Canadian Women and the Labour Force

The dramatic increase in women's labour force participation is one of the most important economic trends in twentieth century Canada. During the first part of the century the increase was slow but steady. The Second World War provided some impetus to women's participation in paid work (Wilson 108). However, between the 1960s and the 1980s "this trickle has become a flood" (Phillips and Phillips 38). While the increase in women's participation in paid work slowed somewhat during the 1990s due to a combination of factors such as an economic recession, free trade restructuring and high unemployment rates, still six of every ten women over the age of 15 was working either full-time or part-time.

One of the most significant changes in the character of the female labour force that occurred during this period was the number of married women with children who were working outside the home. In the early twentieth century the majority of working women were young, single and childless. Many of these women worked until they married and then withdrew to assume the duties of wife and eventually mother. This change was noticeable following the Second World War but took on particular significance during the 1960s. Today 62% of married women in Canada are now in the paid labour force. Phillips and Phillips call the changes in women's labour force participation rates "a revolution" which begs the question "what lies behind this revolution"? (41).

No single factor can be identified as being responsible for the increase in women's labour force participation rates. Rather demographic, economic and ideological factors have contributed to the change. The expansion of the service sector of the economy, rising standards of consumption, and a decline in real wages tend to favour the employment of women (Wilson 110). While women's increased rate of paid work can be attributed to a combination of factors, specific issues emerge to explain the changes. For example, the data show that a large proportion of single working women not only support themselves but they also support their children. In 1998 almost 36% of all working women had no partner to share the family's economic burden. This number includes one million female-headed, single parent families—a number that has tripled since 1986 (Phillips and Phillips 41). As Phillips and Phillips state "these are women who must work to support themselves and their dependents. The alternative – to rely on insufficient welfare payments, support payments, widows' pensions or some other form of government transfer payment – is a recipe for poverty" (41). However, it is not just women without partners who work out of economic necessity. *The Poverty Profile 2000* indicates that the number of poor families in Canada would double from 11% to 22.3% if the women in low income families did not work for wages.

While economic necessity is a major factor in explaining women's increased labour force participation, social factors cannot be overlooked. For example, women are now better educated and are more likely than women with low levels of education to be employed. Also, advances in domestic technology mean that homes are easier to maintain. Then again, families are smaller and women's reproductive years end sooner than in the past.

Although more women than ever are working outside the home for pay they are still doing the majority of the domestic work in the home. Domestic work may be less arduous than it was 50 or 60 years ago, but there is substantial evidence to suggest that women still spend a considerable amount of time doing housework. It is true that when women work outside the home for pay the time she spends on household chores decreases (Phillips and Phillips 48). However, the research also indicates that most men increase their household work only slightly

when their wives are employed (Phillips and Phillips 48). Some of the most recent data indicate that men do only one-third the amount of housework that women do.

While explanations for the increased participation of women in paid work provide a context for the health problems women face as workers, it is even more important to understand that women and men are employed in different areas of the labour force which suggests that their work-related health problems will differ. The fact that the Canadian workforce is segregated along gender lines has been at the heart of debates about gender inequality. Thus there are male and female occupations. A male occupation is one in which the proportion of men in a given occupation is greater than the proportion of men in the labour force as a whole. A corresponding explanation can be given for a female occupation.

Two different kinds of segregation have been identified: horizontal and vertical. Horizontal segregation refers to the extent to which men and women are located in different occupations such as construction work—a male occupation and elementary school teacher—a female occupation. Vertical segregation exists when men and women work in the same job categories, but men commonly do what is considered the more responsible work, hold higher positions and are paid better. For example, the majority of medical doctors are men and the majority of nurses are women (Blackburn and Jarmen 1997). Today 70% of women workers in Canada are concentrated in health, teaching, clerical, sales and service sectors, as opposed to 29% of employed men. In 1999 41% of women workers as opposed to only 29% of male workers were employed at part-time jobs, have temporary employment, are self-employed or have multiple jobs.

PART I - Occupational Health: An Overview

Please read, Messing and deGrosbois, "Women Workers Confront One-Eyed Science: Building Alliances to Improve Women's Occupational Health."

During the latter part of the nineteenth century and even into the twentieth century middle-class married women were told that sterility, cancer, madness and all manner of other diseases would be the result of their efforts to gain higher education and employment (Doyal 65). It has been sometime since such notions have had any credibility. That being said, women do face a number of serious health problems that arise from the paid and unpaid work that they do. This section of the unit will provide a general overview of the kinds of health hazards women face as paid workers. The required reading for this section of the course by Karen Messing and Sylvie deGrosbois addresses the obstacles women face as they attempt to improve health condition in the workplace.

While health hazards in the workplace can play havoc with women's lives paid employment has a positive effect on health. Leslie Doyal argues that most of the studies that have compared the physical and mental health of employed women with that of non-employed women indicate that as a group employed women have better mental health than women who remain outside the labour force (65). Studies that have examined employed women's physical health have also shown positive results (65).

Many women give income as the primary reason for working outside the home (Doyal 66). In families where extreme poverty may be a constant reality, income from wages has significant health benefits to women and their families and may improve the quality of food and housing. However, having money of their own can also provide women with a level of

independence and autonomy that they might not have when they always have to depend on their partner for money. Having some money does not always bring with it self-determination but it can contribute substantially to women's self-esteem and personal growth (Doyal 66).

Employment outside the home can also provide women with a social network that will alleviate the isolation and feelings of worthlessness that are often found in women who stay out of the labour force. Thus women benefit from the friendships that develop in the workplace. Research from the United States indicates that a woman's physical and mental health improves when she has support of co-workers. Workplace colleagues are often valuable assets in sorting out domestic and work problems (Doyal 66). However, this support is diminished if the stress from balancing work and home becomes overbearing. Factors such as the support women have from a relationship they are in, how work in the home is allocated, her age, the number of dependents living at home, her skills, and her attitude to employment will all play a role in how work impacts on a woman's well-being (Doyal 67).

While many women benefit from the paid work they do, the workplace can also threaten women's health and well-being. Although the work force is generally sex segregated in terms of the kinds of work done by women and men even when they work together they are often assigned different tasks. For example, while male cleaners tend to work with machines; female cleaners perform manual work such as dusting and washing. Even when women and men perform the same tasks, they may face different risks, experience different health outcomes and report their conditions differently. For example, women can be assigned to work on equipment that has been designed for a male worker. When there is a poor match between the body dimensions of worker and the equipment used for the task, the result can be injury and even disability. There is also evidence that a growing number of chemicals have a different impact on women than on men. Women, more so than men, combine paid work with unpaid family responsibilities. Two-thirds of the work done in our society to maintain family life, including housework, meal planning, childcare and elder care is done by women. Many women work at jobs that require non-standard work hours. Telephone operators, shift workers such as nurses and women who work on an irregular part-time basis find it almost impossible to arrange for childcare because of their work schedules. The stresses that build up because of the nature of the work hours can lead to fatigue, insecurity and extreme demands on women's lives. Features of work organization can affect the health of women workers in ways that differ from men. There is little research done on the impact of working conditions on family life and specifically on the connection between working conditions and women's health (Canadian Women's Health Network 2003A).

Another factor that should be taken into consideration when discussing women's employment health is that they are not treated equally in the workplace (Canadian Women's Health Network 2003A). There is a tendency to view the work that women do as "easy" and requiring few skills. When women are injured on the job, rather than looking at the conditions under which they work for an explanation, the injury is attributed to menstruation, menopause, pregnancy or just general overall female weakness. Study after study has uncovered discriminatory attitudes of decision-makers that reveal a general lack of understanding about the level of difficulty and the extent of stress that is associated with many of the jobs women do. Another dimension that is often overlooked as discriminatory is the area of workers' compensation. When a male worker is injured and can no longer undertake work that they normally did around their home such as snow shovelling, there are programs available to provide for supplementary benefits. Yet when a woman's disability prevents her from undertaking her

routine household chores such as laundry and cooking, there is nothing available for them unless they can show that they are incapable of looking after her own basic needs (Canadian Women's Health Network 2003A).

One of the most problematic aspects of women's workplace health issues is the fact that many of their health problems are invisible. There is a strong belief that women's work is not only easy, but there is little chance for injury. The Canadian Women's Health Network reports that in Quebec 40% of men but only 15% of women are included in programmes that provide for paid occupational health representatives and mandatory prevention plans. There is also a general lack of research on women's workplace health issues. For example, of 1,233 studies on occupational cancer between 1971 and 1990 only 14% of the studies included women, and just 10% included non-white women (Canadian Women's Health Network 2003A).

✍ IDEAS TO REFLECT ON

After reading the article by Messing and deGrosbois, consider the following questions:

1. "Women suffer many problems related to their work" (246). The authors go on to list the many health problems that women experience as workers. Can you identify with any of the conditions on the list? If so which one(s).
2. What reasons does the authors list as being factors to explain why men's workplace health needs have taken priority over women's health needs?
3. Although Canadian unions have done a lot to draw attention to women worker's health problems on the job they claim that "there is not always a gender perspective incorporated in union action on these problems which may mean that problems important to women may be missed" (250). What are some of the unique problems that women face as workers and why are some women more vulnerable than others?
4. Throughout this article, the authors enumerate a number of health issues faced by women workers. List as many as you can find.

HEALTH PROBLEMS WOMEN FACE AS WORKERS

Optional reading, "Stress and Well-being."

Musculoskeletal disorders are injuries associated with the muscles, nerves, tendons, ligaments, joints and supporting structures of the body such as cartilage or spinal discs. Musculoskeletal injuries are identified as being among the most serious hazards facing women particularly those in the service industries, an area of the workforce where thousands of Canadian women are employed. Not only are women susceptible to musculoskeletal injuries because of the kind of work they do, but also there is growing evidence that women have a higher overall risk of musculoskeletal disorders than men. For example, research from Sweden shows that the risk of musculoskeletal disorders among women who perform assembly work in the electronics industry is twenty times higher than in the country's working population as a whole. Reports out of Germany also show a clear trend towards a higher prevalence of such injuries among women (*Worklife Report* 1997). There are several ways that musculoskeletal injuries can occur. Most commonly they are caused when the same muscle or tendon is injured repeatedly. Carpal tunnel syndrome (to be discussed below), is a common condition that occurs

in repetitive work. Static work such as standing or sitting in one place for long periods of time also causes musculoskeletal injury. Thus, women who do repetitive work in factories and offices and those who work in sales, as hairdressers and as tellers and cashiers may develop musculoskeletal and circulatory problems.

Skin disorders are also a common problem for women workers. Data from the United States indicate that about 12% of all reported occupational illnesses are skin disorders. Skin disorders are, in fact, the most common non-trauma-related occupational illness. Irritant contact dermatitis is the most common skin disorder, accounting for about 80% of all occupational contact dermatitis. The condition is a localized inflammation of the skin that can be caused by direct contact with acids and solvents commonly found in the workplace. The condition is common to cleaners, hairdressers, hospital workers and textile workers, jobs that have a heavy concentration of women workers. Latex allergies, another common skin disorder, are common among dental workers and nurses who are sensitive to latex gloves.

There are some health problems that only women experience. Menstrual problems are among the most common. When thinking about the causes of menstrual problems some thought should be given to the women's working conditions. Irregular and painful periods have been linked to fluctuations in temperature, to shift work and to physical workload. Another woman-specific health issue is menopause. Although the evidence is preliminary, the suggestion is that early menopause may be associated with exposure to certain environmental factors such as tobacco smoke, carbon disulphide and possibly sulphur dioxide and irregular work schedules.

Complaints of headaches, fatigue and nausea can often be attributed to poor quality of air in buildings—what is known as sick building syndrome. Poor air quality can be traced to the building's temperature, humidity, lighting, odours, chemicals and dust in the air and to general lack of fresh air due to inadequate ventilation systems. The symptoms usually appear within a few hours of starting work, and disappear when individuals leave the building. Women are more prone than men to sick building syndrome for several reasons. For example, women use photocopiers that expose them to ozone, toners and electrostatic effects. Women also tend to share office space with other workers resulting in reduced air quality. Thus exposure to indoor air may be different for women and men even when they work in the same building.

Another problem that women face as workers is multiple chemical sensitivity. This refers to problems such as gastrointestinal and nervous system disorders that are evident after exposure to even low levels of environmental chemicals. Although emissions from carpets, cleansers or photocopy machines may be inconsequential in themselves, taken in combination they can have an impact on health. Many scientists look at multiple chemical sensitivity with skepticism because little research has been done on the impact of low doses of chemicals on the body. Exposure to several chemicals at the same time is often a characteristic of jobs done by women such as assembly line workers, hairdressers, agricultural workers, laboratory technicians and cleaners.

Reproductive health issues are also a serious problem for working women. Although the causes of many reproductive disorders are still unknown there is increasing evidence to suggest that conditions in the workplace may be at fault. In the United States about one in seven couples experience problems with infertility. Spontaneous abortion occurs in about 10-20% of pregnancies. About 7% of new-born babies are below the average birth weight and 3% of births

have major malformations. Other children are diagnosed with developmental disabilities during the early years of life. The process of evolving life is complex and any number of factors can interfere with pregnancy outcomes.

The lack of data on thousands of chemicals in industrial use only adds to the problem of trying to get at the root of many suspected agents. Fertility problems can rest with either the male or the female. The development or the weakening of sperm can be caused by a number of factors associated with the work done by men. Males manufacture sperm on a continuous basis. Toxic agents such as ethylene glycol ethers that are often used in industrial solvents, can irreversibly affect mature sperm (Paul 1385).

Other toxins can also have a damaging effect on sperm. However, women receive a fixed supply of reproductive eggs before they are born. A small number of these cells mature as follicles and the ova are released periodically throughout the reproductive lifespan. Less is known about the impact of workplace exposure to toxins on women's fertility than on male fertility. Menstrual disorders have been reported among women in various occupations, including athletes and dancers, agricultural workers and those who make oral-contraceptive pills. Reduced female fertility has also been reported in dental assistants exposed to high levels of nitrous oxide or metallic mercury vapour and in hospital workers with moderate to high physical workload, although the reasons for this is still unclear (Paul 1386).

Violence in the workplace is the major cause of women's fatal occupational accidents. In Ontario and Quebec workplace violence accounts for 25% and 17% , respectively, of women's occupational fatalities but only 3% of men's occupational fatalities. Violence in the workplace is a particular problem for certain groups of working women: bank tellers, convenience store cashiers, nurses, gas station attendants and teachers are all vulnerable. Cut backs in services brought about by governments in Canada and the United States pit angry clients against women in the helping professions. A 1991 survey of 800 Ontario nurses found that 59% reported physical assault, and 17% reported being sexually assaulted at some time during their professional lives.

Work stress is often gender related. Research cited in *Worklife* (2002) claims that on average, women report higher stress levels than men (8). Although not exactly understood, researchers find that the negative emotional and psychological effects of stress may alter the immune response and increase susceptibility to illness. Stress can play a role in the onset and progression of autoimmune diseases such as rheumatoid arthritis. Stress can also play a role in changing behaviour that exacerbates poor health. For example, someone under pressure may take up smoking or begin to eat excessively as a way of coping with the work environment. High personal stress in women has proven to be associated with chronic bronchitis, ulcers, asthma, back problems and arthritis as well as an increased likelihood of experiencing a major depressive episode (Stress and Well-Being 2001 22). Some of the factors that have been identified as creating stress on the job are heavy workload, infrequent rest breaks, long work hours and shift work, lack of input into decision-making, few family-friendly policies, poor social environment, and lack of support from co-workers and supervisors. Job insecurity and lack of opportunity for growth, advancement or promotion as well as hastily conceived and rapidly introduced changes in the workplace contribute to workplace stress. An unpleasant or dangerous environment such as one that is crowded or noisy, or has air pollution and ergonomic problems (equipment and technology that is uncomfortable or that is not suitable to the worker or the work the workers is attempting to accomplish) contribute to stress.

BALANCING HOME AND FAMILY

Women's work in the home is another area of work that has been ignored. Women's domestic work and the health hazards it poses will be discussed below. However, attempts by women to balance their responsibilities at home with paid employment can also threaten women's health. Researchers have noted that if the work that women and men do in the paid labour force differs, the work responsibilities they have at home diverge even further. As mentioned above, Statistics Canada reports that men do only one-third the domestic work and women pick up the remaining two-thirds. Women also take the lead in eldercare by doing about 75% of it. Almost half the women who are now between the ages of 35 and 64 will have to care for an older relative at some time.

Balancing home and family life, or what is often referred to as doing "double duty" or undertaking the "double day" can lead to role overload and to stress. Many women have considered quitting their jobs because of the difficulty they experience in attempting to balance their home and work lives. Messing reports that over half of the women interviewed in an Ottawa study felt that it was impossible to accomplish everything that was expected of them. They felt that there was no time left at the end of the day for themselves. While they were critical of the community and of family members for lack of support, they also identified workplace policies as being a part of the problem. While flexible working hours are often mentioned as one way of reducing stress in the workplace, only one third of the women interviewed said that their workplace offered this option.

Health Hazards: Clerical Workers and Nurses

Please read, Balka, et al, "You Think it is Turning But it is the Multiple Small Stuff": Gender, the Division of Labour and Musculoskeletal Injury Among Nursing Staff."

The above section provides an overview of the health hazards that women generally face as workers. This section of the unit will consider the health hazards of two particular groups of women workers: clerical workers and nurses. These groups are important to the Canadian economy but are assumed to be "safe" work. They are also areas of work in which women are dominant. More than one quarter of all working women in Canada today are employed as clerical workers. In the case of nurses, well over ninety percent of nurses are female.

In the past few decades clerical work has been one of the fastest growing occupational categories. Few people consider clerical work to be hazardous. In fact women who do this kind of work are exposed to a number of health risks. Bank tellers, telephone operators, computer operators, and mail sorters work at jobs that are often dull, boring, repetitive and closely supervised (Armstrong 271). They are also jobs in which women have little chance for advancement.

Pressure that leads to stress is a critical part of much of the work done by clerical workers. Telephone operators and airline booking agents often have only seconds to complete a call. They are expected to be polite and courteous regardless of the attitude of customers. Often their speed is monitored and they are informed if they are spending too much time with any one customer. Armstrong reports that a study of postal workers found that women who sort mail at a rapid pace under close supervision report increased levels of depression, poor mental health and more physical symptoms than other women workers (271). Job stress has often been associated with high-level management jobs. In fact, the research indicates that jobs where demands are

extreme and there are low levels of autonomy (input into decision making) makes for stressful jobs. For example, female office workers who have non-supportive supervisors are more likely to have heart disease (Armstrong 272). Premature birth is also associated with clerical workers who have few rest periods, do repetitive work and have little opportunities to talk with co-workers.

Data entry clerks are often required to stand or sit in the same position all day. The immobility can cause varicose veins and pains in the legs preventing the natural circulation of blood. This position can also contribute to miscarriages and stillbirths. Some clerks and clerical workers must adhere to a dress code that requires them to wear stylish shoes that provide only a minimum of support and uncomfortable clothing that is often inappropriate for the kind of work they are doing.

A number of health risks arise from computers that are now a standard part of office equipment. While typewriters required clerical workers to stop their typing to do things such as insert paper, make corrections and adjust the machine for certain tasks, the computer does not require this stop and starting action. It only required the repetitive movement of the hands over the keyboard and the action of the thumb on the spacebar. Canada gave short shrift to the notion of repetitive strain injuries until the 1990s and many workplaces still do little to combat the health risks associated with repetitive work.

In an article entitled "I Didn't Think Typing Would Hurt Me" Pearl Gaskin asks the reader to imagine what life would be like "if you couldn't write, type, or even turn the pages of a book without difficulty; if lifting a cup to your mouth, holding a phone receiver to your ear, or brushing your teeth sent spasms of pain through your hands and arms" (Gaskins 27). Gaskins describes carpal tunnel syndrome which occurs when the median nerve that carries messages from the brain, down the spine and arm and into the hands, is squeezed at the wrist. Dr. Robert E. Markison, a hand surgeon, explains the syndrome this way: "The carpal tunnel is a channel of ligaments and bone in the wrist. Through it pass the median nerve, the tendons that control the movement of your thumb and fingers. Each tendon is encased in a macaroni-like sheath called a synovial wrapper that protects and lubricates it as it slides back and forth through the carpal tunnel. Repetitive motion – excessive movement in the wrist and fingers over a period of time without sufficient rest – can cause the wrappers to become irritated, to swell, and to push on the median nerve" (Gaskins 28).

Carpal tunnel syndrome as described by Dr. Markison is only one of a number of injuries that is caused by repetitive motion. Others include tendonitis (an inflammation of the tendons), and muscle strain in the neck, shoulders, and forearms. Carpal tunnel syndrome, tendonitis and muscle strain are most often referred to as repetitive strain injuries to musculoskeletal disorders, mentioned above. These conditions are the bane of the clerical worker as well as other female-dominated service industry workers. Although repetitive strain injuries can be caused by a single incident, they usually build up over time. Workers who perform activities that are forceful, repetitive and/or sustained are especially likely to develop repetitive strain injuries. An article in *Worklife Report* argues that repetitive strain injuries are the fastest growing job-related impairment in the United States accounting for three out of five workplace disorders (*Worklife Report* 1997).

In the early twentieth century when office work first began to open to women it was seen as having advantages over factory and domestic work since it was clean, respectable work. While it is respectable work, it is questionable just how clean clerical work it. While exposure to chemicals is more subtle in the office than are the chemicals in factories the exposure is just as toxic. Clerical workers are constantly exposed to a range of chemicals from cleaners, glues, carpets, solvents, inks, photocopy machines and paper. Clerical workers are often asked to lift heavy bundles of paper and to retrieve dirty, mouldy, cumbersome files (Armstrong 272). Offices often have noise levels that are higher than those found in factories; as well, lighting and equipment can also be harmful to women's health since much of it was not designed with the health of the worker in mind (Doyal 78).

Stress is also a constant factor in the lives of clerical workers. The pressure from clients, mentioned above, is an ongoing problem. Clerical workers are often blamed for problems with a product or a service that they may have had little to do with. Most clerical workers have little hope of being able to move into more senior positions in the organization since their skills are unrecognized and undervalued. Even though these workers assume enormous responsibilities they are taken for granted and are seldom paid according to their value to the firm. Job stress also arises because many clerical workers live under the constant threat of job loss (Armstrong 272). Few clerical workers are unionized and new technologies add to the pressure and stress that come with the fear of unemployment. The problem for female clerical workers is even greater if you consider the added disadvantage that women of colour experience in the workplace. Statistics indicate that women of colour with higher educational qualifications than white clerical workers make less money and are often slotted into the most disadvantageous jobs (Armstrong 273). This only adds to their levels of stress.

IDEAS TO REFLECT ON

1. What was the purpose of the research done by Balka, et al.

2. "This prompted us to look more broadly than patient handling activities in our efforts to identify factors contributing to the high rates of musculosketetal injuries among nursing staff" (147). What did the researchers find?

3. What are some of the tasks done by nursing staff wherein they find themselves in an "awkward position" that in the long term can cause pain and injury?

4. "Our data based on detailed observations of nursing work suggests that exposure to awkward postures occurs with greater frequency when nurses are engaged in non-patient handling activities than when they are engaged in patient handling activities" (l48). Explain.

WHO CARES FOR THE CARERS?: THE CASE OF NURSES

Please read, Valente and Bullough, "Sexual Harassment of Nurses in the Workplace."

"Caring work is women's work (Armstrong, et al. 101). In *Take Care: Warning Signals for Canada's Health System* the authors report that in 1991 95% of registered nurses, 92% of registered nursing assistants, 83% of nursing attendants, 88% of occupational therapists and 83% of physiotherapists in Canada were women (101). Women make up more than three-quarters of all those who work in occupations associated with health and medicine (101). This number does not include those working as cooks, cleaners, laundry workers and so on. When taken together, sixteen percent of Canadian women work in health and social service industries as opposed to only three percent of men (Armstrong et al. 101). Many women who work in health care gain tremendous satisfaction from the work that they do, but some of those workers will damage their own health in caring for others (Doyal 74).

Women entering the nursing profession are often well aware of some of the health hazards they will face such as stress and burnout. Few of these women would accept the point made by Doyal that the hazards nurses face in hospitals are similar to those faced by workers in industry. Doyal points out that exposure to toxic chemicals, accidents caused by slippery floors, back injuries resulting from lifting heavy objects and sexual harassment from co-workers and patients are health hazards both nurses and factory workers have to deal with. This section will discuss three of the more common health hazards faced by nurses: exposure to dangerous chemicals, workplace accidents and sexual harassment.

Nurses are regularly exposed to a variety of substances that can injury their health. These include detergents such as hexachlorophene, disinfectants such as formaldehyde and chemicals used to sterilize equipment. These substances can cause skin irritation or dermatitis (Doyal 75). Drugs used to treat patients can pose problems for nurses. Hewitt et al. describe two drugs that are particularly problematic for nurses: antineoplastic drugs and antiviral drugs. Antineoplastic drugs are most often used to treat cancer but are increasingly prescribed for conditions such as multiple sclerosis, psoriasis, and rheumatoid arthritis (321). Not only can these drugs and others such as cytotoxis, another cancer fighting agent, cause allergic reactions, but are in themselves carcinogenic. Anaesthetic gases can lead to headaches, irritability and depression. They have also been implicated as a cause of spontaneous abortions and birth defects (Doyal 75). Radiation provides a health risk for nurses. A primary source for coming into contact with radiation is through X-ray machines and other radioactive materials. X-rays are usually done in restricted areas in hospitals. However portable X-ray machines are sometimes used outside of these areas increasing nurses' chance of exposure.

Nurses report injuries from accidents that occur on the job. Nurses have been injured lifting heavy patients. Britain claims that almost 800,000 working days each year are lost by nurses because of back problems. Wet floors and crowded work stations can also lead to severe injuries as do needle pricks and cuts that can occur while treating patients with infections. Particular attention has been given to this problem since the rise of HIV. Hewitt reports that more than 200 health care workers in the United States die each year from the hepatitis B virus acquired on the job and yet many nurses have not been vaccinated against the disease (323). The herpes virus, rubella and tuberculosis are other diseases that nurses come in contact with regularly while working. Some of these diseases can be particularly problematic. There is no known cure for HIV and recent outbreaks in hospitals of new strains of drug resistant tuberculosis show just how severe the problem is (Hewitt 324). However, nothing has brought

the problem of nurses and infectious diseases before the public more clearly than the recent outbreak of Severe Acute Respiratory Syndrome (SARS) in Ontario in the summer of 2003 when several people in the health care system died after being infected by patients they were treating.

Researchers who have studied sexual harassment in the nursing profession argue that it is not only common but it is a serious threat to the health of nurses. Janine Fiesta describes several situations where nurses found themselves on the receiving end of harassment. For example, she describes the actions of a cardiologist in the United States who regularly abused his staff. Eventually ten women filed complaints. The women experienced verbal and physical abuse related to their work that was based solely on the fact that they were women (Fiesta 16). The staff reported that the doctor, on a number of instances, cursed, threw objects, used vulgar names, and shoved female hospital employees. In one situation a doctor struck a woman with defibrillator paddles to give her an electric shock because he felt she did not move out of the way fast enough. One woman claimed that the doctor told her she was "too fat and too slow" to do her job properly (Fiesta 16).

A definition of sexual harassment can vary depending on the jurisdiction in which it is being discussed. Under the Canada Labour Code sexual harassment means any conduct of a sexual nature that causes offence or humiliation to any employee or that might be perceived as placing a condition of a sexual nature on employment, opportunity for training or promotion (Canada Labour Code Section 247.1). Alice Dan in "Sexual Harassment as an Occupational Hazard in Nursing" argues that one of the characteristics of sexual harassment is that it occurs in a hierarchical situation (563). This makes the occupation of nursing a likely place to find sexual harassment.

Dan reports a number of health concerns that arise from situations where nurses are sexually harassed on the job. They fall into the categories of psychological, somatic and work related problems. Psychological effects include lowered self-confidence, difficulty with interpersonal relations, increased stress, depression, frustration, anxiety, irritability and anger. Somatic problems include stomach aches, headaches, sleep disturbances, nausea, and unexpected crying. Work related or career repercussions include absenteeism, being late for work, lack of job satisfaction, and career change (564). Robbins, Bender and Finnis (1997) suggest that while some women may find the attentions of harassers flattering a more common response by nurses is embarrassment, fear, anger, loss of self-esteem, and a sense of helplessness (164).

Apparently most harassment of nurses comes from patients (87%) followed by physicians (67%) and co-workers (59%) (Dan et al. 564). Robbins, Bender and Finnis also note that one of the problems in attempting to deal with the sexual harassment of nurses is similar to the problem of dealing with the issues generally for working women: they doubt their own perceptions of the harassing behaviour and blame themselves for the occurrence. "As a consequence they remain silent, fearing that they would not be believed or that in some way they may have invited the incident" (165).

The health problems of nurses are evident in their high rates of turnover the number who leave the profession. For example, an American study found that when 130 occupations were ranked according to their incidence of mental health problems, licensed practical nurses, nursing aids and registered nurses were ranked 3rd, 10^{th} and 27^{th} respectively.

✍ IDEAS TO REFLECT ON

In the reading for this section the authors' argues that sexual harassment is about the abuse of power and status and not only about sex and must be viewed in the context of institutionalized male power. The authors found that the sexual harassment of nurses is far more common than previously known. It is, however, far more than just something that annoys nurses and is part of the territory that comes with working in a hospital. Sexual harassment can impact a nurse's health. They face mental health problems that may include depression, anxiety and post-trauma stress and can lead to high levels of staff turnover. Sexual harassment can also impact a nurses work leading to ineffective nursing care.

As you read the article by Valente and Bullough, consider the following questions:

1. In what way does sexual harassment create an unsafe work environment for women?
2. *"Unreporting* often stems from ignorance of what qualifies as sexual harassment" (Valente and Bullough 235). Explain.
3. What impact does sexual harassment have on nurses' work performance?
4. Why is there so much confusion over what constitutes sexual harassment?
5. *What* is the difference between quid pro quo harassment and hostile environment harassment?
6. What behaviours constitute sexual harassment?
7. What does a review of the literature tell us about how many nurses are sexually harassed?
8. What are some of the health consequences of sexual harassment for nurses.

PART III - Health Hazards: Unpaid Work in the Home

Although feminists have often been accused of ignoring the importance of housework, in fact, the feminist movement in the nineteenth and twentieth centuries has been drawing attention to the lack of recognition given to women who do such work and to the lack of value given to women's work in the home. This section of the course will show that the gender division of labour in the home threatens women's health and well-being. Harriet G. Rosenberg in "The Home is the Workplace: Hazards, Stress, and Pollutants in the Household," (1990) argues that "one of the key features of the division of labour by sex in the household is that it perpetuates a widely held ideology that what women do in the home is not really work. This basic myth, serves to obscure the often stressful and physically hazardous nature of domestic labour. Women marry and have children to fulfil basic human needs for love, intimacy, and security, but the work that accompanies wifedom and motherhood also requires skill, training, and experience" (37).

Rosenberg breaks women's work in the home into three distinct kinds of work: housework, wifework and motherwork. Housework includes cleaning, maintaining the home, purchasing and preparing food, and so on; motherwork consists of feeding, clothing, nurturing and socializing children; and wifework is work which assists the male wage earner to return to his job each day psychologically refreshed and sexually satisfied (41). The popular image of this work is that it is easy and those that stay home to do it are lazy, pampered and lucky because