



Arbeidsmiljøets betydning for kvinneres arbeidshelse og arbeidstilknytning

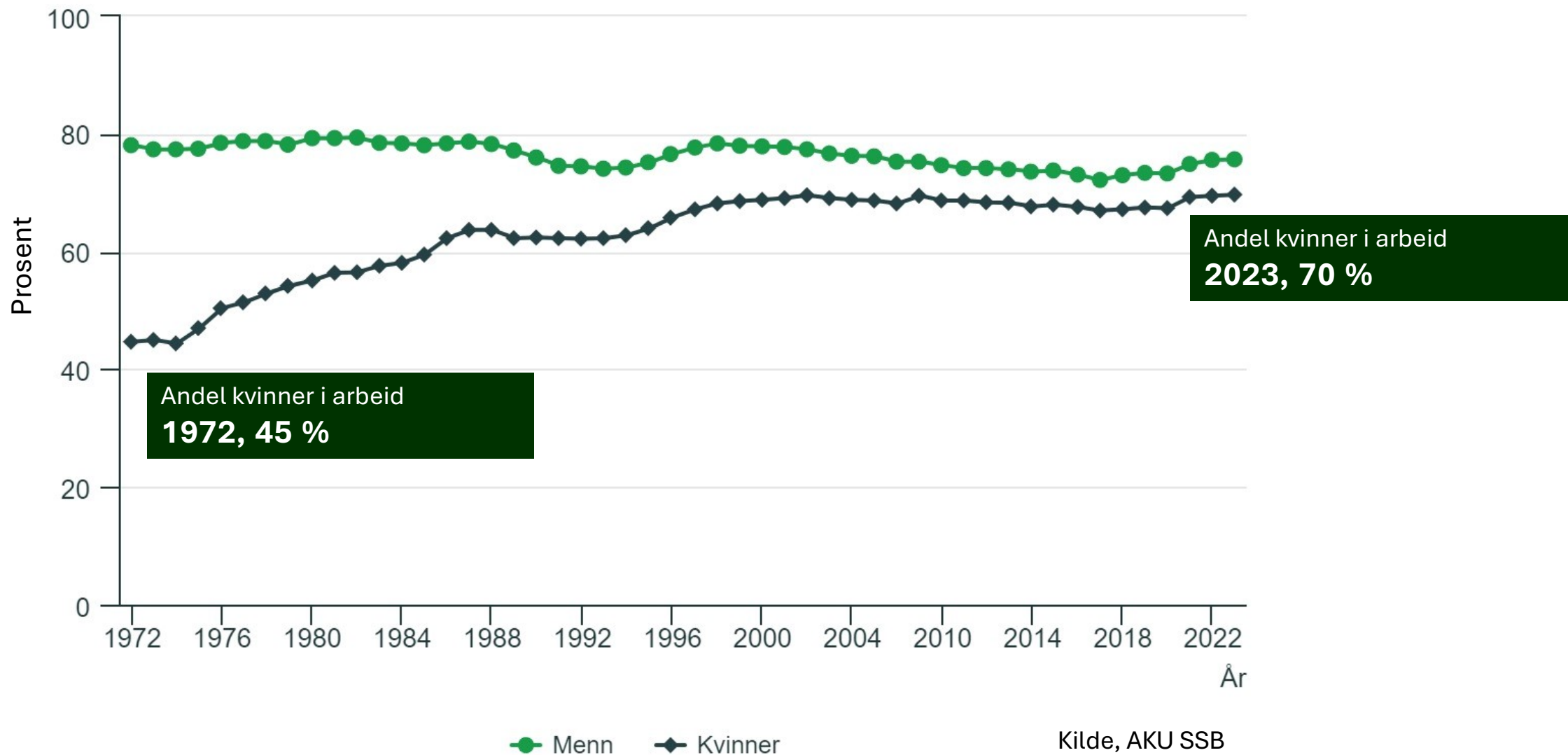
Frokostseminar 25. september 2025

Håkon Johannessen
Gruppeleder, seniorforsker

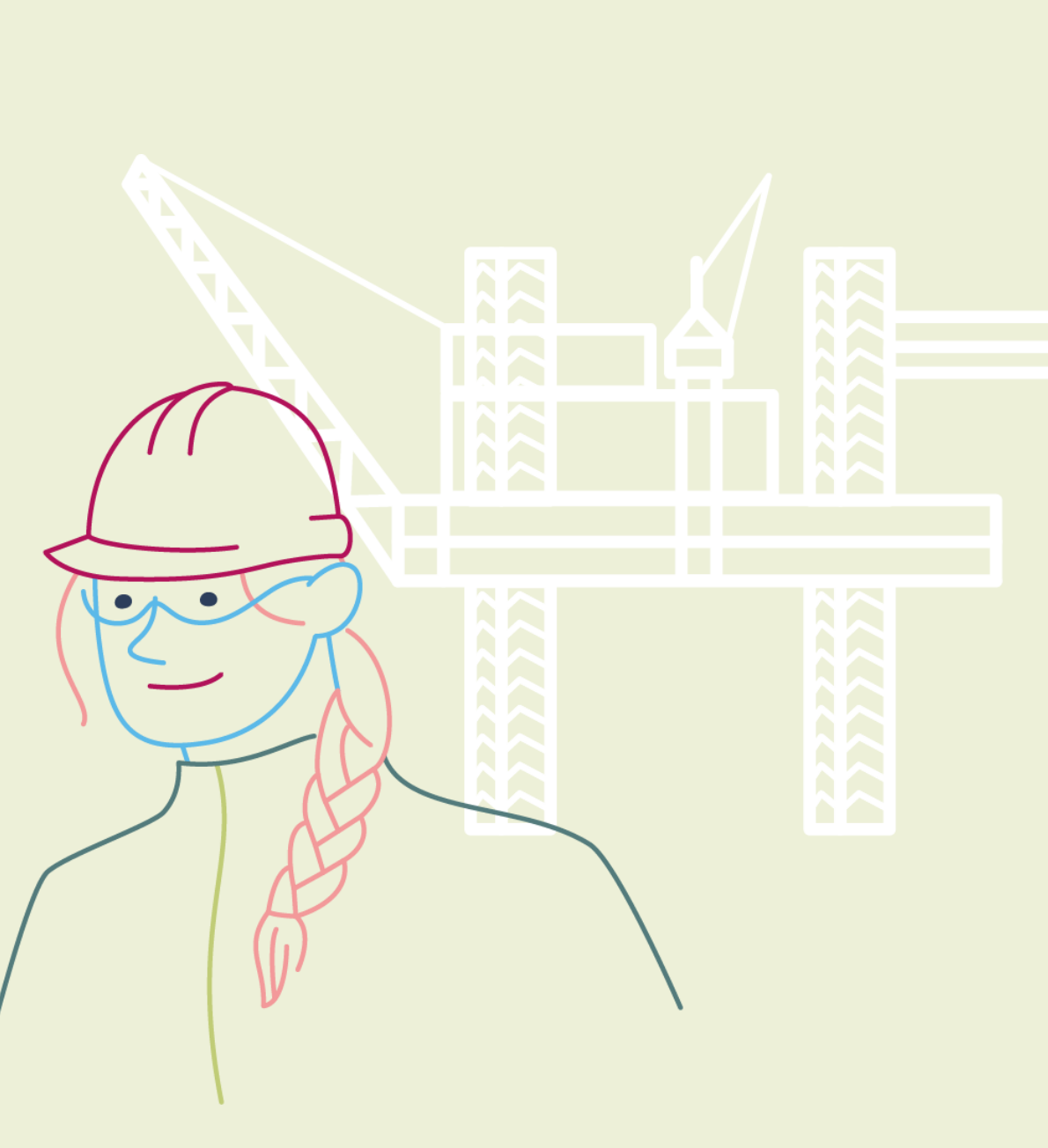
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Lege i spesialisering, PhD



Kvinneres arbeidsdeltakelse i Norge siste 50 år¹



¹ Arbeidsstyrken består av alle som tilbyr sin arbeidskraft på arbeidsmarkedet. Den beregnes som summen av de sysselsatte og de arbeidsledige i aldersgruppen 15-74 år.



Høy sysselsetting blant kvinner:

- Konkurransefortrinn for Norge
- Gunstig for norsk økonomi og velferd
- Og avgjørende for å sikre vår velferd også i fremtiden!



Meld. St. 31

(2023–2024)

Melding til Stortinget

Perspektivmeldingen 2024



Arbeid og helse

/ Arbeid er i hovedsak en kilde til ressurser som gir god helse

- Materielle ressurser
- Psykologiske ressurser
- Sosiale ressurser

/ Forskning viser at tap av arbeid gir økt risiko for å utvikle helseproblemer, og at helsen bedres ved tilbakekomst til yrkeslivet

/ Men!

- Det forutsetter et godt arbeidsmiljø
 - Også i kvinnedominerte næringer og yrker!

Review

Health effects of employment: a systematic review of prospective studies

Maaïke van der Noordt,¹ Helma IJzelenberg,² Mariël Droomers,³ Karin I Proper^{4,5}

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/oemed-2013-101891>).

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ABSTRACT

Objectives The purpose of this review was to systematically summarise the literature on the health effects of employment.

Methods A search for prospective studies investigating the effect of employment on health was executed in several electronic databases, and references of selected publications were checked. Subsequently, the methodological quality of each study was assessed by predefined criteria. To draw conclusions about the health effect of employment, a best evidence synthesis was performed.

somatic complaints.⁸ A more recent review of Wanberg describes the mechanisms that link unemployment with mental and physical health.⁹ In doing so, she presented the results of McKee-Ryan *et al*¹⁰ and Korpi,¹¹ who concluded that poor core self-evaluations, financial strain, strong stress appraisal, social undermining from significant others and work role centrality of the unemployed were the five strongest mechanisms leading to adverse mental health.¹⁰ Adverse physical health effects were explained by poor living conditions and health behaviours.¹¹



OPEN ACCESS

Mental health effects of unemployment and re-employment: a systematic review and meta-analysis of longitudinal studies

Tom Sterud ,¹ Lars-Kristian Lunde ,¹ Rigmor Berg ,^{2,3} Karin I Proper ,⁴ Fiona Aanesen ¹

ABSTRACT

This systematic review examined the impact of unemployment and re-employment on mental health problems (depression, anxiety and psychological distress) among working-age adults. We searched MEDLINE, Embase, APA PsycINFO and Web of Science (January 2012–March 2024) and included studies from a prior meta-analysis (1990–2012). Risk of bias was assessed using the Newcastle-Ottawa Scale. We conducted random-effects meta-analyses and narrative synthesis and evaluated the certainty of evidence using Grading of Recommendations Assessment, Development and Evaluation (GRADE). Of 9328 search results, 11 studies were included in the meta-analysis.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Unemployment is associated with poorer mental health, but the extent to which re-employment mitigates these risks remains unclear. It has been over a decade since a systematic review last synthesised the evidence on this topic, highlighting the need for an updated evaluation.

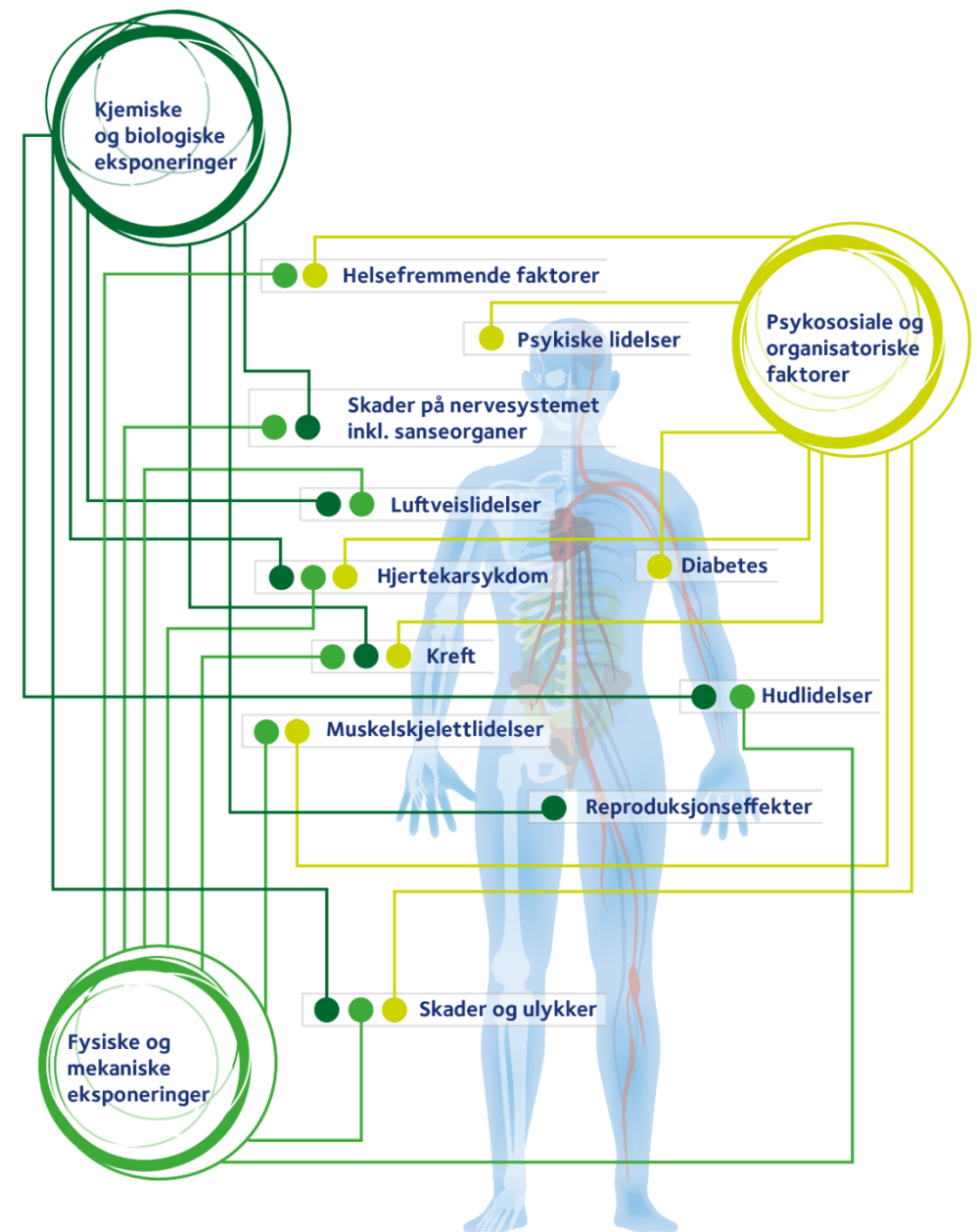
WHAT THIS STUDY ADDS

Hva handler arbeidsmiljø om?

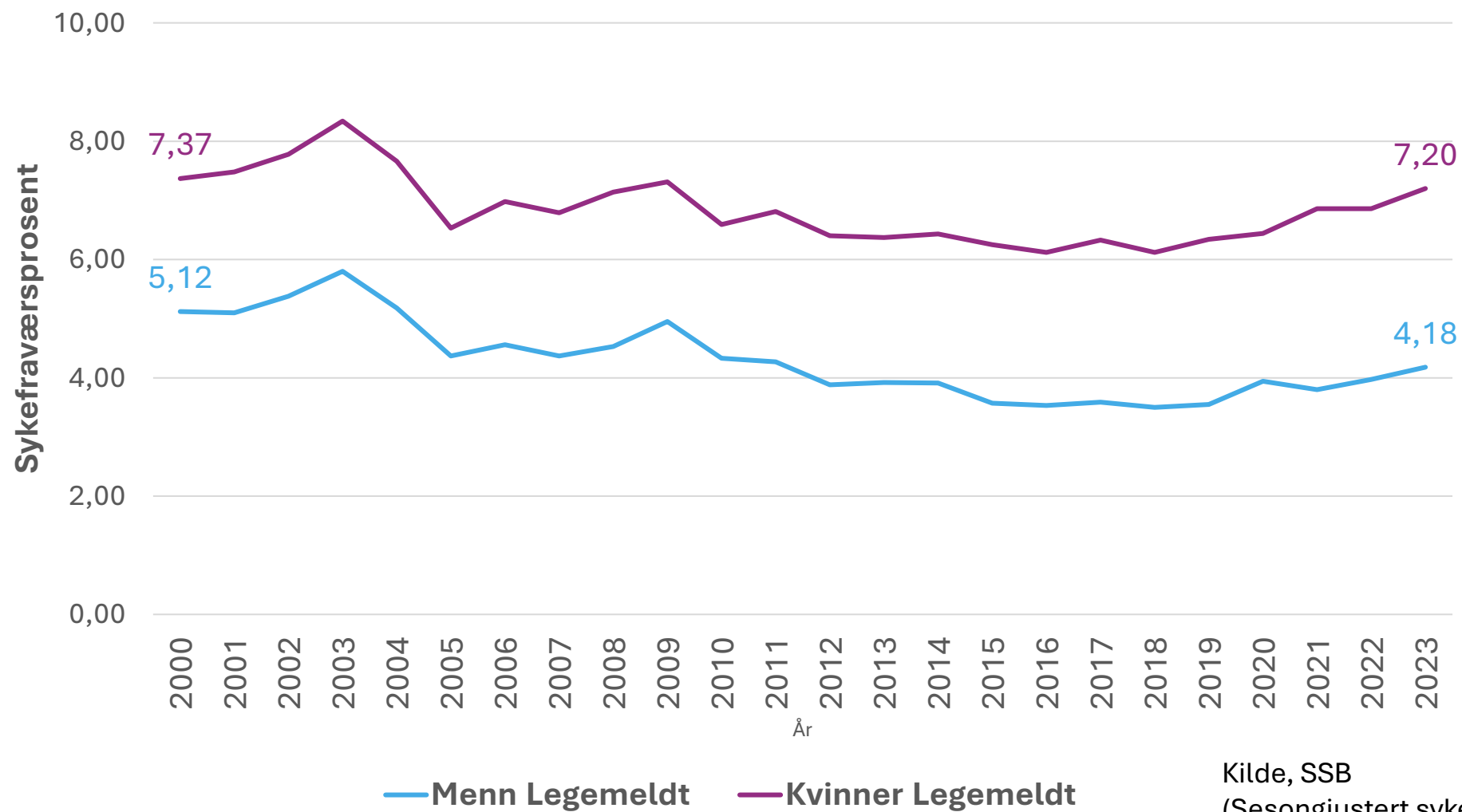
- Hva som gjøres - arbeidsinnhold
- Hvordan det gjøres - arbeidsutførelse
- Og i hvilke omstendigheter det gjøres – egenskaper ved miljøet som arbeidet utføres i
 - Hvordan arbeidet organiseres har betydning for om arbeidsmiljøet er bra eller dårlig
 - Arbeidsmiljøet påvirker helse, tjenestekvalitet, resultater og lønnsomhet



1/3 oppgir at arbeidet er helt eller delvis årsak til sykefraværet

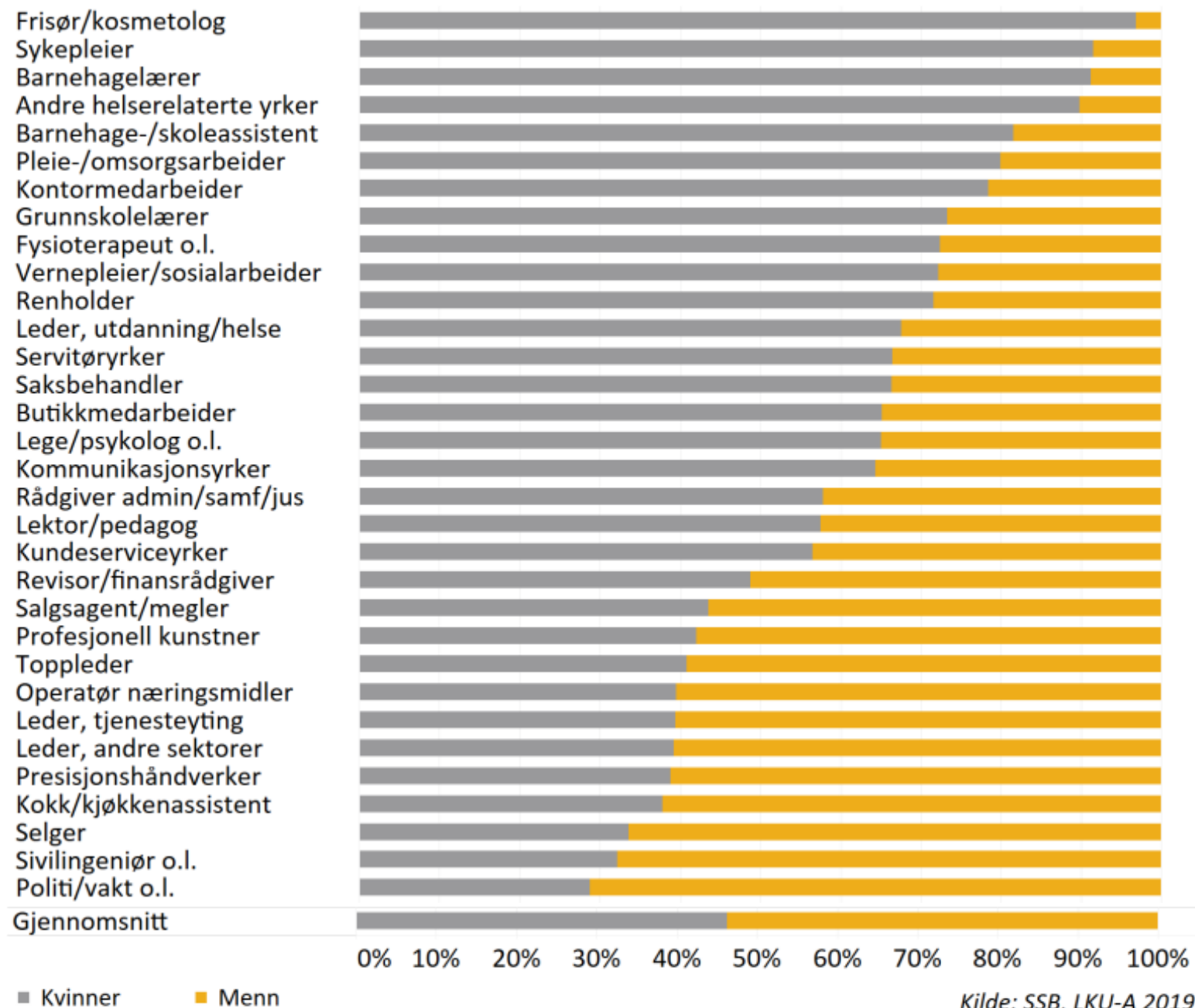


Sykefraværsprosent i Norge de siste 20 år



Et kjønnsdelt arbeidsliv





Kilde: SSB, LKU-A 2019



KILDE: STAMI/NOA (SSB/LKU-A 2022)

Arbeidsmiljø i kvinnewerdominerte yrker i grove trekk:

Psykososiale risikofaktorer

- Høye emosjonelle krav; rollekonflikter; tidspress; lave påvirkningsmuligheter

Mekaniske risikofaktorer

- Tungt fysisk arbeid og belastende arbeidsposisjoner

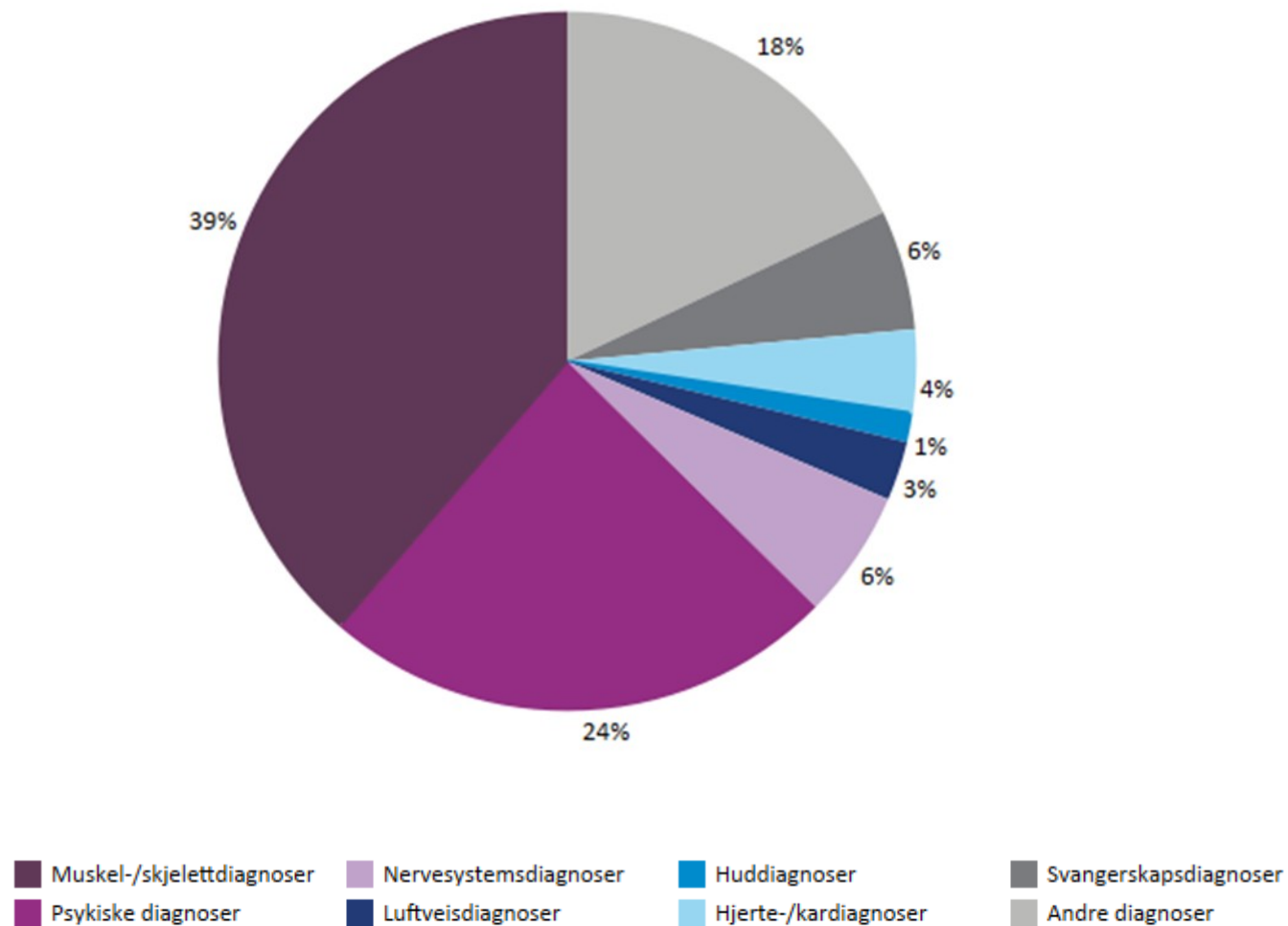
Skift/turnusarbeid

- Arbeid utenom ordinær dagtid

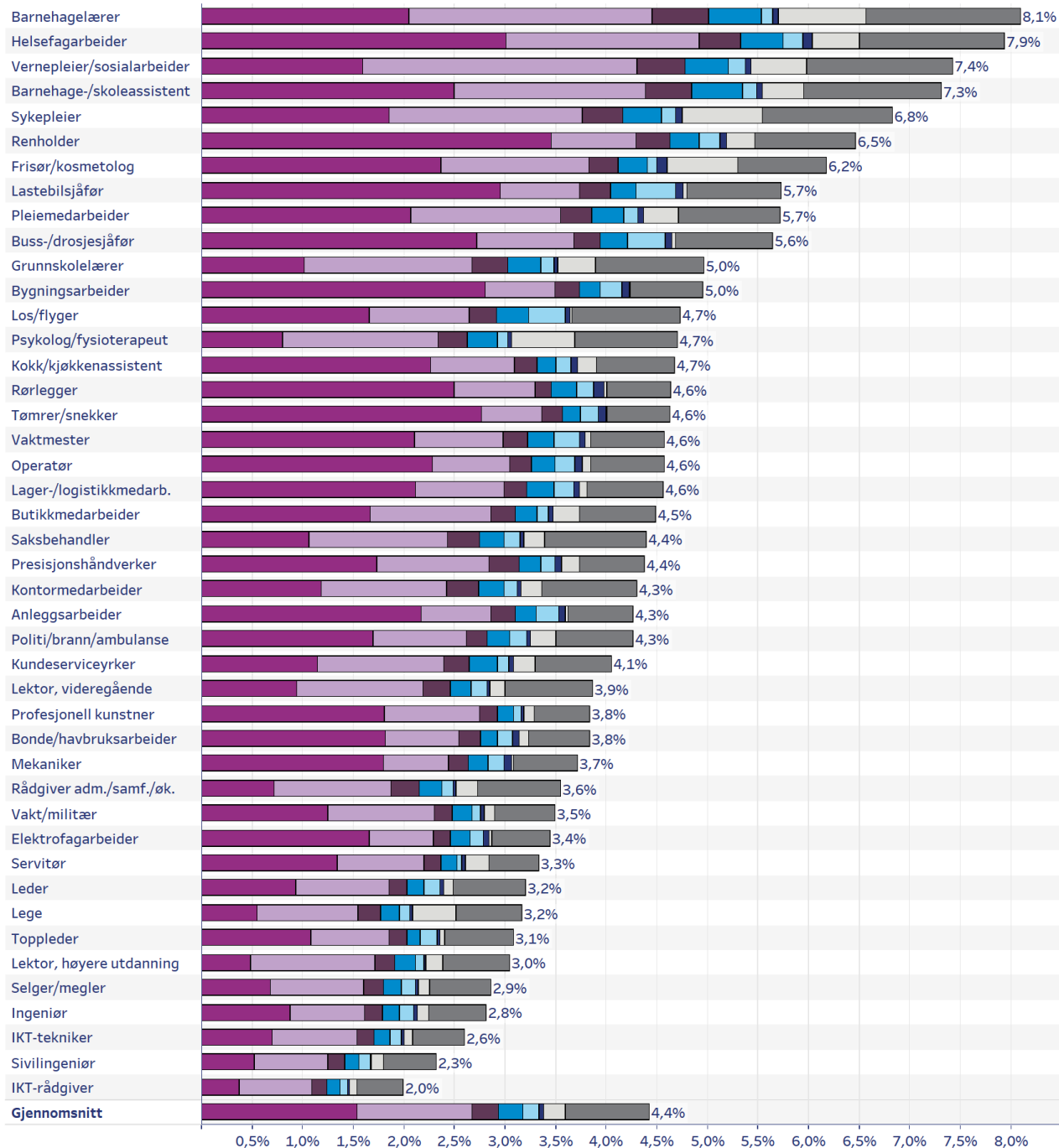


Psykiske lidelser og muskelskjelettlidelser

Legemeldt sykefravær > 16 dager



Yrkesgrupper



Sykefravær etter yrke

/ Høyest sykefravær i yrker kjennetegnet av:

- Høy andel kvinner
- Fysisk belastende og/eller emosjonelt krevende arbeid
- Manuelt arbeid
- Kort utdanning

Hvor mye av sykefraværsforskjellene mellom kvinner og menn kan tilskrives ulik arbeidsmiljøeksponering?

- Representativt utvalg blant norske yrkesaktive (LKU)
- Kvinner har nær dobbelt så høy risiko for legemeldt sykefravær og langtidssykefravær (RR ~ 1.7)
- Mer enn 20% av sykefraværsforskjellene kan tilskrives arbeidsmiljøeksponeringer

Original article

Scand J Work Environ Health. 2014;40(4):361–369. doi:10.5271/sjweh.3427

Work-related gender differences in physician-certified sick leave: a prospective study of the general working population in Norway

by Tom Sterud, PhD¹

Sterud T. Work-related gender differences in physician-certified sick leave: a prospective study of the general working population in Norway. *Scand J Work Environ Health*. 2014;40(4):361–369. doi:10.5271/sjweh.3427

Objectives This study aimed to examine gender differences in physician-certified sick leave and the extent to which these differences can be explained by work-related psychosocial and mechanical risk factors.

Methods Randomly drawn from the general population in Norway, the cohort comprised working men and women aged 18–69 years (N=12 255, response rate at baseline = 60.9%). Eligible respondents were interviewed in 2009 and registered with an active employee relationship of ≥100 actual working days in 2009 and 2010 (N=3688 men and 3070 women). The study measured 11 work-related psychosocial factors and 11 mechanical exposures, and outcomes of interest were physician-certified general sick leave (GSL) >0 days and long-term sick leave (LTSL) ≥40 working days during 2010.

Results Women reported a significantly higher level of exposure to 9 of the 11 psychosocial factors evaluated. For mechanical factors, the reporting was mixed. After controlling for age, educational level, sick leave during 2009, housework, working hours and family status, a 1.7-fold risk for GSL and LTSL were found among women. In comparison with the initial model, adjusting for psychosocial factors reduced the excess risk by 21% and 27% for GSL and LTSL, respectively. The total effect of mechanical factors was negligible. Differences between occupations held by women and men explained an additional one-tenth of the excess risk for LTSL among women.

Conclusions Work-related psychosocial factors contributed significantly to a higher level of GSL and LTSL among women. The most important factors were demands for hiding emotions, emotional demands, and effort–payment imbalance.

Key terms long-term sick leave; mechanical process; psychosocial factor; risk factor; sickness absence; workplace.

Higher rates of female sick leave have been reported in Scandinavia (1–4) and other European countries (5). The gender-segregated labor market has been discussed as an important factor in observed gender differences in sick leave (6). According to official Norwegian statistics, approximately 80% of those employed in human health and social work sectors and activities are women, and >80% of those employed in construction and manufacturing sectors are men (7). Similar numbers have been reported in other Nordic countries (8, 9). However, only a few nationwide studies have been undertaken, and more knowledge is needed about the impact of specific risk factors in the workplace on gender differences in sick leave (10).

Gender differences in sick leave could be caused by differences in exposure to physical workloads (ie, mechanical exposure) and psychosocial factors in the

workplace (11, 12). Men and women are typically involved in different types of jobs with divergent work environment characteristics; gender differences in exposure to psychosocial and physical risk factors exist, even when accounting for differences in job titles (8, 13). Jobs held by men are generally more physically demanding (14), and this has been reported as a risk factor in several studies (15–18). However, many female jobs are also characterized by physically strenuous work tasks, such as those found in nursing (eg, manually moving patients), and women often perform tasks that require precision and are repetitive in nature (13). Gender differences may also be expected for a range of psychosocial factors in the workplace. Studies have shown there are gender differences in exposure to risk factors, such as those proposed in Karasek's much-studied Job Demand–Control–Support model (8, 13). In particular,

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Representativt utvalg: kvinner i helse og sosial sammenlignet med kvinner i alle næringer

- / 40% høyere risiko for langtidssykefravær i helse og sosialnæringen
- / 70% av den forhøyede risikoen kan tilskrives faktorer i arbeidsmiljøet:
 - Emosjonelle krav
 - Ubekvemme løft
 - Vold og trusler om vold

RESEARCH ARTICLE

Open Access



Do work-related factors contribute to differences in doctor-certified sick leave? A prospective study comparing women in health and social occupations with women in the general working population

Cecilie Aagestad^{1,2*}, Reidar Tyssen² and Tom Sterud¹

Abstract

Background: Doctor –certified sick leave is prevalent in the health and social sector. We examined whether the higher risk of doctor-certified sick leave in women in health and social occupations compared to women in other occupations was explained by particular work-related psychosocial and mechanical risk factors.

Methods: A randomly drawn cohort aged 18–69 years from the general population in Norway was surveyed in 2009 ($n = 12,255$, response at baseline = 60.9 %), and was followed up in the national registry of social transfer payments in 2010. Eligible respondents were women registered with an active employee relationship for ≥ 100 actual working days in 2009 and 2010 ($n = 3032$). Using this sample, we compared health and social workers ($n = 661$) with the general working population ($n = 2371$). The outcome of interest was long-term sick leave (LTSL) ≥ 21 working days during 2010. Eight psychosocial and eight mechanical factors were evaluated.

Results: After adjusting for age, previous LTSL, education and working hours/week, women in health and social occupations had a higher risk for LTSL compared with women in the general working population (OR = 1.42, 95 % CI = 1.13–1.79; $p = 0.003$). After adjusting for psychosocial and mechanical factors, 70 % of the excess risk for LTSL was explained compared with the initial model. The main contributory factors to the increased risk were threats of violence and violence, emotional demands and awkward lifting.

Conclusions: Psychosocial and mechanical factors explained much of the excess risk for LTSL in women in health and social occupations compared with working women in general. Psychosocial risk factors were the most important contributors.

Keywords: Absenteeism, Female worker, Health and social sector, Health and social worker, Mechanical factor, Psychosocial factor, Risk factor, Sickness absence

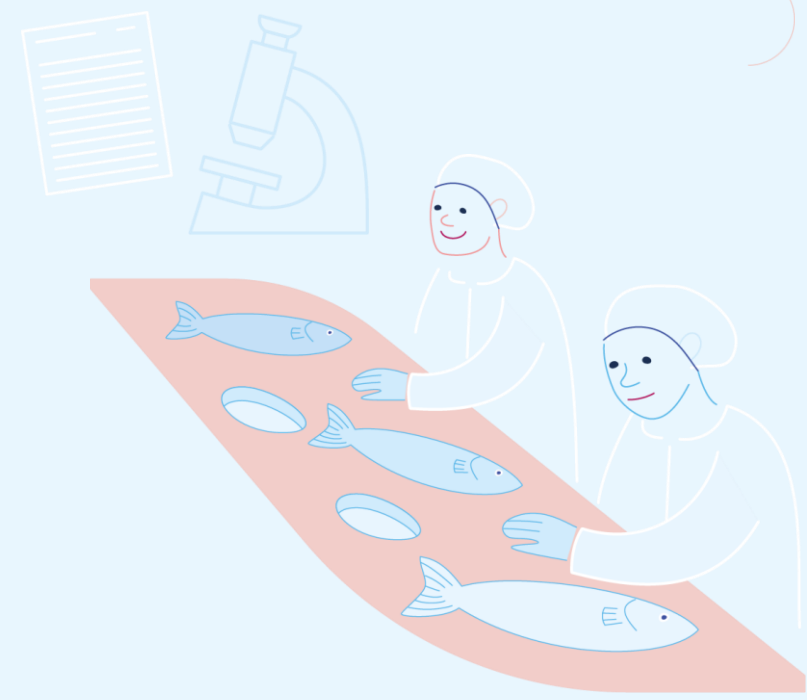
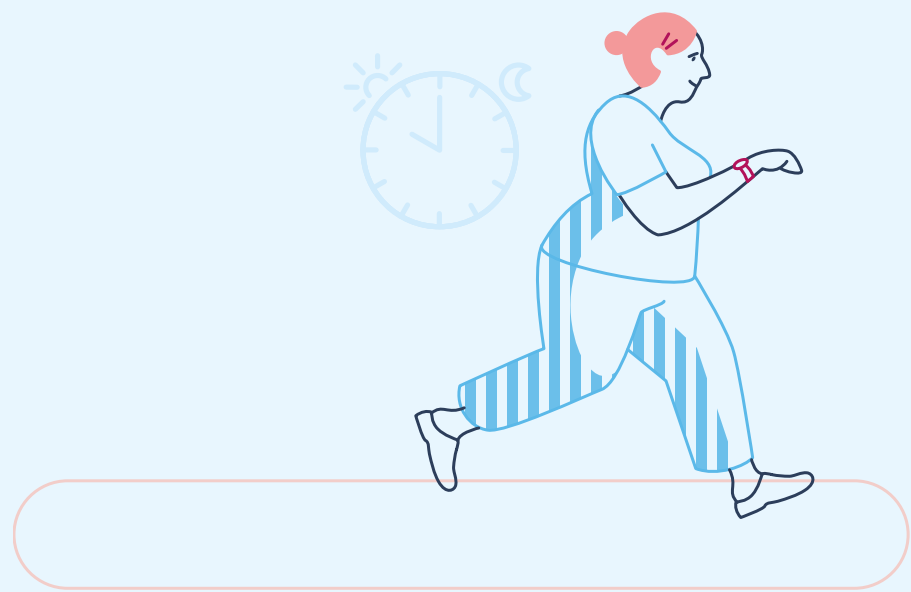
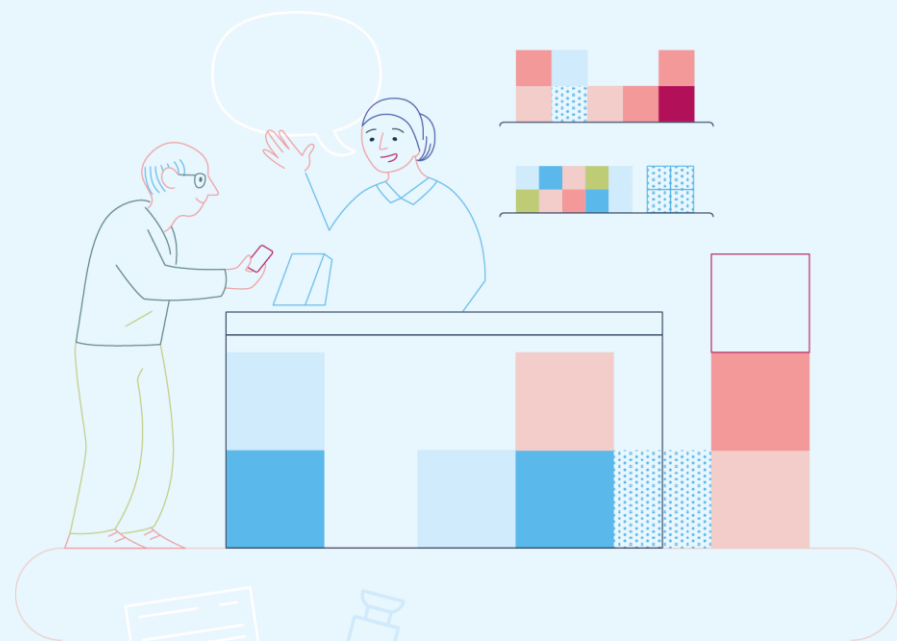
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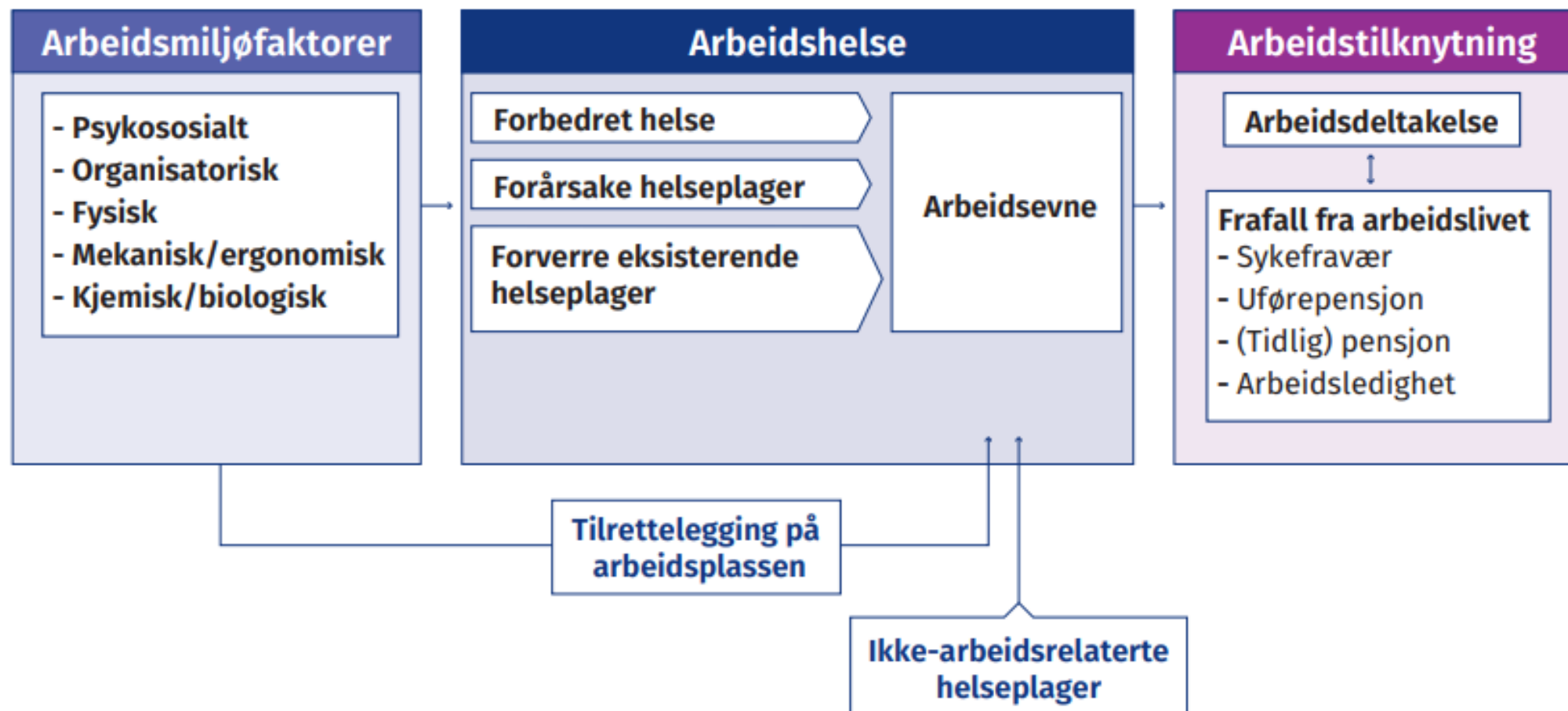
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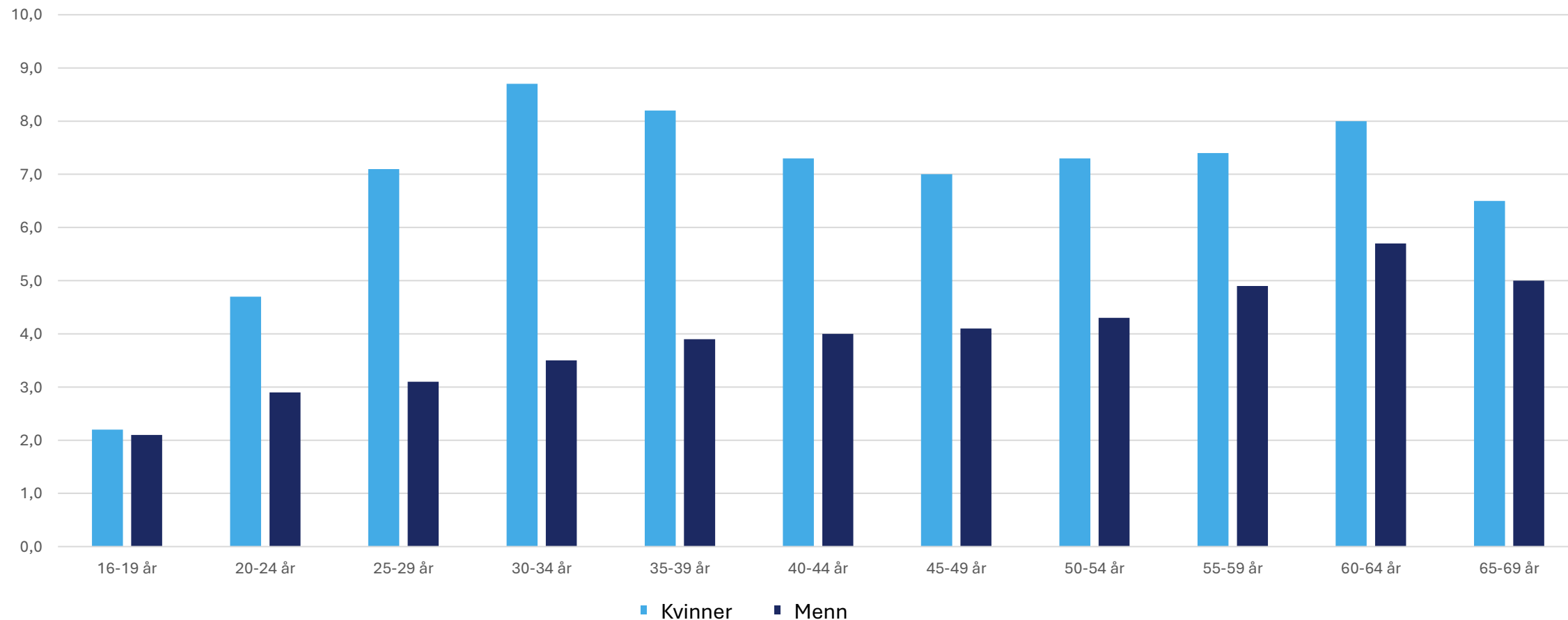
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Sykefravær etter alder og kjønn

Sykefraværspersent 2. kvartal 2025

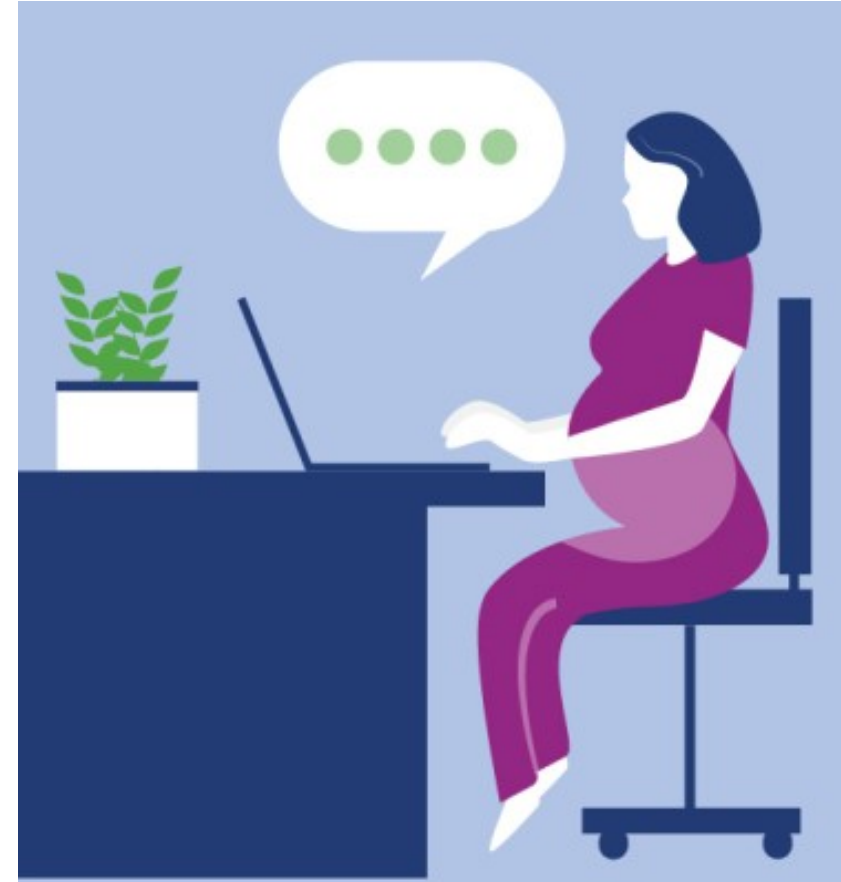


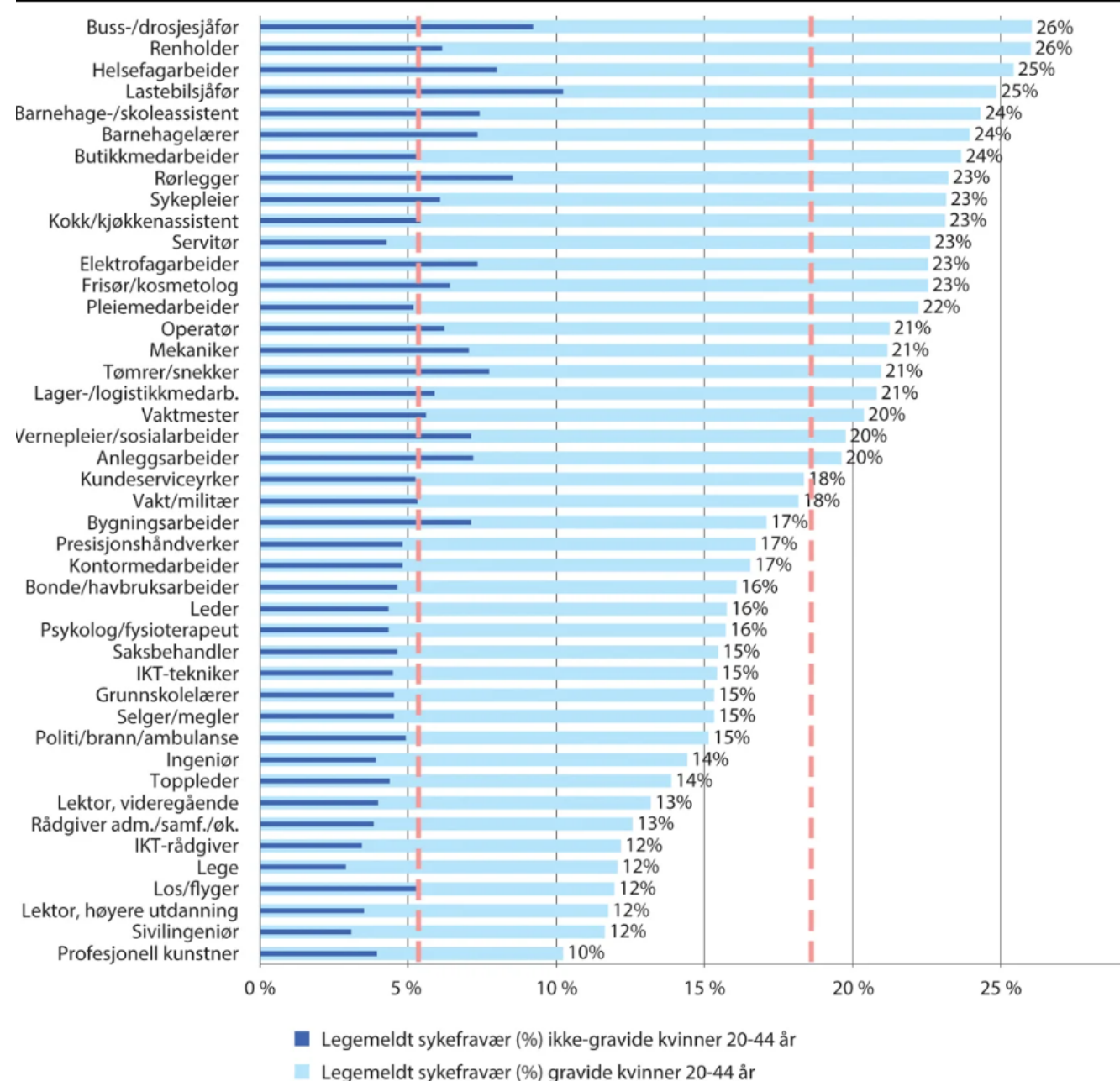
Livsfaser med hormonell påvirkning

- / En oversikt fra 2023 identifiserte 130 vitenskapelige artikler om kvinners biologi i relasjon til arbeidskapasitet og sykefravær
- / Sannsynligvis en rekke faktorer som påvirker kvinners arbeidsdeltagelse, men det mangler en helhetlig vurdering av arbeidshelse
- / Mangler studier i nordisk kontekst som ser på arbeidsmiljøets påvirkning på arbeidstilknytning ved f.eks. menstruasjon, menopause, endometriose
- / Når det gjelder arbeidsmiljøfaktorer som påvirker svangerskapsutfall og arbeidsdeltakelse i svangerskapet vet vi litt mer

Graviditet

- / Risikovurdering er viktig!
- / Arbeidsmiljøfaktorer
 - Kjemisk og biologisk
 - Psykososialt og organisatorisk (inkl. arbeidstid)
 - Ergonomisk/mekanisk og fysisk
- / Behov for tilrettelegging
 - Pga helseplager hos den gravide?
 - Pga arbeidsmiljøfaktorer som kan skade det ufødte barnet?





Legemeldt sykefravær for gravide og ikke-gravide kvinner i alderen 20-44 år.

Kilde: STAMI, Faktabok om arbeidsmiljø. Og helse 2024 (Nav 2015-2022)

Overgangsalder

- / Opphør av menstruasjon
- / Gjennomsnittsalder 52 år (45-60 år)
- / 30% vil erfare betydelige helseplager
 - Angst, lettere depresjon, muskel- og ledd smerter, søvnproblemer, trøtthet, hodepine, hjernetåke, plagsomme hetetokter, styrtblødninger
 - En eksistensiell følelse av *‘å ikke være meg selv’* eller *‘kjenne meg selv igjen’*
 - Varighet: 2 til ca 7 år
- / Kan ha konsekvenser for arbeidskapasitet og arbeidsdeltakelse
- / Pågående studie i Bergen (KLAR)

MENOPAUSE IN THE WORKPLACE: GLOBAL CONSENSUS DETAILED RECOMENDATIONS



MENOPAUSE IS A GENDER- & AGE-EQUALITY ISSUE

FOR EMPLOYERS & ORGANIZATIONS



- Make health and wellbeing during the menopause a priority for the organization, ensuring a consistent and positive approach.
- Establish and promote a clear business case for ensuring that women with menopausal symptoms which impact on work are not stigmatized or discriminated against and that staff are retained.
- Have a zero-tolerance policy to bullying, harassment, victimization or belittling of women with menopause symptoms.
- Undertake an assessment of how work patterns (e.g. night working, shift patterns) may impact symptoms and allow flexible working arrangements, including the home, wherever possible.
- Ensure provision of training for managers and supervisors on how to have sensitive conversations at work.
- Develop an employment framework that recognizes the potential impact of the menopause and provides confidential sources of advice and counselling services.
- Ensure health and wellbeing policies supportive of menopause are incorporated in induction, training and development programs for all new and existing staff.
- Include explicit coverage of menopause in sickness and attendance management policies and ensure women can access workplace healthcare provision, where possible.



FOR MANAGERS/SUPERVISORS & WORKPLACE PRACTICE

- Create an open, inclusive and supportive culture regarding the menopause.
- For difficult problems, human resource functions should work with occupational health professionals if available.
- Allow disclosure of menopausal symptoms but do not assume that every woman wants to talk about them.
- Allow flexibility of dress codes and uniforms using thermally comfortable fabrics.
- Review control over workplace temperature and ventilation (e.g. provision of desk fans) and provide access to cold drinking water.
- Ensure access to clean and private changing and washing facilities as well as toilets.
- For customer-focused or public-facing roles, allow breaks to manage symptoms such as severe hot flushes.

FOR HEALTHCARE PROFESSIONALS (HCPs)



- HCPs should recognize that menopausal symptoms can adversely affect wellbeing, the quality of working life, the ability to work and the desire to continue to work, leading to reduction of working hours, underemployment or unemployment and impact on financial security in later life.
- HCPs should provide evidence-based advice on medical and lifestyle management of menopausal symptoms using national and international guidelines.
- Women living with and beyond cancer experiencing menopausal symptoms should be proactively encouraged to seek specialist advice, if available, as their treatment depend on tumor type.
- Occupational health professionals should provide advice on how to manage menopause and work, and should encourage women with troublesome symptoms to consult their usual health provider to explore individual treatment options.
- Women with a premature menopause should be encouraged to seek specialist services so that specific needs, such as those relating to fertility and osteoporosis, and treatment options can be addressed.



FOR WOMEN/EMPLOYEES WITH MENOPAUSAL SYMPTOMS

- Talk to their line managers, supervisors or designated persons if they experience menopause-related problems that impact on their ability to work.
- Seek help and advice from employee support or advocacy bodies (such as trade unions or professional associations) if they feel their workplace needs are not being acknowledged or supported.
- Use occupational health services or other healthcare/counselling provider services, depending on availability.
- Be aware of state-wide or national equality occupational health and safety legislation and regulation that protects menopausal women at work.
- Consult their usual healthcare provider about symptoms to discuss treatment options and self-help strategies.
- Access evidence-based guidelines for information on menopause care.
- Be involved in the development of health and wellbeing policies to ensure coverage of menopause in the workplace.
- Take part in induction, training and development programs that include coverage of menopause.
- Be involved in formal and informal support groups for women with menopausal symptoms.

/ Øke kunnskap og gi informasjon

- For kvinner
- For ledere
- For arbeidsgiver/arbeidstaker organisasjoner
- For helsepersonell

Forebyggende arbeidsmiljøarbeid

- Forsterke det systematiske arbeidsmiljøarbeidet for kvinner på arbeidsplassen
- Risikovurderinger og forebyggende arbeidsmiljøarbeid på arbeidsplassene bør forbedres
 - Psykososiale og organisatoriske faktorer
 - Emosjonelle belastninger
 - Vold, trakassering, trusler
 - Kombinasjonseksponeringer



Virkemidler

- Oppdatere og formidle nasjonale verktøy
 - <https://enbradagpajobb.no/>
 - <https://noa.stami.no/>
 - <https://www.idebanken.org/ia/ia-hjelp/ia-bransjeprogram>
- Utvikle nasjonalt veiledningsmaterieill



Virkemidler



- Partssamarbeid
 - IA-avtale
 - Bransjeprogram
- Bedriftshelsetjenestene som ressurs

Take home message

- Norske kvinner har høy yrkesdeltagelse i et kjønnsdelt arbeidsliv, hvor kvinner og menn stort sett jobber i ulike næringer, yrker og stillinger.
- Det høyeste sykefraværet i Norge finner vi blant kvinner i typiske kvinnedominerte næringer og yrker. Muskel- og skjelettdiagnoser og psykiske diagnoser er generelt de klart mest brukte diagnosene i sykmeldinger for kvinner.
- De kvinnedominerte næringene er kjennetegnet av direkte samhandling med pasienter, kunder og klienter, og forskning viser høy eksponering for arbeidsfaktorer som kan gi økt risiko for arbeidsrelaterte helseplager som lettere psykiske lidelser og muskelskjelettlidelser.
- Sykefraværet er spesielt høyt i alderen der mange kvinner får barn.
- Det er et betydelig forebyggingspotensiale knyttet til å ta arbeidsmiljøet i kvinnedominerte næringer og yrker på alvor.

Takk for oppmerksomheten!

Følg oss i sosiale medier:

 Statens arbeidsmiljøinstitutt

 Stami_norge

 Statens arbeidsmiljøinstitutt



Første rad: Andreas Holtermann, Eirik Hognestad, Håkon Andre Johannessen, Andreas Christensen, utvalgsleder Nina Tangnæs Grønvold, Silje Naustvik, Anne Turid Wikdahl, Hege Herø. Bakre rad: Sandra Marie Gripsgård Herlung, Yogindra Subhash Samant, Julie Lødrup, Kari Ingstad, Migle Helmersen, Julian Vedeler Johnsen, Marit Christensen.

NOU

Norges offentlige utredninger **2025: 5**

Kvinners arbeidshelse

Kunnskap og tiltak





Kvinners arbeidshelse



ARBEIDSMILJØ
handler om hvordan man organiserer, planlegger og gjennomfører selve arbeidet

ARBEIDSHELSE
er helseforhold som helt eller delvis skyldes utøvelsen av arbeidet og påvirkningen fra arbeidsmiljøet

KVINNERS DELTAGELSE I ARBEIDSLIVET



Sysselsatte
1 367 000



Arbeidsledige
54 000



Deltid
34 %



Fast ansatte
90 %

SYKEFRAVÆR

23 % av de sysselsatte kvinnene har hatt sammenhengende sykefravær på mer enn 14 dager siste året

36 % av disse opplyser at helseproblemene skyldes forhold på jobben

Omtrent 60 % av kvinners sykefravær skyldes muskel- og skjelettlidelser eller psykiske lidelser

Yrker med høyt legemeldt sykefravær og høyt arbeidsrelatert fravær

- Barnehagelærere
- Helsefagarbeidere
- Sykepleiere
- Renholdere

VISSTE DU AT

De kvinnedominerte næringene barnehage/SFO, sykehjem/omsorgsinstitusjon og hjemmetjenesten skårer spesielt høyt på BÅDE psykososiale og mekaniske (ergonomiske) belastninger i arbeid

40 % av kvinner har arbeidsrelaterte nakke- og skuldersmerter

32 % av kvinner er psykisk utmattet etter jobb

25 % av kvinner har arbeidsrelaterte ryggsmarter

23 % av kvinner har arbeidsrelatert hodepine

KVINNERS ARBEIDSMILJØ

83 % er fornøyd med jobben sin

34 % jobber skift/turnus

35 % opplever at jobbkrav forstyrrer privatlivet

31 % opplever lav jobbkontroll

27 % opplever høye emosjonelle krav

38 % har stående arbeid

15 % har ubekvemme løft

34 % oppgir å være i kontakt med rengjøringsmidler

33 % har vått arbeid

Beskyttende og helsefremmende arbeidsmiljøfaktorer

Selvbestemmelse, jobbkontroll, lederstøtte, sosial støtte, samarbeid, anerkjennelse for arbeidet, kompetanseheving

Næringer med størst antall kvinner

1. Helse- og sosialtjenester (478 000)
2. Varehandel (156 000)
3. Undervisning (151 000)

Yrkene med størst andel kvinner

1. Frisør (93 %)
2. Sykepleiere (88 %)
3. Barnehagelærere (86 %)

24 % av sykepleiere og helsefagarbeidere rapporterer om arbeidsrelaterte søvnplager



62 % av kvinner som jobber i barnehage og SFO føler seg fysisk utmattet etter jobb

87 % av renholdere har stående arbeid, i tillegg til at de har tungt fysisk arbeid og vått arbeid



Dårlig kvinnearbeidshelse koster samfunnet 59 mrd. årlig

Kunnskapsbehov: Vi vet lite om effektene av samtidig eksponering for flere arbeidsmiljøfaktorer, og hvilke faktorer som kan virke beskyttende. Det er generelt behov for flere arbeidsmiljø- og arbeidshelsestudier som skiller på kvinner og menn. Det mangler kunnskap om hvordan ulike livsfaser og livssituasjoner påvirker helse, arbeidsevne og sykefravær blant kvinner i Norge.

KILDER

- Fokusbok om arbeidsmiljø og -helse 2024, STAMI-rapport, årgang 25, nr. 7
- Levekårsundersøkelsen om arbeidsmiljø 2022 (SSB)

- Arbeidskraftundersøkelsen (SSB)
- Arbeidsmiljøets påvirkning på kvinners arbeidshelse og arbeidstilnærning, STAMI-rapport, årgang 26 (2025), nr. 2