Stop breaking women's hearts at work: 7 ways to make workplaces better for cardiovascular health

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Prominent heart health messaging focuses on the role of lifestyle behaviors (such as physical activity and nutrition) in cardiovascular

health. However, the role of social determinants of health (or SDoH)—which include sex, gender, poverty, environment—is also well established. SDoH not only directly impact risk and progression of heart disease, but also health outcomes.

Certain types of heart disease are significantly more common in women, compared to men. Moreover, compared with their non-Black counterparts, heart health for Black women is differentiated by a heavier burden of traditional risk factors, earlier development of the disease and nearly 20 percent higher rates of cardiovascular mortality.

Women, work and heart health

Canadians spend an average of 7.5 hours per day at work, translating to roughly half of our waking hours. Several researchers have shown a relationship between workplace and heart health. For instance, research has linked increased workplace flexibility (hybrid models, flexible schedule) with lower risk of cardiovascular disease.

Research also shows women are at higher risk for burnout and psychological, emotional and physical stress in the workplace in comparison to their male counterparts. This disproportionate burden has been attributed to several factors in and outside the workplace, inextricably linked to gender roles, sexism, racism, ageism and misogyny. For instance, women are more likely to experience gender-based violence, assumptions about gender-roles, and higher cognitive and emotional workload in and out of work.

Once again, these burdens are higher in equity-deserving groups, especially for women experiencing intersectional forms of discrimination, such as racism, colonialism, ableism and homophobia.

It should not come as a surprise then that almost 90 percent of reported

stress-induced heart disease—or "broken heart syndrome"—is found among women, and five percent of women suspected of having a heart attack actually have this disorder.

Women are often the heart of their communities, and assume multiple, and intersecting, gendered social roles. For instance, many balance paid work, with gendered labor in the home and in care-taking roles. To make matters worse, women are then bombarded with wellness and self-management messaging that tells them they are responsible for managing stress and risk in a "healthy" way.

In terms of workplace health, women and equity-deserving groups have been compared to the "canary in the mine." Canaries were traditionally used in coal mines to detect the presence of carbon monoxide. The bird would succumb to the toxicity before the miners, thereby providing time to take action.

However, psychologists Christina Maslach and Michael P. Leiter make an important point: No one ever declared that the canaries needed to be more resilient or do more self-care to be less susceptible to the influence of carbon monoxide.

Women make up over half of the population, yet continue to be under-represented in the workplace in several ways, including leadership and positions of influence.

Creating heart-healthy workplaces

Workplaces can have a positive impact on women's health by ensuring knowledge about women and heart disease is translated into actions that support prevention and treatment. Here are seven evidence-based recommendations for co-creating heart-healthy workplaces:

1. **Flexible hours**: [Inflexible work schedules](#) have been shown to increase stress for [women and families](#)—including stressors transmitted to children. Effective "flex hours" initiatives (for example, flex hours to support [physical activity](#)) show [positive impact on workers' heart health](#), physical activity and sleep patterns, especially in adults ages 45 and older and for those who had increased cardiovascular disease risks.

2. **Flexible hybrid work models**: Evidence on hybrid work models has grown exponentially since March 2020. It appears that when using a non-fixed, worker-led approach, hybrid work models can [increase productivity, workers' locus of control and support flexible hours](#). Research supports that women are more likely to use this option, when offered, but also highlights that when employers fail to monitor impact, or properly design jobs for hybrid and remote working, [hybrid work models can augment gender pay and promotion gaps](#).

3. **Invest in psychological safety**: A psychologically safe workplace is where employees feel comfortable taking risks and being themselves without fear of judgment, lateral violence (for example stonewalling, bullying) or negative consequences. Psychological safety is positively associated with workplace engagement, innovation, job performance and job satisfaction—all desirable outcomes for institutions, organizations, the bottom line, clients and the community.

4. **Offer health benefits**: Mandatory benefits, also known as statutory benefits, are [required by Canadian employment law](#). They include provincial health-care coverage, pension contributions, employment insurance, survivor insurance and workers' compensation insurance. [Supplementary benefits](#) help attract and retain workers. Examples include dental care,

medication insurance, disability insurance and many complementary medicine services. These [supplementary benefits](#) have been associated with [improved health outcomes](#), and [reduced chronic disease risk](#).

5. **Invest in programs supporting health promotion**: In addition to the examples above, [workplaces can invest](#) in programming that supports health-promoting behaviors in and out of work. [Such programming](#) has been associated with workplace satisfaction, productivity and favorable health-related outcomes. Additional examples of health promotion include health risk appraisals, lunch and learns, flexible and inclusive leave options, and time off for leisure activities, spiritual practices, volunteering or community engagement.

6. **Engage in collective conflict resolution strategies**: Evidence supports that [collaborative conflict resolution](#) approaches, like mediation, can provide a positive learning opportunity for those involved. This encourages workers to find a solution together, [rather than via formal disciplinary action](#), where the root causes of conflict often go unaddressed.

7. **Commit to policy, procedure and protocols that combat 'isms'**: Ibram X. Kendi's book, [How To Be An Antiracist](#), provides rationale and examples for how to ensure policy and procedures are anti-racist. Adopting this approach requires a significant, but worthwhile investment, learning and unlearning, but gains can be made through small changes. Workplaces can also adopt policies that combat other forms of discrimination, including ageism and sexism. For instance, several employers have started to [encourage applicants](#) to [report "stay at home mom" as part of their work experience](#), and the several transferable skills this experience offers.

Rather than waiting until the canary in the [workplace](#) coal mine expires, [evidence shows](#) there are options available to integrate health and safety strategies that achieve measurable benefits to enhance the overall health and well-being of workers, their families and the community.

In acknowledging that factors like the built environment, social and health systems, and outdated policies are the problems needing to be addressed—rather than people, including women, those living with disability, and equity-deserving groups—we take a step towards healthier, safer and more accessible workplaces.

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