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# WOMEN, WORK AND HEALTH
# ŽENSKE, DELO IN ZDRAVJE

*Aleksandra Kanjuo Mrčela[1], Miroljub Ignjatović[1]*

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UDC 331:305; 331.1:614

## Abstract

***Background:*** *This paper discusses gender differences in working conditions and related psychological and health risks in Slovenia.*
***Methods:*** *The analysis is based on the 5th European Working Conditions Survey and data from a special Module on working conditions and psychological and health risks in the working environment in Slovenia obtained in 2010.*
***Results:*** *Gender differences exist in the reported work conditions and work satisfaction of the employed population, and the reported physical and mental health problems in Slovenia. Analysis of the correlation between health-related problems under different work conditions also show gender differences.*
***Conclusion:*** *Women are more overburdened with paid and unpaid work, they report less autonomy at the workplace, are less satisfied with working conditions and they report more physical and mental problems that are associated with work.*

**Key words:** women, work, health, working conditions

Izvirni znanstveni članek
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## Izvleček

***Uvod:*** *Članek obravnava razlike med spoloma v delovnih razmerah ter z njimi povezanimi psihološkimi in zdravstvenimi tveganji v Sloveniji.*
***Metode:*** *Analiza temelji na 5. evropski raziskavi o delovnih razmerah in podatkih iz posebnega modula o psihičnih in zdravstvenih tveganjih na delovnem mestu v Sloveniji, pridobljenih v letu 2010.*
***Rezultati:*** *Obstajajo razlike med spoloma v delovnih razmerah in zadovoljstvu zaposlenih z delovnimi razmerami ter v fizičnih in psihičnih zdravstvenih težavah, ki jih zaposleni imajo. Analiza povezanosti med z zdravjem povezanimi težavami in različnimi delovnimi razmerami kaže tudi na razlike med spoloma.*
***Zaključek:*** *Ženske so bolj preobremenjene s plačanim in z neplačanim delom, poročajo o manjši avtonomiji na delovnem mestu, so manj zadovoljne z delovnimi pogoji in poročajo o večjem številu telesnih in duševnih težav, ki so povezane z delom.*

**Ključne besede**: ženske, delo, zdravje, delovni pogoji

## 1 INTRODUCTION

Previous analyses on the quality of working life in Slovenia indicated an increasing work intensity in Slovenian organisations in the last decade due to the processes of privatisation, restructuring and competitive pressures on the international markets (1, 2). The intensification of work had a specific effect on women's lives because of the double burden of paid and unpaid work. In spite of the high labour force participation (in 2011, the labour force participation for women was 60.9 %, the FTE employment rate was 59.0 % and only 13.3 % of employed women were in part-time employment), Slovenian women still have the main responsibility for unpaid care and household work (3-7). Well-organised institutional support for the reconciliation of professional and family related work made the double burden easier for women and was until recently, together with a well-developed legislative framework, a basis for relatively high gender equality in Slovenia.

In the recent period, the working conditions in Slovenia were additionally negatively affected by the economic

[1]University of Ljubljana, Faculty of Social Sciences, Kardeljeva ploščad 5, 1000 Ljubljana, Slovenia
Correspondence to: e-mail: aleksandra.kanjuo-mrcela@fdv.uni-lj.si

crisis. Austerity measures and announced structural reforms put additional pressure on working men and women. Socially constructed roles that ascribed women to be involved in both paid and unpaid work cause additional pressure that could result in health problems. In this article, we will analyse data on working conditions and psychological and health risks in the working environment in Slovenia obtained in 2010.

We aim to answer the following research questions:

- Whether gender differences exist in reported work conditions and work satisfaction?
- Whether men and women experience different physical and mental health problems?
- Whether men and women differ in negative experiences at work (including harassment, bullying, stress and other things) that could affect workers health?
- How the reported health-related problems correlate with different work conditions?
- Whether the high intensity of work (especially for women) correlates with health problems?

In order to better understand the situation in Slovenia, we will compare some results concerning the working conditions in Slovenia with data for the EU and discuss our findings considering previous analyses of changes to the working and living conditions in Slovenia and literature on women's work and health. This literature builds upon the "multiplicity and complexity of the relationship between work and health" (9) and the re-defined concept of work that under the influence of feminism on the sociology of work, acknowledged women's unpaid and often hidden work in the private sphere (10, 11). Our analysis treats health from a sociological perspective as a phenomenon that has both a social and a physical basis (12) and is implanted in a social environment and because of that gendered. We understand the gendered relationship of work and health in Slovenia using the feminist perspective on multiple contexts and dimensions of women's work that is reflected in the conceptual frameworks and measurement instruments and breaks away from male-centred assumptions and implications in conceptualization and defining women's work (10).

## 2 METHODS

We analysed the data of the 5th European Working Conditions Survey (8) and the data from a special Module on working conditions and psychological and health risk in the working environment in Slovenia obtained in 2010. The European Foundation for the Improvement of Living and Working Conditions provided the standard EWCS questionnaire (covering several aspects of working conditions, including the physical environment, workplace design, working hours, work organisation and social relationships in the workplace) and managed the study within its international survey framework. The data was obtained through face-to-face CAPI interviews carried out between 1 February and 13 May 2010. Overall, 1,404 interviews were conducted of persons in employment (the documented response rate was 41%). The Slovenian special module explored experiences of mobbing, harassment and bullying in the workplace. The response to questions in the extra module was optional and the majority of respondents (i.e. 1221 out of 1404) agreed to reply to them (13).

For the purpose of gender-sensitive analysis, we created three index variables: Weekly hours in paid and unpaid work index, Health index and Harassment index. The Weekly hours in paid and unpaid work index was calculated in accordance with the EUROFOUND's calculation of the same index[1]. The index was then recoded in a continuous variable with three groups: 1. 1-40 hours; 2. 41-70 hours; 3. more than 70 hours.

The index variable Health was calculated as an average of 15 variables representing 15 different physical or mental problems with statistically significant differences between genders that Slovenian respondents suffered in the last six months. A new dichotomous variable was thus created with two values: 1. Healthy and 2. Ill.

The Harassment index variable was created as an average of 15 variables representing different possible forms of harassment at the workplace. A new dichotomous variable was created with two new values: 1. Not harassed and 2. Harassed. In both cases (Health and Harassment indexes), the cutting points were arbitrarily selected after further analysis of the sample. Factor and (bivariate) correlation analyses were also performed.

## 3 RESULTS

### 3.1 The work conditions and work satisfaction of employed women and men in Slovenia

According to the Eurofound (8), there are more workers in Slovenia who work more than 70 hours per week than in the EU27 (see Figure 1). Concerning the number of hours of (paid and unpaid) work, there is a large gender difference in both the EU 27 and in Slovenia, but in Slovenia it is considerably larger as 17.3 % of men and as much as 41 % women report working more than 70 hours per week.

[1]We are greatly thankful to Gijs van Houten who provided us with the SPSS syntax commands Eurofound used to calculate the index.

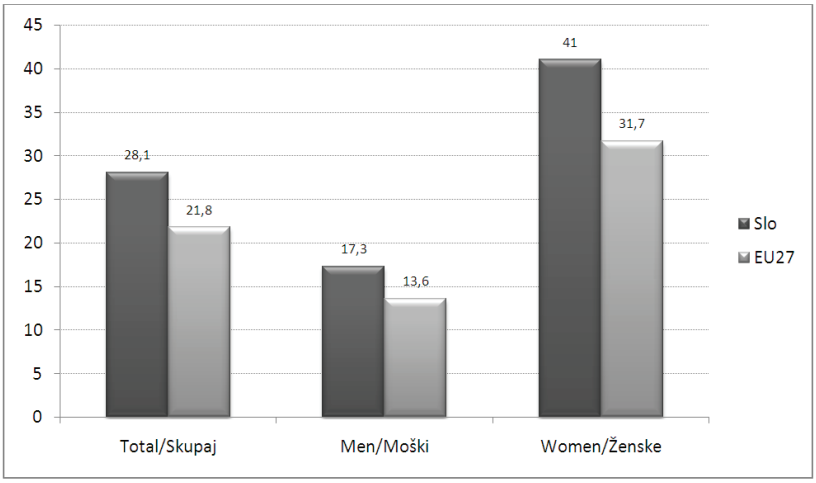


*Figure 1. Workers who work more than 70 hours per week (%).**
*Slika 1. Delavci in delavke, ki delajo več kot 70 ur na teden (%).**

*(paid and unpaid work index)/ (indeks plačanega in neplačanega dela)

The share of those who reporting that their working hours do not fit family/outside work life very well or not at all well is much higher in Slovenia than the average in the EU27.

As much as 63.1 % of women and 55.9 % of men in Slovenia report presenteeism (working despite being sick; see Table 1). There are also more workers in Slovenia compared to the average in the EU27 who have not been on sick leave in the past 12 months.

*Table 1. Workers who worked over the past 12 months when they were sick (%).*
*Tabela1. Delavci in delavke, ki so v zadnjih 12 mesecih delali med boleznijo (%).*

| | Slovenia/ Slovenija | EU 27 |
|---|---|---|
| Total/Skupaj | 59.2 | 39.2 |
| Men/Moški | 55.9 | 37.8 |
| Women/Ženske | 63.1 | 41.0 |

Significant gender differences occur regarding work autonomy – setting the working time arrangements ($p<0.001$) and regarding the influence someone has on the important decisions about work ($p<0.001$). More women (68.6 %) than men (62.4 %) have their working time set by the company/organisation, while more men (14.2 % against 8.9 % of women) can determine their working time entirely by themselves. Similarly, men have more autonomy in choosing their working partner (18.5 % against 11.8 % of women), while the majority of both genders still never have such an opportunity (47 % of men against 54.5 % of women). More men (22.5 % against 17.2 % of women) can always take a break when they wish, while more women never have such an opportunity (35.9 % against 25.1 % of men). More men (17.7 % against 11.4 % of women) also report that they can always influence important decisions about their work.

On the other hand, more men (17.6 % against 12.7 % of women) report that they work in their free time in order to meet their work demands nearly every day or once or twice a week. Men are more (57.2 %) than women (50.8 %) always or most of the time involved in improving the work organisation or work processes. Job insecurity seems to be much higher in Slovenia - about 27 % of both men and women are afraid of losing their jobs in the next 6 months - than the average in the EU27 (16.4 %). On the other hand, in Slovenia more men (38.6 % against 29.9 % of women) demonstrate optimism (strongly agrees and agrees) regarding the possibility of finding a job with a similar salary while the gender difference is reversed in the average in the EU27 (31.2 % men and 32.7 % women demonstrate optimism).

Overall, compared to others in the EU27, Slovenian workers are less satisfied with their working conditions: there is a considerably smaller share of those who are very satisfied with their working conditions in Slovenia (13.5 %) than in the EU27 (25 %) and much larger share of those who are not satisfied with their working conditions (25.8 % in Slovenia and 15.7 % in the EU27). In contrast to the EU27 average, women in Slovenia report more dissatisfaction and less high satisfaction compared to men.

### 3.2 Experiences of physical and mental health problems of women and men in the Slovenian labour market

More men (22.7 % against 19.3 % of women) never experienced stress in their work, while more women (44.7 % against 39.4 % of men) experienced stress sometimes (see Figure 2). As much as 42.9 % of respondents in EWCS in Slovenia, almost half of women (47.9 %) and 38.6 % of men reported that they have suffered from overall fatigue in the last 12 months.

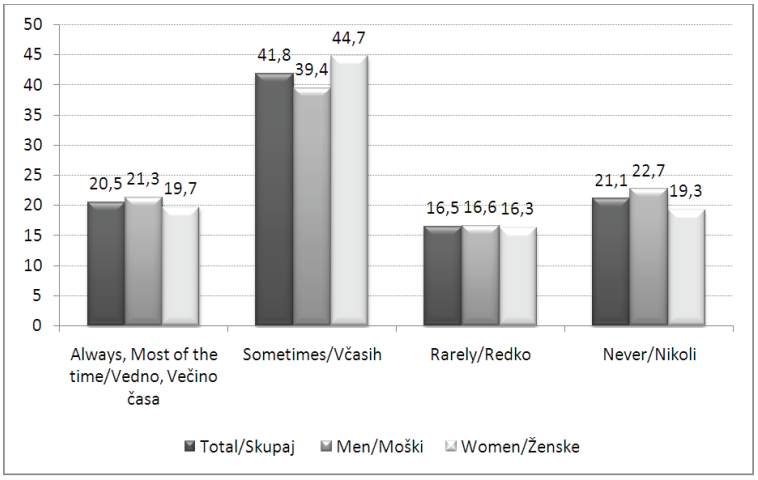


*Figure 2. Workers who experience stress in their work in Slovenia (%).*
*Slika 2. Delavci in delavke, ki doživljajo stres na delovnem mestu v Sloveniji (%).*

Women are more emotionally involved in their work (always and most of the time – 17.6 % against 13 %), while 63.8 % of men and 51.8 % of women are rarely or never emotionally involved. More men (44.7 % against 34.8 % of women) think that their work never requires them to hide their feelings.

10.1 % of respondents (7.7 % men and 12.9 % women) reported that they suffered from depression or anxiety in the last 12 months. Experienced depression or anxiety has a weak positive correlation with the experience of overall fatigue (.274) and a negative correlation with satisfaction with working conditions (-.228). Experience of overall fatigue is correlated with the experience of being given more work than one could handle, sleeping disorders, muscular tension and nervousness.

Compared to the EU27 average (27.4 % men and 22.1 % women), there are considerably more Slovenian men (almost 50%) and almost twice as many Slovenian women (40 %) who estimate that their work mainly affects their health negatively.

A third of women and as many as 40.6 % of men in Slovenia think that their health and safety are at risk at work. These shares are considerably higher than the average for the EU27 (18.8 % and 28.7 %, respectively). Considering the above results, it is no surprise that only a quarter of workers in Slovenia compared to 58.7 % workers in EU27 estimate that they will be able to do the same job at 60. The share of women (21.5 %) who think that they will be able to do the same job at 60 is considerably lower than the share of men (28.9 %). These results are to be considered bearing in mind the expectations regarding retirement age based on the existing legislative framework that allows for an early retirement age, especially for women. Nevertheless, the intensity of work reported by Slovene respondents certainly also affects the desirability and estimated ability to work in older age.

The largest share of respondents reported three physical or mental health problems out of 23 (45.8 % nervousness, 28.5 % sleep disorders and 28.3 % muscular tension). More women reported on all the problems compared to men, and for most health problems, the gender difference is considerable. The difference between men and women is more than double for the following problems: migraine (M=7.5 %; F=18.6 %), fits of anxiety (M=7.6 %; F=16.2 %), bouts of crying (M=1.4 %; F=13.7 %), fears with no motive (M=5.6 %; F=12.2 %), feelings of inferiority (M=4.8 %; F=10.9 %).

Statistically significant differences between genders in experiencing a particular physical or mental problem in the past six months occurred in relation to: gastritis, migraine, anxiety, nausea/vomiting, sleep disorders (insomnia), bouts of crying, heart burn, tachycardia (rapid heartbeat), attacks of panic, nervousness, crises of depression, feelings of apathy / lack of initiative, fears

with no motive, feelings of inferiority and problems with memory. In all those cases of physical or mental problems, the shares of women are noticeably higher than the shares of men (see Figure 3).

The principal components (factor) analysis revealed, after constraining the number of components, a two-component solution that explained 41.06 % of variance with the first component explaining 33.358 % of the variance and the second explaining 7.702 %. Using the oblimin rotation, we obtained a relatively clean structure with only two variables sharing similar values in both components. Loadings of the variables show a relatively clear division between mental (first component) and physical (second component) problems related predominantly to women (see Appendix1).

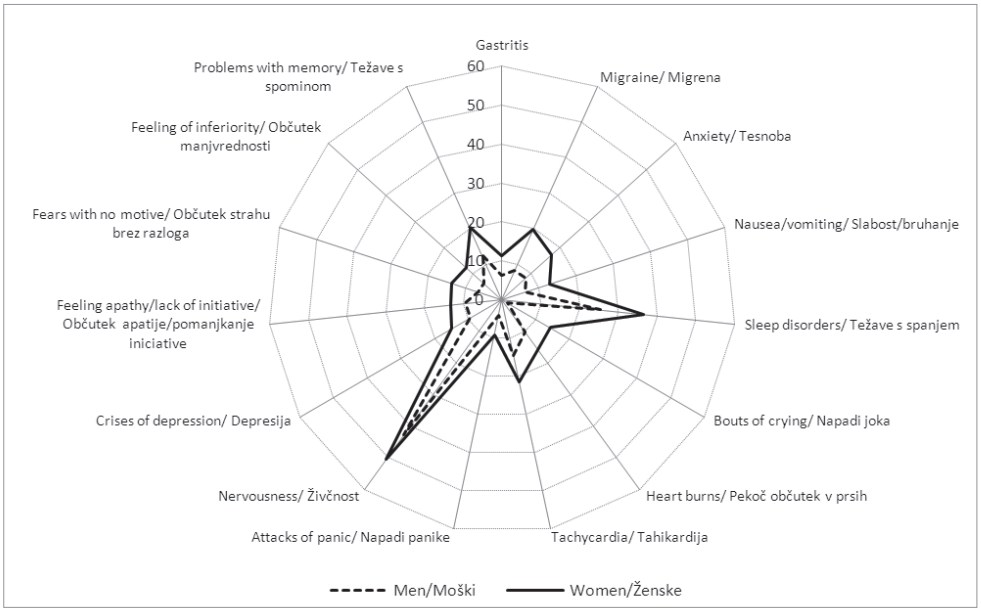


*Figure 3. The shares of men and women with particular physical or mental problems within the respective gender.*

*Slika 3. Deleži moških in žensk z določenimi fizičnimi ali duševnimi težavami, med vsemi moškimi oziroma ženskami.*

### 3.3 Negative experiences at work: including harassment, bullying, stress and other things

Only a small share of workers in Slovenia (1.5 %) reported experiences of physical violence at work. More reported different forms of psychological violence/abuse: 8.5 % reported verbal abuse; 6.8 % discrimination; 6.6 % threats and humiliating behaviour; and 4.8 % bullying/harassment.

Health problems in the Slovenian labour market are much more frequent than harassment. According to the survey data from the health index, the share of persons with an illness is 24.4 %, while the share of persons that experienced and reported harassment (harassment index) is only 8.8 %. According to the data, there are some statistically significant differences between genders, although the number of cases related to discrimination and harassment is much lower than the number of cases related to physical and mental problems.

### 3.4 Health related problems and different working conditions

Are there any statistically significant correlations between weekly hours spent in paid and unpaid work, health, harassment and working conditions on the labour market, especially regarding women?

Bivariate correlation analysis on the aggregate level showed weak but statistically significant correlations between the indexes on Weekly hours spent in paid and unpaid work and the Health index (.137 at p=0.000) and between the indexes on Weekly hours spent in paid and unpaid work and Harassment (.064 at p<0.040). When splitting the sample by gender, the correlation is only statistically significant for women between the indexes on Weekly hours spent in paid and unpaid work and Health (.124 at p<0.002), thus showing that there is a weak positive correlation between an increase in working hours (paid and unpaid) and an increase in health problems for women.

By performing bivariate correlation analysis on an aggregate level, we also obtained a relatively moderate (and statistically significant) correlation between the index variables of health and harassment (.313 at p=0.000), meaning that an increase in harassment increases health problems.

Concerning the relationship between health and working conditions and relations, statistically significant correlations were found in several dimensions.

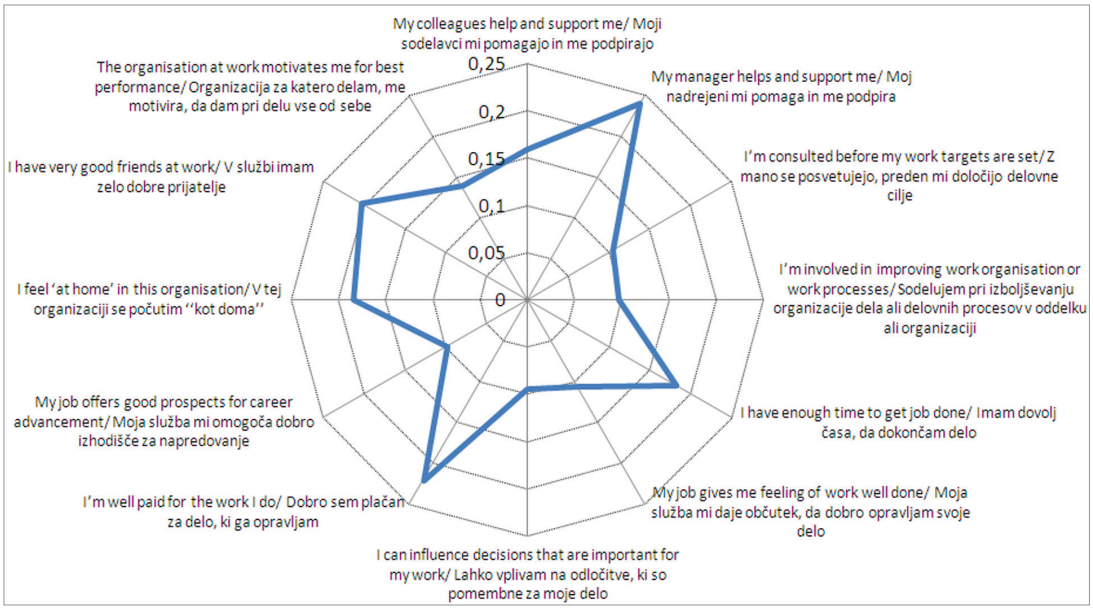


*Figure 4. Variables that have a positive correlation with health for men.*
*Slika 4. Spremenljivke, ki so pozitivno povezane z zdravjem moških.*

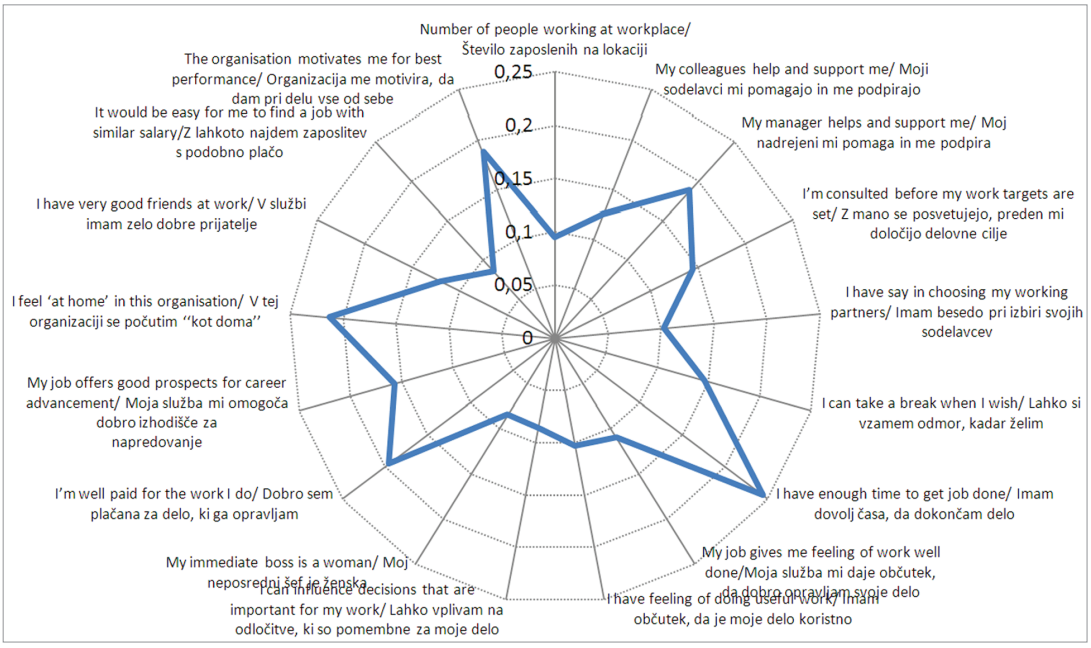


*Figure 5. Variables that have a positive correlation with health for women.*
*Slika 5. Spremenljivke, ki so pozitivno povezane z zdravjem žensk.*

The above graphs reveal that both genders associate good health with some elements of good working conditions (enough time to get the job done, good payment, having good friends at work or feeling 'at home' in the organisation, and having the manager helping and supporting an employee) with a slightly different accent on priorities between genders (see Figure 4 and Figure 5). In general, women associate (positively and negatively) more elements of working conditions with health than men.

Regarding the positive correlation between the health and working conditions variables, the highest correlation is between health and manager help and support (.239 at p=0.000) for men and enough time for getting the job done (.245 at p=0.000) for women (see Table 2).

*Table 2. Working conditions variables that correlate positively the most with health by the respective gender.*

*Tabela 2. Delovni pogoji, ki so najbolj pozitivno povezani z zdravjem, po spolu.*

| | Men | Women |
|---|---|---|
| I have enough time to get job done/ Imam dovolj časa, da dokončam delo | .182 | .245 |
| I feel 'at home' in this organisation/ V tej organizaciji se počutim "kot doma" | .185 | .213 |
| I'm well paid for the work I do/ Dobro sem plačan/a za delo, ki ga opravljam | .221 | .196 |
| My manager helps and support me/ Moj nadrejeni mi pomaga in me podpira | .239 | .188 |
| The organisation at work motivates me for best performance/ Organizacija za katero delam, me motivira, da dam pri delu vse od sebe | lc* | .187 |
| I have very good friends at work/ V službi imam zelo dobre prijatelje | .204 | lc* |

* low correlation

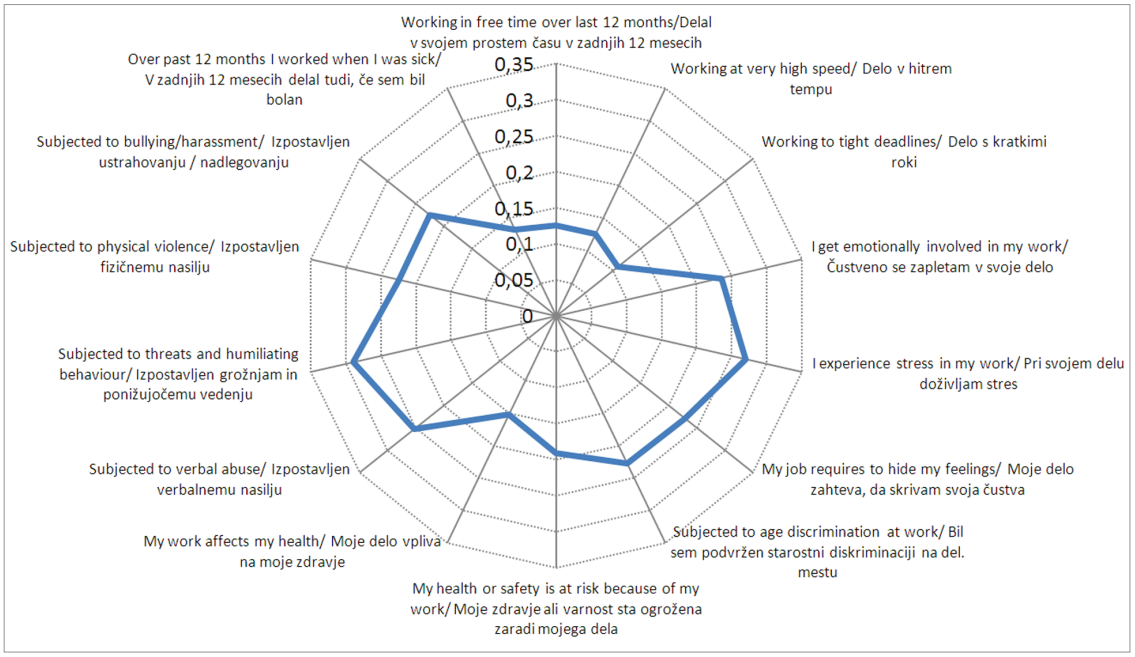


*Figure 6. Variables that have a negative (-) correlation with health for men.*

*Slika 6. Spremenljivke, ki so negativno povezane z zdravjem moških.*

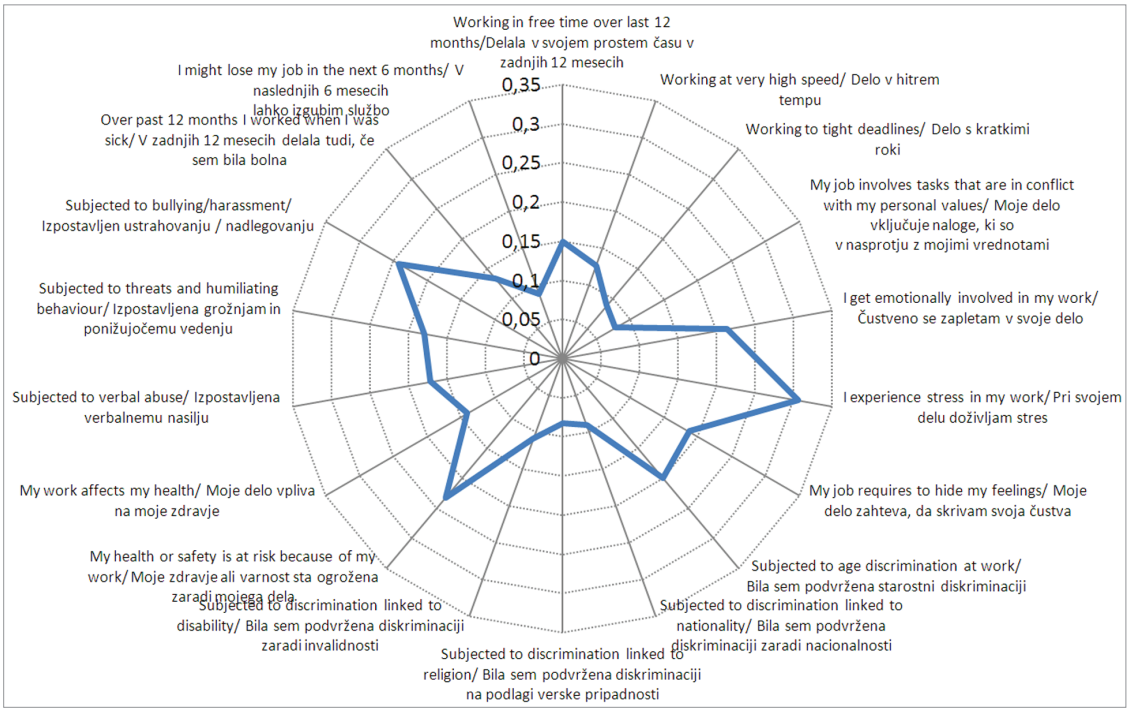


*Figure 7. Variables that have a negative (-) correlation with health for women.*
*Slika 7. Spremenljivke, ki so negativno povezane z zdravjem žensk.*

Regarding the negative correlation between working conditions and health, there are, again, more elements cited by women, but on average they are negatively associated slightly stronger with health by men (see Figure 6 and Figure 7). The highest negative correlation is between health and a person's subjection to threats and humiliating behaviour (-.289 at p=0.000) for men and a person's experience of stress in work (-.306 at p=0.000) for women (see Table 3).

As can be seen, the majority of variables that are correlated to health are related to the human resource management measures applied (or not) at the workplace and the reaction of the worker/employee to the (non)existence of those measures. The existence of such measures is of course related to a positive effect on health, while nonexistence is related to a negative effect to health.

*Table 3. Working conditions variables that correlate negatively the most with health by the respective gender.*
*Tabela 3. Delovni pogoji, ki so najbolj negativno pozvezani z zdravjem, po spolu.*

| | Men | Women |
|---|---|---|
| I experience stress in my work/ Pri svojem delu doživljam stres | -.270 | -.306 |
| I've been subjected to bullying/harassment/ Izpostavljen/a ustrahovanju / nadlegovanju | -.225 | -.242 |
| My health or safety is at risk because of my work/ Moje zdravje ali varnost sta ogrožena zaradi mojega dela | lc* | -.233 |
| I get emotionally involved in my work/ Čustveno se zapletam v svoje delo | -.236 | -.214 |
| I've been subjected to age discrimination at work/ Bil/a sem podvržen/a starostni diskriminaciji na del. mestu | -.227 | -.200 |
| I've been subjected to verbal abuse/ Izpostavljen/a verbalnemu nasilju | -.252 | lc* |
| I've been subjected to threats and humiliating behaviour/ Izpostavljen/a grožnjam in ponižujočemu vedenju | -.289 | lc* |
| My job requires to hide my feelings/ Moje delo zahteva, da skrivam svoja čustva | -.229 | lc* |
| I've been subjected to physical violence/ Izpostavljen/a fizičnemu nasilju | -.224 | lc* |

* low correlation

## 4 DISCUSSION

The aim of our analysis was to contribute to the understanding of the gendered social embeddedness of the health of the employed population in Slovenia in this time of economic crisis. In the following discussion, we will place our findings within the context of the existing research on the connectedness of health, work and gender that gradually developed over the last decades. We will show how our results correspond to three topics that are significant to the field: acknowledgment of the importance of the double burden of paid and unpaid work on the health of women, the health implications of gender specific working conditions and impact of the crisis and changing gender roles on health inequalities. The limits of our analysis are given by the data provided by the two surveys we used, which should certainly be enhanced in the future by in-depth qualitative and quantitative analysis using more sophisticated statistical methods.

As previous analyses (14) show that there exists a lack of understanding of how women integrate the different spheres, demands and stresses in their lives, we highlighted the differences between the working hours of men and women in Slovenia. We thus contributed to a better understanding of the multiple properties, contexts and dimensions of women's work (such as time, activity, place, reward and others) that influence women's health well-being (14).

The distribution of work, jobs, social power and resources is universally gendered. Women and men spend different amounts of time in paid and unpaid work – women are more likely to be employed part-time (in order to combine paid work and unpaid care work), to interrupt their careers and working life due to parenthood while men, more often holding better paid and better positioned jobs, are less likely to be attuned to caring roles. The negative dimensions of part-time jobs regarding status, pay, career prospects and working conditions have been well documented (15 - 17). Previous analysis in Slovenia also noted a social context for health and illness and a correlation of gendered expectations in public and private life for women and men and their health (19-21). In Slovenia, completely out of tune with the realities of the working lives of men and women, the entrenched stereotypes of the man as the breadwinner and the woman as the homemaker are proving hard to root out.

The double role of women was reflected in the research in the field - while a lot of the earlier research on female employment and health questioned whether women's employment had negative effects on the health and welfare of children and the welfare of the family, only later research focused on the women themselves (18). While many studies show the positive effects of paid employment on women's health (22) and multiple roles have been found to have beneficial rather than adverse effects on mental health, there are studies pointing out factors that may erode these potential beneficial effects such as "the husbands' negative attitudes to women's paid employment, with the resultant marital conflict, and the husbands' lack of participation in child care" (23). Chandola's (24) analysis of work-to-family and family-to-work conflict in three very different environments (Finland, Japan and the UK) concludes that both conflicts affect the mental health of men and women and that "work and family roles and the balance between the two may be important for the mental health of men and women in industrialized societies". Analysis in other countries (22, 25) proved that the double burden of paid work and family obligations embedded in existing gender inequalities that give men more power and social recognition impact women's health negatively. Atrazcoz (22) reports on studies that support the role overload or role conflict hypothesis and show that when the total overwork is high, combining different roles damages a women's health. Bellantyne (26) established that "women's relationship to the labour market establishes and perpetuates their socio-economic inequality relative to men". That has been documented in our analysis showing that women who are overburdened with paid and unpaid work report more health problems.

Gender is a basis for differences regarding the distribution of unpaid work and differences in the distribution and evaluation of paid work. Vertical and horizontal gender segregation that is an important characteristic of the labour markets universally proves to be connected to differences in working conditions and the distribution of social and economic rewards and risks. Women tend to work in lower paid jobs, be in positions with less control and autonomy and more likely in shift-work, while men generally have more paid working hours, perform physically harder and more dangerous work, and are exposed to more disruption (calls, contacts) outside working time (27). However, only recently, gender differences in working conditions were noticed as important for assessing occupational health risks and work-related accidents, and developing strategies for effective prevention (28). The mainstreaming of gender in research and measures on occupational health and safety started to be seen as necessary in order to improve the current EU approach to safety and health, which has been assessed as unsuitable for dealing with work-related health and safety risks for women and men due its lack of attention

to the different employment conditions, the considerable horizontal and vertical gender segregation of the labour market and concentration on the situation of male workers. Our analysis has documented differences between men and women in working conditions and it's different impacts on the health and satisfaction of men and women at work.

Walters (18) reports on studies of gender differences in health showing a lack of data, the importance of understanding changing gender relations, differences in power and access to resources between women and men, and the changing expectations of appropriate gender roles and behaviours. Recent studies also show the relative value of the common belief that "women are sicker but men die quicker", which is questioned when men and women working in same jobs and leading similar lives are compared (12). The current economic crisis is occurring in a time of on-going changes in actual and desirable gender roles, including changes to the "old ways of being a man" (29). While many men are increasingly affected by flexibility, which used to be a characteristic of female employment (insecure, part-time jobs), and are expected to take more parental and household responsibilities, it is still to be seen whether the crisis will cause a step back in the changing gender roles and cause additional pressure on the still strongly double burdened women and their health. Lyne (30,5) notes that the "economic downturn is reinforcing existing health inequalities and generating new ones". The results of our research provide information on differences that are in line with the expectations that the economic crisis will cause additional pressure on women who are combining involvement in full-time paid and unpaid work. We also expect that already implemented and planned cutbacks and reductions of employment in the public sector (health, education and social services) will additionally affect women as both workers and users of public services.

## 5 CONCLUSION

Based on gender-sensitive analysis, we can answer the posed research questions regarding working conditions, reported health related problems and negative experiences at work in the Slovene labour market as follows:

- There exists gender differences in the reported work conditions and work satisfaction of the employed population in Slovenia;
- Men and women differ regarding reported physical and mental health problems;
- Men and women have different negative experiences at work (including harassment, bullying, stress and other things) that could affect the workers' health;
- Analysis of the correlation between the above-mentioned health related problems with different work conditions also show gender differences.
- A high work intensity for women (paid and unpaid work) correlates (although weakly) with an increased incidence of health problems.

In general, Slovenian women are more overburdened with paid and unpaid work, they report less autonomy at the workplace, are less satisfied with their working conditions and they report more physical and mental problems that are associated with work.

The data presented in this report supports and complements the previous analyses on the quality of working life in Slovenia, which have indicated increasing work intensity in Slovenian organisations in the last decade (1, 2, 27). Compared to the average of the EU27, workers in Slovenia report working more (especially women), being less satisfied with their working conditions, experiencing more job insecurity, more presenteeism and less absenteeism, considerable stress and overall fatigue. Among the experiences that are indicators of harassment and bullying at the workplace, the respondents mostly reported negative experiences connected with too much and badly organised work, less about experiences of psychological violence and least of all physical violence (31). The results of our analysis of the working conditions and work satisfaction of employed women and men in Slovenia are in line with other analyses of the effects of social, economic, and cultural conditions on women's health, which establishes that the "fault line" of gender that continues to divide all societies has profound and pervasive consequences for the health of women (32). The results indicate the important role of human resource management in the improvement of working conditions that cause health problems in the Slovene workforce. These results have implications for gender-sensitive organizational and social policies in Slovenia, but also for other European countries that are trying to increase the participation of women in the labour force, while being less concerned with the equality of involvement of men and women in unpaid work in the private sphere.

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## Appendix 1:

**Pattern Matrix[a,b]**

| | Component | |
|---|---|---|
| | 1 | 2 |
| SI17A_10. Attacks of panic | ,814 | |
| SI17A_7. Bouts of crying | ,734 | |
| SI17A_16. Fears with no motive | ,719 | |
| SI17A_13. Crises of depression | ,607 | |
| SI17A_19. Feeling of inferiority | ,584 | |
| SI17A_3. Fits of anxiety | ,583 | |
| SI17A_15. Feeling apathy/lack of initiative | ,331 | |
| SI17A_2. Migraine | -,318 | ,822 |
| SI17A_6. Sleep disorders (insomnia) | | ,508 |
| SI17A_5. Nausea/vomiting | | ,484 |
| SI17A_12. Nervousness | | ,453 |
| SI17A_1. We are asking you now to bring back to memory the last six months .In the last six months, have you suffered from any of the following physical or mental health problems? Gastritis | | ,427 |
| SI17A_8. Heart burns | ,385 | ,411 |
| SI17A_9. Tachycardia (rapid heart beats) | ,324 | ,365 |
| SI17A_20. Problems with memory | | ,359 |

Extraction Method: Principal Component Analysis.
Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 14 iterations.
b. Only cases for which Gender = Female are used in the analysis phase.