

WOMEN AND MEN AT WORK: ANALYZING OCCUPATIONAL STRESS AND WELL-BEING FROM A GENDER PERSPECTIVE

MUJERES Y HOMBRES EN EL TRABAJO: ANALIZANDO EL ESTRÉS OCUPACIONAL Y EL BIENESTAR DESDE UNA PERSPECTIVA DE GÉNERO

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ABSTRACT

Research in Occupational Health Psychology (OHP) demonstrates that different (work and non-work) environmental and individual characteristics might affect workers' well-being. However, these findings have been generalized to both women and men. Both women's and men's occupational health merit scientific attention, as researchers need to consider the effect of gender on how occupational health issues are experienced, expressed, defined, and addressed. It thus seems important to expand on current knowledge within the discipline of OHP by including Gender Studies (GS). The aim of this paper is once the theoretical framework is established, to summarize the main factors that have been found empirically to describe psychosocial health differences/similarities between women and men at work. Finally some advices are given about a new agenda for future research and intervention in the field of OHP that takes the gender perspective into account.

KEY WORDS: Gender, Gender Studies, Occupational Health Psychology.

RESUMEN

La investigación en la Psicología de la Salud Ocupacional (PSO) demuestra que el ambiente (de trabajo y de no trabajo) y las características individuales pueden afectar al bienestar afectivo de la persona trabajadora. Sin embargo, estos resultados se han generalizado tanto a mujeres como a hombres. La salud ocupacional tanto de mujeres como de hombres merecen atención científica, ya que las investigaciones necesitan considerar el efecto del género en cómo aspectos de la salud son experimentados, expresados, definidos y tratados. Por lo tanto, parece importante expandir el conocimiento actual de la PSO incluyendo los de los Estudios de Género (EG). El objetivo de este artículo es una vez establecido el marco teórico general, resumir los principales factores que empíricamente se han encontrado que describen diferencias/similitudes en la salud psicosocial de mujeres y hombres en el trabajo. Por último, se dan algunos consejos sobre nueva agenda para la investigación e intervención futura en el campo de la PSO considerando la perspectiva de género.

PALABRAS CLAVE: Género, Estudios de Género, Psicología de la Salud Ocupacional.

Women and Men at Work: Analyzing Occupational Stress and Well-Being from a Gender Occupational Health Psychology is, without doubt, one of the main areas in which Work and Organizational Psychologists are contributing nowadays. The increasing participation of women in organizational settings is a huge transformation that occupational health must address. In fact, the number of women incorporated into public working life over the last 50 years has been colossal, and they currently account for 45% of the employed population in the European Union (source: European Agency for Safety and Health at Work, EU-OSHA, 2014) and 58% in the USA (source: National Institute for Occupational Safety and Health, NIOSH, 2014).

However, women and men are not the same and the jobs they do, their working conditions, and how they are treated by society are not the same either (EU-OSHA, 2014). In particular, women and men are each concentrated in certain jobs (*horizontal segregation*), and therefore face hazards that are particular to those jobs. Furthermore, and despite legislation, the participation and treatment of both genders continue to be unequal in terms of hierarchical areas and levels. Hence, women continue to have more precarious jobs (i.e., temporary contract, practice or learning; part-time work), although men have less flexible schedules, making it more difficult to combine with family demands. This *vertical segregation* could be reflected by the fact that there are fewer women in higher job positions.

Beyond the loss of talent and money that segregation entails if the talents of any group are not fully realized (Blackwell, 2003), it is important to recognize these differences and take an approach to health and safety at work that considers gender. In this sense, the EU-OSHA (2005, p. 6) pointed out four approaches to gender in occupational safety and health: 1) *Gender stereotyped*, where differences are accepted or exaggerated (for instance, women are viewed as the weak

sex), 2) *Gender neutral/blind*, where equality is promoted by ignoring differences; there can be hidden discrimination if approaches are based on male norms, 3) *Gender sensitivity*, based on the incorporation of gender differences, issues and inequalities into strategies and actions, and 4) *Gender mainstreaming*, which takes the gender and equality dimension into account in the planning, implementation, and evaluation phases of all policies and activities. Also in the research field both women's and men's occupational health deserve scientific attention, so "researchers need to consider the effect of gender on how occupational health issues are experienced, expressed, defined, and addressed" (Messing et al., 2003, p. 618).

Then, it seems necessary to think about adopting gender sensitivity and/or gender mainstreaming when carrying out health and safety activities and research. Taking gender-related factors into account will help to identify both risk and optimization factors for women and men that should promote gender equality in health because health systems that are "gender blind" – that is, where gender differentials in health services are not recognized – may maintain and/or reinforce gender inequalities (World Health Organization, WHO, 2009).

And this happens not only in Occupational Health in general, but in Occupational Health Psychology (OHP) in particular. OHP requires an interdisciplinary, if not transdisciplinary, approach to overcome all the work organization factors that place individuals at risk of injury, disease, and distress. In this sense, Tetric and Quick (2003) pointed out disciplines within psychology (i.e., specialties in human factors, industrial and organizational psychology, social psychology, health psychology, and clinical psychology) and others (such as public health, preventive medicine, and industrial engineering) that should be integrated with a primary focus on prevention as the goal of OHP. Hence, we consider that

Gender Studies (GS) research should also be integrated within OHP to foster gender-sensitive risk prevention and health promotion.

This is important since data regarding OHP have usually been collected and analyzed without taking gender into account, and the results being generalized to both sexes/genders. However, women and men may suffer from specific stressors that can affect their physical and mental health. For instance, women may suffer sexual harassment that can lead to anxiety, depression, lower self-esteem, alienation, insomnia, nausea, and headaches (NIOSH, 2014). Attempting to balance work and family chores can put additional stress on women that can lead to physical health problems such as poor appetite, lack of sleep, increased blood pressure, fatigue, and increased susceptibility to infection. It can also result in mental health problems such as burnout and depression (NIOSH, 2014). On the other hand, men might suffer from working longer hours and having more difficulties to access to organizational conciliation measures (i.e., Cifre, Salanova, & Franco, 2011). Even the same stressor can affect differently men and women. For instance, Lineweber, Baltzer, Magnusson and Westerblund (2013) found that work-family conflict was related to a behavioral consequence (drinking alcohol) in men, but to a physical consequence (poorer health) to women. However, this is a field that has not traditionally been treated by OHP. Therefore, the aim of this paper is to gather the main factors that have been found to describe psychosocial health differences/similarities between women and men at work.

Gender and Sex

In the current scientific literature on OHP, it is increasingly common to use the word “gender” to differentiate between the hazards and their consequences on women’s and men’s health. However, OHP researchers and practitioners are not always aware of

what the term “gender” really means and what it actually involves. So, we consider it important to briefly describe the definition of gender, its development, and some of the main theoretical models that may make its integration within the OHP field easier.

The term *gender* is often confused and wrongly overlaps with the notion of *sex*. According to the World Health Organization, ‘sex’ refers to the genotypic, phenotypic and anatomical characteristics of a sexually reproducing organism, whereas ‘gender’ is a socio-cultural identity that is learned over time (WHO, 2015). So ‘gender’ refers to the “socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people, including how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society”(CIHR, 2014). “Every human society consists of males and females, recognizable not only by their anatomical features, but also by a series of cultural items (clothing, behavior, social role, status) that translate sex – a natural factor – into gender. Indeed, individuals are born with sex but are not represented by gender. This builds on the basis of shared and accepted social types” (Aime, 2008, p. 36).

Being biologically male does not automatically mean being considered a man, and the same happens for women. Sex refers to the anatomy-related category and is to some extent immutable. Gender refers to the symbolic category, a product of a cultural construction, or a *social icon*, as defined by Aime (2008), which also brings moral implications.

Gender appears as a polysemic term, rich in different meanings, and subject to various uses. Etymologically the term derives from the medieval English *gendre*, taken from the Latin *genus* and the Indo-European root *gen*, indicating “kind” or “type”. It usually indicates “how, starting from the existence of two sexes, each community builds rules, more or

less forced paths, that regulate the individual destinies of the two sexes and the relations between them” (Saraceno & Naldini, 2001, p. 83). At the same time the term usually identifies models of interpretation of reality, which ascribe different (mostly uneven) meanings and values to experiences and activities attributed to both sexes. These models are related to the dynamics of perception of differences between sexes/genders.

This is a process that evolves throughout life and that has as its basis the important strategy of *categorization*. This categorization is both product and source of a complex series of mechanisms that relate to a number of multi-faceted skills and competencies. The representation of reality, which is defined within the context of a specific social group, induces social categorization processes, which in turn act as a useful guidance system that helps to define everybody’s specific place in society, but also helps to organize our own social reality by introducing differences in values between different groups.

Nevertheless, from this categorization, inequalities appear. In this sense, the World Health Organization (WHO) recognizes the *gender inequalities* based on 'natural' or biological privileges that remain regardless of age, ethnicity and sexual orientation and are powered by social institutions such as the family, school, by the rules governing society, and often even by religions, in the so-called *sexist or patriarchal style*, which is shared and accepted by men and women alike. The WHO provided evidence to confirm that the sex-gender inequalities are pervasive in all societies in terms of power, resources, entitlements, norms, and values. As a result, social organizations are structured in ways that have more damaging effects on the health of girls and women (WHO, 2010 & 2013; CSDH, 2008).

According to the Gender Studies, the patriarchal model or *macho culture* is based

on the asymmetry of social relations of gender, and the reference is always restricted to the biological paradigm. The messages/main contents are those of the male as a universal subject, and heterosexuality is seen as the “natural” sexual orientation. Machismo’s commitment is to build the world and reality in reference exclusively to men as a universal subject (i.e., with women excluded from the culture and other important public and social spheres) (Signani, 2013). On the other hand, the fluidity of sexual identity refers to the concept of *human continuum*, gradually placing differences between the identities of man and woman, with a full acceptance of human diversity. At this point, it is important to remember the *model of psychological androgyny*, which considers that masculinity and femininity are no longer seen as opposite poles, but coexist with different shades of factors in each person. The model implies that a person can be identifiable with stereotyped men or women traits – traits that emerge, alternately, depending on the situations being faced in that moment. This pattern first appeared in the study of measurement scales of masculinity and femininity by Anne Constantinople (1973) and Sandra Bem (1974, 1981), with the well-known the Bem Sex-Role Inventory (BSRI). This confirmed the possible co-presence of both men’s and women’s traits within the same person.

Theoretical Approaches to Gender

There are two main theoretical models developed in order to explain the differences strictly connected with the meaning of being men and women at work. Firstly, *the theories of human evolution* delineate a picture in which men are active individuals who shape future generations by testosterone-driven competition, based on the reproductive aspects regarding winners and losers. In this scenario, women’s role has been restricted to one as mere consumers of the fruits of male competition, and accepting the winning male’s genes to pass on to their children (i.e.,

an absolutely passive role). According to this theory, humans possess minds and bodies that have been forged by a long evolutionary history, and so “to fully comprehend all the human cognitions, emotions, preferences, choices, and behaviors that shape [...] realities [...] scholars must incorporate biology and evolutionary theory within their theoretical toolkits” (Saad, 2011, p. 1). In particular, to the extent that many forms of learning occur in exactly the same way irrespective of time or place, Evolutionist Psychology (EP) claims that it is insufficient to attribute the genesis of a phenomenon to learning, culture, and/or socialization. In this sense, differences in workplace outcomes such as “glass ceiling”, “gender gap”, and “occupational segregation” (that will be deepened further ahead in the text) are explained by biological sex differences, with their roots in sex hormones (Browne, 2011).

Secondly, *the social role theory* in general, or *gender role theory* in particular, explains the consequences of sex differences and sexual stereotypes in the social behavior that differs between men and women. It recognizes the historical division in labor between women, who often assumed responsibilities at home, and men, who often assumed responsibilities outside home. In accordance with the social expectations of gender behavior, men and women are governed by the stereotypes of their social roles: males develop traits of independence, assertiveness, and competence, since they are boys, and they learn to be more aggressive, which aligns with their more instrumental role. In contrast, females develop communal or expressive, friendly and unselfish behavior, which inhibits their aggression (Eagly, 1987). Two processes underpin the connection between individual and gender role social expectations and behavior. First, through a series of socialization processes, each gender learns different skills or acquires disparate qualities. Second, gender roles might more directly affect the courses of action that individuals

choose in a specific setting (i.e., home, work leisure activities).

Both theories have limits which require a new theorizing that is capable of taking into account the needs of the postmodern era and the complexity and fluidity of identities and roles. This is the case of theories such as *the human continuum theory*, which stems from Alfred Kinsey's 1940s surveys of sexuality, was expanded by Fritz Klein, and finally was confirmed by a statement of the American Psychological Association in 2005.

This lack of a strong theoretical framework also occurs in the workplace.

Factors affecting women's and men's well-being at work

OHP theoretical models explain the relationships between job and person features and well-being by focusing on different aspects. Warr (2007) categorized these theoretical models into three large groups: environment-centered models, person-centered models, and job-person fit models. Following, we will go into each of these categories focusing on one specific model as example, and stressing the role that gender is playing in each of them.

The first category is the *environment-centered models* that postulate that “Features of the environment are important for subjective well-being because they are desirable or undesirable in relation to individuals' needs or wants” (Warr, 2007, p. 383). This is the case, for instance, of models such as the demands-control model (JD-C; Karasek, 1979), job demands-resources model (JD-R; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) or the so-called vitamin model (Warr, 1987, 2007). This last model includes 12 environmental features that might affect workers' well-being. Depending on the extent to which workers perceive different degrees of those environmental features, their psychosocial

well-being will increase or decrease, in the same way that vitamins affect physical health. Regarding gender, we must bear in mind the fact that women and men can be exposed to different job features, mainly due to vertical and horizontal segregation, which can lead women and men to perceive different job features, including those related to the “availability of money” as well as “equity” regarding the gender wage gap.

As Artazcoz, Borrell, Cortès, Escribà-Agüir, and Cascant (2007) summarized, *horizontal segregation* would be reflected in the fact that there are still feminine (i.e., those mainly focused on the care of others, such as nursing, teaching, etc.) versus masculine (i.e., those involving decision-making, or technical) professions, related to the different stereotyped attributes that we have seen. In contrast, *vertical segregation* would be reflected by the fact that fewer women are in higher job positions (Instituto Nacional de Estadística, Spanish Institute of Statistics, 2010), as shown by the fact that just one in seven board members at Europe's top firms (13.7%) is a woman (European Commission-Press Release, 2012). These circumstances, together with the fact that women's jobs are usually seen as a help to the family economy, might explain why women usually perform most part-time jobs. Thus, it seems clear that occupational segregation because of gender contributes to inequality because disadvantaged groups are concentrated in jobs that are less prestigious, well-paid, and stable (Gauchat, Kelly, & Wallace, 2012). For instance, in her fifteen countries study, Jarman, Blackburn, and Racko (2012) proved that there was a considerable degree of overall gender segregation in all industrial countries. They also concluded that the horizontal component is generally much larger than the vertical dimension of gender segregation.

We can say that these segregations are related to *discrimination*. In particular, gender discrimination is defined as occurring “when personnel decisions are based on gender, an

ascribed characteristic, rather than on an individual's qualifications or job performance” (Foley, Hang-yue, & Wong, 2005, p. 423). According to the social-role theory (Eagly, 1987), men and women will choose (and will be chosen for) different occupations (i.e., those considered appropriate or congruent to their gender role).

Besides these job-environmental features, women can also be affected by other environmental features such as family ones: women typically experience a higher workload due to their additional responsibility in the family domain (Cifre, et al., 2011; Nelson & Burke, 2002).

Some environmental (job and non-job) features affecting work stress and well-being are:

Task Demands have been proven to differ between women and men, even within the same job, mainly due to the twofold horizontal and vertical segregation. Moreover, the typical jobs of many women include more repetitive tasks than those of men (Eurofound: Fifth European Working Conditions Survey, 2012). In this line, García-Herrero, Mariscal, García, and Ritzel (2012) identified the task demands that most contribute to augment the differences in stress levels between women and men (for instance, women were more sensitive to work with tight deadlines, quick work, intellectually demanding tasks, complex tasks, and tasks that required high attention level).

Gender Wage Gap is a constant reminder of gender inequity and economic injustice for women around the world (Hegewisch, Liepmann, Hayes, & Hartmann, 2010). There is general agreement that working in an occupation in which a large proportion of the workers are women incurs a wage penalty (Petersen & Morgan, 1995), lower prestige (Magnusson, 2009), worse working conditions (Glass, 1990), and slower career progression (Petersen & Saporta, 2004).

Ergonomics, as Habib and Messing (2012) stressed, although gender and sex are relatively new subjects for ergonomics research, accident analysis is critical. It is very important to take into account the fact that, even within the same job title, men and women may be assigned to different tasks (Messing et al., 2003). Thus, due to differences in anthropometric measurements, even the same jobsite is not experienced in the same way by men and women of average size. Tool design, working surface height, and equipment dimensions may make very different demands on the body, depending on workers' dimensions (Courville, Vézina, & Messing, 1992; Stevenson, Greenhorn, Bryant, Deakin, & Smith, 1996; Punnett and Bergqvist, 1999).

Work-Family Conflict and Balance, the consideration of gender differences is particularly interesting for the analysis of work-family conflict, as work and the family have traditionally been considered gender-specific roles (Calvo-Salguero, Salinas, & Aguilar-Luzón, 2012). Gyllensten and Palmer (2005) summarized that, although huge changes have taken place in family structure and women's labor force participation, there have been only minor changes in responsibility for domestic tasks. Thus, women continue to be responsible for the majority of domestic chores and therefore experience the stress of coping with a double working day (work-home). Moreover, women are also more likely to take on other family-related roles such as caring for the elderly and childcare. It is not therefore surprising that women are particularly likely to suffer from role overload. Moreover, one of the variables to be considered in this work-home balance is the presence of children in the household. In their qualitative study with men and women in mid-life (aged 50 to 52 years), Emslie and Hunt (2009) found that although their presence was associated with a lack of work-life balance for both men and women, these difficulties lasted longer and took more complicated forms for women. In this sense, their data suggest that, across the life

course, women are seen as being responsible for maintaining smooth, or preferably imperceptible, transitions between the worlds of home and work life.

Glass Ceiling, this occurs when women dare to break their gender role stigma, and fight against either vertical or horizontal segregation, by opting to work in something that is incongruent with their gender role, both regarding hierarchical levels and/or occupations, it is found that women report more obstacles to achievement in the workplace, in a phenomenon known as the "glass ceiling", because of the invisible barrier that keeps women from rising through different levels of organization (Gyllensten & Palmer, 2005). This is not only because they are less likely to be chosen in selection and promotion processes but because they are also less likely to receive developmental opportunities (Nelson & Burke, 2000).

Tokenism, when women represent a minority in a group, one special kind of dynamics is developed, the so-called "tokenism". According to Kanter's (1977) theory on "tokenism", individuals who belong to a minority group within a workplace will experience negative consequences because of their visibility as "tokens".

Sexual Harassment, women are more likely to be exposed to sexual discrimination at work, including sexism and sexual harassment (Gutek, 2001), associated with a wide range of adverse physical and mental health outcomes (Fitzgerald, Drasgow, Hulin, Gelfand, & Magley, 1997). Sexual harassment has been considered an important work hazard, being reported by professional women as a stressor (Portello & Long, 2001). According to the social role theory, males adopt the role of dominant position, whereas a cooperative and submissiveness role is expected from women. This means that when women violate these social roles, they are more likely to be the targets of sexual harassment, especially if they are supervisors of other

employees, including male employees, as demonstrated by McLaughlin, Uggen, and Blackstone (2013).

Following Warr (2007) categorization of theoretical models at work, the second is *the person-centered models* that are mainly concerned with the individuals themselves, and factors regarding “their judgment processes, cultural settings, demographic characteristics, and the salience that they accord to particular elements of their environment” (Warr, 2007, p. 383). Some personal factors related to gender and health at work includes:

Need for Interpersonal Relationships. There are contrary results in this topic. On the one hand, it is largely established that interpersonal relationships are more important for female employees than for male employees (Stewart & Lykes, 1985). Moreover, Josephs, Markus, and Tafarodi (1992) pointed out that women tended to base their self-esteem on their interpersonal relationships. On the other hand, Liu, Spector, and Shi (2008) found that men may experience more intense emotional reactions to conflict, and women may have better social skills and may cope with conflict better than men.

Coping style. Several studies have compared the differences between men and women in the use of coping strategies. For example, some studies have shown that women use more palliative coping than men (Matud, 2004; Ptacek, Smith, & Dodge, 1994). Women make more effective use of their social support network to cope with stress and strain (Bellman, Forster, Still, & Cooper, 2003; Greenglass, Burke, & Konarski, 1998). Women are also more influenced by social context, and their coping involves interpersonal relationships more than their male counterparts (Krajewski & Goffin, 2005; Torkelson & Muhonen, 2003). Torkelson and Muhonen (2004) summarized that various studies had reported that men differ from women in the type of coping

strategies they employ. Whereas men use problem-focused coping strategies more often (Folkman & Lazarus, 1980; Hurst & Hurst, 1997), women tend to employ emotion-focused coping strategies (Carver, Scheier, & Weintraub 1989; Hurst & Hurst, 1997; Tamres, Janicki, & Helgeson, 2002). Moreover, men more frequently report using alcohol or drugs as a means of coping (Carver et al., 1989). On the other hand, there are also studies that show more similarities than differences between genders, such as that by González-Morales, Peiró, Rodríguez, and Greenglass (2006), where no differences between men and women were found in the use of direct action coping. In this line, Greenglass (2002) affirmed that when controlling for education, occupation, and position in studies on coping and gender, few differences can be found.

Organizational Commitment. Whereas some studies have consistently found no relationship between occupational and organizational commitment and gender (Aven, Parker, & McEvoy, 1993; Lee, Carswell, & Allen, 2000; Mathieu and Zajac 1990), others (Bellman et al., 2003) did find differences in their antecedents. They found males reporting significantly lower commitment.

Self-efficacy. Pervasive stereotypical practices eventually leave their mark on women's beliefs about their occupational efficacy, so female students judge themselves as being less efficacious in traditionally male-gendered occupations, even though they do not differ in actual verbal and quantitative abilities (Bussey & Bandura, 1999). As Bausch, Michel and Sonntag (2014) summarized, men and women may show the same performance levels, but they may estimate their capabilities differently (Bandura, 1997). Many studies have shown that women scored lower in self-efficacy (Beyer, 1990; Sieverding & Koch, 2009; West, Welch, & Knabb, 2002), whereas other studies supports the contrary (Tsai & Lin, 2004).

Moreover, men and women may differ in their development of self-efficacy (Artistico, Cervone, & Pezzuti, 2003; Chou, 2001; Chyung, 2007). Finally, and according to Chang (2003), occupational gender composition affects self-efficacy through inequality in resource power. As he explained, men as a group have more resource power than women, because in a gender-segregated workplace, numerical male domination enlarges the gender gap in resource power. Hence, in male-dominated occupations, the numerical advantage enables men to exclude women from the social network and this lack of resource power jeopardizes women's sense of efficacy.

Job features preferences. Over the years, the literature has shown that women differ in their work values (e.g., Lee, Mueller, & Miller, 1981; Major & Konar, 1984; Sampson, Stripling, & Loesch, 1979). For instance, some of these results indicate that men attach greater importance to pay (Major & Konar, 1984; Sampson et al., 1979), opportunity for skill use and personal control (Centers & Bugental, 1966; Cifre et al., 2011; Neil & Snizek, 1988) than women do, and that women are more concerned with the social aspects of jobs than men (Converse & Robinson, 1972; Proverbio, Zani, & Adorni, 2008). Enriching work (Terpstra, 1983) and scheduling facilities (a form of personal control) (Bender, Donoue, & Heywood, 2005) were more important to women than to men; men and women differed significantly in their perceptions of the presence of the job outcome factors of skill variety, task significance, promotion, supervision, and co-workers within the occupations that were studied. Finally, women perceived each of five job outcome factors (skill variety, task significance, promotion, supervision, and co-workers' support) as existing to a greater extent than did men (Scozzaro & Mezydlo, 1990). Others have found that there are no differences between genders.

Self-discrimination. According to their gender role, Barbulescu and Bidwell (2013) conducted an interesting study to analyze why managerial women choose different jobs from men. The authors found that women who had taken an MBA were less likely to apply for finance and consulting jobs than men, and more likely to apply for general management positions. These differences were partly explained by women's preference for jobs with a better anticipated work-life balance, their lower identification with stereotypically masculine jobs, and their lower expectations of being successful in applications for such stereotypically masculine jobs.

Stereotype-threat, is one of the causes that might explain why women are still under-represented in areas such as science, technology, engineering, and mathematics, one of the bases of some kinds of horizontal segregation. Stereotype-threat is a social psychological phenomenon that inhibits the performance of members of stereotyped groups in difficult tasks performed in contexts where negative stereotypes about the ability of their group are highlighted (Steele, 1997). For these individuals, simply an awareness of (and not necessarily a belief in) the negative stereotype about one's group (e.g., females are bad at math) is necessary for stereotype-threat to occur (Steele, 1997). This would be the case of women doing, for example, math tests. Hence, stereotype-threat could represent a new type of gender self-discrimination, as women assume that they are not good at science, technology, engineering, and mathematics, and therefore do not persist in studying to be able to work in occupations related to these areas.

Finally, the third categorization is the *environment-person fit* models that posit that well-being might arise from the combination of both environment and the person's individual threshold. In this sense, the job-person fit model (e.g., Cable & Edwards, 2004; Ostroff & Judge, 2007), as a specific form of environment-person fit theory,

considers the discrepancies or the congruence between the degree to which a particular feature was or was not present in a person's job, and the number of specific features the person would like to have (his/her individual threshold) would lead to specific forms of well-being.

It seems interesting to consider the job-person fit model taking gender into account as it could help to improve overall understanding regarding the job-person relationship. In this line, the combined perspective considers well-being as a function of both job and personal features. So gender might be associated with the prevalence, and potential impact, of the job-person fit (i.e., comparison of actual job with the expected situation) on psychosocial occupational health, as previous models have already explained (i.e., due to differences in job and personal features regarding gender). In this sense, a recent research (Cifre, Vera, Rodríguez-Sánchez, & Pastor, 2013) has found that men and women did not differ in the wanted job features, but male employees scored higher than women in their perception of actual job features (i.e., healthier job features). Therefore, men showed a better fit between the "actual and wanted" job features (i.e., supportive environment, competition and financial focus, personal influence, challenging workload, ethical principles, career progress, amount of social contact, and status) than women did.

Psychosocial Health Consequences for both Genders

The relationship between stress and gender remains unclear. On the one hand, there are studies that do not report any gender differences (Deaux, 1984; Martocchio & O'Leary, 1989; Osipow, Doty, & Spokane, 1985; Plaisier et al., 2007; Roxburgh 1996; Thompson, Kirk-Brown, & Brown, 2005). In this line, Nelson and Burke (2002) stressed that both genders share some common chronic work-related stressors, such as role

ambiguity, job insecurity, downsizing, and time pressure.

On the other hand, there are also studies that show differences between genders. And these differences have to do with cognitive and emotional processes. Watson, Goh, and Sawang (2011), for example, proved that a key difference is that women experience stress immediately after primary appraisal activation, while men experience stress immediately after secondary appraisal activation. Therefore, and according to these authors, stress as an outcome in females was the direct result of perceiving the situation as a threat, whereas, for men, stress appears as a result of the assessment of their resources for handling the situation at hand, so that stress increases as resources for managing the event are reduced.

Following studies that find significant differences between genders, we continue with those that suggest that men experience higher levels of stress than women (Choi & Ha, 2009; Cooper, Rout, & Faragher, 1989; Rosen, Wright, Marlowe, Bartone, & Gifford, 1999). Several reasons have been postulated to explain this higher level of stress. According to Galanakis, Stalikas, Kallia, Karagianni, and Karela (2009), men experience stress more severely and frequently when they do not participate in policy decisions, when they share negative attitudes toward the organization, and when conflicts arise between departments in the organization. Moreover, the following have been identified as men's stressors: working overtime, dealing with crises, and having insufficient personnel to perform their duties (Vagg & Spielberger, 1998), finances (McDonough & Walters, 2001), work-related power and lack of participation and conflict with other departments (Spielberger & Vagg, 1999; Vagg, Spielberger, & Wasala, 2002), job responsibility (Sharada & Raju, 2001), and workload and work mistakes (Liu et al., 2008).

Most studies, however, identify women as experiencing higher levels of stress (Aroian, Norris, González De Chávez, & García, 2008; Hall, Chipperfield, Perry, Ruthig, & Goetz, 2006; Hargreave, Petersson, & Kastrup, 2007; Osorio, Cohen, Escobar, Salkowski-Bartlett, & Compton, 2003; Pines & Zaidman, 2003; Ritter, Hobfall, Lavin, Cameron, & Hulsizer, 2000; Tytherleigh, Jacobs, Webb, Ricketts, & Cooper, 2007). Thus, it seems important to analyze these differences. As Garrosa and Gálvez (2013) posit, as we have seen in the previous section, it seems that the same stressors might affect and be perceived differently according to gender. Then, the same stressor might affect differently to men and women. And even more so if we consider Hofball, Geller, and Dunahoo's (2003) suggestion about the importance of considering the stressors that are unique to employed women, as this can result in an increased understanding of the specific needs of working women.

Regarding well-being, empirical research seems contradictory. Although it seems clear that different roles of men and women in work and family life affect the levels of their psychological and physical well-being (Frone, Russell, & Cooper, 1992; Schwartzberg & Dytell, 1996; Shelton & John, 1996). Some authors defend that experiences within the work domain have been found to be crucial to men's well-being, whereas experiences within the family domain are regarded as the primary determinants of women's well-being (Parasuraman, Greenhaus, and Granrose, 1992).

Some other studies, however, found no differences between genders (i.e., Cifre et al., 2013). Others that did find differences, such as Miller, Greyling, Cooper, Lu, & Sparks (2000), which are focused on determining which gender has higher levels of well-being, found that men exhibit better mental and physical well-being than women.

Others have focused on the causes of these differences. Boye (2009), for example, stressed that time spent on paid work has been associated with high levels of well-being in several studies, while long hours spent on unpaid work within the family is associated with low well-being, or is unrelated to well-being (Bird & Fremont, 1991; Glass & Fujimoto, 1994; Kessler & McRae, 1982). More specifically, Boye (2009) found that the longer European women's paid working hours are and the shorter their housework hours are, the higher their degree of well-being is. On the other hand, men's well-being was unrelated to the time they spend on paid work and housework.

Gender-sensitive intervention proposals and research agenda

Once we have analyzed factors in both genders, the next step is to propose a research agenda that takes into consideration the gender-sensitive approach, on the one hand, and to provide different clues to help practitioners to develop gender-sensitive stress and well-being interventions, on the other.

Regarding the research agenda, it is difficult to justify the differences in occupational psychosocial health of women and men merely on the basis of biological factors. In general, differential results comparing the two genders in terms of psychosocial variables (cognitive ones such as general intelligence, or verbal and mathematical abilities; affective-motivational ones such as anxiety or self-esteem; social ones such as aggression, help behavior, conformity, non-verbal communication) are complex and contradictory, with an etiology based on a mix of biological and social factors (Bonilla, 2004). At this point, we agree with Shields (2013) when she defends the importance of going a step forward to the "differences paradigm", which "reduces the complexity of gender effects to a simple question of whether a difference between women and men exists, a fixation on the

'how much' question over the 'why' question" (p. 4). In this sense, Eccles (2011) demonstrated the impact of the social environment that influences individuals' gender-linked beliefs and values related to success. So a step forward should be made to find the drivers of those differences (mainly contextual and social) that might affect women's and men's psychosocial health.

In parallel, the new gender medicine approach, which was first put forward by Bernadine Healy in 1991 when she was the first woman to direct the National Institutes of Health, underlined the disadvantaged cardiac health assistance available for women. This approach has slowly spread to all medical disciplines, followed by fundamental indications proposed by several international agencies such as WHO, and it is also reaching the workplaces. It should represent a good possibility to consider the working status in a heterogeneous way, and maybe it will allow the gender wage at work to be studied in a more complete way (Signani, 2013).

The good point is that it seems society in general is becoming increasingly aware of the need to consider gender when researching, in order not to generalize results, on the one hand, and to use the correct methodology to ensure the validity of those results, on the other hand. In this sense, the European Research Program Horizon 2020 promotes gender equality in research and innovation through three objectives: gender balance in research teams at all levels, gender balance in decision-making (i.e., expert groups and panels), and integration of the gender dimension into research and innovation content (source: European Commission, 2013). In this last case, the European Commission argues that "Recognizing gender differences has important implications for scientific knowledge and actively contributes to the production of goods and services better suited to potential markets" (p. 2). In this

case, occupational psychosocial health (reducing stress, increasing well-being) is clearly one of the topics in which recognizing gender differences might represent an advantage for improving the service rendered later on.

Finally, gender-sensitive intervention proposals have two different scopes. On the one hand, there is a specific Occupational Health Psychology scope, and, on the other, a societal scope.

Focusing on OHP interventions, Garrosa and Gálvez (2013) proposed the integration of the gender perspective within the evaluation of psychosocial occupational hazards. The gender perspective should then be taken in all phases: hazard identification (analyzing data considering gender, and also including part-time workers, mainly women), hazard evaluation (studying the tasks and the work context, avoiding gender bias when prioritizing hazards), carrying out solutions (ensuring training in safety and health both for men and for women), and health monitoring (which will include specific protocols for men and women, and assessment tools adapted to both genders).

In addition, in order to increase improvements in occupational health focusing on environmental variables, some interventions could be carried out in order to prevent gender discrimination and promote equality. In this sense, *gender diversity management* can be a very useful tool for organizations to learn to manage this talent and give women the opportunity to access jobs and positions that are non-congruent to their gender role. Training in *gender equality* at all levels of the organization will also help to be more sensitive and to avoid both aggressions and microaggressions at work. Finally, the promotion of *work-family practices* could be useful if those practices are oriented not only toward women but also men, so that they too can be responsible for the family chores.

Focusing on the person, training in increasing personal resources (assertiveness, emotional competence, self-efficacy, self-esteem) will help women to face work difficulties, including those that come from their gender-role and stereotypes.

Women's empowerment also seems to be a useful tool, both at work and outside it. In the context of promoting equality, empowerment "can be seen as a process geared toward achieving authenticity. [...] (It is) a process of identifying the steps that need to be taken to remove obstacles to progress, steps that can involve both subjective elements (developing confidence and self-esteem, for example) and objective ones (advocacy or other changes at the social level, for example)" (Thompson, 2011, p.218).

Finally, society at large must also change in order for men and women to be able to enjoy better health in general, and better occupational psychosocial health (low stress and higher well-being) in particular. In this sense, a great deal of work must be done in order to disintegrate gender stereotypes. And it must start from the beginning: in the family and the school context. Hence, *training in gender equality* for both parents and teachers (and society in general) seems necessary so that those who are now children will grow up to become women and men who will share their home and work duties in a co-responsible way, regardless of their sex.

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