

What are the implications of gender differences for return-to-work interventions? *

Evidence suggests that female workers are in poorer health and at greater risk of work disability than their male co-workers. A number of studies also tend to show that men return to work more frequently and faster than their female co-workers following such disabilities. Clearly these differences are, in part, attributable to sex-related biological differences, which means, for example, that some illnesses affect women more frequently and/or intensely than men. However, these biological differences are also associated with a set of roles socially expected of workers and known as the **gender concept**. For example, according to some more traditional views of gender, men are essentially expected to fill the role of family provider whereas women are seen as more inclined to take care of the family and perform domestic tasks. Thus, by influencing the division of roles among individuals, as well as the perceptions and expectations they have of themselves and others, gender may well influence the return-to-work (RTW) process. Ten years ago, a literature review by Côté and Coutu (2010) convincingly showed that these gender roles can potentially influence the work disability situation of workers with musculoskeletal disorder (MSDs). Today, the results summarized here provide a broader picture of the influence of gender on RTW, while also looking at workers on sick leave for common mental disorders (CMDs), cancers, and other chronic diseases (OCDs) as examined in our more recent study (2021).

Methods

The methods used in the more recent study are detailed in the published article*. Briefly, they involved integrating results obtained from two sources: 1) a critical review of the scientific literature (2000-2020) and 2) four focus groups with different RTW stakeholders.

Key Messages

The division of domestic and family tasks still tends today to be based on a traditional view of gender roles, which generally adds to the cumulative workload (occupational, domestic and family) of female workers.

When a work disability hinders their ability to meet all the demands imposed by this cumulative workload, many female workers who place very high value on domestic and family tasks will choose to leave the labour market.

While they express more needs to health professionals, their spouses and their employers, it appears that female workers generally have a harder time obtaining responses from these people. Yet appropriate responses to their needs could help prevent them from leaving the workplace.

The various stakeholders involved in RTW would benefit from taking into account the needs associated with this cumulative workload in their interventions.

Results

The results point to the persistently strong presence of a traditional view of gender roles, in which men are assigned productive roles as providers, and women are regarded as having human and interpersonal qualities predisposing them to family and domestic tasks.

The factors and issues identified fall under three major themes corresponding to three main ways in which this traditional view of gender roles influences disability and sustainable return to work (S-RTW). The following paragraphs explain how these traditional gender roles influence RTW:

1. By contributing to the construction of a cumulative workload;
2. By inducing certain attitudes or behaviours in terms of engagement in and relationship to work;
3. By generating some differentiation in terms of worker-expressed needs and the responses received from health professionals, employers and insurers.

1. *Cumulative workload*

The family role played by workers varies, depending on the gender with which it is associated, thus interfering substantially with their productive paid work. In fact, given that the main expectation of male workers in this regard is that they meet their family's financial and material needs, it follows that this family role is filled largely by carrying out work-related obligations. Performing this male-assigned family role thus appears to interfere little with these work obligations. By contrast, the domestic and family workload assigned to female workers tends to add to the workload associated with their paid work, creating a very heavy cumulative workload. It comes as no surprise that the presence of dependants generally adds to the burden borne by workers filling a traditionally female family role.

This cumulative workload may be exacerbated by the particularly difficult conditions and job demands characterizing many traditionally female job sectors (e.g. nursing, teaching, daycare). By increasing the responsibilities and demands associated with paid work, career advancement also appears to increase this workload for female workers. Additionally, many employers have very negative perceptions of the impacts of aging on female workers, in turn increasing the stress and pressure experienced by these workers. Conversely, career advancement appears to reduce stress and performance pressure for many male workers.

2. *Engagement in and relationship to work*

According to a number of studies, work disability generates major identity questions that take different forms, depending on the gender the worker identifies with.

Knowing that, according to the traditional view of roles, male workers find significant validation in carrying out the provider role, they are more likely to experience prolonged work disability as a major failure. The high value they place on paid work may thus promote the active engagement of these workers and provide strong motivation to return to work.

By contrast, the traditional view of gender roles tends to place high value on domestic and family work for female workers. This perspective of valuing roles outside the labour market may therefore encourage female workers to disengage from paid work by making it less conflictual for their identity.

Some focus group participants pointed out that this phenomenon may be exacerbated in certain ethnocultural communities where gender roles are still firmly entrenched in traditional models.

3. *Needs expressed and met*

The results obtained regarding needs are categorized according to three major systems involved in work disability prevention and management: the workplace, personal, and healthcare systems.

First, we found that female workers generally expressed higher expectations and needs regarding support from the **workplace**. These workers also expressed the need for major accommodations, notably due to sex-related biological factors (severity of certain health problems). The accommodation needs were also closely linked to the considerable discrepancies between the "normal" working conditions and the worker's needs and capacities. Yet it would appear that even today, many workplaces offer working conditions that leave little room for female workers' specific needs. Generally speaking, these workers – particularly those working in predominantly male job sectors – appear to have bigger accommodation needs. Our results also indicate that they generally have a harder time obtaining the support and accommodations they need, thus causing them to disengage from work.

Within the **personal system**, the support offered by the spouse influences the RTW of both male and female workers, but in opposite ways. While too much support from the spouse appears to hinder the RTW of male workers, it is the difficulty obtaining this support, notably to carry out domestic tasks, that appears to hinder the RTW of female workers. Moreover, the presence of spouse-providers who are able to support the family financially may have both positive and negative effects on the RTW of female workers. By offering more leeway and time to recover capacities and engage in the RTW process, the availability of another source of family income may limit the risks of a premature and unsustainable RTW in these workers. However, the leeway offered by the availability of this other income may also make it easier for some workers to decide to leave the labour market.

Lastly, timely access to the **health services** required by a worker's condition may be hindered by stereotypes. For example, some health professionals tend to regard female workers as highly emotional, and thus consider their

requests less legitimate than the ostensibly more rational needs of male co-workers. The latter, however, may run into difficulties requesting the services they need to cope with certain mental health problems, owing to prejudices and the risks of stigmatization still associated in particular with this type of problem in the minds of male workers.

Discussion and conclusion

The results of our 2021 study evidenced the fact that even today, gender roles remain deeply rooted in a traditional view. By associating the larger portion of domestic and family work with the female gender at the outset, this view tends to place a heavier workload on the shoulders of female workers. This tendency appears confirmed by the literature on the evolving division of family and domestic tasks in industrialized countries. This literature supports the finding that the pace at which men are taking on family and domestic tasks (traditionally reserved for women) does not equal the pace at which women are joining the labour market (traditionally reserved for men). In other words, these traditionally female roles still appear, despite recent developments in this respect, to be filled mainly by women.

For these workers of female sex and gender, the inability to work thus worsens the challenges they face in trying to

meet all these demands. Given that domestic and family work remains an importance source of self-worth for many of them, the absence of measures designed to alleviate this load appear to lead many to respond to this tension by disengaging from paid work.

To promote their RTW, it is therefore important to offer these workers support and resources that can help them perform the various tasks associated with their cumulative workload. Not only does this require better recognition of the requests and needs they express, but also more explicit consideration of the demands, resources and constraints posed by their cumulative workload. It would undoubtedly be easier to implement interventions and measures designed to support RTW if we took into account both their personal situation (domestic and family responsibilities) and work situation.

We know that identification with certain gender roles, as well as the ways in which these roles are carried out or expressed, does not correspond systematically to people's biological sex. By explicitly taking into account the workload associated with these different spheres of activity, we may be able to offer workers better adapted RTW interventions and tools than those provided solely on the basis of biological sex.