to downright sexist.



Static postures are difficult to capture in questionnaires, while the relationship between psychosocial risks and MSDs, through increased tension require evaluation.

Messing also suggested that women’s mental health issue may be more prominent as men’s are not captured, for instance rates of alcoholism or drug dependency.

Another area requiring gender-sensitive research are low-status groups: food service workers, sex workers, and immigrants, migrants and minorities. Data needs to be stratified rather than adjusting women’s data to be comparable with men’s. Not all exposures can be measured and gender may be a proxy for unmeasured exposures. Stratifying can also highlight the incompatibility of

working conditions with family responsibilities and the often vastly different nature of repetitive work or for men and women.

While there is much attention on sitting – the new tobacco, Messing remarked, most literature does not distinguish between standing and walking. Women's jobs often involve standing in one place, leading to swollen legs and varicose veins.

Though some aspects of gender in the workplace, such as larger breast size leading to larger tips for waitresses are not studied as against feminist sensitivities, and if research shows there are gender differences, Messing suggested, protecting women from discrimination could expose them to risk.

This raises difficult questions for feminists: are women forced to choose between equality and health? If women who do the same physically demanding job as men have an increased risk of injury, should standards be adapted for gender? Should women whose cycles affect their wellbeing be allowed to vary production according to cycle time? Similarly, if it is possible to presume women do more unpaid family work, should women with young children have priority in choosing work schedules?

Concluding, Messing called for unions and governments to support collaboration between scientists and workers to tap their knowledge in finding solutions.

## **Workshop reports**

At the start of the plenary sessions on the second and third days of the conference, reports were made on the previous afternoon's workshops.

**Carolina Recio**, from the Universidad Autónoma de Barcelona, explained how the theme of the double shift, or gender division of work in the larger sense informed many of the proceedings. To counter the invisibility of work at home, she said, it was essential to take into account how this other sphere, whether care of elderly or children, has an impact on labour market and health.

The workshops brought out how, though women are wonderful HR professionals, distributing tasks at home, at work they suffer bullying, lack of promotion, low salaries and many of their health issues are to do with precarious work.

Also highlighted was the difficulty in trying to compare countries with their different labour models and legislation, but a clear thread was women facing precarious work and the invisibility of risks in jobs linked to care, which are not considered good employment so there is a lack of training.



There is a need, Recio asserted, to analyse why value is not given value to certain types of job as a basis for action and developing qualifications. It is absurd that caring for someone has no value when the care sectors are growing.

Working time needs to be taken into account as source of dissatisfaction as markets are deregulated. For example in Spain, being available for the labour market comes at high cost for personal lives. Those restricted to more precarious work suffer a high degree stress, as very short contracts and shifting hours make it impossible to plan, generating psychosocial and psychological risks. Though part-time in the Netherlands is used to achieve a balance between work and family, in southern European countries it is often a disaster.



Where there is no trade union presence, it is difficult to act. At the theoretical level all stakeholders understand, but the situation becomes more complex at company level: there is a need for academics to go beyond work at a macro level, to a micro level to assess and tackle difficulties there. Also, gender training for all people working on OSH would be helpful, establishing a participative methodology to be translated into preventive actions, working with people to develop tools.

The Swedish case of labour inspections sounds very promising, there is a need for greater involvement of public administrations in sharing best practice and trade unions to promote OSH, and shift away from the negotiation of working conditions with individuals. Trade union leaders need to be trained on gender issues: the culture is male-dominated, patriarchal, just like in universities to address this weakness in our collective actions.

We need to have common approach, Recio concluded, to think through all the different aspects of people's lives, to push for a more egalitarian share of home and family work, a comprehensive view of health and well-being.

The following day, the Université d'Aix-Marseille's **Paul Bouffartigue** recounted that the second series of workshops had also touched on invisibility of risks to women.



Paul Bouffartigue

Protective personal equipments , it appeared, were based on out-dated standards with some examples almost caricatures, such as ineffective bullet-proof vests in Portugal for women and men police officers.

However there appeared to be a link between specific problems and the unsatisfactory systemic approach to the qualitative aspect of working conditions that has become more common in the crisis. On the one hand, there are regressive calls for women to return to being homemakers, while other women are forced to shoulder the burden of breadwinning in the face of male unemployment.

With workers under increasing pressure and unions absent, there is inevitably degradation in occupational health and safety and little account taken of emerging risks. Unions need to help workers speak up more and be more proactive in generating knowledge about the issues. A policy of promoting women from less privileged backgrounds in unions would help in making these conditions better known.

## **Overcoming the crisis**

The ETUI's **Philippe Pochet** concluded the conference stressing how important it was to share knowledge and experiences to enhance women's working conditions and gender equality, especially as the crisis has made the situation more challenging.



Philippe Pochet

He noted that there was a clear need for more research and truly gender-based studies and overcome the problem of double invisibility of women and health. In shifting from science to policy, he called for unions and public authorities to take sufficient collective dispositions.

## Annex

### Gender and age – impact on working life

How do age and gender interact?

**Jane Pillinger**, chairing the workshop, explained that the European Agency for Safety and Health at Work (EU-OSHA) is currently finalising a new project on gender and ageing as part of a wider framework of European Parliament work on occupational health and safety in the context of an ageing workforce.

The purpose of the workshop, she said, is “to stimulate a discussion among policy makers, the social partners, associations and other stakeholders, that will feed into the implementation of the new strategic framework on occupational safety and health that will be drawn up and finalised this year for the years 2014 to 2020.” It was important, she continued, in relation to “defining the impact of the increasing integration of women into the labour market, retaining women as they grow older and specifically the occupational health and safety implications of an ageing workforce within the context of gender equality.”

The issue had broad implications, she insisted, for the objectives of meeting women's employment rates in the context of the Europe 2020 strategy. People will need to work longer and differently.

#### Safer and healthier work at any age

EU-OSHA's **Elke Schneider**, presenting on behalf of Sarah Copsey, explained that the agency was working with employers, workers, governments and national OSH focal points on assessing OSH in the context of an ageing workforce on behalf of the European Commission and Parliament.

People needing to work longer and therefore being more exposed to OSH risks. As older people represent a greater proportion of the workforce, there will be less younger workers to do the heaviest work, while already half of those aged 55-64 leave work before the obligatory retirement age, many for work-related health reasons. The four work packages of the €2million 2013-15 project assess distinct aspects of the situation and will provide evidence-based proposals based on a wide-ranging amount of information including quantitative research at company level.

The review suggests improved prevention for all with a life-cycle approach, so healthy young workers do not exit early from work for disability reasons, specific measures for older workers, support for small businesses. A holistic approach is required, integrating policy and services.

Among other aspects highlighted, the review shows that while the extent of physical work and need for adjustment is more recognised in male manual work, health care is more physically demanding than construction work. It points up double discrimination of age and gender and that lack of career progression traps women into long-term exposures.

It also noted that menopause is still a taboo in society and the workplace, where simple measures should be considered, such as access to drinking water, layered clothing for uniforms and flexible working to facilitate doctor's appointments.

A life-long approach is recommended, starting with prevention education in schools and avoiding loading young workers in low-skilled temporary work with heavy work, as it can lead to chronic health issues and disability at age 25 is an enormous cost to society.

Positive examples of good practices have emerged, from ergonomic office equipment to a tool for age projections. However, access to rehabilitation has been assessed as more difficult for women and temporary workers as it is designed and budgeted for male rather than female jobs, and a French case study indicates a need for women to evolve to other functions to avoid MSD.

Concluding, Schneider called for the European OSH framework directive to focus on promotion of wellbeing at work for all ages and both genders.

## From active ageing to sustainable work over the lifecourse

**Agnès Parent-Thirion** presented the view of the European Foundation for the Improvement of Living and Working Conditions (Eurofound) that the complex interaction between gender, age and job quality calls for specific, but also integrated policies.

Sustainability, she explained, also means looking at experiences in people's early career and the distinctions between those of men and women. One effect of persistent gender segregation and associated gaps across a wide range of working conditions and job quality dimensions, where compromises made by men and women are different, appears to be that working life is increasing more for men than for women.

Gender effects vary across life stages and dimensions: women score higher on some, men on others. The effects vary considerably by country, depending on the way labour markets and welfare systems affect people's willingness to work.

Gender equality, improvement of working conditions, progress in wellbeing and economic growth need to be addressed in order to meet the objectives of Europe 2020, Parent-Thirion insisted: "Progress is not "natural" and requires support."

Sustainable work, she concluded, can only be achieved by preparing for longer-term challenges as well as addressing short-term issues. This will require policies to promote desegregation in education and jobs, better valuation of female-dominated occupations and sectors and more opportunities for career progression on the one hand, and, on the other, policies to avoid extremes of long or short working hours and to promote a better balance between work and other activities through support for working parents.

Policy objectives should include wellbeing alongside growth and there should be recognition that gender equality may have positive impacts for wellbeing. The impact of the recession and austerity on public sector and gender equality should be monitored and efforts made to ensure that the closing of gender gaps comes about through positive upgrading not reductions in job quality for men.

## A sectoral approach to gender and age sensitive management

**Nicola Lee**, from the Royal College of Nursing in the UK presented the opinion on older women at work of the National Health Service Working Longer Group, which was established to address the impact of a raised retirement age on NHS staff, employers and the provision of health services.

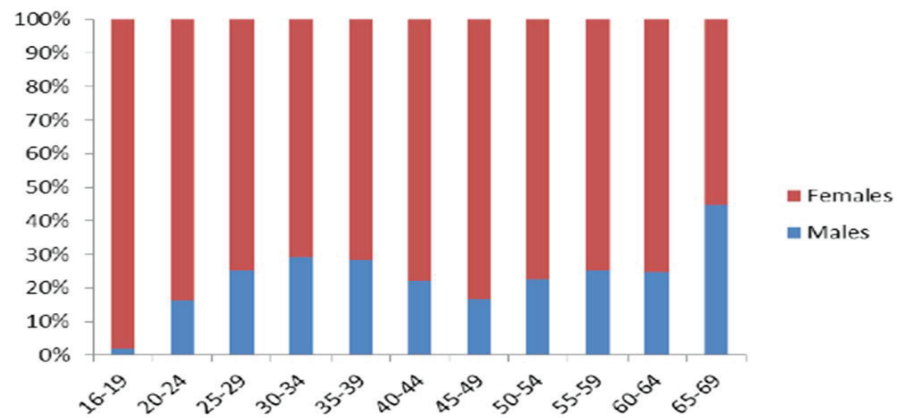
Currently older workers often work out of choice to increase their pension entitlement. However, now up to 70% of NHS Pension Scheme members are facing a pension age of between 65 and 68.

Healthcare work is hard work, so working longer affects people's ability to do their jobs and the employer's ability to offer the necessary service. The unions had demanded an impact review, but employers are also waking up to the implications of employee ages rising: the average age of NHS staff is 43.7 at present, but projected to rise to 47 by 2023.

Preliminary findings released in 2014 suggest that further work will be necessary. Data proved to be the biggest challenge faced by the group. While substantial in quality and availability, it is currently collected for various reasons and in different ways making it difficult to analyse. More needs to be done to help staff understand the options available in terms of their pension and retirement flexibilities.

Similarly, complex workforce issues will arise if more consideration is not given to how an ageing workforce could impact on the delivery of safe and effective care, also in terms of work environment and culture. More attention is also needed on career plans, adapting roles to suit older workers and offering opportunities for redeployment.

Women make up around 80% of the NHS workforce. While the average age of a newly qualified nurse is 29, nearly two thirds of all nurses are over the age of 40.



The predominance of women is especially notable in the 45-49 age range. One third of female NHS workers will suffer from some kind of chronic ill health, a proportion that will no doubt rise as they work longer, under the cumulative impacts of shift work, lifting and handling and the emotional burden of, for example, exposure to trauma.

Possible responses include greater availability of flexible working, retirement and pension information and support, job redesign and redeployment without stigma and appropriate occupational health support.

Age appropriate measures need to be brought into the collective bargaining framework, concluded Lee. This would give them greater strength and encourage organisations to monitor age and its intersection with gender and race – and disability added Jane Pillinger.

## Job retention and return-to-work of people with chronic illness

The Prevent Foundations's **Nettie van der Auwera** presented the experience of the Public Health and Work ENWHP initiative to promote healthy work for employees with chronic illness.

A larger percentage of workers are affected by chronic illnesses, not only leading to greater healthcare expenditure and more lost work days, but also a huge impact on individuals and their working life.

No one size fits all: the chronically ill require individual solutions, but there is a need for these to be complemented by company strategy in a win-win approach combined with general health interventions, to reinforce the overall idea that the company values the health of their employees.

The initiative produced a guide to good practice offering basic information, a checklist for employers and managers and crucial steps to be taken when an employee suffers a chronic illness from monitoring absences to identify who needs help to developing a return to work programme.



Next, van der Auwera, presented two case studies illustrating a woman's perspective from both sides. First, that of the employer, in which the director of printing company had taken over the firm following the death of her husband: "Losing someone also disables you." Feeling it important to keep company going in his memory, she took on people with mental illnesses, short life expectancy to create a diverse workforce. Focusing on sharing responsibility and working together as a team, the company now enjoys more commitment from the employees and appreciation from clients and society, while the inclusive diversity policy brings the company higher profits and a competitive advantage on the market...

The second case study involved the story of a training institute employee who suffered a progressive loss of sight and difficulty with moving her lower limbs. Solutions were found to her difficulties with tasks, such as specific IT equipment, a special carrier for training materials and her husband bringing her to work, by involving everyone from the occupational physician to the union.

This, concluded, van der Auwera, is often the key to success: good coordination among all the parties and stakeholders involved.

## Gender, age and care duties

**Agnès Uherezky**, Director of the Confederation of Family Organisations in the European Union, gave her presentation on how to make care duties compatible with work for all. She stressed that the organisation represents all families, including single parent, migrant and recomposed.

The objective of the recently published European Reconciliation Package was to improve quality of life for people who are workers and carers. Many EU policies affect families, but focus on reconciling work and family life. They are calling for an EC Recommendation on the status of Family and Informal Carers, based on the recognition of carers and care work in the European Charter for Family Carers.

Uherezky noted that time off for parents is focused on early childhood, but mental health problems, eating disorders come up in teenage years, leading to early school leaving. There is a need, she insisted, for a comprehensive leave package offering greater flexibility during the life course to reduce working time to accommodate critical transitions, such as caring for elderly relatives. She also pointed out that, with austerity, women are hit first as they have to withdraw from labour market to compensate for cuts in services, whether for children or for the elderly, chronically ill or disabled.



However, Uherezky concluded, families take decisions about children in relation to what the whole system offers, which includes employers as well as the state. Though good managers say they want their business to be a great place to work, they are often afraid to promote it, saying, “take Wednesday afternoon off, but don’t tell anyone about it.”

## Putting dreams on the table

Opening the workshop to questions from the floor, **Jane Pillinger**, summarised the presentations as having covered a broad range of multi-faceted actions, from practical initiatives at the workplace level to strategy and policy. She remarked that the crisis has enabled people to think outside the box and put issues back on policy agendas and recalled the importance of the trade unions’ role in linking issues to social dialogue.

Many delegates concurred and offered examples from their regions and sectors. However, a series of participants from Spain voiced their disquiet at the OSH conditions pertaining in that country. Apparently research, prevention and promotion had stopped for lack of funds and that the situation appears to have reverted 15 or 20 years in the public, let alone the private sector.

Another said that talk of a work life balance seemed to come from a different planet from Spain, where there is long term unemployment, women being forced to leave workforce, no reinsertion, and young people leaving.

**Agnès Uherezky** responded that it was not a case of living in a dream world, but that there was a need to aim high and advocate a progressive agenda.

In turn, **Agnès Parent-Thirion** remarked that the answer to the austerity agenda was that job quality increases the employment rate, insisting that the crisis in fact “enables us to put dreams on the table.”