

# **Talking to Women in Work:**

## **Initial Findings from the On-line Survey on Women's Health**

### **1. Introduction**

Thank you to all who took part in the recent on-line survey on women's health. This survey formed one strand of a wider programme looking at what women in Glasgow think about their health and health services. There is currently a lot of interest in what the public thinks about health care but there have been very few studies that talked directly to women in paid employment. This is partly because of the demands arising from their busy lives and their lack of availability for more traditional forms of consultation activity such as meetings or focus groups. Nevertheless, women in paid employment make up a substantial group - 62% of Scottish women were in paid employment in 1999/2000.

This project then, was interested not only in women's views about their health and their health services but it was also looking at how useful the World Wide Web was as a way of reaching women and gathering their opinions. Its objectives were:

- ◆ to investigate the usefulness of a workplace website for consulting with women in paid employment
- ◆ to explore the benefits and limitations of this in including this group of women in consultations
- ◆ to examine if it could generate a representative sample of participants
- ◆ to inform the development of a Health at Work programme on women's health
- ◆ to investigate awareness of women's health within the HAW network

The Greater Glasgow NHS Board Health at Work Team (HAW) and the Department of Public Health, Women's Health Team jointly managed the project. Both wanted to gather feedback from women on their issues, concerns and priorities and to examine the on-line survey as a method for talking to women.

### **2. Findings**

#### **2.1 The Usefulness & Representativeness of the On-line Survey**

The on-line survey was successful in consulting with women in some forms of paid employment about health. There was a satisfactory sample size, a high level of positive feedback and written comments suggesting that it was **a useful and**

**acceptable way of consulting with women in paid employment**, albeit limited to women in jobs that allow them access to the Internet.

The sample was representative in terms of age, marital status and neighbourhood type. However, it was overwhelmingly made up of women who were in full time, permanent work within the public sector. This emphasis is partly accounted for by the profile of women in employment in Scotland where 67% work in public administration, education and health.

Women from manual occupations were not well represented with most either clerical/administration or professional. This finding may also account for the low response from women working part-time, variable hours or in other less secure forms of contracts as generally, women in non-manual occupations are less likely to work part-time compared with women in manual occupations, half of whom work part-time. The poor response rate from manual jobs was perhaps predictable, given their low access to the Internet but the low numbers working in industries such as insurance & finance, media and marketing was less so.

The sample was also not representative of some groups of women. Very few women from minority ethnic communities replied and there was little representation from disabled women. The low representation of these women cannot be explained by their lack of presence in the workplace. In the working age population 73% of women from minority ethnic communities and just over half the population of disabled people are economically active. Although these figures are lower than the economic activity rate for the whole working age population (78%) they do represent a sizeable group that could have been expected to feature in this sample.

Another group that could have been expected to feature more was mothers. A third of the sample were caring for children at home. That is about half the number that would have been expected as nationally 60% of working women have dependent children at home. The sample did contain a more representative response from women with other caring responsibilities. 14% reported that they were the sole or main carer for an elderly relative or someone with a disability. This compares more favourably with the national picture where 12% of women are living with someone who requires regular help or care and 11% provide regular help or care for a sick, disabled or elderly person not living with them.

This is a group of women that any consultation on health would want to include as a barrier to good health can be the "double shift" where women's role as carers, whether to children or to elderly relatives, in addition to paid employment places huge demands on them. Furthermore, research in the home shows that women are still expected to carry out the majority of all domestic chores, regardless of how many hours they work. The health consequences of the double shift include stress, tiredness and depression, often allowing women little time to look after themselves. In these circumstances it seems unlikely that women would want or be able to play an active part in consultation activities. A method that could be completed easily and quickly within the work setting would then be very helpful.

Feedback from women who completed the survey indicated that this was easy to use, quick, convenient, accessible and simple to return. There was also satisfaction with

the anonymity and privacy offered by this method. Women felt that this had allowed them to make comments that they may not have made in a written survey or to an interviewer. They agreed that **the World-Wide Web provided a number of opportunities to deliver information on issues of key importance to women in work** e.g. stress, work/life balance etc. Most thought that this would be a user-friendly way of accessing information that was up to date but it was also noted that accessing health information would be dependent upon time being available and on the site being interesting.

## 2.2 Women's Perceptions of their Health

Overall women reported that their health was on a par with or better than most women of their age. Very few felt that their health was worse than their peers and most described their health as fair, good or excellent. A significant number, however, described one or more long-standing health problems. A large group felt that their mood had been sometimes low or miserable (25%) over the past year but an overwhelming number (77%) admitted to at least sometimes having periods in the past 12 months when they felt sad or depressed. This suggests that there are issues that cause difficulties on which women could be offered support and information.

Stress was overwhelmingly identified as the biggest influence on women's health. Several sources of stress were reported such as difficulties in managing the demands of work and family life, a poor working environment and problems encountered accessing appropriate, supportive health services. Women identified having to use their own time for health appointments and pressure to return to work after illness as factors affecting their health.

This need to 'juggle' the demands of work and family life created difficulties when women used health services. The most frequently reported problem was the availability and scheduling of appointments. In primary (GP), secondary (hospital) and complementary (alternative medicine) care women reported problems with appointments. The majority of these were unhappy at the length of time they had to wait for an appointment but some also identified unsuitable or difficult appointment times. Others felt that their personal circumstances were not taken into account in other ways such as a lack of childcare restricting access.

The flexibility and availability of health service appointments was a particular issue for this group as half of them attended health appointments in their own time. The other half said that their employer allowed them time off to attend appointments. When asked what would help to improve their health 59% suggested different or longer opening times.

Women said that they knew what would make a positive impact on their health but felt that they often fell short of achieving this. For example, many felt that they should take more exercise or stop smoking but acknowledged that this was unlikely to happen given the many demands they were already trying to juggle.

## 2.3 Glasgow Women's Priorities for Health

The group was asked to identify both their own personal priorities for health and those they felt were important for the city as a whole. In both cases **the top priority was preventative action on diseases such as heart disease and cancer.**

Reducing poverty was highly rated as a priority for the city but not for individuals. This suggests that women recognised that this was important for the city as a whole. Similarly, emotional & mental health was a personal issue but few women felt this was a priority for all women in Glasgow.

## 2.4 Improving Women's Health

Women's solutions to poor health emphasised a holistic approach. They wanted to see:

- greater access to a range of complementary medicines
- services that offered counselling or someone to talk to about health or other worries
- more information on women's health services

Complementary medicine was a very popular option. Many women said they used homeopathy and complementary therapy even though this was not provided on the NHS and had to be privately paid for.

When asked to suggest improvements in their local area and their workplace that would help improve health they agreed that **women needed help to better manage the competing demands on their time that led to stress or conflict**. Lifestyle issues were also important with better access to exercise a popular suggestion. Other lifestyle issues such as healthy eating and smoking were also mentioned but not very often.

## 2.5 Women's Health and Employment

There was a high awareness of some employment policies such as health & safety and equal opportunities but others such as bullying and harassment or balancing work & life were less well known. However, it was not clear from the survey why there was a lack of awareness of these policies. They may not have been in place in some HAW employers or may not have been as widely promoted as Health & Safety for example, for which there is a legal framework for implementation.

Women appeared largely satisfied with their work place and working conditions. For most issues only very small numbers identified a problem e.g. lack of child care, poor pay, unhelpful shift patterns, hazardous materials, sexual harassment and work related injury. However, despite the small numbers it should be noted that these represented significant difficulties for the individuals concerned. Two issues though emerged as presenting a difficulty to a significant number of women. Work-related stress and lack of opportunities for promotion were a problem for a third of the sample.

Most women felt that they could report problems or difficulties at work but only half were confident these would be dealt with. There was a guarded recognition that some issues would be difficult or complex and that resolution would not be easy. However, the impact upon staff when problems were not dealt with appeared profound. Women reported feeling angry, frustrated, stressed and devalued when treated in this way. The lack of control over problems and inability to have them recognised and resolved appeared to be a considerable source of stress.

The importance of stress was again reflected in the suggestions made for workplace facilities and services that could improve health. The **issue of stress and its relationship to working environment and working conditions was repeatedly**

**identified as an area where employers could contribute to the improved health of their female employees.** There was a clear recognition that addressing the following factors would help to reduce stress.

- ◆ changes to the **physical environment** at work e.g. a rest room or quiet area, provision of cold water, crèche or workplace nursery
- ◆ changes to **working conditions** e.g. introduction of flexi-time, supervision, improved policies on absences and flexible leave and the provision of permanent contracts and better management of the impact of stress e.g. stress counselling, stress management sessions and improved information.

### **3. Recommendations**

This project looked at the usefulness of an on-line survey as a way of consulting with women in paid employment about their health. The following recommendations will be taken forward by the Greater Glasgow NHS Board Health at Work Team (HAW) and the Department of Public Health, Women's Health Team.

#### **3.1 Consultation via the World Wide Web**

- ◆ Continue to develop on-line surveys as a means of including some women in paid employment in consultations about health.
- ◆ Explore ways of including women from minority ethnic communities and disabled women more fully in on-line consultations.
- ◆ Include on-line surveys when consulting with carers.
- ◆ Develop consultation with women employed in the private sector.

#### **3.2 Women's Perceptions of their Health**

- ◆ Discuss the findings on women's perceptions of their health and of the health services they use with the Women's Health Working Group.
- ◆ Include these findings on women's priorities for their health and for women's health in Glasgow with other consultations with women in the review of the Women's Health Policy for Glasgow.

#### **3.3 Development of a HAW Workplace Programme on Women's Health**

- ◆ Use the findings of the survey to shape a programme on women's health issues. This would include:
  - ◆ Managing stress
  - ◆ Balancing the demands of work and family life
  - ◆ Emotional well-being and mental health
  - ◆ Lifestyle advice e.g. exercise, healthy eating etc.
- ◆ Develop information for women in work on:
  - ◆ City-wide access to health promoting services e.g. exercise classes, stress centres, counselling services etc
  - ◆ Health entitlements within employment policies
- ◆ Deliver this programme, at least in part, through the World Wide Web.

### **3.4 Development of a HAW Programme for Employers on Women's Health**

- ◆ Develop a programme on women's health for HAW employers that addresses the following issues.
  - ◆ Awareness of women's health and the workplace
  - ◆ The health promoting implications of employment policies such as health & safety, equal opportunities, bullying and harassment or balancing work & life
  - ◆ Workplace stress, its consequences and relationship to working environment and working conditions
  
- ◆ Provide information for employers on models of good practice and benefits of:
  - ◆ Work-place child care provision
  - ◆ Healthy environments at work e.g. provision of facilities such as rest areas, drinking water etc
  - ◆ The health benefits of employment policies
  - ◆ Work-place stress, it's costs and implications
  - ◆ Strategies for tackling stress at work

**If you would like further information on this project then please contact: -**

Kate Munro  
Department of Public Health (Women's Health)  
Greater Glasgow Health Board  
Dalian House, 350 St. Vincent Street  
Glasgow G3 8YU  
Tel: 0141 201 4972  
E-mail: [kate.munro@gghb.scot.nhs.uk](mailto:kate.munro@gghb.scot.nhs.uk)