# Working Women and Stress

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**Occupational stress is a growing problem in US workplaces and may be a problem of particular magnitude for working women, in part because of sex-specific job stressors (sex discrimination and difficulties combining work and family). Although such stressors have received little research attention until recent years, new research indicates that these stressors may have a negative impact on health and well-being above and beyond the effects of general job stressors (work overload, skill underutilization, etc). A number of stress-reduction strategies have been shown to be useful for working women, ranging from the more common individual stress management techniques to higher-level interventions focused on removing the sources of occupational stress. This article provides a brief overview of occupational stress as it affects working women and presents research on approaches for reducing the negative effects of job stress.**

Women have nearly achieved parity with men in terms of work force participation in the United States. In comparison with the turn of the century, when women constituted 12% of the work force,[1] they constitute 46% of the workforce today.[2] A result of this change is that women are now exposed to most of the same occupational safety and health hazards as men, including occupational stress.

Occupational stress has become a common problem in the United States. National surveys throughout the 1990s have indicated that 26% to 40% or more of workers report high levels of stress in the workplace.[3-8] Occupational stress may be a particular problem for women. In national surveys, more employed women than men have reported high levels of stress and stress-related illnesses,[5,7] and 60% of the women respondents in one survey reported that job stress was their number-one problem.[9]

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What is occupational stress? Occupational stressors are working conditions that overwhelm the adaptive capabilities and resources of workers, resulting in acute psychological, behavioral, or physical reactions. Prolonged exposure to a stressful working condition may lead to illness or disease.[10,11] This definition emphasizes the role of stressful occupational conditions in worker health and well-being. Although individual factors (such as coping strategies) and social resources can modify the reaction to occupational stressors to some degree, it is certain working conditions that place workers at risk for developing health problems.

Job stressors commonly include job/task demands (work overload, lack of task control), organizational factors (poor interpersonal relations, unfair management practices, discriminatory hiring practices), and physical conditions (noise).[10] Additional sources of stress include financial and economic factors, conflict between work and family roles, sex-specific stressors (sexual harassment), training and career development issues, and poor organizational climate (values, communication styles, etc).[12]

Stress can cause psychological (affective and somatic responses, job dissatisfaction), behavioral (sleep problems, absenteeism), or physical (changes in blood pressure) reactions. Prolonged exposure to job stressors may produce psychological and physical illnesses, such as depression and coronary heart disease. There is no evidence that a particular job stressor will result in a particular acute stress reaction or illness. Rather, a range of health symptoms can be associated with workplace stressors.

## Research Evidence

One of the most frequently used models for studying the effects of job stress on worker health is the job strain model.[13] It characterizes jobs with low levels of job control (or decision latitude) and high workload demands as high strain and predicts that these types of jobs will be most likely to produce symptoms and illness. Later versions of the model have incorporated measures of supervisory and co-worker support, predicting that high levels of support can reduce the adverse effects of job strain.[14] Most of the early job strain studies were conducted on populations of working men. More recently, however, studies have examined the job strain model in populations of women and found health effects associated with high-strain jobs. High-strain jobs have been linked with psychological distress, pain, and reduced physical functioning among nurses;[15,16] increased sickness absenteeism and depressive symptoms among female workers in a wide variety of occupations;[17,18] significant increases in blood pressure among more highly educated female white-collar workers;[19] an increased risk of myocardial infarction;[20] and more than twice the risk for short (24 days or less) menstrual cycles.[21]

The job strain model is attractive because of its parsimony. Not all studies, however, have found a relationship between job strain and health outcomes in women.[22] Nor have all studies found that social support at work moderates the effects of lack of control or high job demands,[23] because the type or source of support is important. For example, emotional support may not be as effective as instrumental support or assistance with job demands. Similarly, support from co-workers may not be as effective as support from a supervisor. Also, findings from a recent longitudinal study suggest that aspects of job control are important in health outcomes. Barnett and Brennan[24] found that low levels of

skill discretion/decision authority were linked to high levels of psychological distress in a sample composed primarily of male and female white-collar professionals regardless of the level of job demands. In other words, lack of challenge and boredom were linked with distress regardless of the amount of work the subjects had to do.

Other studies have described the negative impact of a wide array of other stressors. In a study of Norwegian physicians, for example, Aasland et al[25] found that stress deriving from job demands and patient expectations was higher among female physicians and was linked with higher levels of health complaints (musculoskeletal pain, headaches, digestive problems). Such stressors as dealing with emotionally difficult situations, a fast and demanding pace of work, high job demands, and being exposed to illness were associated with exhaustion, insomnia, back pain, fatigue, and depression among nurses.[26] A study of government workers in Great Britain by Ferrie et al[27] found that privatization of public sector jobs was associated with a greater risk of ischemia, an increase in mean body mass index, and an increase in smoking and ill health symptoms among female workers.

## Sex-Specific Occupational Stressors

For many years, research on occupational stress focused almost exclusively on men and, consequently, certain sex-specific occupational stressors, including various forms of sex discrimination and difficulties combining work and family, received little attention.

***Sex Discrimination.*** Sex discrimination is inequitable treatment based on sex and includes discriminatory hiring and promotion practices, salary differentials between equally qualified men and women, limited career advancement opportunities, and sexual harassment.[11] In terms of hiring and promotion differences, sex discrimination is pervasive. Men and women agree that organizations engage in such discrimination against women, but rarely against men. Women who are targets of discriminatory hiring or promotion practices report higher levels of work conflict and are more likely to consider leaving or changing jobs.[28]

Barriers to advancement to higher managerial positions—the "glass ceiling"—are also widespread, with 60% of women in one survey reporting that they had little or no opportunity for advancement.[9] These barriers to advancement contribute to the salary differential that exists between the sexes. Although the salary gap is decreasing, in 1997, women still earned only 79% of what men earned.[29] A recent study found that even after controlling for education, experience, career choices/mobility, organizational opportunities, and labor market forces, men and women still differed significantly in salary and managerial levels.[30] The investigator estimated that sex discrimination could explain about 62% of the difference between the salaries of comparably qualified men and women and 55% of the difference between managerial levels. Barriers to financial and career advancement have been linked to more frequent physical and psychological symptoms and to more frequent visits to the doctor.[31]

Sexual harassment—unwanted, unsolicited verbal or physical sexual behaviors[32]—can be a severe occupational stressor with serious physical, psychological, behavioral, and career consequences. Fitzgerald[33] estimated that half of all working women will be harassed at some point during their academic or professional lives. All women are susceptible to harassment, regardless of age, social status, race, or ethnicity.[34] Targets have reported a range of psychological symptoms such as depression, anxiety, fearfulness, feelings of guilt and shame;[33,34] such physical symptoms as headaches, gastrointestinal disorders, and sleep disorders;[33,35] and such job-related outcomes as job withdrawal, negative job attitudes, involuntary job loss, and career interruption.[36,37] Several studies have shown that sexual harassment is a particularly noxious stressor for women and has a significant impact on psychological distress and absenteeism beyond that attributable to regular job stressors.[36,38,39]

Although a range of factors probably contribute to the risk for workplace sexual harassment, the sex ratio within the workplace and the organizational tolerance for harassment appear to be particularly important. Workplaces with a high ratio of men to women and that tolerate harassing behaviors (perpetrators are unlikely to be punished, complaints are not taken seriously, reporting may trigger negative consequences) have higher levels of sexual harassment.[28,36]

***Combining Work and Family.*** Seventy percent of mothers with children under the age of 18 were working in 1996. Today, the employment curve for women tracks that of men, with the highest labor force participation rates during the prime working years of 25 to 54.[40] Working women still retain primary responsibility for dependent care and household chores, however. Women are far more likely than men to report taking time from work to address their children's needs (83% v 22%), and are more likely to have elder care responsibilities. Although fathers are spending more time with their children and on household chores than they did 20 years ago,[3] the gender gap is still significant. Galinsky and Bond[41] found that 80% to 90% of married working women reported primary responsibility for cooking, cleaning, and shopping, and that two-thirds had primary responsibility for bill paying. Even when child care or household cleaning services were used, women still had responsibility for their arrangement.[42]

Overall, however, employment has many benefits for women, including increased financial resources, a sense of achievement, and reduced social isolation, all of which can benefit health.[11] Additionally, some research has indicated that women who occupy multiple roles (mother, worker, spouse) experience better mental and physical health than women who occupy few roles, perhaps because with multiple roles, the stresses of one role may be offset by the rewards of another.[43] One's ability to juggle various roles has its limits, however. When women lack sufficient child care and household help from spouses and work in psychologically demanding jobs, their health and well-being may suffer.[44,45] It may suffer even when women work in rewarding jobs, if their overall work-family workload is high. Recent research has indicated that even among highly satisfied women professionals who viewed their jobs as stimulating and chal-

lenging, the higher workload associated with home responsibilities was linked to significantly elevated norepinephrine levels during and after work, indicating a higher physiological burden associated with their combined work and home responsibilities.[46]

**Controlling Occupational Stress**

Occupational stress interventions can focus either on the individual worker or on the workplace. Individual interventions may consist of training in coping strategies, progressive relaxation, or other stress management techniques, the goal of which is to help the worker deal more effectively with occupational stress. This type of intervention has been the most common form in US workplaces.[47] Some stress management programs have been shown to be effective in reducing symptoms of stress,[48-50] but because they do not remove the *sources* of workplace stress, they may lose effectiveness over time.[51]

Health care professionals may find it difficult to diagnose and treat occupational stress-related health problems for a number of reasons. Patients often fail to identify workplace factors as potential sources of symptoms because they may be unaware of the link. Additionally, symptoms arising from workplace stressors are nonspecific and do not constitute an identifiable syndrome. Finally, health care professionals are generally not trained to inquire about or to recognize occupational stress.[11] However, when recognized, occupational stress-related symptoms or illnesses can be successfully treated. For example, psychotherapy has been shown to successfully reduce symptoms and increase self-esteem and job satisfaction in workers suffering from job-related depression.[52] The same caution exists here, however, as with stress management interventions, in that symptoms may recur if the worker continues to be exposed to the occupational stressors.

The most effective way of reducing occupational stress is to eliminate the stressors through organizational and job redesign interventions. Effective forms of job redesign include increasing job control by allowing workers to participate in decision making, increasing skill use by expanding job activities, and reducing work role conflict by clarifying job roles and responsibilities.[53] Organizational changes that may be particularly beneficial for women are expanding promotion and career ladders, introducing such family support programs as flexible schedules and dependent care programs,[54,55] and introducing clear, accessible, and enforced policies against sex discrimination and sexual harassment.[33,34]

Increased education and work experience enable women to enter more desirable and better-paying jobs with better career prospects. Unless organizations have and enforce policies that ensure equitable hiring and promotion regardless of sex, however, career and pay differentials will continue to exist between men and women.[30] Similarly, organizations that do not take steps to prevent sexual harassment send the message that harassment and discrimination are acceptable.[56] Such policies or organizational "cultures" can have implications for the organizational bottom line as well as for worker health and well-being. Key components of organizational health (high productivity combined with low levels of worker stress and ill health) include valuing diversity and having a commitment to employee growth and development.[47] Research has shown that workplaces that value diversity and actively discourage harassment and discrimination against women are preferred by men as well as women.[57]

Similarly, organizations with family-responsive human resources policies, such as flexible work scheduling, family leave policies, and child care assistance, appear to engender higher levels of commitment and attachment among their employees regardless of the extent to which the employees actually use the programs.[58,59] Thomas and Ganster[60] found that supportive family policies give workers more control over the factors that produce work-family conflict, resulting in improved mental and physical health.

In summary, women are subject to the same workplace stressors and their health effects as men. They are, however, also subject to such sex-specific job stressors as sex discrimination and difficulties combining work and family that may pose additional risks to their health and well-being. Some strategies for reducing stressors in the workplace can be particularly beneficial for working women; these range from enhancing individual coping capabilities to job and organizationally focused interventions that actually remove the sources of occupational stress. The latter may be particularly beneficial for employers because they improve commitment and well-being among all workers, not just among the targeted populations. There is, however, a strong need for additional research on interventions to reduce work stress and ill health among employed women, especially those examining the impact of organizational policies and practices aimed at reducing sex discrimination.

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