

Employee Health Services for Women Workers

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The principles and procedures employed by the modern employee health service in serving the special needs of women workers are not new. Based on his experience, observations, and practice, the author summarizes some of the policy problems and their solutions that may be encountered as more women join the work force, particularly in areas where women have not traditionally been employed. The author summarizes basic principles of a modern employee health program and how they relate to the job placement of women. The relationships between physical strength and placement are also discussed as well as difficulties in obtaining appropriately designed tools and equipment for women. Environmental hazards for both pregnant and nonpregnant women workers, as well as medical problems unique to women workers, are also covered and a summary of the recommendations and guidelines of the American College of Obstetricians and Gynecologists for employment of the pregnant worker is also given. The author concludes that, if the ultimate purpose of maintaining health and well-being for the woman worker is to be achieved, it must be supplemented by changes in our social institutions to free her from the pervasive cultural biases that she now must endure.

More than ever before and at a rate that has surpassed all projections, women are taking and keeping jobs outside the home. While they continue to concentrate in their traditional white collar and service jobs, increasing numbers are entering blue collar, craft, technical, and professional categories from which they had hitherto largely been excluded. The numbers of women working as laborers and in agriculture have also grown, along with female representation in supervisory and managerial positions. This movement has been part of a veritable social revolution marked by changing expectations of and attitudes toward the roles of women as workers, homemakers, bearers of children, and members of society.

These changes have presented particular challenges to occupational health professionals and have dictated modifications in the employee health programs for which they are responsible. This paper will attempt to outline three major aspects in which the modern comprehensive employee health service has adapted to the new roles of women:² job placement and the design of work tasks; the social structure and interpersonal relationships in the work group; and pregnancy.

THE MODERN EMPLOYEE HEALTH PROGRAM

First, to view these in proper perspective, it seems advisable to reiterate that, to meet its fundamental objective of maintaining the health of the work force, the modern employee health program seeks to:

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² It must be emphasized that these roles are "new" only in quantitative terms: They now represent so significant a percentage of the work force that they can no longer be dealt with on an *ad hoc* basis or completely ignored.

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place each worker in a job that he/she can perform without endangering himself/herself, co-workers, or the public;
monitor job tasks and the work environment to identify materials and activities that might be harmful and recommend changes that would eliminate or satisfactorily control such hazards;
identify workers whose individual characteristics or prior work experiences make them especially susceptible to a particular occupational hazard and recommend appropriate steps to control it or to protect them from its influence;
recommend to management appropriate modifications in the organization of work, personnel relations, benefit programs, and workplace amenities that will enhance employee health and well-being;
provide educational and training programs to enable employees to recognize and cope with potential work hazards, and to encourage their acceptance of preventive health services and the adoption of healthful life styles; and
enhance the accessibility, availability, and quality of community health care resources and encourage their appropriate utilization by employees and their dependents.

Achievement of these goals has been complicated by growing awareness of and concern about the health effects of industrial products and processes. The traditional focus on accidents and acute poisoning has been broadened to cover the cumulative effects of repeated injuries, the subtle effects of chronic low-level exposures to toxic agents, and the contribution of occupational and environmental exposures to such multifactorial diseases as cancer, myocardial infarction, and pulmonary insufficiency. It now also includes the impact on emotional health and social well-being of the organization of work and the interpersonal relationships in the workplace. Employers have been assuming increasing responsibility for eliminating or at least mitigating these effects reflecting both the enlightened self-interest implicit in their greater acceptance of today's concepts of corporate social responsibility and their compliance with the dictates of new laws, governmental regulations, and labor-management agreements. This is underscored by industry's awareness that healthy, well-functioning workers are more productive.

JOB PLACEMENT OF WOMEN

From early childhood on, boys outdo girls in activities requiring strength and/or speed while girls outperform boys in motor tasks requiring fine coordination and accuracy. As they grow, these differences become more pronounced. To some extent, they reflect cultural and social factors that, until recently, have emphasized athletics and physical tasks for boys while relegating girls to sedentary handwork activities. However, for the most part, they reflect basic differences in body structure and mechanics. On the average, adult men are about 25% heavier than adult women and, having more muscle tissue relative to body weight, possess greater strength, endurance, and power. This means that women cannot lift, hold, or carry as much weight; they cannot push or pull as heavy loads; their grips are not as strong; and they cannot exert as much force on a foot pedal.

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In addition, the males' longer growth period results in greater standing and sitting height, longer arms and legs, larger hands and feet, and greater chest girth and breathing capacity. Since most machines, tools, and work benches are built to the scale of men, women are at an even greater disadvantage in performing physical work.

But these are generalizations. The range of variations among women overlaps that among men; i.e., some women are larger, stronger, and more physically capable than some men. Further, most jobs in industry are not very demanding in relation to the average individual's physical potentials, and many of those that are can often be made less demanding by modifying the job and/or redesigning the equipment it involves. This leaves only a very few jobs that require the intensity and level of physical effort that can be applied only by the physically gifted. Except for these, there appears to be no justification for the automatic exclusion of women from jobs requiring physical work.

The key is selective placement, a process developed decades ago to permit employment of the handicapped which is used in employee health programs to assure a proper fit between a potential worker and a particular job. This involves, first, an analysis of the job and the circumstances under which it is performed. This should be based on direct observation with proper allowance for tasks that are infrequently performed and any potential emergencies. Experience has amply demonstrated that job titles and stereotyped job descriptions are often misleading.

Next, the characteristics and capabilities of the worker are assessed. This may involve observation and a few simple tests or carefully calibrated measurements of strength, physical fitness, and aptitude. In most instances, the worker's capabilities can be enhanced by programs of physical conditioning and preliminary job training.

When these do not suffice, recommendations can be developed for redesigning the job or retooling it. Such changes are not inexpensive but experience in a number of industries has shown them to be economically sound. Not only have they made it possible to comply with regulations dictating the employment of women but they have increased the comfort, efficiency, and productivity of male workers.

ENVIRONMENTAL HAZARDS

Most of the present knowledge of potential environmental hazards is based on experience with men and experimental animals. However, except during pregnancy which will be discussed below, there appears to be no significant difference between men and women with respect to susceptibility to toxic environmental agents. If the working environment is safe for men, it should be equally safe for women.

In instances in which engineering technology cannot be applied to the control of environmental hazards, personal protective equipment and devices are employed to shield workers from their effects. Since these are usually sized to fit the male frame, they may not provide the desired protection for women. Poor fit can vitiate the protective effects of respirators and harnesses, while safety shoes and garments that are too large can precipitate accidents. Women may have to be temporarily barred from tasks that require the use of personal protective equipment

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until the medical director can locate a vendor who can provide the necessary items sized to fit them.

An axiom in the control of workplace hazards is that many can be eliminated simply by attention to good housekeeping. Care in stacking and storage of materials, frequent collection and proper disposal of waste and debris, prompt mop-up of spills and scatters, and routine cleanliness have been shown not only to eliminate potential hazards but also to enhance the quality of production. It has been observed that the addition of women to a work crew has been followed by improved housekeeping. This has been attributed to the insistence of the more fastidious women workers and also to primping on the part of the male workers as an implicit response to the "distaff" influence. Whatever the cause, such improvement in the workplace benefits both sexes.

THE IMPACT OF WOMEN IN THE WORKPLACE

The impact of the introduction of women into formerly all-male work situations has been both exaggerated and understated. There have been instances in which the surfacing of deep-rooted and subtle emotional problems has been precipitated. At the same time (and sometimes involving the same people) there have been strident demands and posturing that, despite their alleged symbolic significance, have bordered on the ridiculous. Since emotional and behavioral difficulties can be no less disabling than physical injury and disease, since they can spread among a work group no less rapidly than chicken pox in a grade school class, and, because they can usually be relieved and often prevented, they receive major attention in the modern employee health program.

Prevention is best initiated by the issuing by top management of a simply worded policy statement that explicitly defines the attitudes and interpersonal behavior it expects in the workplace. The effect would be enhanced if any unions that may be involved would either endorse it or independently issue supportive statements. This policy should be emphasized and reiterated in all employee orientation and retraining programs. Periodic meetings of small groups of co-workers to discuss work assignments and performance can allow for the ventilation and defusing of problems that otherwise might be expressed in destructive behavior. Finally, one-to-one counseling can guide a potentially troubled employee to cope with these problems as they arise.

Secondary prevention involves the early identification of the person with emerging difficulty and taking appropriate steps to deal with it, not only for the benefit of that individual but also to control any adverse effects on other members of the work unit. The employee health staff is sensitized to the potential significance of somatic symptoms that are repeated or come in clusters. Managers and supervisors are trained to recognize the pattern of frequent tardiness and short-term absences, impaired work performance, changes in dress and appearance, and unusual behavior and to promptly refer those who exhibit it to the employee health service for evaluation and treatment. Finally, when the employee health service has earned a reputation for helpfulness, competence, and integrity, workers will voluntarily seek its help when they are troubled.

The preceding paragraphs have been deliberately written to be applicable to both sexes despite the general impression that women are more susceptible to

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emotional difficulties, odd behavior, and flightiness. That impression is substantiated by data indicating that women make more visits to mental health professionals and clinics, are more frequently tagged with a psychiatric diagnosis, and take more tranquilizers and other psychotropic medications. While such statistics have been repeatedly validated in the community, they do not seem to hold in the workplace. I have found neither the frequency nor the severity of mental illness to be greater among women than in their male co-workers.³

Women, however, do seem to have more problems with their social adjustments to work. In part, this reflects the fact that so many married women workers continue to bear their traditional responsibilities for homemaking and the rearing of children. Also, there are many more unmarried, divorced, or widowed women with young children than single-parent households headed by men. These burdens are distracting, time-consuming, and fatiguing; they often lead not only to impaired work performance and absenteeism,³ but to guilt, frustration, and dissatisfaction. Flextime or other modification of the work schedule is often uniquely beneficial; for example, it may permit a working mother to be at home when her child is out of school. In many instances—although still far too few—company- or union-sponsored day-care centers have attempted to make up for the lack of such facilities in the community.

In part, the woman worker's problems reflect the fact that she is a newcomer in the work group. As a colleague put it, "she doesn't know how to behave in that male locker room and the men don't quite know how to react to her presence". The aggressiveness that the woman had to muster to enter this domain and her justified resentment in instances when she had to be better qualified and accept lower pay to win the job are sometimes translated into an abrasiveness that makes her hard to take. For the men, her new presence sometimes shatters the cohesiveness of the work group from which some derive the social support that holds their daily lives together.

Although I believe that its importance is overstated, sexual behavior—real or only perceived—may present problems, e.g., female seductiveness and male machismo in dress, speech, and conduct and advances that are made, not made, or rejected. The propinquity dictated by certain jobs can cause problems either directly for the worker or by provoking jealousy in a susceptible spouse. This has occurred when a woman had to accompany a man on long business trips away from home and when a policewoman was assigned to spend her days cruising in a police car with her male partner. Such problems may simply require guidance in coping with outmoded mores. However, there are instances in which fundamental sexual "hang-ups" are exposed and more specific therapy is required.

The two-career family presents a different constellation of social problems. These range from such simple adjustments as sharing housework or coordinating vacation schedules to such extremely difficult dilemmas as when one career requires relocation to a distant locale where the other cannot flourish. Expert coun-

³ It is noteworthy that, among policemen, firemen, and other uniformed municipal employees who enjoy unlimited sick leave with full pay and whose wives work at jobs with limited paid sick leave, it is the husband who reports "ill" and stays home to care for a sick child.

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selling is sometimes needed to prevent disruption of the marriage or, if that cannot be accomplished, to assist in coping with a divorce.

The point is that most of these emotional and social difficulties can be predicted if one knows the situation and the people involved in it. To learn what is happening or about to happen, the medical director maintains ongoing contacts with key company officials and close collaboration with the director of personnel and, at the same time, stays tuned in to the company grapevine. Appropriate intervention is initiated promptly by the employee health staff and, when necessary, their efforts are supplemented by prearranged resources procured by the organization or available in the community. In addition to assisting the individual worker to develop more effective adaptive and coping mechanisms, the medical director recommends helpful changes in work groupings, schedules, and assignments; arranges suitable educational, indoctrination, and training programs for workers and supervisors; and guides management toward the adoption and implementation of policies and procedures that will make working a more healthful and rewarding experience. Although it is difficult to measure the many intangibles involved, it is my impression that such a program often yields a more favorable cost-benefit ratio than any of the other preventive health activities that might be pursued.

MEDICAL PROBLEMS UNIQUE TO WOMEN

Gynecologic disorders, breast and pelvic cancer, and pregnancy require special attention in an employee health program serving women workers. Repeated surveys have shown that, when these are deleted from the statistics, the universally observed increased absenteeism of women drops to the same levels as those of men.

Menstrual irregularities, dysmenorrhea, and hypermenorrhea, and the secondary anemia that is its frequent concomitant, account for a large number of the visits logged by the employee health service and constitute a major cause of short-term absences and disability. Dysmenorrhea, for example, and/or the medications taken to relieve it produce drowsiness, weakness, slowed reaction time, and impaired coordination. These not only impair productivity but set the stage for accidents and injuries. It is astonishing how many women passively endure these symptoms and how often they are received with cavalier disdain when they do consult their physicians about them. In addition to providing analgesics and an opportunity to rest during acute episodes, the employee health staff promotes more serious consideration of the problem by the worker and her personal physician and offers advice about regimens that have proven useful in preventing much of the discomfort.

In the periodic examinations or health screening offered by many employee health services, special attention is usually paid to the early detection and proper treatment of breast and pelvic cancer. Because few organizations have a large enough female population to justify the installation of mammography and thermography equipment, breast examinations are usually limited to palpation and instruction in self-examination. Pap smears prepared by a nurse or the patient herself are usually sent to outside laboratories for examination. These programs are a valuable, convenient, and low-cost (to the woman) supplement to the cancer

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detection efforts of the health professionals and voluntary organizations in the community.

PREGNANCY

Toxic exposures during work may affect childbearing women and their offspring by:

impairment of fertility and/or damage to germ cells resulting in fetal wastage and congenital defects (these, it has been learned recently, may also occur in men);

mutagenesis and abnormal development of the fetus;

interference with the essential physiology of pregnancy leading to abortion, premature delivery, or fetal injury;

combination with preexisting or coincidental medical problems to cause maternal illness or injury;

excretion of chemicals in breast milk that may cause toxicity in the nursing infant;

transplacental carcinogenesis—with the demonstration of the linkage between the administration of diethylstilbestrol to pregnant women and the subsequent appearance of genital cancer in their daughters, it has been suggested that the recent rise in cancer in children may be due to chemical exposures during pregnancy.

These potential effects have been the focus of much recent attention reflecting growing awareness of the more subtle effects of toxic agents that can be encountered in the workplace and the increasing numbers of women of childbearing age entering jobs in which they may be exposed to them.

The vast majority—over 90%—of pregnant workers will have normal pregnancies and healthy children. The unfortunate outcomes in some of the remainder are attributable to a variety of factors: genetic diseases, maternal infections, drugs, excessive use of alcohol, etc. In most cases, however, the cause is not known; it is quite possible that occupational exposures may be involved in some. While admittedly imperfect statistics do not appear to demonstrate any increase in bad outcomes that can be associated with work-related factors, it is evident that appropriate preventive measures might obviate such an increase and might even reduce the number that now occur.

The principals of preventing harm to the pregnant worker and her fetus are outlined in a recently published report, "Guidelines on Pregnancy and Work,"⁴ produced under the aegis of the American College of Obstetricians and Gynecologists and the National Institute of Occupational Safety and Health. They start with the premise that a "normal woman with a normal pregnancy and a normal fetus in a job presenting no greater hazards than those encountered in daily life in the community may continue to work without interruption until the onset of labor and may resume working several weeks after an uncomplicated delivery."

⁴ This book is available from ACOG Publications, Suite 2700, One East Wacker Drive, Chicago, Illinois 60601 for \$3.00 per copy.

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They then guide the physician to an evaluation of the worker's health status touching on the maternal problems that may cause complications and the physiologic alterations of pregnancy that may present difficulty.

Next, attention is focused on fetal development and the possibility that it might be impaired or impeded by work stresses or by chemicals that cross the placental barrier. Here, because they are far more significant threats than the chemicals encountered in most workplaces, special emphasis is given to drugs that may be prescribed for or taken by the worker.

Finally, the guidelines focus on the job the worker performs and the potential hazards it may involve. A format is provided for inquiry into the details of the work tasks probing their intensity, duration, and pattern and exploring the potential of ill effects from either the work or the environment in which it is done. Incidentally, the guidelines advise a similar detailed inquiry into activities performed in the home, in the community, and in recreational pursuits since, for most workers, they present much greater hazards than those of the job.

Then, using the logic conceptualized in a simple algorithm, the physician is guided to an analysis of all of the variables to determine if the individual worker can continue on her particular job without undue risk to her and her fetus. The physician may suggest modifications of the job to control or eliminate a potential hazard or simply to contribute to her comfort and well-being. Most important, the physician is urged to communicate the recommendations and their rationale to the worker in a manner that will encourage her to accept and implement them.

The lack of precise information about toxic exposure of women was noted earlier. Unhappily, there is even less knowledge of the impact of such exposures on the pregnant worker and her fetus. At the same time, it appears that complete elimination of known or suspected toxic agents from the workplace may not always be possible or practical. Under what circumstances, then, is it safe for the pregnant worker to stay on the job and when should she be advised or required to leave it? Even if we did have satisfactory answers to this question—and we are far from them—the problem would not be solved. Many pregnancies are not planned, and women often do not know they are pregnant until at least 30 and sometimes 60 days after conception. During this period, the fetus is most vulnerable to damage by many of the toxic agents to be found in the workplace.

The ethical, moral, economic, social, and legal implications of this problem are currently being hotly debated. Until adequate scientific information becomes available, an arbitrary solution will have to be imposed that, perforce, will leave many unsatisfied. I am unable to predict what form it will take but would plead that, every time it is applied, the woman be fully informed and allowed to participate in the decisions that stem from it.

CONCLUSION

The principles and procedures employed by the modern employee health service in serving the special needs of women workers are not new. But they need special emphasis as more women join the work force and take jobs from which they formerly were largely excluded. They also need the perfection that can come from research and carefully studied experience. They need expanded application

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not only in more and better employee health services but in the health care establishments in the community that serve women in industries without health services and those who are self-employed. Finally, if their ultimate purpose of maintaining health and well-being is to be achieved, they must be supplemented by changes in our social institutions to free the woman worker from the pervasive cultural biases that she now must endure.

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