Women's Occupational Health in Social Services

Stress, Violence, and Workload

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Cet article résume les recherches d'une étude sur la restructuration et la santé au travail dans un sous-secteur des services sociaux connu comme les services au développement. L'auteure assure que les risques pour la santé des femmes se sont multipliés là où les femmes sont majoritaires, parce que les soignantes tiennent à garder leurs lourdes charges de travail qu'il soit payé et non-payé, dans un contexte de ressources réduites et des nouvelles formes d'organisation du travail.

In large part, downsizing and restructuring of public sectors around the world has occurred to remove barriers to corporate infiltration and domination of markets and regions (Stanford; Panitch and Gindin; Esping-Andersen). In Canada and elsewhere, the downsizing and restructuring of the public sector has occurred alongside the introduction of private sector management schemes such as New Public Management, lean production, and flexible work organization (Baines 2004b; Lewchuk; Foster and Hogget). These changes have had highly gendered and disproportionately negative impacts on women.

The gendered impact on the occupational health (occupational health) of women workers is one area of restructuring and downsizing that has been under explored. Occupational health's preoccupation with

hazards common to sites in which men work means that far less is known about the kinds of hazards encountered in "women's" work sites and during the continuity of tasks that occur as part of women's paid and unpaid work days (Feldberg, Northrup, Scott and Shannon; Hall; Messing 1999, 1998, 1995; Mergler, Brabant, Vezina and Messing; Sprout and Yassi). Indeed, little is known about the kinds of occupational health risks women encounter in traditional female job ghettos, such as care work. A few studies show that occupational health hazards typical of women's work, such as heavy workloads, violence, and stress, have increased in the public and non-profit service sector in general (Mayhew; Newhill; Wigmore; Pizzino) and that particularly high levels of workplace violence, injury, and stress exist in Canadian social services, where the work force is predominantly female, poorly paid, and a work ethic of "caring" predominates (Baines, Evans and Neysmith; Canadian Union of Public Employees; Wigmore). Possibly the most debilitating characteristic of care work is the extent to which it is saturated with the ideology of women's care as self sacrificing, elastic, and dependable regardless of working conditions or safety. Indeed, the assumption that care work is something that any woman can and

should do rather than a distinct and sophisticated set of skills and knowledge (Baines *et al.*) is one of the reasons why wages in the sector remain low, the workforce remains insecure and easily replaced, and employers are able to extract large quantities of unpaid overtime and volunteer work from a labour force that has strong loyalties to the clients it serves.

This article summarizes the findings of a three-site study of restructuring and occupational health in a small, subsector of the social services known as development services. I will argue that health risks experienced by the predominantly female labour force have multiplied as workers struggle to maintain heavy workloads of paid and unpaid caring labour in the context of strained resources and new forms of work organization that increase health risks. The context and methods of the study will be very briefly summarized followed by a short discussion of new private sector-like forms of work organization and flexible staffing, and their impacts on women workers including stress, workload, and violence. Well documented in Europe, but under researched in Canada, the emerging issue of workplace bullying will be analyzed in relation to decreased funding, increased demands on workers and managers, and the gender-specific form it took in this

study. The article ends with recommendations for policy changes.

The Study

The data used in this article come from a three-site study of restructured work in the developmental services, a subsector of the social services which provides community services

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to people with intellectual disabilities. While complete integration into all aspects of social life was the goal of de-institution in the 1970s, inadequate funding has led to new community-based forms of warehousing and stigmatization of people with intellectual disabilities, rather than their full integration into a caring community (Braddock and Hemp; Taylor and Bogdan; Traustadottir). The three agencies studied were fairly typical for the sector in that they were non-profit,[1] unionized (with the Canadian Union of Public Employees), and provided a range of services for people with intellectual disabilities.[2] Data collection involved 41 interviews,[3] eleven participant observations, and a review of agency documentation. The interview sample was predominantly female, with an average age of 37.1 years and an average of 9.9 years employment in the agency. Interview transcripts, participant observation and field notes were read multiple times for similarities and differences until themes could be developed and patterns emerged.

Private Sector-Like Forms of Work Organization

Like much of the industrialized world, since the mid-1980s, Canadian social services have been impacted by cuts in funding, privatisation, and a reshaping of the mandates, types and breadth of services (Baines 2004a; Clarke and Newman; Fabricant and Burghardt). As Lena Dominelli and Ankie Hoogvelt note, social service workers have been transformed from professionals with a fair degree of discretion and control over their work to deskilled workers who meet managerial agendas and complete repetitive, standardized tasks in set times frames. Rather than full-time, permanent, unionized jobs, new forms of private sector work organization have been introduced to public sector and non-profit social services which emphasize flexible staffing arrangements such as: "thin" staffing as in solo shifts; lean shifts (one or two workers per site, sometimes with cell phone access to workers or supervisors at other sites); split-shifts (wherein staff work an hour or two in the morning and return in the evening for a few more hours of work); part-time, contract, casual, and other forms of temporary work; and expanded reliance on volunteer work (Baines 2004b; Aronson and Sammon; Lewchuk).

Economically, employees experience increased job insecurity, decreased income, and few or no benefits, while agencies save costs in these same areas. In most cases, employers have resisted the inclusion of new job categories in collective agreements, meaning that the majority of these workers do not receive the wage levels, benefits packages, and protection of a union contract. As noted earlier, the workforce in social services is predominantly female; thus one of the impacts of restructuring has been the loss of a significant number of good, public sector jobs for women and their replacement with insecure, non-standard, deskilled types of employment.

Workload: Increased Pace, Intensity and Stress

The level of care required by many clients increased concomitant with cuts in levels of funding and numbers of staff. Many of the clients who were the first wave of de-institutionalization are now geriatric or near-geriatric, while many of the new clients entering service programs have been living with parents who are too elderly to continue to provide care. New clients are not necessarily elderly, although most require a high level of support as they adjust to a new way of life.

Workers involved in this study reported high levels of stress connected to increased volume and intensity of workload, as well as frustration that a general lack of programming funds mean there were no resources for programming and no time to plan activities. Commenting on workload, one veteran day-program worker noted, "When I started here I had a case load of 18, and now it's 30 with no increase in resources." Another worker added, "very little of the day is spent preparing or planning because there is no time for it. Most of the day is spent flying by the seat of your pants." These situations are particularly distressing for workers who have strong emotional connections to their clients and their frustration at being unable to properly support and care for clients was palpable in many of the interviews conducted for this study. Stress is the by-product of this hectic pace and frustration. Stress-related symptoms such as headaches, fatigue, stomach disruptions, insomnia, and other sleep disruptions, depression, high blood pressure, chronic fatigue syndrome, and various body pains were reported by workers during interviews and participant observations.

Worker compensation plans developed in the early 1900s reflect the compromises that the predominantly male workforce could wrest from employers during an era of intense industrialization. Indisputable, in-

stantaneous, workplace occurrences such as severed limbs were accepted as compensable injuries while longitudinal illnesses such as black lung and cancers were hotly contested by employers who rejected the notion that workplaces contributed to illnesses that may take years of repeated exposure before they develop. Women, in care work sites, experience longitudinal and cumulative stress which may develop into health problems only after years of exposure. Like the employers and compensation boards during the early days of worker compensation plans, those currently in power continue to resist compensation for stress-related health problems claiming that there is no proof that these illnesses result directly from the conditions of work, and that compensation systems will collapse from the sheer volume of claims should stress-related and longitudinal illnesses be included in compensation plans. Currently many of the health problems women workers face in the new economy are not compensable under government plans. This reflects a further aspect of the gendering of occupational health. A direct impact of this gendering is that social service workers who are ill as a result of workplace stress are not eligible for insured time off. An indirect impact is that women must use their sick time or unpaid leaves to recover from work induced illnesses and injuries. This creates dilemmas for part-time and casual staff who usually do not have sick time benefits and cannot afford to take unpaid sick time. As a result, many women continue to work while ill, burned-out, injured or all three.

Stress and Non-Standard Jobs

Although women often gravitate towards part-time and shift work as a way to balance the gendered demands of home and employment, the workers in this study reported that they rarely received enough part-time hours to support themselves, hence stress and stress related health symp-

toms were particularly acute for the part-time and split shift employees involved in this study. The women employed in non-standard positions needed all the paid work they could get and reported that it was very anxiety-provoking to keep themselves free to accept extra shifts in the event that they were called in at the last minute. Processes for filling extra shifts also generated significant stress. Down-loading managerial responsibilities with no increase in pay or control, one agency had staff, not supervisors, make calls to find replacements when workers called in sick. This increase in workload often occurred just before shift change, a time when clients generally require additional supports. Workers found themselves making multiple calls under pressured conditions, leaving shifts knowing that clients were upset and unsettled rather than comfortable and ready for the next part of their days and sometimes, even filling the shift themselves when replacements could not be found. In the context of a workforce that derives considerable satisfaction from caring for, not just about, clients (Baines *et al.*), this source of stress was particularly acute.

In one of the agencies, if a staff member turned down a shift (for example, a ten hour shift), the shift hours were counted against the maximum 70 hours part-timers were allowed to work in a two week period. The staffer was considered to have only 60 left to work, constituting a ten-hour loss in wages. Commenting on these dilemmas, one part-timer, a sole support parent, noted that,

It's almost impossible to pay my bills on part-time, but that's all they'll give us. I had to take another part-time job just to support myself and my son. But, that means I am less available for my first job and they got peeved and cut back my hours. I'm scared they're going to fire me now.

An inability to plan life outside of

work and the challenges of juggling family life with irregular work commitments was another major source of stress for split-shift workers, part-timers, and multiple job holders. Finding and paying for childcare at odd hours of the day proved to be very difficult for the women involved in this study, as were long absences from children. One multiple job-holder reported that "I barely see my kids," while a part-timer wondered how her "family is going to survive." Women also reported feeling "stretched to the breaking point," "like I've got nothing left inside," and completely "burnt out." Employers like to blame stress on home life as if it somehow exists separately from the organization of paid work life. However, data from this study suggest that the feelings of intense stress reported above occur because of the way that new forms of work organization interrupt and disorganize home life, as well as how this new work organization interacts with enduring social assumptions that domestic work, and child and elder care are the private responsibilities of women.

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Unpaid Work in the Workplace

Unpaid work takes many forms in the social services sector and in the lives of the female social service workers. Indeed, it is a messy and highly permeable concept. For female social service workers there is often a conti-

nuity of tasks, intensity and emotional content in the work performed for pay in the workplace, and for free as unpaid overtime, formal or informal volunteering, and caring for children and elderly people in the home (Baines 2004c). Downsizing of the welfare state and cutbacks in human services have intensified the paid and unpaid care workload for many

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women, and for social service workers in ways that are specific to the sector in which they are employed. While volunteers have long been a feature of work in the social services sector, cutbacks and restructuring have inspired employers to expand their use of the unwaged workforce. An unexpected feature of this expansion is the use of predominantly female workforce as the main source of unpaid volunteers. Workers reported expectations from management that they would take on major, even week-long, full-time unpaid volunteer assignments on top of their regular duties (in one case a week-long, out of town camping expedition). Consistent with findings across the social services sector (Baines 2004b), managers confirmed that they prefer to use their own employees as volunteers because they are more dependable, knowledgeable, and most of all, workers can be disciplined or threatened with discipline if they fail to show up, try to leave early, or perform in a substandard manner. Thus, the women involved in this study not

only juggled paid caring work at their place of employment and unpaid caring work in their homes and communities, they were also pressured to perform increasing amounts of unpaid "volunteer" work in their places of employment. For workers, unpaid hours in the workplace are, in many ways, a wage cut, extending their hours of work with no increase in pay. For employers in any context, this is a bonanza. The only thing better than a work force who works for free, is a trained, highly skilled, entirely dependable workforce that works for free. For employers in the context of under-resourcing and pressures to integrate private-market efficiency, dependable paid employees working in unpaid "volunteer" capacities provide the ultimate flexible workforce—shift length, start and end time, and job content can all be determined at the last possible moment and best of all, the work force is highly skilled, familiar with local routines and clients, and works for free. Given the impetus for employers to expand their reliance on the volunteer labour of paid workers, it is likely that increasing numbers of female social service workers will experience serious the health impacts associated with high levels of overwork and stress. It is questionable whether new forms of work organization could survive without it (Baines 2004b).

Violence

Workplace violence is an expanding problem for developmental workers and the data from this study show that women absorb a disproportionate amount of it. Evidence from British Columbia shows a tenfold increase in claims from care workers (Boyd).[4] The majority of these claims are the result of injuries caused by client violence against staff.[5] The responsibility for much of this increase can be laid at the feet of flexible staffing and other forms of lean work organization which disrupt vulnerable clients and make it difficult for workers to learn site-specific violence

prevention skills, daily routines, and the particular personalities of the clients with whom they work. New workers often have little contact with more experienced workers, thus reducing opportunities to learn safety and conflict reduction skills from more experienced workers, while flexible shifts mean that workers move from site to site within an agency as well as between jobs, never getting the opportunity to develop the kinds of *in situ* knowledge that keeps workers and clients safer. This leaves many workers and their clients at greater risk of violent assault and ill prepared to handle outbursts when they occur.

Most workers reported that they were reluctant to report violence, due, in significant part, to fear of management or co-worker retaliation and blame (Duncan, Hyndman, Estabrooks, Hesken, Humphrey, Wong, Acorn and Giovanetti; Macdonald and Sirotech; Morrison; Lanza and Carifio; Lion, Synder and Merrill). However, workers primarily feared negative repercussions for clients, many of whom they care about deeply despite the violence (Koss, Goodman, Browne, Fitzgerald, Keita and Russo; Taylor). Noting the similarities between worker tolerance of violence and partner assault in the home, a day program worker commented that she and her colleagues were as "bad as a bunch of battered women for staying with people who slap us around." Other parallels to wife assault exist. Participants in this study, like women who are battered in the home, often blame themselves for the violence (Lanza and Carifio 1991) and rightfully question whether laying charges will solve anything (see Danis; Harrell and Smith, regarding difficulties associated with laying criminal charges against male partners). Currently, in the underfunded developmental services, employers can depend on workers' capacity to translate an ethic of care and sense of vulnerability in the labour market into tolerance for unsafe working conditions including violent assault, thus relieving the employer of responsibility to enact

possibly costly changes in work organization and job design. The association between under reporting, caring and violence also masks and normalizes workplace violence against women, relieving wider society of any knowledge of this growing reality and any responsibility to act.

Workplace Bullying

In one study site, efforts to discipline and motivate employees had moved into the realm of ongoing intimidation and harassment, known in the literature as bullying. Research participants reported that certain individuals and groups, such as union and environmental activists, received repetitive humiliating, taunting and insulting behaviour at the hands of management, and sometimes at the hands of a small group of workers overtly aligned with management.[6] Most of this bullying was highly gendered as female workers were repeatedly taunted for their body weight, miscarriages, emotionality, sentimentality, unattractive appearance, or a combination of these factors. The men interviewed for this study confirmed that bullying existed but that they had not been victims. One of the men knew that bullying was a problem for his some of his closest female colleagues but sensed that his gender insulated him from becoming a direct target. Indeed, workplace bullying operates in the same larger social context as other gendered forms of aggression in which women's more marginal position within the economy, political apparatus, and criminal justice systems mean that they more likely to be victims, in part because they have little access to deterrence, protection and redress.

A work environment that is bullying can foster widespread harassment by managers and co-workers (Tehrani; Einarson 1999) producing a climate that is traumatic to all who are present including workers who are not even remotely involved in the interactions and clients who may

happen to be near by. Research in Europe shows that overall, bullying environments produce more work related stress than all other work-related stressors put together (Einarsen 1999; Zapf, Knorz and Mulla; Niedl). In tandem with these findings, workers involved in this study were concerned about violence and heavy workloads; however, bullying dominated their workplace priorities and they reported alarmingly high levels of stress and mental health impacts.

Bullying is a growing phenomenon in the restructured public sector, particularly where managers are over-stretched and under-skilled, and/or imported from the private sector with little knowledge of the logics and caring relationships that characterize the public and non-profit service sector (Tehrani; Zapf *et al.* 1996; Niedl; UNISON). Research in the UK shows that bullying has taken over from pay as the top concern among workers (Anaova). One of the most debilitating aspects of bullying is that it is difficult to address, particularly in situations where management is participating in the persecution of a group or individual. Victims, and workers not even directly involved in the situation, fear retaliation if they raise concerns and feel powerless to resist. Coupled with increasingly heavy workloads and pro-business managers who may not have the skill or time to address the challenge of today's public and non-profit environments, there is ample reason to believe that bullying will become a more frequent workplace health hazard.

Conclusions and Policy Recommendations

The workplace is rarely thought of as the source of women's health concerns (Messing 1998) and yet the findings discussed in this article suggests that women's occupational health concerns have increased with the introduction of funding cuts and

new private-sector models of work organization. Poor working conditions and poor occupational health in the social services sector contribute to low workplace morale and an overall lowering of expectations among the predominantly female workforce. This aids in the creation of a low-demand, compliant workforce and undercuts women's capacity to improve their working conditions and labour's capacity to mobilize their increasingly female membership. Leo Panitch and Sam Gindin argue that labour's capacity to assert improvements for workers is antagonistic to neoliberal agendas of unregulated labour markets, hence curtailing women's expanding participation in public sector unions is likely an intended, although not explicit, goal of new forms of social service work organization. Finally, consistent with the creation of a residual welfare state, the expansion of a low-wage, low-demand workforce willing even to perform unpaid labour is essential to the profitability of this sector as portions of it are spun off to for-profit enterprises.

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service unions active in this sector have advocated for the inclusion of stress, workload, and violence as compensable health concerns and the findings of this study suggest that these changes are long overdue. Unions and the participants in this study also favour solutions such as increased

levels of funding arrangements and full staffing—full complements of full-time, permanent, well waged, fully trained, fully resourced, well supported staff. Referring to the demand for increased staff and funding levels, one young activist asserted, "what we really want is the right to supply people with enough supports." This comment underscores the way that, in this sector, improved occupational health dovetails with themes of caring and that improved occupational health is likely to have reciprocal benefits for clients and communities. However, improved levels of funding and staffing are not sufficient solutions, as women's occupational health concerns in this sector predate restructuring and downsizing.

In order to address the roots of stress, overwork, and violence issues in social service workplaces, the consensus that caring equals endless tolerance for poor working conditions must be broken. Unions, workers and employers of goodwill must challenge the notion that putting up with work organization that impairs the health of workers is a good way to demonstrate caring for clients. Just as feminist campaigns against wife assault assert that women do not deserve to be hit, workplace campaigns must assert that no one should have to work under conditions that include violence, bullying, and high levels of negative stress. Neither in the long- nor the short-term are these kinds of conditions in the best interests of workers, clients, or communities. As an adjunct to fair funding, grounded in a strong sense of entitlement to healthy workplaces, occupational health regulatory bodies must be renewed and revived to aggressively monitor workplaces, enact preventive strategies, and hold management (and funders) responsible for ensuring safe and healthy workplaces. Building on the proactive approaches of some of the more comprehensive workplace harassment policies, themselves borne of the activism of generations of women, workplace models should be developed that are

proactive and promote the prevention of women's occupational health hazards through the nurturing of healthy work cultures and work designs that reflect the lived realities of women's work lives, their sources of stress, and health concerns (Baines forthcoming). Regulatory bodies must hold agencies liable and enact strict penalties in situations where employers permit environments in which high levels of stress, violence and heavy workloads are part of the everyday work lives of women (and some men).

It may appear that employers have little incentive to participate in these strategies. After all, they currently have a relatively compliant and caring workforce that absorbs workplace stress, violence and funding cuts. Moreover the link between gender and caring means that employers can rely on female workers to extend their working hours infinitely and absorb workplace stress and violence in the name of caring for clients. However, liability rates are soaring in this sector, sick time is at near-crisis levels, and staff turn over rates are high and rising. Thus, employers have ample incentive to accept measures that improve employee health at the same time as they provide much needed improvements in the quality of life of clients and their communities. Ironically, it is not likely that a commitment to fair treatment of women will compel public sector and non-profit employers to address women's growing occupational health issues. Rather, it may be the crippling cost of compensation insurance that may cause employers to adopt measures that reduce injury and illness in the predominantly female care work labour force.

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restructuring women's care work, particularly in the social services, occupational health, social policy and radical social work.

[1]The non-profit services sector in Canada receives approximately 85 per cent of its funding from government, but has been loosely unregulated in terms of quality and accountability until recently. These agencies can opt out of portions of provincial health and safety standards such as paying into government worker compensation plans (although they must then purchase private compensation insurance) and enacting the mandated joint worker-management health and safety committees.

[2]Study sites were sought that could provide the greatest difference and similarity.

[3]Workers of colour and youth have been identified in the literature as more vulnerable to stress and injury, therefore a small sample of each of these groups was interviewed. This data has been analyzed and will be written about separately.

[4]Boyd notes that during the period he studied (1982 to 1991) an increase in the number of workers covered by the provincial workers' compensation program may account for about 20% of this increase.

[5]Workplace violence is perpetrated by a range of individuals including management, clients, workers and current or past domestic partners of workers (Santana and Fisher). In this study, client violence against workers was explored.

[6]Research identifies the following risk factors as predictors of a bullying or traumatic environment: low morale, job insecurity, conflicting goals and priorities, and negative leadership behaviour in managers (Brown 2002: 161). All were present in the bullying site discussed in this article.

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ANNE DUKE JUDD

Farm Wife

She gladly grew
his babies in her garden,
tending
rows of knit and peas
patches of jackets and beans
hills of pumpkin pie and
       wash,
the full pods
of ripened daughters
sending
seedlings to the future,
the harvest of tall sons
defending
against the dark winter
of old age.

Here in the high white
hospital bed,
thoughts muddied by
       disinfectant odours,
dreams of pansy faces
tense smiles on plastic
       chairs,
sees her wrinkled brown
bulb of body
giving birth
to daffodils.

Anne Duke Judd's poetry appears earlier in this volume.