

atwork

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Gender study finds overwork linked to higher risks of diabetes in women, not men

Research by Institute for Work & Health and Institute for Clinical Evaluative Sciences followed 7,300 Ontario workers for 12 years to examine link between work hours and health outcomes

Why is it important for work and health researchers to take into account differences between men and women? Because social and biological differences between men and women may influence how work exposures affect health outcomes. A compelling example of this can be found in a new study by the Institute for Work & Health (IWH) and the Institute for Clinical Evaluative Sciences (ICES) on the link between overwork and diabetes.

The study, published in July 2018 as an open access article in *BMJ Open Diabetes Research & Care* (doi:10.1136/bmjdr-2017-000496), found women who worked more than 45 hours a week faced a 63 per cent greater risk of developing diabetes than women who worked 35-45 hours a week. In contrast, the incidence of diabetes tended to go down among men who worked longer hours, though the effects were not statistically significant.

“The study highlights the importance of conducting sex/gender analyses in research on work and health,” says Dr. Mahée

Gilbert-Quimet, a post-doctoral fellow at IWH and lead author of the study.

“Previous studies on the link between working long hours and diabetes have found mixed results, and one reason for that might have been the fact that most of these studies looked at male-only or female-only samples,” she adds.

The study followed 7,300 Ontario workers aged 35-74 who were initially free of diabetes. These workers were respondents to the 2003 Canadian Community Health Survey (CCHS), administered by Statistics Canada. The survey collected information on a broad array of personal factors, health conditions, health behaviours and work conditions, including average hours worked per week. The researchers then linked the CCHS information to administrative health records housed at ICES to identify people who were diagnosed with diabetes over the next 12 years (2003-2015).

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Save the date: Dr. Paul Demers takes the podium at IWH's annual Nachemson lecture

The Institute for Work & Health's Alf Nachemson Memorial Lecture takes place this year on November 28. The lecture will be delivered by Dr. Paul Demers, director of the Occupational Cancer Research Centre (OCRC). In this role, Demers has been working with colleagues and collaborators across the country to develop and improve the surveillance of work-related cancers, establish their human and economic burden, and draw on research to develop policy recommendations aimed at preventing exposure. Since 2002, IWH has held the annual Nachemson lecture to shine a spotlight on the use of research evidence in decision-making. It's named after the late Dr. Alf Nachemson, distinguished Swedish orthopaedic surgeon and founding member of IWH's Scientific Advisory Committee. The event, to take place at the Design Exchange in downtown Toronto, is free and open to the public. To find out more and register, go to: www.iwh.on.ca/events/nachemson-lectures.

New projects posted on the IWH website

IWH has a redesigned website, and among its features are project pages, which pull together the goals of a research project, the scientists, research assistants and partner organizations involved, as well as the outcomes and findings as shared across different media and formats. New projects posted include:

- Financial incentives to promote employment of people with disabilities: when and how they work best;
- Measuring cannabis use in Canadian workplaces;
- Tracking long-term outcomes of injured workers in Ontario to better target supports;
- Best practices for work disability prevention management systems: a scoping review in support of new Canadian standard; and
- Preventing work disability among millennial young adults with rheumatic disease.

To browse IWH's projects directory, go to:

www.iwh.on.ca/projects.

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What Research Can Do

How IWH findings, methods and expertise are making a difference

IWH estimate of societal costs helps Ottawa make case for asbestos ban

Federal government incorporates cost findings in regulatory impact statement related to asbestos ban

When the findings were made public in 2016, news of the first study to estimate the costs to society of illnesses associated with work-related asbestos exposures spread rapidly across North America and around the globe. The study, authored by the Institute for Work & Health (IWH), estimated the lifetime cost of newly diagnosed cases in Canada of mesothelioma and lung cancer due to work-related asbestos exposures during a single calendar year.

More than 40 print and online media outlets across North America and more than 50 television stations in the United States reported on or mentioned the research. Journalist Tavia Grant of the *Globe and Mail*, author of an award-winning series on the health risks of asbestos exposures, wrote an article on the study that was key in drawing more media attention (see www.theglobeandmail.com/news/national/asbestos-related-cancer-costs-canadians-billions/article30621739/). Safety and labour groups, patient and family support groups, cancer prevention organizations, and other organizations advocating for an asbestos ban around the world also drew attention to the study in their own publications.

The study's lead author, IWH Senior Scientist Dr. Emile Tompa, was not surprised by the media interest—particularly because the findings were made public while the Government of Canada was considering a ban on the import of asbestos and asbestos-containing products in 2018 (an export ban having already been in place). "Asbestos is the top cause of occupational deaths in Canada, and many organizations have been pressing the Canadian government to act," says Tompa.

Federal regulatory impact analysis cites study

In January 2018, the Canadian government did, indeed, propose new regulations and related amendments to existing regulations that would prohibit the use, sale, import and export of asbestos and products that contain it, as well as the manufacture of products containing the cancer-causing mineral. The government used the Institute's study to inform its regulatory impact analysis statement, a required summary

accompanying proposed regulations that outlines why government intervention is needed, the cost of the problem to be addressed by the regulation and the anticipated benefits.

Joe Devlin, Keisha Panoff and Michael Chan, economists at Environment and Climate Change Canada, prepared the government analysis. "The IWH study provided us with high-quality evidence on the economic burden of asbestos-related diseases in the Canadian context. It was invaluable to our analysis," says Devlin.

The IWH research put the cost of mesothelioma and lung cancer cases due to work-related asbestos exposures that were diagnosed in calendar year 2011 at \$2.35 billion. In that year, 427 cases of mesothelioma and 1,904 cases of lung cancer were newly diagnosed and attributable to work-related asbestos exposures.

"Little information has been available on the magnitudes of health and productivity losses from these diseases and their costs to society," says Tompa. Although it may seem insensitive to put a dollar figure on a person's health, Tompa stresses that it's important information for policy decision-makers to support priority setting and for advocacy organizations to push for change.

"The public and government attention to our economic burden study has created opportunities to make a difference in preventing asbestos-related disease," says Tompa, adding that he expects to be consulted by Environment and Climate Change Canada as the proposed regulation moves forward.

The study was conducted in partnership with the Occupational Cancer Research Centre and funded by the Canadian Cancer Society. It was first published in July 2017 and is freely available as an open access article in the *Journal of Occupational & Environmental Medicine* (doi: 10.1136/oemed-2016-104173).

Supervisors who react with support can help injured workers return to the job

Study examining return to work and social support finds importance of supervisors' first reaction to injury



When people get injured and take time off work to recover, the way their supervisors react to the injury can make a difference in how likely it is that they will successfully return to work.

Indeed, a supervisor's supportive reaction to an injury—for example, by expressing empathy and reassurance instead of skepticism and blame—can matter even more than whether an injured worker has strong social support at the workplace, though the latter is also important.

That's according to a new study conducted by a research team at the Institute for Work & Health (IWH) and Australia's Monash University. The study builds on previous return-to-work research at IWH and elsewhere that has shown the importance of a workplace environment that fosters cooperation, trust and goodwill. The findings highlight the importance of a supervisor's response to a worker's injury—over and above pre-existing strong social support from peers and supervisors at the workplace.

“A practical piece of advice coming out of this study is that supervisors should consider the way they react when they

KEY MESSAGE

Supervisors who react positively to a work injury—for example, with empathy and support instead of blame and anger—can increase the likelihood of workers returning to work sustainably.

learn of a worker's injury. They might want to show that they're sympathetic and willing to listen to the worker,” says IWH Associate Scientist Dr. Arif Jetha, lead author of the research, published in the *Journal of Occupational Rehabilitation* (doi: 10.1007/s10926-017-9724-z).

Study conducted in Australia

This study is based on a sample of 869 workers' compensation claimants in the Australian state of Victoria. These claimants completed a phone survey around three to four months after they started taking time off due to a workplace injury (physical or psychological). Among these participants, a smaller sample of 629 agreed to take the survey again after six months.

Participants were asked whether they had returned to work for 28 days or longer—an outcome treated in the paper as sustained return to work. They were also asked about the level of support and cooperation from supervisors and co-workers prior to the injury, as well as reactions to the injury from supervisors and peers (such as blame, support, anger, sympathy and disbelief). In addition, the survey included questions about a broad range of factors related to the injury and the characteristics of the workplace, including job type and work demands.

Results showed, unsurprisingly, that workplaces that were helpful and cooperative tended to also be the ones where supervisor and co-worker reactions to injury were more supportive in nature. However, the researchers wanted to know whether each of the two factors—prior support and reaction to injury—had a similar impact on the outcome of sustained RTW. In their analysis, the research team examined support and reaction both separately and in combination with each other.

Once all factors were taken into account, respondents to the first survey who reported a supportive supervisor reaction were 2.3 times more likely to have sustainably returned to work than those who received a negative supervisor reaction.

Respondents to the second survey conducted six months later were also more likely to have sustainably returned to work if they had a supportive supervisor reaction, although to a smaller degree—1.6 times. It's possible that this more modest effect at the later time indicates that a supervisor's reaction may be less important in more complex or serious cases—involving the types of injuries more likely to result in more prolonged work disability, notes Jetha.

“Supervisors are often the first to learn about a workplace injury and, as a result, play an important role in work disability management,” says Jetha. “An initial supportive reaction to an injury may create a foundation that affects all phases of return to work.” ■

IWH studies on gender differences in work and health turn up some surprises

Many people will remember Prime Minister Justin Trudeau's response—"Because it's 2015"—when asked about naming an equal number of women and men to his first cabinet. But across the Canadian labour force, gender parity in occupations and industries is far from a reality. The jobs and industries that were dominated by men or women in 1988 have remained just as segregated along sex and gender lines today as they were three decades ago.

That's why work and health researchers need to apply a sex and gender lens to their work, says Dr. Peter Smith, a senior scientist at the Institute for Work & Health (IWH) and a Canadian Institutes for Health Research

Are risks of violence at work higher for men or women? It depends on type of violence

When it comes to workplace violence, are women at greater risk than men? The raw numbers would suggest a straight-up "yes". But the answer is less clear cut when other factors are considered—most importantly, the type of violence in question.

According to an IWH analysis of about 30,000 responses to Statistics Canada's 2009 and 2014 General Social Surveys focusing on victimization, the risk of physical and sexual violence was 75 per cent higher for women than for men. And after taking into account number of hours worked (an important factor given that women are more likely than men to work part-time) other work factors (occupation, industry and work schedule) and personal factors (age, marital status, education, home province, and rural or urban setting), the risk of workplace violence remained 57 per cent

higher for women than for men. The results of the study, led by Smith, are included in a paper published online in July by AWEH (doi: 10.1093/annweh/wxy066).



Dr. Peter Smith

in risk by sex/gender essentially disappeared. That is, the risks of physical violence for women and men were about the same.

The picture completely changed, however, when the research team analyzed physical and sexual violence separately. Looking only at physical violence at work, and after taking all personal and workplace factors into account, differences in risk by sex/gender essentially disappeared. That is, the risks of physical violence for women and men were about the same.

"This tells us that much of what produces differences between men and women in terms of risk of physical violence is due to the differences in the types of jobs, shift schedules and industries in which men and women work," said Smith at an IWH Speaker Series presentation in March, where he discussed these findings (see www.iwh.on.ca/events/speaker-series/2018-mar-27).

As for sexual violence at work, women were four times more likely than men to experience this form of violence. That elevated risk held true whether the research team took into account only hours worked, all workplace factors, or all workplace and individual factors. "When it comes to sexual violence at work, women are many more times at risk than men, and that's true regardless of what other factors are taken into account," noted Smith. ■

Long hours may even lower risks of diabetes for men: study

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Their analysis took into account a broad range of potentially confounding factors, including marital status, family status, other chronic health conditions, activity restrictions at work, physical demands at work, primary posture at work, and health behaviours such as smoking, drinking and exercise.

Although the study could not identify reasons for the link between long work hours

and risks of diabetes in women, Gilbert-Oui-met suggests that women's responsibilities outside work—in doing house chores, child-rearing or other forms of care-giving—may be a factor. Differences in the types of work that men and women do may be another factor to consider, she adds.

"Research elsewhere has shown a link between overwork and diabetes among people of lower socioeconomic status, so we

might be looking at a similar effect among women," she says. "It could also be that men who work long hours are more likely to be highly skilled, whereas women who work long hours are more likely to work in low-status occupations. As well, it could also be the case that men who work long hours are more likely to have partners who work fewer hours, so the stress levels they experience at home may be different." ■

(CIHR) research chair in gender, work and health. “The experiences of men and women are still so different, both inside and outside the labour market,” says Smith. “To ignore this is to miss an important part of the picture about how work and health are related.”

In his work as a CIHR research chair, Smith recently co-edited a special issue of the *Annals of Work Exposures and Health* (AWEH), Vol. 62, No. 4, April 2018. The issue focused exclusively on sex/gender-based analyses of occupational health issues. “The interest we received through the abstract submission and peer-review process exceeded our expectations,” says Smith. “It speaks to the increased momentum of research in this area.”

But more needs to be done, he adds, particularly in developing research methods that can help us better describe how sex or gender interact with labour market and workplace exposures to produce differences in health outcomes. “We can’t just assume that findings among men can be generalized to women, or vice versa,” he notes. “By taking a sex/gender lens to our research, we can produce findings that are relevant to all workers, not just to men or women only.”

Described below are the findings of recent studies by IWH scientists that examined sex and gender differences in work and health outcomes. Two were published in the special edition of AWEH, co-edited by Smith.

Men and women with arthritis have same needs at work, but not the same supports

Understanding sex- and gender-related difference is important—but it’s also helpful to know when men and women have more similarities than differences. Sex/gender-based analyses can reveal such situations.

In a study on workplace accommodations for arthritis, IWH Senior Scientist Dr. Monique Gignac found that men and women experienced similar symptoms and needed the same types of workplace accommodations. The differences between them related to accommodation needs that went unmet, and these were related to the types of work women did, not to their health status.

“Men and women may be different in the types of jobs they do or industries they

work in, but at the end of the day, having a health condition is often an equalizer when it comes to what men and women need from the workplace,” says Gignac of her study findings, which were published in the AWEH special edition in April (doi: 10.1093/annweh/wxx115).

The study was based on a sample of nearly 500 baby boomers recruited for a larger study. All participants had a form of arthritis (including osteoarthritis and rheumatoid arthritis) that they had been living with for at least one year, and were working at least 15 hours a week.

Gignac and her team found that men and women were similar in needing a broad

range of accommodations, and no differences were found between them in the availability of workplace supports and accommodations. (About 70 per cent of respondents said five or more of the 14 accommodations were available to them.)

Respondents drew on a wide range of accommodations, the most common being flex time, extended health benefits, personal days with pay, and work-at-home arrangements. Other accommodations were used, but less frequently—most by a quarter to a third of respondents.

The study did find differences between men and women when it came to having

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Links between psychosocial work factors and stress not always as expected

Sometimes sex and gender differences are not as one would expect. A study examining the influences of workplace psychosocial factors on stress among men and women is a case in point. An article about that study, authored by IWH’s Kathy Padkapayeva, was published in the special edition of AWEH in April (doi: 10.1093/annweh/wxy014).

Going into the study, the research team had expected to see differences between men and women when it came to factors such as low job control, low job security,

low co-worker support and low supervisor support. The team thought that the link between low co-worker or low supervisor support and stress levels would be stronger among women.

“This builds on research elsewhere suggesting that, as a result of both social and biological (physiological and hormonal) differences, women are more likely to seek out and use social support in response to stress,” says Padkapayeva. “The theory is that a ‘tend-and-befriend’ response is more

likely to prevail among women than the well-known ‘fight-or-flight’ response.”

However, an analysis of self-reported stress levels and workplace factors in a large, nationally representative sample of Canadians did not fully bear this out. The study drew on the 2012 Canadian Community Health Survey, a wide-ranging survey on health conditions and behaviours administered by Statistics Canada, with a sample size of 25,000 people.

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Collaborative return-to-work program helps hospital lower injury claims, duration: study

IWH study examining the implementation of a return-to-work program created by hospital unions and management found improvements across many dimensions

In 2011, a large acute-care hospital system in southwestern Ontario employing 4,000 people became concerned about the high costs of workplace injuries and illnesses. Explicit policies and procedures had not been developed for supporting those on sickness absence to return to work. Accordingly, the number and duration of its workers' compensation claims were double those of its health-care sector peers.

To turn this around, the hospital and its three unions worked together to develop and implement an innovative, evidence-based return-to-work (RTW) program. The program had several distinctive features. One was its explicit goal of promoting a strong link between injury prevention and disability prevention (sometimes called primary prevention and secondary prevention). It set out to realize this goal by placing overall responsibility for return to work and accommodation with the hospital's occupational health and safety (OHS) unit.

A second innovative feature was its inclusion of labour perspectives throughout the RTW process. New RTW coordinator roles were created for representatives from each of the hospital's three unions, so that returning workers all had a representative from their union acting as a point person for RTW issues. This meant managers also knew who to go to for matters related to RTW. A team approach to managing absence and RTW became the norm, with multiple parties being involved, including the OHS unit, the human resources department, the manager, the returning worker and the union representative.

A third notable feature of the new program was its integration of research. Decision-makers drew on research evidence in designing the new program; they also asked a research team from the Institute for Work & Health (IWH) to evaluate the program implementation, using both qualitative

methods to identify challenges and barriers, as well as quantitative methods to measure the impact of the program.



Measuring program results

The team, led by IWH Senior Scientist and President Dr. Cameron Mustard, identified a number of implementation challenges, which were explored in the November 2016 issue of the journal *Work* (doi: 10.3233/WOR-162437) and summarized in the Spring 2016 issue of *At Work*. Despite these challenges, the team found that the program met one of the hospital's targets—a 25 per cent reduction in duration of workers' compensation claims over a three-year period—and also achieved the objective of reducing the number of claims, although it fell shy of the 25 per cent target.

As reported in an open access article in April 2017 in *BMJ Open* (doi: 10.1136/bmjopen-2016-014734), following the 2012 program launch, the hospital saw a decrease in its total injury claims rate, from 82 per 1,000 full-time equivalents (FTE) in the three years prior to the launch to 72 per 1,000 FTE in the subsequent three-year period. And, although these rates were still

substantially higher than those at 29 peer hospitals (where the figures were 41.5 and 40 per 1,000 FTE in the two corresponding

periods), the difference between the hospital and its peer group was reduced.

More dramatically, the number of days on benefits fell by nearly half, from 19.4 days per claim pre-launch to 10.9 days per claim in the three years after. With the peer average at 10.5 days per claim in the later period, the hospital had brought average claims duration in line with that of its peers.

Importantly, a survey of employees returning to work conducted by IWH

as part of the evaluation found favourable reactions to the program across all dimensions. In the second of two rounds of surveys, conducted in 2014, more than 80 per cent said:

- they were satisfied with arrangements to modify job duties or work hours during RTW;
- they had been contacted shortly after their absence began by the department responsible for making that contact;
- they were active participants in the RTW planning;
- it was a team effort; and
- their confidential health information was protected.

"From the perspective of employees who returned to work following a disability episode, it appears that all elements of the RTW process were meaningful, including early contact, the process and outcome of the RTW planning meeting, and the support of supervisors and union representatives," says Mustard. ■

Benefits outweigh costs for workplaces that accommodate people with mental illness

Business case study finds accommodations are a net gain for employers and workers

Anna (not her real name) is a high-performing business analyst at a bank. She is also one of the first in the organization to have disclosed her mental health diagnoses of severe depression and obsessive-compulsive disorder. Her employer is accommodating her condition by providing her with two screens for her computer, extra time to turn in work, and flexibility to work from home or modify hours when needed.

According to an evaluation of Anna's case, for every dollar spent on supporting her, the organization is getting \$7.40 back. The returns include higher work productivity and lower turnover (higher intention to stay)—not just from Anna, but also her co-workers and manager.

This example is part of a study examining the business case for employing people with mental illnesses, led by McMaster University's Dr. Rebecca Gewurtz, with funding from the Mental Health Commission of Canada (MHCC). The economic analysis included in the study was conducted by Institute for Work & Health (IWH) Senior Scientist Dr. Emile Tompa.

The study found a net benefit in each of the workplaces in which an accommodation cost-benefit evaluation was conducted. For employers, the economic benefits ranged from two to seven times the costs incurred. For the accommodated workers, they ranged from four to 12 times the costs.

"Most people living with a mental illness can and want to work if they are adequately supported, and many employers want to support these individuals," says Gewurtz in explaining the reason for the study. "But we need good evidence about how workplaces can build an effective support system for these individuals, and on the costs and benefits of providing accommodations."

A report on the study, entitled *A Clear Business Case for Hiring Aspiring*

Workers, can be downloaded from the MHCC's website: www.mentalhealthcommission.ca/English/what-we-do/workplace/aspiring-workforce. The team is now developing a tool that workplace parties can use to make a business case for accommodating workers with mental illnesses in their workplaces. That tool will also be available from MHCC.

Assessing the costs and benefits

To conduct the study, the research team recruited five workplaces identified as "champions" for hiring and accommodating people with mental illnesses.



Dr. Emile Tompa

The five case studies represented a range of large and small, private- and public-sector workplaces: the bank mentioned above; a provincial government agency employing 12,000 people; two small businesses in food services and catering, both managed and staffed mostly by individuals living with mental illnesses; and a mid-sized farm operation (which was not included in the economic analysis).

The team interviewed a diverse group of stakeholders from these organizations, including workers living with a serious mental illness, their co-workers affected by the accommodation, their managers and human resources professionals, for a total of 30 respondents. The team also conducted workplace observations and reviewed key organizational documents for the analysis.

The economic analysis by IWH's Tompa was based on a separate set of interviews. It took into account a broad range of costs and benefits and focused on the difference

in costs and outcomes when a worker was accommodated. Costs considered in the analysis included additional worker training, time spent by managers and co-workers to check in with accommodated workers, and additional staff time when accommodated workers were off work and others had to help get work done. Benefits included reduced work absences, improved productivity at work and higher intention to stay.

In addition, many valuable benefits were noted but not included in the computations because their dollar value could not easily be estimated, reveals Tompa. These less quantifiable benefits included greater job satisfaction, improved quality of work life, better job opportunities for the accommodated worker, improved relationships between co-workers, better organizational climate/culture and enhanced employer reputation.

"These benefits have great value to organizations and workers, but we can't easily include them in the computations because it is difficult to put a meaningful price on them," says Tompa. "As a result, the study's benefit-to-cost ratios and net benefit estimates run on the conservative side."

Tompa notes that the interviews used in the economic analysis were designed to capture both upsides and downsides related to an accommodation. For example, one co-worker said that the accommodated worker was so productive that her continued tenure at the organization increased the co-worker's productivity. However, in another case study, one manager said that the experience of accommodating a worker was frustrating and, as a result, the manager was more intent on finding a job elsewhere.

"At the end of the day, in all cases, the accommodations were a win-win for the workplaces we examined," says Tompa. "People we interviewed felt that the accommodations were a net benefit, and they told us that. And then we saw that show up in the numbers. The net benefits were all positive, and some were quite substantial." ■

AT WORK

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Women with arthritis have more unmet needs, mainly due to the jobs they're in

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needs met. A larger proportion of women said their needs were unmet, whereas a larger proportion of men said the workplace supports actually exceeded their needs.

Upon closer examination of the factors linked to unmet accommodation needs, however, Gignac found sex or gender did not account for differences in unmet needs, nor did health-related factors such as fatigue and pain. Rather, the factors most linked to unmet needs related largely to the work context. These included part-time work; work in industries such as education, health, and sales and retail; and high stress work.

Thus, the disparity may be explained by the larger proportion of women in the study sample who worked in sales and retail jobs or in part-time positions, where benefits are

less common. "Although the same factors were linked to whether the needs of women and men go unmet, these factors are more likely to apply to women," says Gignac.

"Women are more likely to work part-time or in education, health, sales and retail. They're also more likely to report greater job stress." She adds this could mean that potential vulnerabilities are greater for women.

Gignac also notes that the sample excludes self-employed people, who are more likely to be men—and for whom the reality of workplace supports is completely different. "We have to be aware that we're missing an important piece of the picture when it comes to understanding men's experiences with chronic conditions," says Gignac. "It all points to how difficult it is to understand sex and gender in the workplace." ■

Study examines job control, job security, and supervisor support on stress levels

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The survey asked about two types of stress: stress in one's job or business (called "work stress" in this study) or stress in one's life overall (called "life stress" in the paper). In this sample, a larger proportion of women than of men reported high levels of work and life stress. Women also reported lower job control, higher job strain (low job control coupled with high job demands), but also higher co-worker support. Men and women had similar levels of job insecurity and supervisor support in this study.

When it came to the interaction between psychosocial work factors and stress levels, the study did find a strong link between low supervisor support and greater stress (both life and work stress) among women. Among men, low supervisor support had no significant link with either type of stress. And the study found no differences between men and women when it came to the impact of low co-worker support, which was linked to greater stress at work (but not life in general) for both men and women.

Going into the study, the team also thought the link between work stress and life stress would be stronger for men than for women. That was based again on research elsewhere suggesting that men are more socialized to place a priority on work than women, who today still retain the primary responsibility for housework and childrearing. However, the results of the analysis showed that men and women were not different when it came to the strong link between work stress and life stress.

The team did find some unexpected sex/gender differences. One was a link between low job control and *lower* life stress among men, but not women. Another was the link between high job strain and higher life stress among women, but not men.

Padkapayeva cautioned against making too much of these anomalies, however. "There could be something particular about this sample, and we look forward to seeing other studies confirming these patterns before we draw conclusions about them," she says. ■