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## **WOMEN'S OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT: AN ISSUE FOR CORPORATE SOCIAL RESPONSIBILITY**

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## **Abstract**

This study measures the extent to which the gender perspective is taken into account in Occupational Health & Safety (OHS) management and proposes an innovative approach for managing it. This work is an exploratory study of the relations between women's OHS and Corporate Social Responsibility (CSR) through the examination of the main management practices that literature supports in a survey conducted at 117 companies in Spain with different levels of commitment to gender equality. Overall, the practices in question are found to be deployed to a moderate extent and their impact is limited. The most relevant initiatives are those related to the prevention, punishment and eradication of sexual harassment in the workplace and violence against women. Our findings indicate that compliance with the law and the importance of external recognition in CSR are main drivers in promoting the gender perspective in OHS. A coherent framework is suggested for addressing women's OHS management based on a voluntary, preventive, systematic approach that goes beyond sexual and reproductive issues, namely the CSR.

## **Keywords**

*Occupational Health & Safety, women's health, gender equality, Corporate Social Responsibility, OHS management*

## **1. Introduction**

Corporate Social Responsibility (CSR) was originally defined by the European Commission (EC) as “a concept whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis” (EC, 2001, p. 8). In this sense, the Green Paper “Promoting a European Framework for Corporate Social Responsibility” includes the health and safety area as part of its internal dimension (EC, 2001, p.8). This definition was subsequently updated to “the responsibility of enterprises for their impacts on society” (EC, 2011a, p.6).

Following the aforementioned Green paper, other authors have proposed the integration of Occupational Health and Safety (OHS) practices into CSR (e.g. Montero, Araque and Rey, 2009; Cioca, Ivascu and Rus, 2014; Koskela, 2014; Granerud, 2011; Kawashita et al., 2005; Hoffmeister Arce, Benavides and Jodar, 2006; Bestratén and Pujol, 2004; Zwetsloot and Starren, 2004; Segal, Sobczak and Triomphe, 2003). Therefore, CSR offers an opportunity to integrate OHS aspects into a broader framework addressing OHS questions beyond the compliance with the legislation (EU-OSHA, 2004) and creates a framework for sustainable work (Cioca, Ivascu and Rus, 2014). Accordingly, we consider CSR to be a suitable framework for strengthening OHS for numerous reasons: First of all, its strategic nature provides an opportunity to meet OHS requirements over and above legal obligations (Zwetsloot and Starren, 2004; Cioca et al., 2014). Secondly, the public expects companies to act in accordance with CSR principles and to protect the health and safety of their employees (Hart, 2010; Jain et al., 2011, Jain et al., 2012; Hoffmeister Arce et al., 2006). Thirdly, CSR can encourage the implementing of new initiatives to promote OHS and the consideration of the sensitivities of different stakeholder groups, thus making for wider recognition (Cioca et al., 2014; Jain et al., 2012; Montero et al., 2009; Sowden and Sinha, 2005; Zwetsloot and Starren, 2004). Fourthly, CSR enables higher goals for quality of working life to be attained, as it introduces actions to promote health and manage OHS more effectively (Hoffmeister et al., 2006). Finally, using CSR initiatives as the basis for actions in the field of OHS can help reinforce those actions and ensure their continuity. It can also have repercussions in terms of image, attracting and holding on to talent, productivity and financial results at companies (Granerud, 2011; Cioca et al., 2014; EU-OSHA, 2012a; Montero et al., 2009; Zwetsloot and Starren, 2004).

On the other hand, women are an essential part of the workforce (EU-OSHA, 2013a). There are over half a billion female paid workers, and women make up 40% of the global workforce (World Bank, 2016). The International Labor Organization (ILO) has classified women workers as “vulnerable workers” with special occupational health and safety (OHS) needs (ILO, 2016). The main approach to women’s OHS is based on their biological, physical and psychological differences and

on traditional postulates concerning human health and capabilities focused mainly on determining the causes of pathologies and on the cause and effect relationship between health and sickness (ILO, 2010). However apart from biological differences, which logically affect the health of women and men differently, OHS management needs to consider other factors and include a gender perspective to provide a broader view of the subject (Vogel, 2003; Messing, 2002, 2004; Botha and Cronje, 2015; Zeytinoglu et al., 2005). Thus, inequalities in working conditions (horizontal and vertical segregation and the organization of work), part-time and temporary work by women, the fact that women bear most of the double burden of doing both paid work outside and unpaid work at home, harassment in the workplace and at home and gender-based domestic violence make it necessary to tackle issues of OHS using an integrated and a gender-related approach. Consequently, the factoring of gender into OHS management must not obviate the link between health and gender roles (ILO, 2010).

Most studies of women's OHS have concentrated on sectors where women predominate, and on psychosocial stressors. Few studies considering gender and sex-specific factors have been carried out (Botha and Cronje, 2015; Avilés-Palacios, López-Quero and García-López, 2013; ILO, 2013, Messing et al., 2003; Campos-Serna et al., 2012; Zeytinoglu et al., 2005; Messing, 2002). Sex differences are based on biological factors (Regitz-Zagrosek, 2012) and occupational risk prevention covers pregnant women, breast-feeding period caring (Avilés-Palacios et al., 2013), anthropometric measurements (Messing et al., 2003), musculoskeletal disorders (MSD) and stress (Messing and Stellman, 2006). By contrast, gender is associated with behavior, lifestyle and life experience (Regitz-Zagrosek, 2012). According to Messing et al. (2003) responses to occupational exposures per gender should take into account gender differences in workplace climate (less autonomy and more control at work due to men's position in the hierarchy, more exposure to sexual discrimination and harassment at work), gender differences in employment status (part-time work, horizontal and vertical segregation corresponding to workplace stressors), work-life interfaces (child care, elder care, domestic tasks) and non-work-related factors (domestic violence) that cause fatigue and stress.

Therefore, improvements in women's health and safety need to be built up within a coherent framework that covers in sex as well as gender issues (ILO, 2010).

Nevertheless, to the best of our knowledge, although OHS is therefore an important aspect of a company's CSR work there is a lack of research connecting CSR, OHS and women. Initiatives for promoting OHS are often dominated by legal regulations, but a regulatory approach is effective when regulation meets high standards (such as those of the ILO & WHO) and includes a framework to effectively translate policy into practice (Jain et al., 2012). Likewise, "OHS standards have often used male models; for example toxicological data comes from males" (WHO, 2006, p.6) and OHS policy and legislation involving sex differences include basically protection of pregnant women (Heide, 1999). Initiatives for promoting CSR are predominantly voluntary and private, so we propose that CSR could be the ideal approach for managing women's OHS. Hence, this study is a first attempt to bridge this research gap encompassing CSR, OHS and women. In this sense, this work can thus be considered an innovative study that explores the relations between CSR, OHS and women.

This paper sets out first to propose an approach based on a set of practices for managing CSR, OHS and women that goes beyond biological differences. Second, it examines the extent to which the gender perspective is factored into OHS management at a number of Spanish companies committed to gender equality (GE). Finally, it also measures outcomes and impacts. It offers not only a theoretical approach but also empirical data, so its main contribution is the embedding of women's OHS issues in CSR.

The article is therefore structured as follows: First of all the OHS is linked with CSR. Secondly, women's OHS is analyzed and the gender dimension is incorporated by considering practices for managing women's specific needs within CSR. The Method section then presents an empirical study of the incorporation of those practices and of the impacts generated at Spanish companies. Section Six shows the results and Section Seven discusses them. Finally, a number of conclusions and implications for business management are pointed out.

## **2. Occupational Health and Safety and its link with Corporate Social Responsibility**

There is growing interest at institutions such as the Agency for Safety and Health at Work and the European Commission in promoting links between CSR and OHS. It should be also noted that academically there has been a slight increase in concern (Montero et al., 2009; Cioca et al., 2014; Koskela, 2014; Sajjad and Eweje, 2014; Granerud, 2011; Kawashita et al., 2005; Hoffmeister Arce et al., 2006; Bestratén and Pujol, 2004; Zwetsloot and Starren, 2004; Segal et al., 2003).

A summary of the relevant literature reveals that CSR offers a number of opportunities for strengthening OHS, mainly:

- To integrate OHS aspects into a broader framework addressing OHS issues beyond mere compliance with legislation (Granerud, 2011; Montero et al., 2009; EU-OSHA, 2004; Zwetsloot and Starren, 2004; EC, 2001).
- To create a framework for sustainable work (Cioca et al., 2014; Montero et al., 2009).
- To protect the health and safety of employees (Hart, 2010; Jain et al., 2011, Jain et al., 2012; Hoffmeister Arce et al., 2006; EU-OSHA, 2004; EC, 2001).
- To encourage the implementing of new initiatives to promote OHS (Cioca et al., 2014; Montero et al., 2009).
- To consider the sensitivities of different stakeholder groups, thus giving them wider recognition (Cioca et al., 2014; Montero et al., 2009; Sowden and Sinha, 2005; Zwetsloot and Starren, 2004; EC, 2001).
- To achieve goals of increasing the quality of working life and managing OHS more effectively (Montero et al., 2009; Hoffmeister Arce et al., 2006; Bestratén and Pujol, 2004).
- To increase the strategic importance of OHS (Cioca et al., 2014; EC, 2001).
- To achieve better integration of OHS in core business (Cioca et al., 2014; Graneud, 2011; Montero et al., 2009).

Furthermore, including OHS in CSR has a major impact and creates new advantages for OHS:

- It enhances corporate reputation, increases productivity and customer loyalty and raises the value of company shares (EU-OSHA, 2012a, 2004; Granerud, 2011; Cioca et al., 2014; EU-OSHA, 2012a; Montero et al., 2009; Zwetsloot and Starren, 2004).
- It provides both financial and social returns such as reputation and legitimacy (EU-OSHA, 2012a; Montero et al., 2009).
- It defines innovation strategies focused on people and their values (Sowden and Sinha, 2005).
- It clarifies and systematizes OHS processes, measuring outcomes and impacts (Montero et al., 2009).
- It reinforces OHS actions and ensures their continuity (Montero et al., 2009; Cioca et al., 2014; EC, 2001)

Therefore, corporate responsibility for employees is considered important by various stakeholders, and OHS is regarded as one of those responsibilities (Kawashita et al., 2005). Socially responsible companies manage their human resources in such a way as to assure safety in the workplace, prevent accidents and respect employee health (Greenwood, 2002). OHS is thus a social matter, because providing safe working conditions and safeguarding the health of employees form part of the social responsibilities of companies (EU-OSHA, 2004).

Indeed, OHS issues are always present in the CSR instruments analyzed by Montero et al. (2009). For example, the most widely recognized CSR principles at international level (e.g. the UN Global Compact, OECD guidelines for multinationals, Ethical Trading Initiative), management systems and certification schemes (e.g. SA 8000, ISO 26000, CSR making good business sense), accountability frameworks (Global Reporting Initiative, Accountability 1000 Series) and company rating indexes (Dow Jones Sustainability Index, FTSE4Good Selection Criteria) consider OHS as a core element of CSR (ibid). Therefore, CSR is a useful platform for managing OHS at companies

(Montero et al., 2009; Sowden and Sinha, 2005; Hoffmeister Arce et al., 2005; Zwetsloot and Starren, 2004).

In this context, legislative, preventive and voluntary approaches are all needed (Leka et al., 2011). The regulatory approach to OHS is based on inspections in the workplace, while CSR appeals to voluntary action and transparency in regard to employees (Zwetsloot and Starren, 2004). CSR is shifting OHS towards a situation of greater interaction with stakeholders and towards the adoption of innovative approaches (Cioca et al., 2014; EU-OSHA, 2004; Sowden and Sinha, 2005). CSR has enormous potential for engaging employees and their representatives with a view to their going beyond merely complying with the requirements of OHS and actually becoming involved in promoting it (Sowden and Sinha, 2005). This approach means that employees identify more closely with companies, and thus helps to improve the relationship between them (EU-OSHA, 2004).

In short, companies that engage in CSR are interested in OHS (Hoffmeister Arce et al., 2005; Zwetsloot and Starren, 2004). Thus, implementing OHS actions based on CSR initiatives can reinforce those actions and ensure their continuity, and therefore have repercussions throughout organisations. In this context, CSR seems to be an ideal framework for fostering OHS, given its strategic nature, can act as a stimulating agent for OHS (Montero et al., 2009) and can be seen as an opportunity to go beyond mere compliance with the obligations imposed by law in matters of OHS (Zwetsloot and Starren, 2004; Cioca et al., 2014).

### **3. Women's Occupational Health and Safety management**

Women's OHS management needs to consider the effect of gender on issues and on how those issues are experienced by women (Campos-Serna et al., 2012). In this way, gender-related factors aligned with the sex-related factors already considered (capacity for physical work, anthropometry and body composition, personal protection equipment, treatment during pregnancy), will help to identify risks for women (Messing et al., 2003).



Several studies have shown the link between gender inequalities in employment conditions and work-related health problems (Caruso, 2015; Hart and Warren, 2015; Botha and Cronje, 2015; Campos-Serna et al., 2012; Avilés-Palacios et al., 2013; Wirtz et al., 2012; Bhattachayyra and Chakrabarti, 2012; Ogiwara et al., 2012; Messing and Stellman, 2006; Zeytinoglu et al., 2005; Messing et al., 2003). Furthermore, women are more likely to suffer from discrimination, sexual harassment, intimidation, mobbing, and psychological harassment (Caruso, 2015; Campos-Serna et al., 2012; Merlie and Paoli, 2001; EU-OSHA, 2014; ILO, 2013).

Accordingly, women are exposed to different physical and psychological stressors at and outside work (ILO, 2010; Lu, 2005; Messing, 2004). They are exposed to more psychosocial risks because they work in sectors where there is more direct contact with customers, such as health and social services, retail, and the hospitality industry (EU-OSHA, 2014). In this regard, violence and harassment are situations typical of the service sector. Moreover, new forms of harassment such as cyber-bullying are found more frequently in sectors such as education, where the proportion of women workers is high (EU-OSHA, 2014).

Work-related tiredness, repetitive strain injuries, and psychological problems are also more common among women (Hart and Warren, 2015; EU-OSHA, 2013b; Herrero et al., 2012; Zeytinoglu et al., 2005; Östlin, 2002), as are musculoskeletal disorders (MSD) and stress (Hart and Warren, 2015; Ogiwara et al., 2012; Collins and O'Sullivan, 2010; EU-OSHA, 2014; ILO, 2010; Zeytinoglu et al., 2005; Messing et al., 2003). Likewise, women work more in sectors with irregular hours, less chance of promotion, part-time and fixed-term contracts and informal work and have a double burden of work (i.e. paid employment and work in the home) that specifically impacts their health (Caruso, 2015; EU-OSHA, 2014; Wirtz et al., 2012; Bhattachayyra and Chakrabarti, 2012; Zeytinoglu et al., 2005; Messing et al., 2003). In short, proper management of OHS from a gender perspective means factoring in the specific needs of women.

As a summary, Table 1 lists the major risks faced by women in the workplace based on the relevant literature:

**Table 1. Risks faced by women in the workplace**

|  |
|--|
| <b>Sex and biological factors (height, weight, bones, immune system metabolism, endocrine function)</b>  |
| <ul style="list-style-type: none"> <li>• Circulatory problems</li> <li>• Musculoskeletal disorders (MSD)</li> <li>• Health problems deriving from stress, fatigue and cognitive problems</li> <li>• Risks arising from poorly fitting personal protective equipment that is not usually sized for a smaller frame</li> <li>• Risks that differ for women and men (mainly long periods of standing or sitting in one place while working in the case of women)</li> <li>• Difficulties in assessing risks and preventive monitoring of health problems affecting women in highly male-dominated sectors</li> </ul>  |
| <b>Workplace climate (men's hierarchical position and control, harassment)</b>   |
| <ul style="list-style-type: none"> <li>• Injuries caused by repetitive &amp; monotonous movements</li> <li>• Less control over and autonomy at work, low self-esteem, lower motivation &amp; lower satisfaction with work among women</li> <li>• Sexual discrimination and harassment</li> <li>• Women have more contact with customers and are therefore more likely to suffer harassment and violence</li> </ul>   |
| <b>Employment status (part-time, horizontal and vertical segregation, fixed-term contracts)</b>  |
| <ul style="list-style-type: none"> <li>• Psychosocial stress related illness</li> <li>• Lower control and autonomy</li> <li>• Musculoskeletal disorders and bone and muscle pain</li> <li>• Infectious diseases related to health care sectors</li> <li>• Less Access to prevention, consultation and representation services</li> <li>• Difficulties in assessing occupational risks and implementing changes</li> <li>• Less access to representation on decision-making bodies that can influence working conditions and less specific training in OHS</li> <li>• Lack of information and training</li> <li>• Younger women are more exposed to harassment and sexual violence</li> <li>• Violence and sexual harassment</li> <li>• Cyber-harassment related to the education sector</li> </ul> |
| <b>Work-life interfaces (child care, elder care, domestics tasks)</b>  |
| <ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Non-occupational stress</li> <li>• Less access to rehabilitation programs</li> <li>• More commuting accidents</li> <li>• Mental health problems</li> </ul>   |

### **Work Outside factors (domestic violence, differences in education and socialization)**

- Longer work-related sick leaves
- Stress
- More exposed to slips, trips and falls, and accidents linked to violence
- Chronification of illnesses due to delays in treatment as a result of gender stereotypes that suggest that women have greater endurance.

Source: Own elaboration based on EU-OSHA (2014)

Accordingly, management of women's OHS requires the re-examination of workplace reality and taking into account of their differences in exposure and working conditions (Avilés-Palacios, 2013; Messing et al., 2003; EU-OSHA, 2014). Furthermore, more research on women, sex/gender and OHS is necessary and desirable (EU-OSHA, 2014; Messing and Stellman, 2006). In line with these suggestions, in what follows we propose an innovative approach for managing women's OHS within CSR.

#### **4- Corporate Social Responsibility, Occupational Health and Safety and Women**

CSR enables companies to work on GE (Grosser, 2009) and also includes OHS issues from a gender perspective (GRI & IFC, 2009). Indeed, initiatives to mainstream OHS in CSR should include a gender perspective (EU-OSHA, 2014). Below, we offer an initial approach to managing women's OHS in CSR based on a review of the relevant literature. Companies which wish to cater for the specific needs of women in OHS matters could adopt the following practices within company's CSR:

**1- Record and analyze a breakdown by gender of the different types of illness and accident suffered** (Atkins, 2007; Daley, 2002; EU-OSHA, 2014, 2013a; GRI & IFC, 2009; Larsen et al., 2013; Messing and Östlin, 2006; Messing and Stellman, 2006; Torre and Maruri, 2009; UNIFEM & UNGC, 2011; Vogel, 2003). The development of statistics on occupational accidents and illnesses by gender would help to determine priorities for action through preventive programs.

**2- Monitor women-specific stressors such as the emotional burden of certain jobs, their limited autonomy and control of work, their dual work/domestic role, etc.** (EU-OSHA, 2012b; Messing and Östlin, 2006; Nelson and Burke, 2002; Velasco et al., 2013). Statistics show that mental

health problems related to stress and depression are currently one of the main causes of absenteeism and of an early exit from working life, particularly among women (Mental Health Foundation, 2007).

**3- Encourage equal numbers of women and men on OHS committees so that women's perspectives are heard** (Daley, 2002; EU-OSHA, 2013a; 2013b; 2012a; 2012b; Messing and Östlin, 2006). Occupational accidents are the main drivers of risk-prevention policies. An integrating, participative approach is therefore required to ensure that women's needs are addressed in OHS policies (Messing and Östlin, 2006).

**4- Modify or redesign the working conditions in a job or process to encourage the incorporation of women** (Bhattachayya and Chakrabarti, 2012; GRI & IFC, 2009; Harris, 2009; Larsen et al., 2013; Marras et al., 2013; Messing & Östlin, 2006; Torre and Maruri, 2009; Velasco et al., 2013). Gender stereotypes restrict women's access to certain jobs (EU-OSHA, 2005). In order to overcome this, companies should adapt the nature and working conditions of jobs to overcome gender-related conditioning factors (Torre and Maruri, 2009).

**5- Include gender issues in OHS and risk prevention training** (Vasconcelos et al., 2012; GRI & IFC, 2009; Messing and Östlin, 2006; Torre and Maruri, 2009; UNIFEM & UNGC, 2011; EU-OSHA, 2014). Training is crucial in gender equality awareness and mainstreaming within companies (Velasco et al., 2014). Companies should ensure that gender differences in health-related behavior are taken into consideration in the planning of training on OHS, health promotion and risk-prevention initiatives in the workplace (Vasconcelos et al., 2012; Messing & Östlin, 2006; ILO, 2013, 2010; Torre and Maruri, 2009).

**6- Take measures to prevent, eradicate and punish sexual harassment in the workplace** (Abbott et al., 2014; GRI & IFC, 2009; Instituto de la Mujer, 2013; LOIEMH, 2007; Torre and Maruri, 2009; UNIFEM & UNGC, 2011). Sexual harassment is both socially and morally unacceptable. It affects not only the individual concerned (anxiety disorders, depression, risk of high blood pressure, fewer job opportunities or even loss of work) but also the company (women's

absenteeism, job rotation, productivity slowdowns, days off work, labor demands, risk of accidents at work and reputational risk) (ILO, 2005; Instituto de la Mujer, 2013).

**7- Provide support for women workers who suffer from gender violence at home (change of post or working hours, psychological assistance, etc)** (Emmott and Worman, 2008; EU-OSHA, 2013a; ILO, 2011; Katula, 2012). Gender violence at home has a negative impact on women's health and work, making them less motivated and less confident, reducing their self-esteem, and causing depression, anxiety, and MSD (EU-OSHA, 2013a),

According to the relevant literature, the practices listed above may enable companies to achieve the following impacts:

**1- A risk prevention committee made up of equal numbers of men and women.** Companies that consider OHS holistically promote the integration of women into risk-prevention and safety-related activities, and draw up measures including having women as members of the bodies that represent workers (EU-OSHA, 2014, 2005; Messing and Östlin, 2006).

**2- Incorporation of women into job categories where there were under-represented as a result of the modification/design of working conditions at particular workstations or processes.** Companies that factor the gender perspective into OHS take into account that certain jobs such as carrying heavy weights and specific objects may impact on women's health (Larsen et al., 2013; Marras et al., 2013). As a result they modify or redesign working conditions or processes to facilitate the incorporation of women (Velasco et al., 2013).

**3- Falls in absenteeism among women (attributable to common illnesses/accidents) thanks to an analysis of risks that affect them specifically.** OHS management in the context of CSR entails lower costs in employment, higher productivity among employees, a greater ability to attract and hold on to qualified personnel and lower absenteeism rates (Sowden and Sinha, 2005).

Achieving growth and competitiveness in a globalized world means reshaping the organization of work and requires women's specific needs to be addressed (Flynn, 1995). A company committed to the principles of equality between women and men and to sustainable development could implement the practices listed above and attain the impacts indicated. The results of our study of the implementation of these practices and their impacts in Spanish companies are set out below.

## **5. Method**

An empirical study on factoring the gender perspective into OHS was conducted at Spanish companies characterized by their commitment to promoting GE. In 2013 an online survey was sent to these companies to assess the extent to which they had implemented the seven practices listed above, and their impact. The questionnaire was sent to the management staff responsible for diversity, gender or CSR issues. It had three main sections: 1) practices (P); 2) impacts (I); and 3) a company profile.

A Likert scale from 1 to 5 was used, with 1 representing "never/not implemented" and 5 representing "fully implemented". Impact was measured with a similar scale on which 1 represented "no impact" and 5 represented "maximum impact".

The three groups of companies surveyed were selected on the basis of their different degrees of commitment to GE. The first two groups are certificated on GE by third party external assessors. They are committed to GE over and above the levels required by law, and are also committed to CSR (Velasco et al., 2013). The third group comprises the largest companies in Spain, which occupy leading positions in many international standards of quality and excellence as regards CSR (Olcese, 2013) and which rank alongside Italian and British companies as world leaders in the quality of their CSR reports (KPMG, 2013). The companies selected are therefore not only committed to GE but also fully involved in CSR.

- 1- Companies with a “Family-Responsible Company” (EFR) certificate, awarded by Spain’s Fundación MasFamilia. This certificate attests to the implementation of a management tool that facilitates work/home life reconciliation at companies, thus helping the career development of employees and supporting equal opportunities.
- 2- Companies with an “Equality in the Workplace” (DIE) certificate, awarded by the Spanish Ministry of Labor and Social Affairs. This certificate is awarded to companies that apply pro-equality policies in the workplace. DIE-certified companies explicitly commit to equal opportunities for women and men in terms of working conditions, the internal organization and workings of the company and social responsibility.
- 3- Companies with more than 250 employees. These make up a specific group called “large companies” in Spanish legislation. As such they are obliged by law to draw up an equality plan (LOIEMH) and a written occupational risk prevention plan pursuant to Act 54/2003. The companies selected here were drawn from the SABI database of companies doing business as of 31 December 2012.

In all, 117 companies replied to the survey: (1) 37 EFR-certified companies (15% of the total); (2) 61 DIE-certified companies (75% of the companies that held this certificate in 2013); and (3) 19 large companies (2% of the total). Given the innovative, exploratory nature of the study no attempt was made to seek statistical generalization in the sample, but merely deductive generalization based on a small, strategic selection of companies (Giménez, 2012; Villarreal Larrinaga and Landeta Rodríguez, 2010). In short, these companies were selected for this analysis because they each represent a commitment to GE at the highest level. Such a method of selection provides the opportunity to study what leading companies in GE from different industries report on women’s OHS issues.

## 6. Results

The results of this exploratory analysis are shown in Table 2.

**Table 2. Average deployment of OHS practices and impacts from a gender perspective**

| Practices   | All companies      | EFR*              | DIE*                   | Large companies   |
|---|--------------------|-------------------|------------------------|-------------------|
| P1. Record and analyse a breakdown by gender of the different types of illness and accidents suffered   | 3.21               | 3.00              | 3.41                   | 3.21              |
| P2. Monitor stressors specific to women   | 2.71               | 2.73              | 2.88                   | 2.53              |
| P3. Encourage equal numbers of women and men on OHS committees  | 3.46               | 3.16              | 3.47                   | 3.74              |
| P4. Modify or redesign the working conditions in a job or process to encourage the incorporation of women   | 2.96               | 2.86              | 3.38                   | 2.63              |
| P5. Specifically include gender issues in training on risk prevention and OHS   | 3.08               | 3.03              | 3.44                   | 2.78              |
| P6. Take measures to prevent, eradicate and punish sexual harassment in the workplace   | 4.38               | 4.57              | 4.68                   | 3.89              |
| P7. Provide support for women workers who suffer from gender violence at home   | 3.81               | 3.92              | 4.14                   | 3.37              |
| <b>AVERAGE FOR ALL PRACTICES</b>  | <b>3.37</b>        | <b>3.32</b>       | <b>3.63</b>            | <b>3.17</b>       |
| <b>Impacts</b>  |                    |                   |                        |                   |
| I1. Equal numbers of women & men on OHS committee   | 3.11               | 3.24              | 3.20                   | 2.89              |
| I2. Women have been incorporated into jobs where they were under-represented thanks to the modification/ redesign of working conditions in a job or process | 2.48               | 2.54              | 2.75                   | 2.16              |
| I3. Absenteeism rates (due to common illnesses/accidents) among women workers are down thanks to the analysis of specific risks affecting them              | 2.78               | 2.89              | 3.00                   | 2.44              |
| <b>AVERAGE FOR ALL IMPACTS</b>  | <b>2.79</b>        | <b>2.88</b>       | <b>2.98</b>            | <b>2.50</b>       |
| % women in the company  | 45.90%             | 52.40%            | 46.12%                 | 37.06%            |
| Tenure (years employed)   | 35.79              | 33.54             | 36.88                  | 36.95             |
| Service sector  | 76.38%             | 78.4%             | 77.05%                 | 73.7%             |
| Spanish nationality   | 84.00%             | 83.8%             | 78.7%                  | 89.5%             |
| Main area of action   | Domestic<br>48.57% | Domestic<br>43.2% | International<br>39.3% | Domestic<br>63.2% |

- (EFR): Family-Responsible Company certificate; (DIE): Equality in the Workplace certificate

As can be seen, all the companies in the sample have developed all the practices only to a moderate extent. Exceptions can be found in practices to *prevent, eradicate, and punish sexual harassment in*

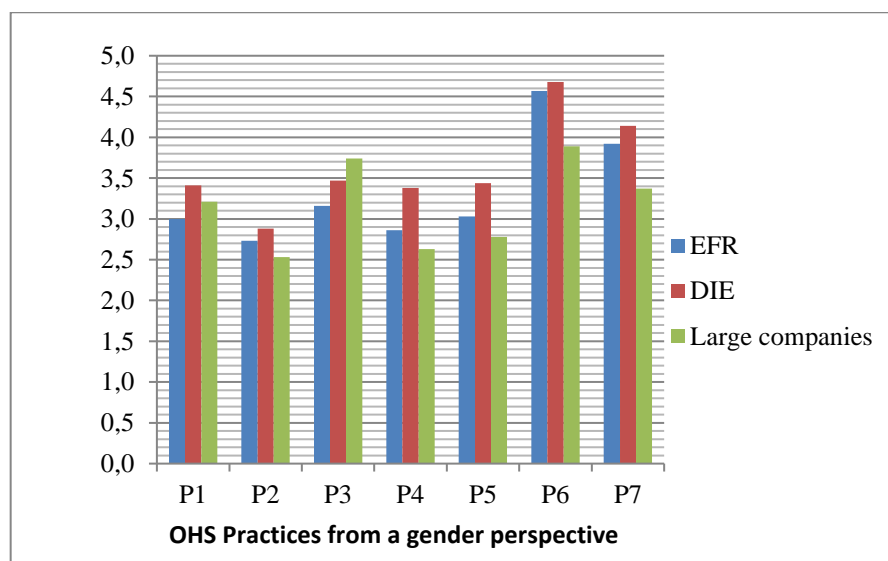


*the workplace* (4.38) and, to a lesser extent, in the *provision of support for women who suffer gender violence* (3.81), for which the degree of implementation is high in all groups.

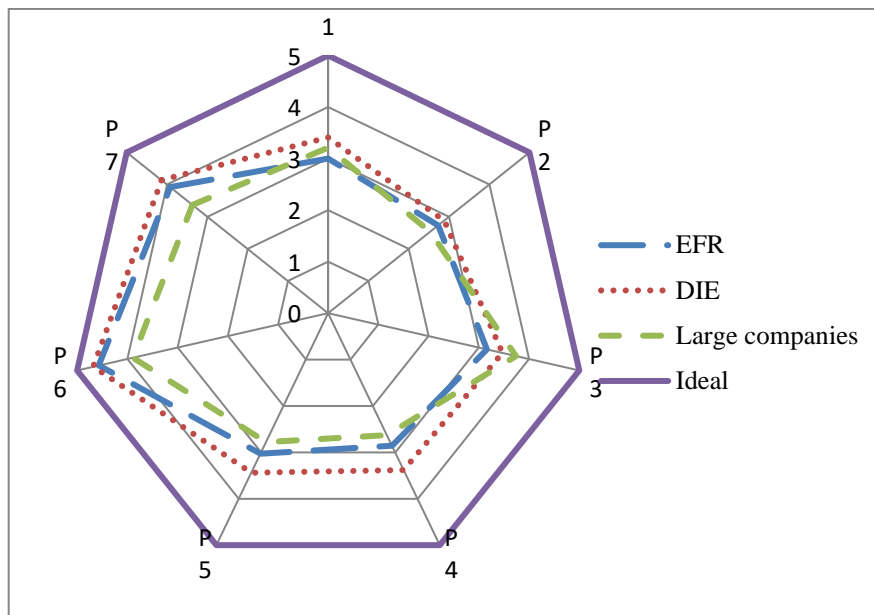
All the results concerning impacts are low (2.79), because of the fact that the practices are only moderately implemented (3.37). The greatest impact can be seen in the *increase in the number of women on OHS committees* (3.11): The relevant initiative shows the third biggest advance in the companies studied. The rest of the impacts are limited in scope, as might be expected given the level of deployment of the practices.

A closer look at each group of companies analyzed reveals that those which hold EFR or DIE certificates have the largest proportion of women employees. Furthermore, the same companies are also more advanced in the deployment of practices than large companies. However, these data are not correlated from the statistical viewpoint. It seems reasonable to expect certified companies to be making greater efforts to extend OHS from a gender perspective but this cannot be corroborated statistically here.

Figure 1 clearly shows the differences for each practice in each group of companies. As can be seen, DIE-certified companies show the greatest average deployment. However, as shown in Figure 2, all the groups are a long way from the ideal situation.



**Figure 1. Comparative deployment of OHS practices (P1-P7) from a gender perspective**



**Figure 2. Deployment of OHS practices (P1-P7) compared to ideal situation**

A factor ANOVA was carried out to check for significant differences between practices and impacts (Table 3). Levene, Kolomogorov-Smirnov and Racha tests were run. The results of these tests were in line with the assumptions made in developing this method.

As it can be seen in Table 3, the ANOVA gives mainly negative results, i.e. companies seem to be on the same level of development as regards OHS practices from a gender perspective. From a purely descriptive viewpoint, DIE-certified companies seem to be somewhat further advanced than the rest, but the difference is only statistically significant in regard to the “*Provide support for women workers who suffer from gender violence at home*” practice.

**Table 3. Results of ANOVA**

| <b>Practices</b>   | <b>F</b> | <b>Sig.</b> |
|--|----------|-------------|
| P1.Record and analyse a breakdown by gender of the different types of illness and accidents suffered | 0.551    | 0.578       |
| P2.Monitor stressors specific to women   | 0.299    | 0.742       |
| P3. Encourage equal numbers of women and men on OHS committees                                       | 1.346    | 0.265       |

|  |       |        |
|--|-------|--------|
| P4.Modify or redesign the working conditions in a job or process to encourage the incorporation of women   | 3.070 | 0.051  |
| P5.Specifically include gender issues in training on risk prevention and OHS   | 1.496 | 0.229  |
| P6.Take measures to prevent, eradicate and punish sexual harassment in the workplace   | 1.446 | 0.236  |
| P7.Provide support for women workers who suffer from gender violence at home   | 3.823 | 0.025* |
| <b>TOTAL PRACTICES</b>   | 1.655 | 0.196  |
| <b>Impacts</b>   |       |        |
| I1.Equal numbers of women & men on OHS committee   | 0.414 | 0.662  |
| I2.Women have been incorporated into jobs where they were under-represented thanks to the modification/ redesign of working conditions in a job or process | 2.015 | 0.140  |
| I3.Absenteeism rates (due to common illnesses/accidents) among women workers are down thanks to the analysis of specific risks affecting them              | 1.563 | 0.215  |
| <b>TOTAL IMPACTS</b>   | 1.895 | 0.156  |

## 7. Discussion of results

In line with previous studies OHS reporting have found to be a rather low level (Koskela, 2014, Hoffemeister et al., 2006). The legal framework on matters of occupational risk prevention in Spain is advanced and highly stringent. Accordingly, it requires major efforts of firms, which ultimately means that they concentrate merely on compliance rather than on actions that go beyond the minimum standard required by law (Hoffemeister et al., 2006). Furthermore, questions relative to gender are not included in the prevention planning of the companies and the risks that women at each post are exposed to are not evaluated (Avilés-Palacios et al., 2013). Notwithstanding, some OHS practices with a gender perspective are found to be deployed to a greater extent than others. The most extensively implemented are those whose guiding principles are covered by law, such as practices *to prevent, eradicate and punish sexual harassment and gender violence*, followed by *provision of support for women who suffer gender violence*, where the degree of implementation is high in all groups of companies.

As a result of the type of work that many women carry out and of gendered roles, women are generally at greater risk of violence, discrimination and sexual harassment (Campos-Serna et al., 2012; ILO, 2013). Additionally, sexual harassment in the workplace is prohibited by law. However, the law merely expresses the principle of prohibition: it does not detail what measures each firm must take to deploy that principle. It is precisely the companies committed to GE that go further and implement practices to prevent, eradicate and punish it because they are more aware of the need to promote such measures. This corroborates the findings of previous studies, namely, companies provide general mechanisms for action in cases of harassment in the workplace, establishing procedures and assurances for dealing with complaints (GRI & IFC, 2009; Velasco et al., 2013; UNIFEM & UNGC, 2011; Instituto de la Mujer, 2013; ILO, 2013). Furthermore, the Spanish Ministry of Labor and Social Affairs and Fundación MasFamilia audit compliance with the requirements for the awarding of DIE and EFR certificates. This could also explain the high level of implementation of this practice. In other words, companies audited by third parties tend to go further in fostering practices over and above the requirements of law, because they wish to use their certification in this area to announce their good performance.

*The provision of support for women who suffer gender violence* is the second most widely implemented measure in the study conducted here. One possible explanation for this is that there is currently a great degree of sensitivity and concern to move forward in stamping out gender-based violence. Spanish legislation and European Directives set punishments for gender-based violence specifically aimed at large companies. Furthermore, awareness-raising campaigns and sensitive activities may lead small and medium enterprises (SME) with high proportions of women employees to follow suit (EC, 2011b). Consequently, the companies surveyed here may be more inclined to deploy those practices. Companies can implement practices to help women by offering them a safe, secure environment, by providing them with time off, leave, shift changes and legal advice (Katula, 2012; EU-OSHA, 2014; ILO, 2010, 2013), and by considering their circumstances when drawing up performance assessments.

The efforts made by these companies regarding the promotion of *equal numbers of women and men on OHS committees and management bodies* are also noteworthy. Although it is appropriate that there should be women on OHS committees when OHS policies are implemented with a gender perspective (EU-OSHA, 2014; ILO, 2010), women tend to be left out of OHS work (Vogel, 2003; ILO, 2013). These companies, especially the large ones, try to involve women better and more directly in the decision-making process concerning the protection of their health, which could be explained by the fact that they are voluntarily committed to the promotion of GE and women's empowerment. Therefore, women are encouraged to participate in OHS committees so that their specific needs are taken into account (Daley, 2002; EU-OSHA, 2014; ILO, 2013, 2010). However, there is a room for improvement in this area given the percentage (45.90% on average) represented by such women in the companies studied (see Table 2). It would therefore be desirable to seek a balance in representation in line with the percentage of women who work at each company.

The least implemented practices include the *monitoring of stressors specific to women*, the *modification or redesign of working conditions to encourage the incorporation of women* and the *factoring of gender issues into training on prevention and OHS*.

The results show that very few companies monitor stressors specific to women. These findings might be attributable to the fact that companies' traditional approach to women's OHS is based on their biological and physical differences and does not consider other factors that specifically impact on women's mental health, such as the double burden and role-related issues. Future lines of research should consider in detail what type of stressors for women are actually involved (physical, psychological) and what specific circumstances give rise to them (workplace climate, employment status, work-life interfaces, non-work-related factors, sex-related factors).

Responsible OHS management means adapting jobs to people and not people to jobs (EU-OSHA, 2005; ILO, 2010). It is noteworthy how little effort has been made by these companies to *modify working conditions in order to encourage the incorporation of women*. This may be due to

the fact that these companies have already adapted their protection equipment, job circumstances and working conditions to various gender-related conditioning factors as suggested by the literature (GRI & IFC, 2009; Harris, 2009; ILO, 2010; Larsen et al., 2013; Marras et al., 2013; Torre and Maruri, 2009; Velasco et al., 2014). Furthermore, the proportion of women working in some of those companies could explain these findings. In fact, large companies, where the implementation of this measure is lowest, have the lowest proportion of women employees. Women continue to work mainly in the service sector and in traditionally feminized sectors such as education and health (ILO, 2016; EU-OSHA, 2014, Eurofound, 2013). More than three out of four of the companies surveyed belong to service sector, which could explain why they have not modified working conditions in order to incorporate women. In any case, this phenomenon requires further study.

Regarding the low level of factoring of *gender issues into training on prevention and OHS*, companies seem not to understand the importance and relevance of including gender issues in training at least in a strategic manner. It is not enough for companies merely to be aware of the gender perspective in OHS. OHS training and education with a gender perspective are needed, including the preparation of specific training materials with a gender-aware approach (Vasconcelos et al., 2012; GRI & IFC, 2009; Messing & Östlin, 2006; Torre and Maruri, 2009).

Finally, it would be advisable for these companies to *record and analyze OHS data from a gender perspective* to a greater extent. As indicated in previous studies, this would enable them to draw up specific protocols for action and risk prevention that could improve performance at company level (by reducing absenteeism, the cost of occupational accidents and illnesses, exit rates, etc.) (Torre and Maruri, 2009).

Other remarkable findings suggest that companies operating globally seem to deploy the practices proposed more extensively. This may be due to a more advanced view of OHS in the countries that they look to as references, to a higher profile, to presence on stock markets or to their being more receptive to the recommendations of international organizations such as the OECD, the

United Nations and the Global Compact, among others. Similarly, and in line with Hoffemesiter Arce et al., 2006, although there is no statistical correlation, it seems that those companies with external recognition in CSR (i.e. EFR and DIE) deploy the practices to a greater extent. The findings of Hoffemeister Arce et al., (2006) state that those multinational companies that have a specific CSR policy implement a number of CSR actions in the scope of the working climate that positively influence worker OHS. In fact, external recognition and reputation are linked to CSR and OHS practices. Several studies stress that the integration of OHS practices in the field of CSR helps, among other things, to improve corporate reputation (Granerud, 2011; Cioca et al., 2014; EU-OSHA, 2004; Montero et al., 2009; Zwetsloot and Starren, 2004).

The impacts at companies are very low except for the *balanced presence of women on OHS committee*. This may be explained by the fact that since this group of companies is strongly committed to GE they may have implemented additional practices to promote the advancement of women which impact positively. Nevertheless, companies reveal that *women have been incorporated* only to a slight extent *into jobs where they were under-represented thanks to the modification or redesign of working conditions*, and that *absenteeism rates among women workers have gone down* very little as a result of *the analysis of specific risks affecting them*. In any case, the low impacts perceived by companies may be due to the fact that companies have only been addressing women's OHS needs for a short time. It may also be because the impact variables/indicators are ill-defined in this area or insufficiently targeted due to the lack of relevant literature. This topic has not been studied much, and the results suggest that further study is needed.

Finally, our findings seem to suggest that the levels of deployment of practices and impacts in the companies studied are both limited; regardless of how committed they are to GE. However, these findings should be treated with caution given the pioneering, exploratory nature of the study in this field. A more extensive study of a larger sample is needed before conclusive findings can be presented.

## 8. Conclusions

The paper is a first attempt to bridge the research gap encompassing CSR, OHS and women. It offers an approach based on a set of practices for managing CSR, OHS and women that goes beyond biological differences. It also examines the extent to which the gender perspective is considered in OHS management in a group of Spanish companies committed to GE and encompasses women's OHS within CSR. Our findings enable the following main conclusions to be drawn.

First, there seem to be two main drivers in women's OHS management: Compliance with the law and external certification on GE or CSR. Compliance with the law seems to drive the deployment of the most widely implemented practices. Furthermore, third party external certifications (such as the EFR and DIE certificates) constitute guidelines for management systems, certification schemes and accountability frameworks, ensuring that women's OHS will be developed. Consequently, external certifications on GE or CSR not only enhance corporate reputation, employee loyalty, and the ability to attract talent (Kahale Carrillo, 2013), but also seem to invite the development of these types of OHS practices. In line with EC (2011b), OHS issues are an important part of quality management, risk management and CSR.

Second, companies involved in women's OHS management have yet to see any major impacts, i.e. women's OHS management may not be factored into companies in a strategic manner. As a result their commitment to GE may be slowed down or their present level may be considered as sufficient for now. For that reason a more in-depth measurement of the "real" impacts derived from women's OHS management is needed.

Finally, and in line with previous studies, women's OHS management is in its infancy (EU-OSHA, 2014, Campos-Serna et al., 2012; ILO, 2013). As shown here, the deployment of OHS practices from a gender perspective in these companies is limited, as are their perceived impacts. In spite of the awareness and concern of international organizations in this field, there has been little



research and academic study in the area. Therefore, there is still room for improvement in the development of women's OHS management.

Hence, it seems necessary to study the relevant practices and impacts in greater depth and factor women's OHS management into companies strategically. Considering the impact of OHS issues on the economy and on companies, corporate management practices need to be managed strategically. It is not possible to manage improvements in the working conditions of women in the field of OHS without factoring in other aspects and inequalities affecting women in the workplace and in society. These findings have major managerial implications.

Women's OHS management should be fostered strategically in the workplace by taking the CSR approach. In this regard, this paper suggests a framework for managing women's OHS issues that strategically addresses those issues and rests on a voluntary, preventive, systematic approach that considers companies' responsibilities and their impacts on society. In line with previous studies, we suggest an innovative and integrated approach to OHS that includes issues concerned with the work/home-life balance and organizational aspects of work to improve occupational risk prevention for women (EU-OSHA, 2013a; Hermanus, 2007; ILO, 2013).

In this context we advocate promoting a culture of prevention based on both legislative and voluntary approaches (Leka et al., 2011). CSR provides a highly suitable setting and it is widely implemented in companies (Grosser, 2009). It allows more interaction with stakeholders and enables innovative OHS management approaches to be adopted (Sowden and Sinha, 2005; Zwetsloot and Starren, 2004). Furthermore, CSR helps bring to light differences affecting women workers and helps to implement effective solutions and prevention strategies for OHS risks affecting women.

Setting up initiatives for the management of OHS from a gender perspective within a CSR framework means taking an innovative approach: First of all it provides a coherent framework of reference through a multi-sectoral methodology that incorporates women as a major stakeholder

group in OHS management. Secondly, it enables practices to be adopted that go beyond reproductive issues. Finally, it makes it possible to tackle OHS management from strategic, overall perspective (implementing, measuring and reviewing the practices adopted) that impacts on corporate performance.

Recognizing gender differences in the workforce is vital in ensuring the safety and health of both men and women workers (ILO, 2013). Nevertheless, meeting the challenge of managing the health of women in the workplace requires a vision that goes beyond reproductive or sexual issues, so that risk factors can be foreseen and prevented from turning into chronic problems in the future. Tackling the problem of women's health in the workplace is economically, ethically and socially necessary. Taking into account the voluntary-based approach entailed by incorporating GE into OHS management, the voluntary, preventive approach of CSR seems to be the most suitable instrument.

Finally, this study contributes new data to this field of research by looking at OHS management from the viewpoint of CSR, considering women as another stakeholder group to which companies are accountable, and thus helping their advancement at companies.

This contribution opens up new lines of theoretical research concerning the role of CSR in promoting the empowerment of women within and outside organizations, through what some authors refer to as "gendered social responsibility" (Kahale Carrilo, 2013; Larrieta-Rubín de Celis et al., 2015; Torre & Maruri, 2009; Velasco et al., 2014).

This paper also increases the body of knowledge on women's OHS management and takes another step in the relevant theory and practice. Accordingly, progress needs to be made not just on the theoretical but also on the empirical side. Furthermore, there is a strong demand for more practical studies in which rigorous statistical methods can be applied to measure the impact of women as stakeholders in CSR, their personal and occupational advancement and their specific impact at organizations.

Finally, some limitations of our study must be pointed out and some future lines of research suggested. Firstly, the sample is made up of Spanish companies and, as such, the findings may be difficult to extrapolate to other countries. Secondly, the population surveyed is small. Thirdly, the companies surveyed are already strongly committed to GE. Nevertheless, because the survey can justifiably be considered to be representative of the region analyzed, the results are indicative of the major trends in this field. To overcome these limitations, the next step should be to carry out similar studies in other groups of companies or in other countries. Furthermore, given the importance of this subject, more quantitative, qualitative and conceptual studies need to be undertaken, especially in regard to impacts and indicators for measuring companies' activities.

This work is an exploratory study of the relations between women's OHS and CSR through the examination of the main management practices that literature supports. Montero et al. (2009) call to a better integration of OHS concerns into the practical and conceptual developments of CSR, as well as for new proposals for managers. In the hopes of improving women's OHS, we offer an interesting view of the women's OHS-CSR relations, since the proposed practices constitute starting points for the integration of women's OHS management into companies. Nevertheless, we think this is an initial analysis that needs more conclusive and empirical research in order to state that women's OHS integration in the management of the firm's CSR is a present and a priority in the CSR debate.

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## REFERENCES

- Abbott, J.L., Elkins, T.J., Phillips, J.S., Madera, J.M., 2014. Attributing Corporate Responsibility for Sexual Harassment. *The Supervisory Connection. Cornell Hospitality Quarterly* 55(4), 376-387.
- Amponsah-Tawiah, K., Dartey-Baah, K., 2012. CSR-OHS: Expert views, analysis and commentary on the two potent contrivances towards achieving MDGs. *Journal of Global Responsibility* 3(2), 224-234.
- Arcury, T.A., Grzywacz, J.G., Chen, H., Mora, D.C., Quandt, S.A., 2014. Work organization and health among immigrant women: Latina manual workers in North Carolina. *American Journal of Public Health*, 104(12), 2445-2452.
- Artázcoz, L., Borrell, C., Rohlf, I., Beni, C., Moncada, A., Benach, J., 2001. Trabajo doméstico, género y salud en población ocupada. *Gaceta Sanitaria* 15(2), 150-153.
- Atkins, R.K., 2007. Multinational Enterprises and Workplace Reproductive Health: extending Corporate Social Responsibility. *Vanderbilt Journal Transnational Law* 40(1), 233-263.
- Avilés-Palacios, C., López-Quero, M., García-López, M. J., 2013. Gender and maternity considerations and techniques in occupational health services: The Spanish case. *Safety Science* 58, 27-31.
- Bhattacharyya, N., Chakrabarti, D., 2012. Design development scopes towards occupational wellness of women workers: Specific reference to local agro based food processing industries in NE India. *Work*, 43(4), 403-409.
- Bestatén, M., Pujol, L., 2004. Responsabilidad social y condiciones de trabajo. *Revista Prevención, Trabajo y Salud*, 31, 25-40.

- Botha, D., Cronjé, F., 2015. Occupational health and safety considerations for women employed in core mining positions. *SA Journal of Human Resource Management*, 13(1), 12-pages.
- Campos-Serna, J., Ronda-Pérez, E., Artazcoz, L., Benavides, F.G., 2012. Desigualdades de género en salud laboral en España. *Gaceta Sanitaria*, 26(4), 343-351.
- Caruso, C.C., 2015. Reducing Risks to Women Linked to Shift Work, Long Work Hours, and Related Workplace Sleep and Fatigue Issues. *Journal of Women's Health*, 24(10), 789-794.
- Cioca, L.I., Ivasnu, L. and Rus, S., 2014. "Integrating corporate social responsibility and occupational health and safety to facilitate the development of the organizations" in 4<sup>th</sup> Review of Management and Economic Engineering International Management Conference, Romania.
- Collins, J., O'Sullivan, L., 2010. Psychosocial risk exposures and musculoskeletal disorders across working-age males and females. *Human Factors and Ergonomics in Manufacturing & Service Industries* 20(4), 272-286.
- Daley, H., 2002. Women's work: lots of risks and precious little protection for women at work. *Hazards* 77, 29.
- Emmott, M., Worman, D., 2008. The steady rise of CSR and diversity in the workplace. *Strategic HR Review* 7(5), 28-33.
- European Commission , 2001. Promoting a European framework for corporate social responsibility. Green Paper. Brussels COM (2001) 366 final.
- European Commission , 2011a. Communication from the commission to the European parliament, the council, the European economic and social committee and the committee of the regions: a renewed EU strategy 2011-14 for corporate social responsibility. Brussels COM (2011) 681 final.

European Commission, 2011b. Occupational health and safety risks in the healthcare sector. Guide to prevention and good practice. Luxembourg, Publications Office of the European Union.

Eurofound, 2012. Fifth European Working Conditions Survey, EWCS. Luxembourg: Office for Official Publications of the European Communities.

Eurofound, 2013. Women, men and working conditions in Europe. Luxembourg: Office for Official Publications of the European Communities.

EU-OSHA, 2004. Corporate Social Responsibility and Safety and Health at Work. Luxembourg: Office for Official Publications of the European Communities.

EU-OSHA, 2005. Mainstreaming Gender into Occupational Safety and Health. Luxembourg: European Agency for Safety and Health at Work.

EU-OSHA, 2012a. Drivers and barriers for psychosocial risk management: an analysis of the findings of the European Survey of Enterprises on new Emerging Risks ESENER. Luxembourg: European Agency for Safety and Health at Work.

EU-OSHA , 2012b. Management leadership in Occupational Safety and Health-a practical guide. Luxembourg: European Agency for Safety and Health at Work.

EU-OSHA, 2013a. Estimación del coste de los accidentes y los problemas de salud relacionados con el trabajo. Luxembourg: European Agency for Safety and Health at Work.

EU-OSHA, 2013b. European Opinion Poll on Occupational Safety and Health Agency for Safety and Health at Work. Luxembourg: European Agency for Safety and Health at Work.

EU-OSHA , 2014. New Risks and Trends in the Safety and Health of women at work. Luxembourg: European Agency for Safety and Health at Work Office for Official Publications of the European Communities.

- Flynn, P., 1995. Main points of Commissioners Flynn's to the Fourth World Conference on Women. [http://europa.eu/rapid/press-release\\_IP-95-941\\_en.htm](http://europa.eu/rapid/press-release_IP-95-941_en.htm) (Nov. 10, 2015).
- Giménez, G., 2012. El problema de la generalización en los estudios de caso. *Cultura y representaciones sociales* 7(13), 40-62.
- Granerud, L., 2011. Social responsibility as an intermediary for health and safety in small firms. *International Journal of Workplace Health Management*, 4(2), 109-122.
- Greenwood, M. R., 2002. Ethics and HRM: A review and conceptual analysis. *Journal of Business Ethics* 36(3), 261-278.
- GRI & IFC, 2009. Embedding Gender in Sustainability Reporting -A Practitioner's Guide. Global Reporting Initiative and International Finance Corporation.
- Grosser, K., 2009. Corporate Social responsibility and gender equality: women as stakeholders and the European Union sustainability strategy. *Business Ethics: A European Review* 18(3), 290-307.
- Hart, S.M., 2010. Self-regulation, corporate social responsibility, and the business case: do they work in achieving workplace equality and safety? *Journal of Business Ethics* 92(4), 585-600.
- Hart, S.M., Warren, A.M., 2015. Understanding nurses' work: Exploring the links between changing work, labour relations, workload, stress, retention and recruitment. *Economic and Industrial Democracy*, 36(2), 305-329.
- Harris, A., 2009. Here come the girls. [http://www.hsmsearch.com/stories/articles/-/ppe/clothing/here\\_come\\_the\\_girls/](http://www.hsmsearch.com/stories/articles/-/ppe/clothing/here_come_the_girls/) (Nov.10, 2015).
- Heide, I., 1999. Supranational action against sex discrimination: Equal pay and equal treatment in the European Union. *International Labour Review*, 138(4), 381-410.
- Hermanus, M.A., 2007. Occupational health and safety in mining-status, new developments, and concerns. *Journal of the South African Institute of Mining and Metallurgy* 107(8), 531-538.

- Herrero, S.G., Saldaña, M.Á.M., Rodríguez, J.G., Ritzel, D.O., 2012. Influence of task demands on occupational stress: Gender differences. *Journal of Safety Research*, 43(5), 365-374.
- Hoffmeister Arce, L., Benavides, F.G., Jodar, P., 2006. Responsabilidad social corporativa en salud y seguridad en el trabajo: dimensiones, realidad y perspectivas. *Cuadernos de Relaciones Laborales*, 24(1), 183-198.
- Instituto de la Mujer , 2013. ¿Acoso sexual en mi empresa? Boletín Igualdad en la Empresa, VIII. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad.
- ILO , 2005. Sexual harassment at work: National and International responses. *Conditions of Work and Employment*. Series no.2. Geneva: International Labour Organization.
- ILO, 2008. *Global employment trends for women*. Geneva: International Labour Organization.
- ILO, 2010. *Women workers and gender issues on occupational safety and health*. Geneva: International Labour Organization.
- ILO, 2011. *Gender-based violence in the world of work: overview and selected bibliography*. Geneva: International Labour Organization.
- ILO, 2013. *10 keys for Gender Sensitive OSH Practice. Guidelines for Gender Mainstreaming in Occupational Safety and Health*. Geneva: International Labour Organization.
- ILO, 2016. *Women at work. Trends 2016*. International Labor Office: Geneva.
- Jain, A., Leka, S., Zwetsloot, G., 2011. Corporate social responsibility and psychosocial risk management in Europe. *Journal of Business Ethics* 101(4), 619-633.
- Jain, A., Puplambu, B., Amposanh-Tawiah, K., Andreus, N.J. 2012. *Occupational Safety and Health and Corporate Social Responsibility in Africa*. Cranfield Press, Bedfordshire, UK.



- Kahale Carrillo, D.T., 2013. *La Responsabilidad Social de Género*. Cizur Menor, Spain: Editorial Aranzadi.
- Katula, S. L., 2012. Creating a safe haven for employees who are victims of domestic violence. *Nursin Forum* 47(4), 217-225.
- Kawashita, F., Taniyama, Y., Hwi, S. Y., Fujisaki, T., Kameda, T., Mori, K., 2005. Occupational safety and health aspects of corporate social responsibility (CSR) in Japanese companies listed on the Tokyo stock exchange (TSE) first section. *Journal of Occupational Health*, 47(6), 533-539.
- Koskela, M., 2014. Occupational health and safety in corporate social responsibility reports. *Safety Science* 68, 294-308.
- KPMG (2013). *The KPMG Survey of Corporate Responsibility Reporting 2013*. KPMG International.
- Larsen, P.S., Strandberg-larsen, K., Juhl, M., Svendsen, S.W, Bonde, J.P., Andersen, A.M., 2013. Occupational lifting and pelvic pain during pregnancy: a study within the Danish national Birth Cohort. *Scandinavian Journal of Work Environment and Health* 39(1), 89-95.
- Larrieta- Rubín de Celis, I., Velasco-Balmaseda, E., Fernández de Bobadilla, S., Alonso-Almeida, M. M., Intxaurburu-Clemente, G., 2015. Does having women managers lead to increased gender equality practices in corporate social responsibility? *Business Ethics: A European Review* 24(1), 91-110.
- Leka, S., Jain, A., Iavicoli, S., Vartia, M., Ertel, M., 2011. The role of policy for the management of psychosocial risks at the workplace in the European Union. *Safety Science* 49(4), 558-564.
- LOIEMH, 2007. *Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva de mujeres y hombres*.

- Lu, J.L., 2005. Perceived job stress of women workers in diverse manufacturing industries. *Human Factors and Ergonomics in Manufacturing & Service Industries* 15(3), 275-291.
- Marras, W. S., Davis, K. G., Jorgensen, M., 2003. Gender influences on spine loads during complex lifting. *The Spine Journal* 3(2), 93-99.
- Mental Health Foundation, 2007. Women and mental health. <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/> (Nov. 10, 2015).
- Merlié, D., Paoli, P., 2001. Third European Survey on Working Conditions (2000). Luxembourg: Office for Official Publications of the European Communities.
- Messing, K., 2002. Women's Place in Workplace Health Research Priorities in Québec. *Relations Industrielles/Industrial Relations*, 57(4).
- Messing, K., Punnett, L., Bond, M., Alexanderson, K., Pyle, J., Zahm, S., ... & de Grosbois, S., 2003. Be the fairest of them all: challenges and recommendations for the treatment of gender in occupational health research. *American Journal of Industrial Medicine*, 43(6), 618-629.
- Messing, K., 2004. Physical exposures in work commonly done by women. *Canadian Journal of Applied Physiology* 29(5), 639-656.
- Messing, K., Östlin, P., 2006. Gender equality work and health: a review of the evidence. World Health Organization.
- Montero, M.J., Araque, R.A., Rey, J.M., 2009. Occupational health and safety in the framework of corporate social responsibility. *Safety Science*, 47(10), 1440-1445.
- Nelson, D. L., Burke, R., 2002. *Gender, work stress and health*. Washington: American Psychological Association.

- Ogiwara, C., Tsuda, H., Akiyama, T., Sakai, Y., 2008. Gender-related stress among Japanese working women. *Transcultural Psychiatry*, 45(3), 470-488.
- Olcese, A., 2013. Informe sobre la responsabilidad social de la empresa en España una propuesta para Europa. <http://ec.europa.eu/spain/pdf/informe-responsabilidad-social.pdf> (Nov. 10, 2015).
- Östlin, P., 2002. Gender inequalities in health: the significance of work. *Gender and socioeconomic inequalities in health* Lund, Studentlitteratur.
- Regitz-Zagrosek, V., 2012. Sex and gender differences in health. *EMBO Reports*, 13(7), 596-603.
- Segal, J.P., Sobczak, A., Triomphe, C.E., 2003. Corporate social responsibility and working conditions. European Foundation for the improvement of Living and Working Conditions
- Sowden, P., Sinha, S., 2005. Promoting health and safety as a key goal of the corporate social responsibility agenda. London: HSE Books.
- Torre, C., Maruri, I., 2009. La Responsabilidad Social de Género en la Empresa. Un valor emergente del management empresarial. Madrid: Cinca, S.A.
- UNIFEM & UNGC., 2011. The Women's Empowerment Principles - Equality Means Business. UN Women and UN Global Compact, Second Edition.
- Vasconcelos, R., Teixeira, S., Castelhana, J., Lacomblez, M., 2012. When gender bumps into health and safety training: working conditions, readings and challenges drawn from a case study in an industrial chemicals company. *Work*, 41(Supplement 1), 4291-4296.
- Velasco, E., Aldamiz-echevarria, C., Fernández de Bobadilla, S., Intxaurburu, G., Larrieta, I., 2013. Guía de buenas prácticas en responsabilidad social de género. Madrid: Ediciones Pirámide.
- Velasco, E., Larrieta, I., Intxaurburu, G., Fernández de Bobadilla, S., Alonso-Almeida, M. M., 2014. A Model for Developing Gendered Social Responsibility (GSR) at Organizations: An Exploratory

Study. In A.P. Newell (Ed.), *Corporate Social Responsibility. Challenges, Benefits and Impact on Business Performance*, pp. 21-64. New York: Nova Publishers.

Villarreal Larrinaga, O., Landeta Rodríguez, J., 2010. El estudio de casos como metodología de investigación científica en dirección y economía de la empresa. Una aplicación a la internacionalización. *Investigaciones Europeas de Dirección y Economía de la Empresa*, 16(3), 31-52.

Vogel, L., 2003. *La salud de la mujer trabajadora en Europa. Desigualdades no reconocidas*. Madrid: Instituto Sindical de Trabajo Ambiente y Salud ISTAS.

WHO, 2006. *Gender Equality, Work and Health. A review of the evidence*. World Health Organization, Geneva.

Wirtz, A., Lombardi, D.A., Willetts, J.L., Folkard, S., Christiani, D.C., 2012. Gender differences in the effect of weekly working hours on occupational injury risk in the United States working population. *Scandinavian Journal of Work, Environment & Health*, 349-357.

World Bank, 2016. Labor force participation rate, female. The World Bank. Washington D.C: World Bank.

World Economic Forum, 2013. *Five Challenges, One Solution: Women*. World Economic Forum. [http://www3.weforum.org/docs/WEF\\_GAC\\_WomensEmpowerment\\_FiveChallengesOneSolution\\_Compndium\\_2013.pdf](http://www3.weforum.org/docs/WEF_GAC_WomensEmpowerment_FiveChallengesOneSolution_Compndium_2013.pdf) (Nov. 10, 2015).

Zanko, M., Dawson, P., 2012. Occupational health and safety management in organizations: a review. *International Journal of Management Reviews* 14(3), 328-344.

Zeytinoglu, I.U., Seaton, M.B., Lillevik, W., Moruz, J., 2005. Working in the margins: women's experiences of stress and occupational health problems in part-time and casual retail jobs. *Women & health*, 41(1), 87-107.

Zwetsloot, G., Starren, A., 2004. Corporate Social Responsibility and Safety and Health at Work.

Luxembourg: European Agency for Safety and Health at Work.