



# Bringing in gender perspectives on systematic occupational safety and health management

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## ABSTRACT

This article suggests that theories of gender should be considered central concerning the future development of systematic occupational safety and health management in theory and practice. Despite extensive research and legislation, there are still considerable shortcomings in working conditions which indicates difficulties in the implementation of systematic occupational safety and health management. In this article, we address the need for critical analysis that complements more traditional research focusing on health or management. The overall aim is to examine and explain systematic occupational safety and health management in gender-segregated work environments in Sweden, based on theories of doing gender in work organisations. A qualitative methodological approach is used, which includes thematically analysed interviews with inspectors and managers at the Swedish Work Environment Authority. By using a gender-critical analysis several examples of how gendered norms and values complicate and constrain systematic occupational safety and health management are identified. The results pinpoint that these norms and values indirectly contribute to circumscribe essential preconditions for systematic occupational safety and health management procedures and risk leading to difficulties in creating safe and healthy work cultures.

## 1. Introduction

In the gender-segregated Swedish labour market, there are still several and sometimes different challenges concerning working conditions for women and men and gender is therefore essential to consider in studies of work environment issues (Messing et al., 2003; Laberge et al., 2012, 2020; Laperrière et al. 2017). Several factors contribute to working conditions of which systematic occupational safety and health (OSH) management is one. A well-functioning systematic OSH management is beneficial for both individuals and organisations (Swedish Work Environment Authority Report 2020:7; Sundqvist, 2020). In this article we apply a gender critical perspective and bring into our analyses how gender interplay with and have an impact upon systematic OSH management. This critical perspective is influenced by theories of doing gender (West and Zimmerman (1987) and consists of theories of doing gender in work organisations (Acker, 2006, 2012; Martin, 2006).

In Sweden, systematic OSH management is regulated by law and regulations (SFS, 1977; AFS 2001:1). However, it turns out that it is still difficult to create good working environments (Frick, 2014; Masi and

Cagno, 2015; Nordlöf, 2015). Serious shortcomings are reported in both female-dominated and male-dominated work environments which indicate shortcomings in the implementation of systematic OSH management (Swedish Work Environment Authority, Report 2019:9).

Systematic OSH management is in Sweden, characterised by a process-based approach and concern both *what* the employer should do and *how* it should be done. Employers must regularly examine the work environment, assess risks, implement the necessary measures and then check that implemented measures have desired effect. The work must be conducted in collaboration with employees and safety representatives. There must be sufficient knowledge for the work. It must be clear who is to do what and there must be routines for the work (AFS 2001:1). The work shall be included as a natural part of day-to-day activities and comprise all physical, psychological and social conditions of importance for the work environment (AFS 2001:1).

A well-functioning systematic OSH management is expected to lead to risks and shortcomings being discovered before accidents occur or ill health arises and constitutes the basis for creating a sustainable working life. The requirements for systematic work environment work can be

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summarised in two points: if the work environment is deficient, there is also a deficiency in the systematic OSH management, and if there is a (non-new) deficiency in the systematic OSH management, there is also a deficiency in goal control, follow-up and improvement of systematic OSH management (Swedish Work Environment Authority, 2013:11).

In earlier research within the field of ergonomics, safety and health, important conditions of systematic OSH management have been identified, such as leadership, routines that provide regular feedback to employees, employees' participation and effective systems for evaluation of goal achievements within systematic OSH management (Saksvik and Quinlan, 2003). Dellve et al. (2008) found that well-organised structures and routines for systematic OSH management (policy, goals and plans for action) were beneficial for long-term attendance among home care workers. In studies of manufacturing companies being a smaller company, having a negative security culture and low credit rating was found to be related to also having a less developed OSH management (Nordlöf, 2015). Structural, social as financial aspects thus seem to be essential for companies' possibilities for prioritising and managing OHS (Nordlöf, 2015).

Other studies focus on barriers to OHS interventions as an analysis of the barriers is crucial for understanding intervention effectiveness. In a literature review of barriers to OSH interventions, several barriers on different levels were identified (Masi and Cagno, 2015). The following critical barriers were seen across many public sector organisations: ongoing organisational changes, target-driven cultures, weak support from senior management, the belief that stress issues cannot be solved, the lack of trade union involvement, lower employee participation, the perceived lack of management competency in the risk assessment, insufficient resources and risk assessment seen as resource intensive etc. (Mellor et al., 2011).

Systematic procedures have improved the prevention of technical risks, while poor management control has made it more difficult to reduce organisational risks of stress and musculoskeletal disorders (Frick, 2014). Abrahamsson and Johansson (2013; p. 1) resemble it as "one hundred years of inertia" which refers to the difficulty "to implement improvements to the work environment, why certain contexts develop negatively and why knowledge about good work environments is not utilised". They argue, there is a need for critical analyses that complement perspectives focusing on health or management and suggest a third perspective, namely "problematization". Using this perspective helps us to highlight different power structures, based on concrete factors such as wages, physical work environment and work content, as well as aspects of the psychosocial work environment and the influence of gender (Abrahamsson, 2002). One way of problematising different aspects of organisations is to identify and analyse different logic specific values intertwined into the organisations governance and practices (Svensson, 2011). Inspired by this problematising approach, we use theories of doing gender in work organisations (Acker, 2006, 2012) when analysing systematic OSH management in this study. We know from previous research that gender contribute to difficulties when implementing change initiatives in organisations (Abrahamsson, 2001; Baude, 1992).

Nevertheless, there is a research gap concerning systematic OSH management and gender. Even if gender and organisation is a well-established research field as well as ergonomics and occupational safety and health research, gender critical research about occupational safety and health is scarce on an international level (Sandström, 2013). Recent research has been developed in areas like quantitative gender considerations for methods used to evaluate the burden of work on health, intervention studies driven by quantitative gender questions and considerations and evaluation of the impact/process of considering sex and gender in ergonomic interventions (Laberge, 2020).

Scandinavian gender research on work environment and ergonomics focuses mainly on quantitative gender differences and has for the most part scientifically seen traditional approaches in the form of register studies, questionnaire studies or exposure measurements (Report

2015:18). Previous workplace safety research has focused primarily on risks based on sex (male or female) and less on an exploration of how gender may affect working conditions and work environment risks (Qvotrup Jensen et al., 2014). Nevertheless, there are signs of a growing interest in these topics (Laberge, 2020). Stergiou-Kita et al. (2015) for instance, demonstrate the importance of considering different types of masculinities as these may influence the outcome of occupational health and safety practices. Forssén et al. (2006) highlight relations between different types of femininity and health at work. Lederer and Riel (2019) demonstrate the potential for participatory approaches sensitive to gender and diversity to overcome some of the limits of classical OHS management approaches. In sum, research of systematic OSH management with a gender-critical perspective is rare, indicating a research gap which we address with this paper.

As stated above, there is both practical and theoretical needs for increased knowledge of how gender interacts with systematic OSH management: as a barrier, enabler or not so important? In this study, the overall aim is to critically examine and explain systematic OSH management procedures in gender-segregated work environments. For this purpose, we have applied a gender perspective on work and organisations. The empirical basis consists of interviews with inspectors and managers working at the Swedish Work Environment Authority (SWEA). The research questions are:

1. How is systematic OSH management in the segregated work environments described and explained by inspectors and managers working at the Swedish Work Environment Authority?
2. How can systematic OSH management in the segregated work environments be explained from a gender-critical perspective?

Gender-segregated work environments here refer to work environments where the distribution between women and men is outside the frame of 40–60 percent. By procedures, we mean how the systematic OSH management is formally conducted concerning objectives, provisions and legislation. The work environments in focus are female-dominated elderly care, male-dominated tire shops and cleaning operations with even gender distribution.

The article is designed as follows: after the initial description of systematic OSH management in theory and practice identifying the research gap as well as practical needs, the theoretical framework is presented. In the methods section, the context, sample and data collection are described as well as the data analysis. The findings are presented and discussed from a gender-critical perspective. Finally, the conclusions drawn are presented, practical and theoretical implications are suggested as well as suggestions for further research.

In the next section, we present how this study combines previous research within the field of ergonomics with theories of gender when reflecting on systematic OSH management. Combining these two theoretical perspectives opens up for an increased understanding of underlying causes to shortcomings in systematic OSH management.

## 2. Theoretical framework

In this section, we discuss how we conceptualise the gender-critical perspective in the study and the relevance of using theories of doing gender in work organisations in studies of occupational health and safety and systematic OSH management.

### 2.1. Doing gender in work organisations

The gender-critical perspective on systematic OSH management used in this study refers to Ackers theories on doing gender in work organisations (Acker, 2006, 2012). This means a processual and relational view of organisations as well as gender: gender and organisations as something we do, rather than something we are, expressed through interactions and mundane practices (Acker, 1999, 2006, 2012; Gherardi,

1994; Korvajärvi, 1998; Wahl, 2014). Further, our starting point is that biological sex and gender often are intertwined with each other (Fausto-Sterling, 2017), and interplay in the constructions of gender. To complicate this further, work-related and societal values also have a major impact on our actions and the meaning of gender.

We here strive to go beyond formal organisational structures and practices and identify gendered substructures, in order to gain a deeper understanding of OSH management in the segregated work environments. These gendered substructures in organisations are created not just through interactions but also by different organisational processes and individuals existing gendered identities (Acker, 2012). Applying a gender perspective enable unveiling power relations and unequal working conditions, which may affect systematic OSH management. Based on our theoretical assumptions, gender is a multidimensional dimension operating on different levels and through complex power relations in organisations as well as in society (Connell, 1987; Risman, 2004; Regnö, 2013). As a consequence, organisations are not being gender-neutral, but instead gendered (Acker, 2006, 2012; Martin, 2006). Even though this study focuses on the organisational level, the results need to be understood in relation to other levels such as societal and individual, as they interact with each other (Layder, 1993).

However, as women and men are not homogenous groups (Armstrong and Messing, 2014), there are different types of masculinities and femininities. When looking at gender as consisting of different masculinities and femininities interacting with organisational structures and work practices, we gain a deeper understanding of systematic OSH management and underlying causes of different conditions for such work.

## 2.2. Masculinity and femininity in occupational safety and health research

According to Stergiou-Kita et al. (2015), we can enhance our understanding of how social processes can be used to develop and implement effective health and safety strategies. In their research review, several key themes relevant to masculinity and men's workplace health and safety were identified, such as the celebration of heroism, physical strength, toughness and stoicism. Further, acceptance and normalisation of risks, acceptance and normalisation of work injuries and pain, displays of self-reliance, resistance to assistance, authority and occupational health and safety practices were identified. Other key themes these scholars identified relevant to masculinity and men's workplace health and safety were labour market forces, productivity pressures and profit over occupational health and safety. Even though this research review focused on masculinised workplace cultures, using a gender perspective may enhance the occupational health and safety of both women and men, according to Stergiou-Kita et al. (2015).

Qvotrup Jensen et al. (2014) do not specifically mention systematic OSH management but suggest that gender, and particular masculinity could be considered central concerns for further development of safety research. They suggest that safety research might gain from taking different and competing masculinities into account, as different ways of being a man may sometimes compete for the position as the most legitimate masculinity. Some men base their masculinity on the mastering of technology, which would allow them to use lifting equipment without their masculinity being questioned. Others might gain masculinity from bodily strength which makes the introduction of lifting equipment difficult (Qvotrup Jensen et al., 2014). These examples show that different masculinities have different practical implications and might, therefore, also have an impact on systematic OSH management.

However, identifying the gender norm in terms of social constructions of femininity is also of interest in the analysis of systematic OSH management, we argue. Different actions of women and men create a sense of "gender belonging" or performativity to women or men (Butler, 1990). Femininity is constructed in relation to masculinity (the norm). However, how to perform, the prevailing norm is constructed in relation

to other women and behaviours that deviate from the prevailing norm can be socially punished (Ambjörnsson, 2008). Women's work being low valued and not valued concerning its complexity in elderly care, for example, is one expression of gendered norms and values in society (Armstrong and Messing, 2014; England and Dyck, 2011, Vänje and Sjöberg Forsberg, 2020). This norm also includes a non-professional view on women working in care as if they are doing this work because of a natural talent rather than as professionals, despite (many) years of higher education (Purkins et al., 2011). Together with lack of strategies and resources to handle unforeseen events that always arise creates stress and shows how gendered power structures affect the work environment, which can be an expression of an organisation's informal culture (Gherardi, 1994; Mc Cann et al., 2015; Pousette et al., 2017).

Another social construction of femininity is not to complain or make demands, even if resources are insufficient (Regnö, 2013). Forssén et al. (2006) have raised questions about how power and responsibility are distributed between women and men and how this distribution affect health issues. They are interested in why some women have difficulties in limiting their caring and present the concept "compulsive sensitivity", which denotes the compulsion to see and respond to other people's needs, whatever one's own situation (Forssén et al. 2006). Compulsive sensitivity entails mental as well as physically strenuous work. It is connected to ill health such as fatigue, worry and burnout as well as coronary disease, muscular pain and injuries. Compulsive sensitivity, they argue, is a result of several factors such as long-lasting caring demands, little control over the workload and other aspects of the caring conditions.

Further, they consider compulsive sensitivity to be a consequence of the gendered division of labour and the societal construction of femininity, that is, social norms regarding how "a good woman" should be and act. They also assume that compulsive sensitivity is linked to class and control as well as to men's greater access to power (Forssén et al. 2006), in line with previous research which indicates that gender and class are closely linked (Butler, 1990; Ambjörnsson, 2008).

The presented theories of doing gender, gendered organisations and social constructions of femininities and masculinities constitute the theoretical framework in this study. In the next section, we describe the method used with context, sample, data collection and data analysis.

## 3. Method

### 3.1. The context, sample and data collection

This study is part of a larger interactive (Aagard Nielsen and Svensson, 2006) research project on gender and work environment development carried out in Sweden (2017–2020), in which two municipalities, the Swedish Work Environment Authority (SWEA) and two researchers constituted a learning network. Focus was on gender-segregated workplace contexts: the female-dominated homecare services and the male-dominated technical maintenance and tire shops. Gender-segregated social contexts are particularly well-suited for studying gendered processes and practices, as the meanings of gender are well-established in such environments (Korvajärvi, 1998). Further, comparing female and male dominated workplaces is an effective tool for making social constructions of gender and power-relations visible (Härenstam, 2009). In this research project, SWEA was interested in developing gender-aware work environment inspections. For this issue two ongoing national inspection projects focusing on (i) elderly care and (ii) ergonomics and OSH management in businesses with gender-segregated occupations constituted the common starting point for the interactive research. This research process aimed to generate both scientific theory development and to contribute to practice with local knowledge to be used directly at SWEA. Our role as researchers was characterised by closeness and distancing, in order to create space for the necessary reflections on the organisation and the gathered data (Aagard Nielsen and Svensson, 2006). The interactive research approach

in this project was chosen as it shares common values with feministic research approaches, in terms of emphasis on democracy, equality and social justice (Greenwood and Levin, 2007). Accordingly, using doing gender theories (Acker, 2012) together with the interactive research approach paves the way to identify informal gender constructions and make power-relations visible (Hee Pedersen and Gunnarsson, 2004).

In this article we analyse and discuss qualitative data from semi-structured interviews with ten inspectors and managers working at the SWEA, which were carried out in 2019 (Table 1). These interviews have been thematically analysed (Braun and Clarke, 2006; Clarke and Braun, 2018) by the researchers and validated in an analysis seminar. Qualitative interviews, where women and men describe their experiences, were used as this is beneficial in making meanings of gender visible, as this often is done unconsciously (Martin, 2006). This interview form was used as it offers the possibility to grasp the interviewees reflections on and experiences of doing inspections in gender segregated work environments. Through this qualitative approach we could start a reflective process where gender awareness slowly emerged (Oakley, 2000).

The ten interviewees worked in national inspection projects focusing on work environment issues in gender-segregated work environments. Half of them (5 interviewees) worked in an inspection project concerning elderly care (home care services and special accommodation for the elderly) and the other half (5 interviewees) in tire shops and cleaning operations. Tire shops were workplaces that performed tire changes, repairs and also offered storage of tires ("tires hotels"). The cleaning operations could be of different sizes and performed its services in homes and/or at companies.

The inspections were focused on systematic OSH management, the organisational and social work environment and stress injuries. Since each interviewed inspector had extensive professional experience and had carried out between 25 and 50 inspections, they were assumed to have substantial experience and knowledge about work environment problems and risks. Ten was therefore identified as a sufficient number of interviewees, for gaining saturation in the gathered data. It can be added that the interviewees shared experience was solid in that they had conducted hundreds of inspections on systematic OSH management in segregated work environments. The preliminary analysis and validation of the interview data was performed in close collaboration with employees and managers at SWEA, which is described more in detail in section 3.2. The concerned national inspections projects were of certain interest as these governmental commissions should include gender analyses.

The semi-structured interviews were based on themes related to requirements and resources at work, opportunities for systematic work environment work and workplace learning, and gender equality aspects. The interview guide and its questions were piloted in terms of being used in two previous case studies within the same research project. The interviews were conducted in undisturbed rooms and, in most cases, at the informant's workplaces, they lasted for about 60 min, were audio-recorded and transcribed verbatim. During one of the interviews, the recording was interrupted unintentionally after about half the time, but because there were notes taken, the interview could still be included in the study. Hand notes were also taken in direct connection to the interviews where general impressions were noted: if anything had been difficult to talk about, what engaged in particular, what was not

mentioned and other impressions. This study has been conducted according to the ethical principles for social sciences research (Swedish research Council, 2017), including information about the research, informed consent for all interviewees as well as confidentiality when processing and presenting data. As the research project followed the Swedish legislation concerning research on human beings (SFS 2003:469) and did not aim for gathering data on human beings' health or sensitive private information about individuals no ethical application was needed. In addition, the interactive research has an inbuilt system with opportunities to make comments on and validate the data and research results through analysis seminars before any kind of publication.

### 3.2. Data analysis

The interviews were semi-structured (Kvale and Brinkman, 2009) and the analysis-process started already during the interviews. The analytic process was then carried out as a multiple case study (Yin, 1994) with each operation as a unit of analysis. After listening to the audio recordings, reading and re-reading the interviews, an analysis was performed based on the themes in the interview guide. Firstly, aspects of systematic OSH management were in focus. The inspectors and managers descriptions of the systematic OSH management in the three work environment contexts were analysed, which resulted in five themes. Each operation was analysed (within-case analysis). After that, a between-case analysis (Yin, 1994) was conducted by comparing the three operations. Through this procedure, characteristics of the systematic OSH management emerged (Table 2).

The next step in the analysis process involved compiling and analysing the interviewees accounts about underlying causes to the identified shortcomings in systematic OSH management in the different operations and then analysing the statements from a gender-critical perspective, using the theoretical framework earlier described.

In line with the interactive research approach, the results of the analyses were later presented and reflected on jointly at an analysis seminar with 24 participations working at SWEA: inspectors, managers and gender equality strategists (informants included) together with two university researchers. At this seminar the participants were given the opportunity to jointly analyse and critically reflect on preliminary results. Due to the corona pandemic this seminar was carried out digitally in Skype and in three steps building on each other. The first step consisted of the researcher's presentation of their analysis followed by joint reflections in smaller groups. Finally, the different groups reflections were presented for and discussed in the whole group. Hand notes from the joint discussions in the whole group were taken by the researchers. Afterwards, these notes were compiled and jointly analysed by the researchers. This analysis confirmed and reinforced the preliminary analysis.

Through this participative approach, the results were validated, and the participants from SWEA received input for further development work regarding gender-aware inspections.

## 4. Findings

The findings concerning our first research question are presented in two different parts. Firstly, we highlight how the interviewed inspectors and managers working at SWEA describe the characteristics of the systematic OSH management in the concerned work environments contexts, summarised in Table 2. Secondly, we present how the interviewees themselves explain these findings. Our second research question, how these results can be understood and explained from a gender-critical perspective, is considered in the discussion section.

**Table 1**  
Function, gender, and inspected operation of the ten interviewed.

Function	Gender	N	Inspected operation
Inspector	Female	3	Elderly care
Inspector	Male	1	Elderly care
Regional manager	Male	1	Elderly care
Inspector	Male	3	Tire shops resp. cleaning operations
Inspector	Female	1	Tire shops resp. cleaning operations
Regional manager	Male	1	Tire shops resp. cleaning operations

**Table 2**

Characteristics of systematic OSH management in elderly care, tire shops and cleaning operations, according to the interviewed inspectors and managers at SWEA.

Systematic OSH management			
Themes	Elderly care	Tire shops	Cleaning operations
Risk assessment	Insufficient risk assessment, many “invisible tasks”	Insufficient risk assessment	Insufficient risk assessment, many “invisible tasks”
Incident reports	Insufficient, incidents are reported to a small extent mainly physical — fewer organisational and social incidents are reported	Insufficient, incidents are reported to a small extent	Insufficient, incidents are reported to a small extent
Documentation	Insufficient, lack of documentation regarding routines for carrying out the work. Lack of active action plans, risks and shortcomings is not made visible - complicates follow-up and change	Insufficient, lack of documentation regarding routines for carrying out the work	Insufficient, lack of documentation regarding routines for carrying out the work
Systematics	Insufficient, deficient analyses - goes directly to measures	Insufficient	Insufficient
Knowledge and competence	Insufficient knowledge about regulations and legislation, insufficient competence concerning systematic OSH management implementation and lack of knowledge about different risks at work	Insufficient knowledge about regulations and legislation, insufficient competence concerning systematic OSH management implementation and lack of knowledge about different risks at work	Insufficient knowledge about regulations and legislation, insufficient competence concerning systematic OSH management implementation and lack of knowledge about different risks at work

#### 4.1. Descriptions of systematic OSH management in elderly care, tire shops and cleaning operations

The findings unveil systematic OSH management procedures characterised by apparent and similar shortcomings in the three different work environment contexts. Table 2 shows the themes that emerged through the analysis of the interviewees descriptions which constitute the characteristics of systematic OSH management in each work environment context. The themes are risk assessment, incident reports, documentation, systematics and knowledge and competence. It should be said that the respondents also mentioned that there were a few workplaces where systematic OSH management worked quite well. Nevertheless, the predominant picture is that there were major shortcomings in the systematic OSH management, according to the interviewees. This finding is also supported by the handwritten notes made in direct connection with the interviews where it was noted that their descriptions were mainly about shortcomings when describing the systematic OSH management in the concerned work environment contexts.

#### 4.2. Underlying causes to shortcomings in systematic OSH management in elderly care, tire shops and cleaning operations

In the following, we present how inspectors and managers working at SWEA explain the systematic OSH management in terms of underlying causes to the identified shortcomings, presented in Table 2. The presentation in this section is divided into three parts. The first part concern underlying causes in terms of working conditions in elderly care and how these conditions in different ways affect systematic OSH management. In the second part, we present how different loyalties, cultures and identities contribute to shortcomings in systematic OSH management in the three concerned workplace contexts. The third part shows how gender-stereotypical norms and values affect the implementation and lock up women and men into different working tasks, within the same operation. The findings concerning elderly care’s work environments are more extensive in comparison with the two other settings, therefore presentations of these are given more space in this section.

##### 4.2.1. Working conditions that constrain systematic OSH management

The findings indicate several logics operating concurrently in elderly care, shaping conditions for work and more specifically systematic OSH management. Most crucial, according to the interviewees, is the limited budget and the imbalance between demands and resources, which together with politicians’ generous promises to citizens, undermine the possibilities for creating good working conditions and make systematic OSH management almost impossible to implement in practice.

*And then they (first-line managers in elderly care) get even less money, and so you should still do this (systematic OSH management), so it becomes like a “mission impossible”. There are no organisational conditions to do this (systematic OSH management) in a good way, as it is done today, structured today.*

(Elderly care, inspector, female).

The strained work situation makes opportunities for learning and development difficult, which may explain the described knowledge gaps regarding legislation, regulations as well as concerning different risks at work. The inspectors mention cleaning in private homes, as an example of a work task with major shortcomings.

*And the knowledge in that area (cleaning) is lacking. And there we see that it is easy to arrange. Remove the chemicals, get good cleaning equipment and skills in how to clean. For that... but we see a very strong connection to gender, we have discussed it a lot, we do not think that if it was a male-dominated business where you would do something many hours a week on behalf of an employer without any instructions, without risk assessments and with great risks. And it’s the same bodies. It’s the same skin. We can say that cleaning has been consistent, a lot of shortcomings, unnecessary risks.*

(Elderly care, inspector, female)

There is also a reported lack of competence in implementation, actually how to conduct systematic OSH management as a procedure, with all the different steps included (investigation, risk assessment, measures, follow up). Altogether, this constrains systematic OSH management in elderly care, according to the interviewees. The inspectors explain the insufficient incident reporting with employees not having time for this, but also as a consequence of lack of knowledge about what an incident could be. The main risks are the social and organisational ones because with high workload and too much stress the rest of the systematic OSH management procedure also falls, according to the inspectors. These kinds of risks are seldom reported and as a consequence, not being made visible.

Work environment policies exist but are seldom implemented. Methods and tools such as surveys and functioning systems for employee surveys are rare. It is common in municipalities to have employee

surveys every two years, but this is far too rare, according to the inspectors. Further, the surveys do not meet all parts of the regulation, and they often lack a risk assessment. After conducting a survey, a couple of areas to develop are often selected, but as risk assessments are not done, it is not clear if the areas chosen are the greatest risks. It is often difficult to keep up with such systematic work, according to the inspectors. Supporting resources such as HR and safety representatives are lacking or have insufficient knowledge, something that also contributes to difficulties in the implementation of systematic OSH management. Further, organising processes are mainly informal with insufficient documentation and weak structures for systematic OSH management.

Underlying causes of the deficiencies can be found at different levels, where politicians play a significant role. Nevertheless, there are shortcomings in governance and the inspectors' point at a "steering-chain" with unrelated parts, characterised by deficient follow-up and control which contributes to politicians with insufficient knowledge of working environment conditions in elderly care. According to the inspectors, demanding an annual follow-up and showing interest in working conditions is an expression of how the work is valued.

*It is also a valuation of the work, to demand an annual follow-up, it is also to value in general, to value the job as attractive and important, I think, also from the management structure. ... it is also important that the first line manager gives feedback, but also that those higher up in the organisation ask for this because you are doing an important job. It is...yes... the value of the job.*

(Elderly care, inspector, female)

Several risks, in both employees and first-line managers, work environments are identified, and a large number of requirements for annual follow-up have been set in the inspections. First-line managers do not always have preconditions that enable systematic OSH management. The informants also mention that a large turnover of managers made systematic OSH management more difficult to implement.

#### 4.2.2. Different loyalties, cultures and identities constrain the systematic OSH management procedure

Despite the limited and insufficient resources concerning expected quality of services provided, managers in elderly care are loyal to their employer and strive to keep the budget in balance. The inspectors describe this loyalty in terms of managers who accept that nothing can be done about the situation. Therefore, they try to find solutions regardless of conditions. Some of the inspectors also describe a culture characterised by first-line managers' reluctance of raising problems of fear of reprisals from the top management. The inspectors talk a lot about this in the inspections, and the first-line managers express a fear of being questioned if reporting incidents, risks or other shortcomings. The inspectors mention that in typical male-dominated operations, you often are rewarded if you report an incident or make a safety report that prevents a risk, but this is not so common in female-dominated elderly care.

While managers are loyal to the budget, employees are loyal to care recipients, expressed in employees prioritising the care recipients' needs before the needs in their own work environment.

*They are very good at following all risk assessments and all reporting on the Health care act and Social services act .. but you are worse when it comes to preventing ill health among staff. Deviations relating to medical deviations... they do not fail, but deviations that at the same time became a difficult stress situation, it is not reported.*

(Elderly care, inspector, female)

The inspectors describe a culture with a strong commitment to finding flexible solutions to problems that constantly arise. This culture, they argue, entails that several invisible work tasks are performed, which are not either risk assessed. During the inspections, the inspectors often point out the importance of making all work tasks visible and risk

assessed. The inspectors explain the lack of risk assessment with a non-professional and low valued approach as many work tasks are not made visible and valued.

*For me, it is a professional job, but it should (sighs), they should be treated as if it was. And valued! So that you also look at every... what are the tasks they do and based on that minimise the risks they are exposed to. Because if you do not look at all their tasks, it is impossible to see what they are exposed to.*

(Elderly care, inspector, female)

This low valuation is also expressed in the fact that "anyone can do the work". Temporary staff do often lack sufficient training. Another explanation to shortcomings in the systematic OSH management is, according to several inspectors the "talking culture". Managers and employees in elderly care talk with each other instead of formalising risks and incidents. Documentation is not valued as a tool for change in elderly care, according to these inspectors. Lack of documentation makes change difficult because the problems remain invisible through the control system. Together with managers loyalty to budget, this may explain why problems in the work environment often stay down with the first-line managers and employees, according to the inspectors.

Some inspectors point out a non-professional approach within the elderly care context, which may also complicate the systematic OSH management. They describe a culture characterised of "we cannot make demands" where employees wash their work clothes at home and have always done so despite legislation that says that the clothes should not leave the workplace. This behaviour is a "women trap", according to inspectors, and further that it is not always popular to follow the rules, not all requirements are popular. This culture complicates professionalism which in turn may explain shortcomings in systematic OSH management.

*I think it should be made visible that it is a job, then it should be done professionally all the way. And their workplaces should not be something that depends on who works here. They have brought porcelain, carpets and tablecloths and candlesticks and such. But it should be equipped as if it is a workplace I come to.* (Elderly care, inspector, female)

However, the culture is mentioned as an explanation to shortcomings in systematic OSH management in the male-dominated tire shops as well. The informants describe a culture in the male-dominated tire shops as macho with gender stereotypical characteristics and expectations of women and men and what they can manage. According to the interviewees, the macho culture does not benefit the motivation to report risks and deficiencies in the work environment.

*Answers you sometimes got: "no, but this is way too heavy for women to work with". So, then you came in, well but okay, but is it too heavy for women, is it not too heavy for you as a man? "No! This is just good training to lift some wheels".* (Tire shops and cleaning operations, inspector, male)

New and inexperienced employees act like those who have worked there for a long time, instead of following the safety regulations. Employees accept working conditions without complaining. In high season, customers' needs are put before decent conditions for their own work environment, as in elderly care.

#### 4.2.3. Gender stereotypical norms and values lock up women and men into different working tasks

The interviewees' explanations of the identified shortcomings in systematic OSH management were quite similar concerning both tire shops and cleaning operations. Something that is repeatedly highlighted during the interviews is the lack of risk assessments. Regarding cleaning operations, underlying causes are too many places to risk assess, lack of time and difficulties in making demands regarding the working environment of the customers. Small private cleaning companies do not

think that they have the opportunity to do anything in addition to the direct cleaning work at the customer, because of budgetary restraints. Further, systematic OSH management implies documentation, and some inspectors mention the low level of education and difficulties in writing as further explanations for the shortcomings in tire shops and cleaning operations.

Within the inspected tire shops, there are no or few employees or managers with foreign backgrounds. In the inspected cleaning operations, on the other hand, foreign labour is quite common, and many women and men with foreign backgrounds also run their own cleaning companies. Lack of language skills as well as cultural barriers, contribute, according to the inspectors, to shortcomings in systematic OSH management in these operations.

Another difficulty concerns opportunities for the implementation. It is experienced as difficult to find time and space for systematic OSH management. Customers want them to work with the cleaning, and the employees are unwilling to come to a meeting that is beyond the cleaning assignment, they want to do the job. So, according to the inspectors, it is a challenge to get working routines for systematic OSH management. As in elderly care, there is, according to the interviewees, a general lack of knowledge in tire shops and cleaning operations concerning how to conduct systematic OSH management. There is also a lack of knowledge about work environment issues and various risks at work in the inspected workplace contexts.

The identified knowledge gaps are linked to another difficulty in tire shops and cleaning operations, (the small ones in particular) which is the typical lack of safety representatives or union support. It is rare to have a safety representative in these operations, according to the inspectors. According to the interviewees, the lack of support structures contributes to difficulties in the implementation of systematic OSH management. The inspected cleaning operations were not gender-segregated in terms of the number of women and men working there. However, it turned out that many of the inspected cleaning operations were gender-segregated within the organisations with gender-marked tasks and a clear division between the tasks performed by women or men. In both tire shops and cleaning operations, several inspectors mentioned gender-stereotypical expectations, something that made the implementation of systematic OSH management more difficult, they argued.

*Culture is a problem in these low-skilled occupations, if you may say so ... this is what traditions and cultures are, it is difficult to get them to think new as well. Men have always driven machines and women have always dusted and moped.*

(Tire shops and cleaning operations, inspector, male).

According to inspectors, it was quite evident that women and men performed different work tasks.

*If you were employed as a cleaner, you did very different things. The women took this slightly easier and more one-sidedly repetitive work then, and the men who cleaned the windows, did the cleaning, and drove the cleaning machines.*

(Tire shops and cleaning operations, inspector, male).

This gender labelled distribution was explained at the workplaces with arguments such as women not being able to back up with a trailer or carrying heavy cleaning machines up and downstairs. These gender-stereotypical norms and values ending up in gender marked work tasks made work rotation more difficult and thus limited possibilities in developing safe and healthy work environments, according to the inspectors. However, there were also cultural barriers for implementation related to cultural differences because of ethnicity, which sometimes increased gender-stereotypical expectations, according to inspectors inspecting cleaning operations.

Some of the big actors have said that they have a challenge with foreign workers. There is even more stereotypical gender norms.... like what women can perform and what men can.

(Tire shops and cleaning operations, inspector, female)

One of the inspectors gives an example of a situation where cleaning machines have to be moved between customers, which requires a car with a trailer. Because of gender stereotypical expectations, women cannot drive with a trailer, and therefore men perform this work task. The women are not offered training to be able to drive these trailers. Sometimes, clients have gender-stereotypical expectations; for example, they prefer women to perform certain cleaning tasks, when cleaning in customer's homes. As in elderly care, the female employees often "accept" their working conditions and try to find their own solutions to different kinds of risks at work instead of reporting risks or incidents. One of the inspectors describes a case where a woman took her husband with her to prevent sexual harassments and other abuses. The inspectors report risks with this kind of work where you often work alone and sometimes in other people's homes. Most women are at risk of sexual harassments and "unwanted behaviour". There is often a lack of risk assessments and policies regarding these areas. Documented routines and guidelines for the performance of the work were lacking or were deficient. As documentation is central in systematic OSH management, these shortcomings constituted barriers for systematic OSH management.

To sum up, when inspectors and managers working at SWEA describe and explain systematic OSH management in the concerned gender-segregated work environments, they point out significant shortcomings such as insufficient risk assessments and incident reports, insufficient documentation and analyses and insufficient knowledge and competence to carry out the work. They explain these shortcomings by pinpointing working conditions in the female-dominated elderly care not allowing systematic OSH management and illuminate how different loyalties, cultures and identities constrain the procedure. Further, how gender-stereotypical norms and values affect and complicate systematic OSH management where women and men are locked up into different working tasks.

In the following, these findings are further explained and discussed from a gender-critical perspective, with previous research as a basis.

## 5. Discussion

Organising processes and culture, workplace interactions and gendered identities are identified (Acker, 2012) as gendered substructures that interact with and affect systematic OSH management in the three different work environment contexts. The findings indicate that these gendered substructures (processes and practices) can be seen as barriers to a systematic OSH management.

In elderly care, gendered processes are going on at different levels affecting each other and illustrating that gender is a complex structure and that power is present at all levels of society (Layder, 1993; Regnö, 2013). One example of how gender operates is how work is valued (Acker, 2006, 2012). In elderly care, a steering model not appropriate for the character of the work (Vänje and Sjöberg Forsberg, 2021), together with a budget with an imbalance between requirements and resources, is not characteristic of highly valued work, we argue. These findings are also in line with previous studies which describe elderly care as low-status and non-professional (Keisu et al., 2016; Strandell, 2020). The interviews pinpoint that managers and employees in elderly care do not have adequate preconditions and resources for conducting systematic OSH management, which are examples of how gendered values affect systematic OSH management in practice.

On the contrary, to implement systematic OSH management is, because of what one inspector even described as "mission impossible". Suppose the work and the employees are highly valued. In that case, both the work environment and the quality of the services provided should be in focus and prioritised by higher managerial levels, ensure task that includes well-established knowledge about both fields. On the organisational level, the findings also indicate the work itself is lowly

valued, as all work tasks are not formalised. This invisible work is often taken for granted in care work whilst at the same time not valued, not risk assessed and therefore result in work environment risks (Messing, 1998; Kosny and MacEachen, 2010). A large proportion of non-risk assessed work tasks is another example of how gendered values affect preconditions for systematic OSH management.

Other findings are connected to culture. These findings reveal a culture in elderly care characterised by weak formal structures and lack of common guidelines and routines for carrying out the work. Systematic OSH management is based on a systematic approach where participation is a requirement (AFS 2001:1) which is complicated by informal structures and lack of resources. In turn, this can and lead to inequality regimes (Acker, 1990, 2006), a situation that indirectly negatively affect systematic OSH management.

A “talking culture” rather than a culture where documentation is natural complicates systematic OSH management further, as documentation is another necessary part of systematic OSH management. However, social constructions of femininities also colour the culture and affect systematic OSH management. Using the term “compulsive sensitivity” enables an explanation to first-line managers striving to fix the budget goals regardless of conditions (Forssén et al., 2006) and employees striving to serve care recipients, regardless of working conditions, and at the expense of one’s own work environment (see Ambjörnsson, 2008; Regnö, 2013; Vänje and Sjöberg Forsberg, 2020). This kind of femininity risk leading to a situation where the employees work environment becomes a “blind spot”, as it is not paid enough attention. As a consequence, systematic OSH management is affected negatively.

In elderly care, professional identity is characterised by a private approach (Acker, 2006, 2012). Limited possibilities for learning can explain insufficient knowledge about regulations, legislations as well as about different risks at work. Earlier research has shown limited possibilities for workplace learning in home care services as a result of how gendered practices on organisational and individual levels, together with other logics operating in the work environment shape conditions for workplace learning (Sjöberg Forsberg et al., 2020).

Not being professional, lack of knowledge and competence concerning risks at work in combination with insufficient opportunities to develop work constitute barriers to systematic OSH management because of gendered substructures. Managers not having sufficient competence or adequate methods for systematic OSH management further complicates the safety work.

There are different and sometimes competing kinds of masculinity in different contexts affecting safety at work in different ways (Qvortrup Jensen et al., 2014). Within the male-dominated tire shops, the common macho-culture is an expression of a gendered culture, which also affects systematic OSH management because such a culture often leads to acceptance and normalisation of risks (Stergou-Kita et al., 2015) and risk not being reported. It is not macho to follow the rules and to report risks or incidents (Artazcoz et al., 2007). This culture may lead to the service being put in front of one’s own work environment. Artazcoz et al. (2007) describe that such a hegemonic masculinity norm, such as being strong can affect occupational health, based on difficulties setting limits for psychological and physical strain at work.

The findings also show gendered substructures in the cleaning operations that affect systematic OSH management. Gender-related challenges are identified concerning gender-stereotypical expectations that lock up women and men into different tasks. This point is another example of how gender affects systematic OSH management, as these expectations complicate measures as job rotation, for example. As preventing deficiencies is crucial in systematic OSH management, these gender-stereotypical expectations constrain possibilities to develop relevant measures. As in elderly care, many invisible tasks are performed, which are not risk assessed. Weak structures, mostly informal interactions, complicate standard routines. Employees finding their own solutions of how to handle different risks at work, such as sexual

harassments, also affect systematic OSH management. The findings also indicate cultural barriers related to ethnicity, which, according to the informants, sometimes increases gender-stereotypical expectations. Employees with foreign backgrounds sometimes have language difficulties which complicate documentation, risk assessment and taking part in instructions. This indicates that gender is a dimension that does not operate alone, instead it interplays with for example ethnicity and social class. Therefore, an intersectional perspective would provide an even deeper understanding of how gender affects systematic OSH management (Acker, 2006, 2012; Butler, 1990; Simpson et al., 2016; SOU, 2014).

Finally, the results and gender-critical analysis show that gender and social constructions of femininities and masculinities affect systematic OSH management in different ways and are therefore beneficial to occupational safety and health research. However, this article does not argue that systematic OSH management is reduced to questions of gender. The results confirm that several conditions are complicating the work found in earlier safety research. Examples include a lack of management competency in conducting risk assessments, lack of trade unions involvement, insufficient resources, lack of routines and effective systems for evaluation of goal achievements, lack of participation et cetera (Mellor et al., 2011; Masi and Cagno, 2015; Saksvik and Quinlan, 2003; Dellve et al., 2008). Based on our findings and theoretical framework applied, we argue that using a gender-critical perspective increases the understanding of underlying causes to different conditions and shortcomings in systematic OSH management.

## 6. Conclusions

We have in this article, based on theories of doing gender in work organisations (Acker, 2006, 2012), examined and explained systematic OSH management in gender-segregated work environments, namely elderly care, tire shops and cleaning operations. Our findings show significant shortcomings in all concerned workplace contexts. Using a gender-critical analysis helped us to identify underlying causes of these shortcomings and enabled unveiling power relations and unequal working conditions, which affect systematic OSH management in different ways. The findings show how social constructions of femininities and masculinities, as well as gender-stereotypical norms and values, complicate and constrain systematic OSH management. The findings indicate that:

- (i) gendered processes and practices indirectly contribute to circumscribe essential preconditions for systematic OSH management procedures mandatory parts as they indirectly limit possibilities for equal participation, to carry out systematic analysis and documentation, to perform adjusted risk assessment, incident reporting and relevant competence for the work,
- (ii) common social values and social constructions of femininities in gender-segregated work environments risk leading to employees work environment becoming a “blind spot” because of a culture which includes a strong loyalty to both employer and care recipients and without making adequate demands
- (iii) social constructions of masculinities risk leading to difficulties in creating a safe and healthy work culture and
- (iv) gender-stereotypical norms and values lock up women and men into different working tasks and complicate safety and health measures such as job rotation.

Increased gender-awareness is beneficial in practical safety and health work because this may transform our understanding of problems and shortcomings in systematic OSH management. This transformation is a good foundation for improvements, and better opportunities to develop safe and healthy working environments. Based on our conclusions, we argue that gender should be considered central concerning the future development of systematic OSH management in theory and



practice.

### CRedit authorship contribution statement

**Karin Sjöberg Forsberg:** Data curation, Conceptualization, Formal analysis, Funding acquisition, Writing – original draft, Methodology. **Annika Vänje:** Supervision, Project administration, Funding acquisition, Data curation, Conceptualization, Formal analysis, Methodology, Writing – review & editing. **Karolina Parding:** Supervision, Writing – review & editing.

### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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