A white paper on women’s work environment
Organise for gender equality in the work environment - from words to action

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Why a ‘white paper’?

Organisational factors in working conditions and work environment create ill-health in female-coded work. That the conditions are and can be different in female and male-coded work has many causes. One reason may be gender patterns, which means that work performed primarily by women or traditionally considered “feminine” is viewed with a different logic and is valued lower than male-coded work, that is, that which is performed primarily by men or considered “masculine”.

In connection with the Work Environment Authority submitting its final report for the government assignment “Women’s work environment”, the project wishes to, in this white paper, summarise the main findings of the project in order to make the overall experience comprehensible, meaningful and manageable for future decisions and actions. The knowledge exists to change and move from words to action.
Background

When the Swedish Work Environment Authority received the government assignment “Women’s work environment,” the background was increasing work-related ill-health. After declining, ill-health started increasing in the early 2010s, mostly among women, and particularly in female-dominated sectors, that is, where the vast majority of employees are women. From 2011 to 2016, the project worked in various ways to create prerequisites to prevent ill-health and premature exit from the labour market in female-dominated work. The Swedish Work Environment Authority organized this work in the form of projects, and worked closely with researchers to produce knowledge as a basis for action. New knowledge has emerged and the Swedish Work Environment Authority’s own internal work and inspection has been developed. But when the project ended, ill-health or premature exit from the labour market had not declined for women. On the contrary, it is still increasing. Why is that?

The increasing rate of ill-health is due to many things, of which the work environment is an essential factor. The imbalance in working conditions and work environment that has been created over time is an unfortunate development. The evaluation of the Work Environment Authority inspections with a gender perspective shows some effects, but there is a lack of sustainable impact and a lack of impact on the overall organisational level. In order to achieve sustainable and long-term effects, greater changes in governance, management, organisation and distribution of resources are required, in order to fundamentally affect women’s and men’s working conditions and work environment. The Swedish Work Environment Authority’s regulations and inspections need to be revised in order to create more long-term effects, and authorities need to learn more about how women’s and men’s working conditions and work environment look and are created.
What did we learn?

Of the three knowledge compilations developed in the project and through the experience of new ways of inspecting and evaluating, the Swedish Work Environment Authority has increased understanding of the factors driving health/illness and which lie within the work environment area.

The most important insights are the following:

• A gender perspective is required in order to reveal the structures that drive health/ill-health.
• Women and men are in different sectors of the labour market with different conditions and work environment risks.
• Even where women and men work in the same sector or profession, they often do different things, which means different physical and mental stressors.
• The work environment is not gender-equal; in female-coded sectors, prerequisites for work and work environment are worse. The risk of ill-health is greater, as is the risk of leaving employment as a result of ill-health or dissatisfaction with conditions at work.
• Physical and emotional stress in female-coded sectors are the negative consequences of working conditions and work environment, and affect both the men and the women working there; it is not a question of gender, but one of exposure.
• The highest sick rate is related to organisational and social factors in the work environment. They need to be handled at organisational level and not at individual level. The entire organisation, at all levels, must ensure that the demands of the work are balanced with the right type of resources.
• Changing the non gender-equal work environment within municipalities demands action at central level. The Swedish Work Environment Authority supervision does not reach this level to a sufficient extent today. There is a need to discuss how supervision and inspection can be developed.
• There is a need for increased involvement and greater cooperation between the various actors responsible for the work environment: employers, employees, occupational healthcare services and authorities.
Causes of ill-health

Organisational and social factors in the work environment today are, together with problematic physical and mental stressors, the main causes of women’s work-related ill-health. The Swedish Work Environment Authority provisions on organisational and social work environment (AFS 2015: 4) are steps ahead towards revealing and preventing these problems, but they need to be worked into the systematic work environment management, converted into action and integrated into existing management systems. It is mostly ill-health due to social and organisational factors that is increasing.

Today, most working women in Sweden are in the public sector and in contact professions, where caring for people is in focus. Care work is generally valued less in terms of pay than jobs where technology or equipment is in focus. There are also differences in how you look at the requirements for training and education. A truck driver needs training before he or she can drive the truck, while home care services staff are expected to transfer and support patients without evidence of ergonomic training. An underestimated risk factor is the emotional load inherent in contact professions. In combination with increased micromanagement and productivity demands, contact with people can become a stressor, and the staff need time for recovery and support in order to cope with this load.
Within the project ‘Women’s work environment,’ inspections of municipal operations were done, among other things. To highlight the gender perspective, we used a comparative method. The result revealed that there were significant differences between female and male-coded activities within the same organisation. It was striking that home care services, where there are mostly women, had worse conditions and work environment than technical services, where most men work. Home care services had, among other things, more employees per manager, worse communication with decision-makers, more part-time employees, poorer cars, and fewer support functions.

Also in other activities such as trade and manufacturing, inspections within the project show that even in the same workplace or in the same occupation, women and men do different things. Women sometimes receive “easier” tasks, due to misplaced concern. The result can be the opposite; machines and equipment are used with heavy lifting, while light repetitive movements are performed without tools and for a long time, and thus becomes more harmful.

A fundamental problem is society’s power structure whereby female and male-coded activities are regarded with different logic. Female-coded work is seen as less professional and worth less, and working conditions and work environment are allowed to be worse than in male-coded sectors. Another problem associated with work-related ill-health is the general inequality in society, which means that women take more responsibility for the home, household, and care of relatives.
Measures

Municipalities and county councils are the major employers in female-dominated sectors. In order to create a healthier work environment in an organisation, there must be a balance between the demands on the employees and the resources offered. Many municipalities are taking action, but there have not been sufficient changes in structures on an organisational and overall level. Measures to prevent sick leave as well as rehabilitation are mostly aimed towards individuals, in the form of training or help in managing stress. It requires among other things, a different and more trusting management that gives staff and patients greater control over operations. During procurement, quality (for staff and patients) must carry more weight than it does today.

In some municipalities, change management has started, with good opportunities for improving the work environment and gender equality, but it is not yet possible to see any long-term effects. One example is the so-called ”Skönsmomodellen” (from the project in the municipality of Sundsvall), which is based on increased confidence in the employees’ own ability and opportunities for the planning of work within home care services. But even if this model is spreading among municipalities, many still have micromanagement by objectives and monitoring of key performance indicators, which can counteract change for a better work environment. Several municipalities that participated in the project’s inspection efforts and then in follow-ups have now, on their own or with the support of, among others, the European Social Fund (ESF), taken the initiative for change on an overarching level. They make use of lessons learned from the project’s inspections, either from the visit to their operations or from the material the Swedish Work Environment Authority developed during the project. Examples of measures implemented are changes in the number of employees per manager or that the differences in conditions for different groups of employees in the municipality are being reviewed. The researchers who evaluated the inspection efforts in the project can see that the municipalities where there are positive effects resulting from the Swedish Work Environment Authority inspections have connected gender equality and work environment management to systematic quality management.
Conclusions

We need a discussion on how work environment is defined, and how supervision is conducted, in order to reach the drivers of ill-health in female-coded work.

The Swedish Work Environment Authority will work in an evidence-based way and with a gender perspective for the development of supervision: regulations, inspection methods and communication. The authority needs to continue to develop its knowledge and combine various communication and inspection efforts in order to reach out to the world around us in an effective way. Demands must be made at the level where organisational factors and norms can be influenced.

The project “Women’s work environment” was conducted in close collaboration with researchers, and built upon evidence-based methods for inspection and evaluation. It exposed the unequal work environment and pointed to possibilities for change. The knowledge that emerged in the project has provided valuable guidance on why the sick rate is increasing and what needs to be done. The project has disseminated the results at many levels of society and we see that knowledge has had a major impact in the media and the social partners. In the workplace, however, the new knowledge and inspections have generally not been reflected in action.

The project’s conclusion is that greater changes are demanded than have occurred in the workplace in terms of governance, management, organisation and allocation of resources in order to profoundly affect women and men’s working conditions and work environment.

The values and norms that underlie working conditions and work environment are not gender-equal, and must be questioned. The responsibility for changing working conditions and the work environment lies with the partners at the workplaces. The prerequisites for change must be given at the organisational level, and in municipalities, the political level.
Our vision: Everyone wants to, and can, create a good working environment