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Sickness absence as an interactive process:
gendered experiences of young, highly educated
women
with mental health problems

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Pat Educ Couns 2008, 73, 300-306

Introduction

- Qualitative study young highly educated women
- Regime change in social insurance
- “Now what?!” Fatigue in highly educated women
- Missing knowledge

Introduction

Dutch women and work disability

- Dutch working women
 - Debate about labour participation (degree, quality)
 - High SA, high work disability
- Work & Care



Introduction

- Moms had the best mental health outcomes....
- Exposure hypothesis
 - Unfavourable working conditions more often
 - Higher job demands, less autonomy, fewer career opportunities, lower salary....
- Vulnerability hypothesis
 - Higher vulnerability to working conditions
 - Not taking pleasure in their work, bad working climate

Introduction

- Highly educated women <40 yrs
- Many figures from quantitative studies but lacking insight in the process

Introduction Symbolic interactionism theory

- Interaction with the social world
- Roles: stable, recognized, and used
 - Roles are shared expectations
 - Role identities are internalized role expectations
- Gender as a modifier
- Role conflict
 - Interrole when roles interfere 'working mother'
 - Intrarole when role expectations conflict each other 'think manager-think male'

Problem statement

- How did the women experience their employee role, their sick role, and their work disability, and what are the consequences of this for their rehabilitation needs?



Method

- 13 women BA+ aged 29-41
- Purposive sampling:
 - profession, children, civil status, time away
- Interviewed 1-1.5 h, in 2004-2005
- Interviews focused on interactions with other actors
 - Work experiences, work and care, emergence of health complaints, reporting sick, recovery, return to work, future expectations
- Recorded, transcribed verbatim, coding

Results

- Starting a career
- Stress and dissatisfaction emerge
- Reporting sick and the legitimacy of sickness absence
- Sickness absence and the concept of a 'good working life'
- Return to work and the memory of stress

Starting a career (1)

- Work is pivotal, unlimited effort
- Work for the thrill
- Recognition, insecurity, fear of failure



"Call me crazy, but I think my paperwork is actually following me."

Starting a career (2)

'Well, I thought: gee, this is all part of the game, so you accept it. I never took a moment to reflect. Certain things made me really anxious or were really difficult for me, but eh, you think... you just keep on going'

(#3, 38 yrs, journalist, no RTW, no children)

Emerging stress and dissatisfaction (1)



- Recovery and down-time reduced
- Addressing the problems: partners and supervisors' responses
- Mental health problems emerge
- Self-blame

Emerging stress and dissatisfaction (2)

'I vaguely had this idea that it was my fault. That I maybe got carried away a bit too much by clients, so to speak'

(#11, 41 yrs, vocational rehabilitation consultant, no RTW, baby)

Reporting sick (1)

- 'Last resort'
- Clear demarcation: work is de-prioritized
- Accepting limitations
- Worries about the legitimacy of their sick leave

Reporting sick (2)

'I was just worn out, totally worn out. But the very moment I reported sick, it still felt like I was playing hooky. It did not feel like I could be ill or so. Even though my general practitioner had said it, it still felt like: is this really true? (....) I could not accept the fact that I had let it come this far' (#3, 38 yrs, journalist, no RTW, no children)

- Focus on the self and social isolation
- Individual problems need psychological treatment

Sickness absence and a 'good working life' (1)

- Recovery: withdrawal from work role, new meanings
- Reconsideration of life goals: gender and life-stage

'I think, especially in the past year, since I had a baby, it became more relative to me'

(#5, 39 yrs, recruiter, student, 1 child)

Sickness absence and a 'good working life' (2)

- Still: a hopeless situation

'Because that is actually what happens, you drop out of your work role and you become estranged somehow from everything and everybody around you. And yes, it is hard to find the stimulus within you like 'I'm going to try again'.

(#12, 35 yrs, industrial designer, no RTW, no children)

Return to work and the memory of stress (1)



- Reconciling new work and private life values with organizational demands

"That is something as well: I really missed something!"

(#8, 32 yrs, sales manager, no RTW, no children)

Return to work and the memory of stress (2)

'After half an hour I was already tense behind my computer: how am I going to deal with this?

And every day I had to sit somewhere else, because there was no steady workplace.

It was very hectic. I held on for a few months and then broke down heavily'

(#5, 39 yrs, recruiter, student, 1 child)

Discussion

Phase theory of work health reconciliation

1. Interactions women - organizations
 - Overemphasis of the work role
2. Social isolation
 - Negative interactions with environment
3. Early individualization of problems
4. Interactions gendered and connected to life-stage

Practice implications

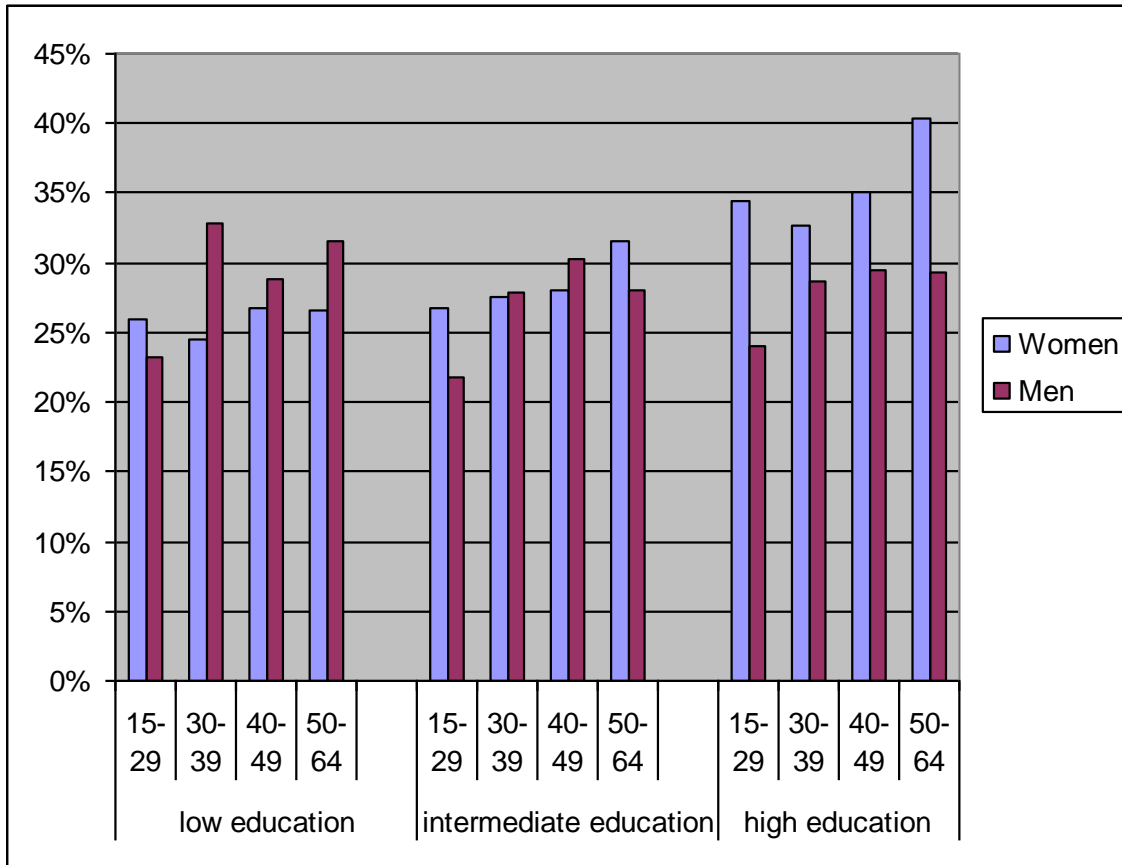
- Preventive measures: particularly for women!
- Active coaching in applying new strategies
- Address structural factors



Regime change in social insurance

- Gatekeeper Act (2002)
 - RTW-plan after six weeks
 - Two yrs sick leave
- Act on Work and Income according to Labour Capacity (WIA) (2006)
 - a. Work Resumption Scheme for Partially Disabled (WGA)
 - b. Income Provision Scheme for Fully Disabled (IVA)

“Now what?!” Work-related fatigue in highly educated women (N=47,263, cohorts 2005 and 2006)



Verdonk et al. *Int Arch Occup Environ Health*, 2009

Work-related fatigue in highly educated women

- Prevalence of NFR 28.8%
- Highly educated: men 28.4% vs women 35.2%
- Highly educated women > 50: 40.3%

- Factors explaining gender differences
 - job control, emotional job demands, external workplace violence (patients, students, clients)
 - number of hrs and overtime
- Crude OR 1.37 adjusted OR 1.32 ???!
- *“Now what?!!”*

Deficiencies in women, not in work

- More fatigue –
 - they are whiners
- Less job control –
 - they feel powerless
- More emotional demands –
 - they can't set limits
- More intimidation –
 - they should be more assertive

Should we tell women they are too nice??!

Research agenda (1) *occupational*

For instance

- Individual responsibility or exploitation
- On-the-job recovery opportunities
- The meaning of overtime work
- Violence at work
 - sector and profession
 - violence in continuing relationship
- Greedy institutions and 24/7 availability
- Gender dynamics in organizations and health

Research agenda (2) *social*

For instance

- Off-the-job recovery opportunities: leisure time, sports
- Cross-relational work-work and work-home interference
- Gender (in)equality in relationship
- Gender-based violence
- Informal care and work
- Single parents

Research agenda (3) *biological*

For instance

- Gender differences in heritability as regards stress
- HPA-axis (Hypothalamic-Pituitary-Adrenal):
estrogens and stress response
- *Tend-and-befriend*: stress response and the role of social support
- Long-term biological effects of violence
- Gender differences in health and illness

Research agenda (4) *psychological*

For instance

- Masculinity/femininity beliefs and fatigue
- Gender and values
 - altruism, collaboration, competitiveness
- Self-efficacy and feelings of (in)sufficiency
- Social anxiety and fear of failure

Research agenda (5) *structural and practice*

For instance

- Gender-sensitive
 - labor market policies
 - occupational health care interventions
 - social insurance and health policies
 - translation of knowledge into
 - medical and health sciences education
 - health care (practice guidelines)

Thank you for your attention!



I learnt some of it at
self-defence and the
rest I made up myself.

