Analysis of labor safety legislation and the evolution of professional diseases in Ecuador

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Occupational safety laws currently play an important role in organizational development, the paradigm shift related to the importance of human talent has managed to generate a responsibility to prevent accidents and occupational diseases, the study carried out significantly contributes to the knowledge of the losses registered in the Ecuador during a period of 14 years, what has been evidenced is the influence of the constant updating of the regulation for the increase or decrease of this index, that is to say it becomes imperative the specific control on the part of the entity regulator. It was also found that there is a cultural factor, which prevents accurate registration due to ignorance of diseases and accidents considered as occupational. The research methodology used was descriptive in that it described the records that make available the objective population, through the collection of statistical data of occupational diseases in relation to the years of study, and then generate a study on them, and will also be applied in the description of the changes in the regulations in the selected period. As a result of the quantitative research conducted in the control units five entities studied and corroborated with twelve interviews conducted to specialist personnel in the subject.

Keywords: Laws, occupational safety, occupational diseases, human talent, Ecuador.
INTRODUCTION

When talking about the work environment we can say that we are reactive rather than proactive; It is believed that the laws are complied with when some type of penalty has been generated for non-compliance or omission of the same is for that reason that it is tried to evaluate the bibliographical data, statistical that are referring to the Occupational Safety and Health, seeing them from the historical perspective. That is to say its evolution will be visualized, even the registration of new occupational diseases will be considered, and in the same way it will take into account the main changes in the regulations that could have influence in the aforementioned.

It is therefore important to describe Occupational Health as the set of activities associated with various disciplines, whose objective is the promotion and maintenance of the highest possible degree of physical, mental and social wellbeing of the workers of all the professions promoting the adaptation of the work to man and man to his work. Precisely the fact of addressing health at work reveals a gap in studies and treatises that refer to the labor movement in this area. Even mentioning important activities carried out by the workers.

On the other hand, it should be emphasized that our country is actually beginning to apply the current legislation for the year 1995, when it was incorporated as a fundamental part of its demands for the right to health in the workplace, establishing mandatory for certain industrial sectors, however, it is currently established that the law is mandatory and universal according to the following precepts: That Article 33 of the Constitution of the Republic of Ecuador states that: "Work is a right and a social duty, and a right Economic, source of personal fulfillment and base of the economy. The state shall guarantee to the workers the full respect for their dignity, a decent life, fair remuneration and remuneration and the performance of a healthy and freely chosen or accepted work"; Article 326, numeral 5 of the Constitution of the Republic, states that: "Everyone shall have the right to carry out his or her work in an adequate and supportive environment that guarantees its health, integrity, safety, hygiene and welfare"; And, numeral 6 says that: "Any person rehabilitated after an accident at work or illness, shall have the right to be reinstated to work and to maintain the employment relationship, in accordance with the law"; Article 369 of the Basic Charter states: "Compulsory universal insurance shall cover contingencies of sickness, maternity, paternity, work risks, unemployment, old age, disability, disability, death and those defined by law. The health benefits of the sickness and maternity contingencies will be provided through the public health network. Compulsory universal insurance will be extended to all urban and rural population, regardless of their employment status. Benefits for those who perform unpaid domestic work and care tasks will be financed by contributions and contributions from the state. The law will define the corresponding mechanism. The creation of new benefits will be duly funded “(resolution No.C.D.390)

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THEORETICAL CONTRIBUTION

It is very probable that Hippocrates was the first doctor who advised his students to consider the influence of environmental factors on health. Hippocrates believed that the history of the patient should include information about his home, the climate, the quality of his drinking water, his diet and his socioeconomic situation. Later, the said father of occupational medicine and professor at the Italian University of Modena Colombia, 2004).

He proposed that doctors add one more question to Hippocrates' list: what is he working on? According to (Ramazzini, 1714) He studied the miners, the painters and the masters of various works, and noted that his illnesses originated in the inhalation of powders or toxic or that they came from upset movements and postures.

The needs of occupational health services are particularly successful in developed and industrialized countries (NICs). In addition to this approximately 8 out of 10 workers living in these countries around the planet. If this service were organized appropriately and effectively directed to all workers, it would contribute positively, not only to workers' health but also to all socioeconomic development, productivity, environmental health and welfare of countries, communities, families and dependents.

According to the Ministry of Labor of Ecuador (2015) mentions, The Directorate of Occupational Safety and Health arises as part of labor rights and their protection. The program has existed since the law determined that “the risks of work are borne by the employer” and that there are obligations, rights and duties to comply with regarding the prevention of occupational hazards.

Through the Occupational Safety and Health Program, the Safety and Health Management System has been developed in the Country Work Centers, strengthening the issue of joint liability in work centers regarding requirements for contracting works and services.
The Constitution of the International Labor Organization establishes the principle of protection of workers with regard to diseases and accidents at work. However, for millions of workers this is far from reality. Every day 6,300 people die from work-related accidents or illnesses more than 2.3 million deaths per year. More than 317 million accidents occur on the job annually, many of these accidents result in work absenteeism. The cost of this daily adversity is enormous and the economic burden of poor health and safety practices is estimated at four per cent of the overall Gross Domestic Product of each year. Employers have to face costly early retirements, loss of qualified staff, absenteeism and high insurance premiums due to work-related illnesses and accidents. However, many of these tragedies can be prevented through the implementation of sound prevention, use of information and inspection practices. OIT standards on occupational safety and health provide essential tools for Governments, employers and workers to implement such practices and ensure maximum safety at work. In 2003, the OIT adopted an action plan for occupational safety and health, a comprehensive strategy on occupational safety and health, including the introduction of a culture of preventive health and safety, Development of relevant instruments, and technical assistance. (OIT 2017)

The OIT further notes that occupational health and safety is a very broad discipline encompassing multiple specialized fields. In its more general sense, it should tend to:

- Promotion and maintenance of the highest possible physical, mental and social well-being of workers, whatever their occupation;
- Prevention among workers of the negative consequences that their working conditions may have on health;
- The protection of workers at their place of employment against the risks to which the negative factors for health may result;
- Placement and maintenance of workers in a work environment adapted to their physical or mental needs;
- The adaptation of work activity to human beings.

In other words, occupational health and safety encompasses the social, mental and physical wellbeing of workers, "the whole person". In order for occupational health and safety practice to achieve these objectives, there is a need for collaboration and participation of employers and workers in health and safety programs, and consideration should be given to various issues relating to occupational medicine, industrial hygiene, toxicology, training, technical safety, ergonomics, psychology, etc.

Often, less attention is given to occupational health problems than to occupational health problems, because it is generally more difficult to address them. However, when addressing the issue of health, it also addresses safety, because, by definition, a healthy workplace is also a safe workplace. Henao, F. (2012).

On the other hand, it may not be true in reverse, as a workplace considered safe is not necessarily also a healthy workplace. The important thing is that health and safety problems must be addressed in all workplaces. In general terms, the definition of occupational health and safety we have covered encompasses both health and safety in their broader contexts.

Importance of Occupational Health in the World

According to Maria Teresa Forero (2000) by 2000, the most important occupational health challenge will be to link occupational health problems with new technology, automation, new chemicals and physical energies, health risks associated with new biotechnology, transfer of hazardous technologies, The aging of the working population, the special problems of the groups vulnerable less. In some regions and countries, only 5 to 10 per cent of developed countries and 20 to 50 per cent of workers in industrialized countries (with very few exceptions) have access to occupational health services despite an obvious need in each post of work.

In addition to this approximately 8 out of 10 workers living in these countries around the planet. If this service were organized appropriately and effectively directed to all workers, it would contribute positively, not only to workers’ health but also to all socioeconomic development, productivity, environmental health and welfare of countries, communities, families and dependents. Asfahi, C. (2010).

The control of unnecessary expenses due to absence in the workplace, due to illness and disability, as well as the costs that come from health and social security can be effective in its management with the help of occupational health.

According to Cesar Chávez Orozco (2010) argues that the Occupational Health and Safety Management have taken on a significant importance in recent years in the country, becoming not only a requirement of mandatory compliance by organizations, but also in a way of permanence.

This means that organizations consider Occupational Safety and Health, as a fundamental aspect of their strategic planning, to link production objectives with prevention objectives and that safety objectives and tasks should be incorporated into the activities of each Area and member of the organization, according to their
responsibility and sphere of competence, aligned with the strategic objectives. In addition, when analyzing the entire spectrum of risks to which the organization is subject, we will be talking about Integral Security, aimed at suppressing risk in its various manifestations, that is, not only with regard to risks and damages to Man, but also in terms of facilities, product, environment and other aspects of work activity.

The change in the laws and regulations regarding occupational health and safety in Ecuador constitute an important step for the progress of the country and of each of the workers of the different companies.

According to María Teresa Forero (2000), the most important challenge of occupational health in 2000 will be to link occupational health problems with new technology, automation, new chemical substances and physical energies, health risks associated with Transfer of dangerous technologies, aging of the workforce, special problems of disadvantaged vulnerable groups (e.g., the chronically ill, the handicapped), including immigrants, the unemployed and problems The mobility of the labor population and the appearance of new occupational diseases of various origins. In some regions and countries, only 5 to 10 per cent of developed countries and 20 to 50 per cent of workers in industrialized countries (with very few exceptions) have access to occupational health services despite an obvious need in each post of work.

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This means that organizations consider Occupational Safety and Health, as a fundamental aspect of their Strategic Planning, to link production objectives with prevention objectives and that safety objectives and tasks should be incorporated into the activities of each Area and member of the organization, according to their responsibility and sphere of competence, aligned with the strategic objectives. It is said in Business Management that one of the most valuable "assets" that organizations must have today is the information as well as the quality and truthfulness of it, is a very valuable tool that is available to make decisions.

Therefore the result of the present investigation can serve as a source of information and correlation on the impact generated by the changes in the laws and regulations in force in Occupational Health and Safety Management being a projection tool even to determine morbidity rates to which public and private companies could face, which will help to improve the Management of Risk Prevention of Accidents and Labor Diseases. Cardenal, M. Sempere, A, Gonzales, F. (2012)

As it has been possible to establish according to the results of the research, there is still a paradigm in society that speaks of risk prevention as an expense for companies, this study will help change that perception. If the number of diseases is multiplied by the value of man hours, one has a vision of the amount of economic resources lost by organizations and, more importantly, the short-term and long-term impact of illness on staff; some cases even have permanent sequelae.

In addition, the control of unnecessary expenses due to non-attendance in the workplace, due to illness and incapacity, as well as the costs that come from health and social security can be effective in its management with the help of occupational health. You can deduct from this background that working on prevention is the best investment.

Safety and Occupational Health at Work in Ecuador

The Office of Safety and Health at Work emerges as part of labor rights and its protection. The program has existed since the law determined that "the risks of work are borne by the employer" and that there are obligations, rights and duties to comply with regarding the prevention of occupational hazards.

Through the Occupational Safety and Health Program, the Safety and Health Management System has been developed in the Country Work Centers, strengthening the issue of joint liability in work centers regarding requirements for contracting works and services. Safety and health at work in the Republic of Ecuador is regulated under three main aspects which are based on three legal frameworks such as:

Regulation of Occupational Safety and Health and Improvement of the Work Environment Executive Decree 2393 of November 17, 1986, whose provisions in this regulation are used for all work activity and in every work center, having as its fundamental guideline the prevention, reduction or elimination of the risks of work and the improvement of the working environment.

Andean Occupational Safety and Health Instrument Decision 584, May 07, 2004, within the legal status of their national occupational safety and health systems, the Andean Community Member Nations CAN members benefit from the improvement of security scenarios And health that in the work are presented, in order to prevent damages in the physical and mental integrity of the workers that are the consequence of the work or that derive from it. For the correct observance of this
imperious necessity, the states of the countries of Colombia, Ecuador, Peru and Bolivia, commit themselves to the practice, examination and periodic evaluation of their state policy of improvement of the conditions of safety and health in the work.

Resolution 513 of the Ecuadorian Social Security Institute, March 4, 2016, in direct accordance with what is established in article 155 of the Social Security Law regarding the policy guidelines, the General Occupational Risk Insurance protects the member and the employer schemes, through work-related risk prevention schemes, compensation for work-related injuries and occupational or occupational diseases, including physical and mental rehabilitation and job reintegration.

Professional Illnesses

We often associate prevention with only the use of preventive techniques focused on the work environment, forgetting important aspects that have to be taken into account if we really want to end this scourge, those that take into account the evolution and the interrelationships between the main variables that characterize socio-labor and economic development.

The social recognition of precariousness has fostered the adoption of policies aimed at eliminating its harmful consequences, which, as we all recognize, are manifested in the form of insecurity in employment, low wages, reduction of labor rights, personal dependence on the employer, and in general a continuous deterioration of working conditions.

Through the use of temporary employment agencies, false self-employed workers, temporary contracts, making workers "easily disposable", is also intended to avoid the involvement of trade unions in companies and in the organization of work; the smaller the companies in terms of their workforce, the more complicated is the trade union activity in them, an individualization of the employment relationship is achieved, the simpler is for the employer to subject the worker in every way, and more complicated is for him to claim his rights of all kinds.

Occupational disease is a slow and gradual deterioration of the health of the worker, produced by chronic exposure to adverse situations, in the environment or in the way of work. Rubio, J. (2014).

The International Labor Organization tells us that degenerative diseases derived from habitual exposure to chemical agents are more important and frequent than accidents at work, and estimates that of the 2 million work-related deaths occurring each year in the world, 440,000 occur as a result of exposure of workers to chemical agents

In Ecuador, the problem is aggravated by the lack of information, knowledge and control of workers exposed to chemical agents in their work, are not diagnosed and therefore do not denounce most of these occupational diseases.

There are 29 million chemical substances in the world, registered: 100,000, of which the companies use about 30,000 although 20,000 of them do not have complete and systematic toxicological tests.

The Occupational Safety and Health and Prevention of Occupational Diseases Program in Ecuador are supported by Art. 326, numeral 5 of the Ecuadorian Constitution, in Andean Community Standards, OIT International Conventions, Labor Code, Safety and Health of Workers and Improvement of the Work Environment, Ministerial Agreements, among the objectives pursued by the Occupational Safety and Health Program are:

- Improve the conditions of workers regarding Safety and Health.
- Develop preventive awareness and safe work habits in employers and workers
- Reduce injuries and damage to health caused by work
- Improve productivity based on business management with a preventive vision.

Legal framework

The Ecuadorian Social Security Institute (IESS) is a decentralized public entity, endowed with regulatory, technical, administrative, financial and budgetary autonomy, with legal personality and its own assets, which has the non legible object of rendering Compulsory General Insurance in the national territory, Based on the principles of solidarity, obligation, universality, equity, efficiency, subsidiarity and sufficiency.

The institution's mission is to protect the urban and rural population, with or without employment dependence, against contingencies of illness, maternity, work risks, disability, unemployment, disability, old age and death.

This Program is based on Article 326, paragraph 5 of the Constitution of Ecuador, on Andean Community Standards, ILO International Conventions, Labor Code, Regulations on Occupational Safety and Health and Improvement of the Work Environment, Ministerial Agreements.

METHODOLOGY

The type of research that is used is descriptive in that we are going to describe the records that make available the objective population, through the collection of statistical data of occupational diseases in relation to the years of
study, and then generate a study on the and will also be applied in the description of the changes in the regulations in the selected period. The research design was transversal; this type of research design will facilitate the process of studying variables and gathering information. The method used deductive, since we start from general data obtained from the control entities and union and organizational representatives.

The research methodology was based on the collection and evaluation of records of occupational diseases in the period from 2000 to 2014, the type of research used is quantitative and experimental, since this is applied directly from the general to the particular, and allow the researcher to be able to obtain accurate information and can produce a statistical form of the results obtained, no experiment was performed, the study is an evaluation of the results per year, the same that was obtained through the records delivered in the control units in the cities of Ibarra, Cuenca, Guayaquil and Quito.

The analysis population is the workers or representatives of the different guilds and coordinators of the productive organizations, representatives of the regulatory and governmental control entities.

Stratified random sampling was used, within the sample was split to interview 12 specialists in the subject within the cities of Cuenca, Guayaquil, Quito and Ibarra, in addition, a documentary research was carried out which allowed the specific evaluation of the information in different research sources.

RESULTS

General Occupational Hazard Insurance

The general occupational risk insurance guarantees to the affiliates and employers, occupational health and safety through actions and programs of prevention and audits; and, provides timely protection to members and their families in the contingencies arising from occupational accidents and diseases. It also contributes to subsistence and economic income, when the disease prevents the member from continuing to exercise his productive activity, either temporarily or permanently.

In the course of 2014, the Implementation Project of the National System of Prevention Management (SGP) was launched, whose module initially visible to the employers is the one of self audits, which has served to generate an initial diagnosis of the current situation of the country in terms of safety and health at work, obtaining results that have exceeded the expectations maintained in this respect, having during 2014 a total of 15,553 companies audited nationally.

Analysis. 32% of the auto auditoria’s performed at the national level corresponds to the Group of small enterprises, micro-enterprises have a 28%, 25% large enterprises and medium-sized companies a 15% share of the total of the carried out. Similarly, ended once the auto auditoria’s process was started with process audits face to face in 2014 to develop a total of 122 initial audits.
**Analysis.** Of the total number of audits carried out 57% corresponds to large enterprises, 30% for medium-sized companies, 10% and 3% to micro-enterprise and small business, respectively.

Assessments of factors of physical and chemical hazards in the environment, medical examinations, cabinet x-ray are, monitoring, toxicological and clinical, especially to businesses with less than 100 employees (SMEs) covering the largest number of jobs and which by their size require more support of this specialized insurance, for which technical assistance as well as providing proper technical advice in the area of
Attention medical work accident

Disaggregation: national
Unit of measure: number
Period: 2014 (December)

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<th>Month</th>
<th>Final care</th>
<th>Monitoring of medical progress</th>
<th>Initial medical care</th>
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Source: Address of the insurance General risks of the working - SRGP
Production: Address of the insurance General risks of labour

Attention medical work accident

Disaggregation: Nacional, by province unit of measure: percentage
Period: 2014 (December)

- Rest of the country 16%
- Santa Elena 2%
- Manabi 3%
- Azuay 4%
- Guayas 53%
- Pichincha 22%

Source: Address of the insurance General risks of the working - SRGP
Production: Address of the insurance General risks of labour

occupational risk prevention is given. During the 2014, medical attention for an occupational disease totaled 3,496, being 71% by monitoring of medical progress.

The province of Guayas has 53% on medical care for work related accidents, followed by Pichincha with 22%, between the two main provinces they represent 75% of the total.

In order to establish entitlement to the benefits of the general insurance of risks of labour is the investigation of occupational accidents, identifying the immediate, basic causes and that management deficit caused the accident. Also the necessary corrective measures that will prevent the occurrence of a new sinister are issued and the respective responsibilities are determined.
In the case of occupational diseases, job analysis, to identify the cause and effect of pathology in relation to work performed. There is a high level of informality that covers the topics of accidents at work and occupational diseases, by employers and workers, constituting a prejudice for workers since they perform direct "arrangements" without the participation and super-institutional monitoring, with obvious damages to persons affected by these job losses and lack of records that distort more still fragile statistical data relating to work accidents. Labour claims 22,861, of whom 22,179 (97,01%) correspond to notices of work related accidents and 682 (2.99%) correspond to notifications of occupational diseases were reported in 2014 at the national level.
The actions carried out by the General insurance of risks of labour to raise awareness among companies of the benefits that represents labour claims timely notice, spawned growth in the filing of notices of industrial accidents and occupational diseases, thus get data more reliable and real work accidents in the Ecuador.

There is a high level of informality with which occupational accidents and occupational diseases are dealt with by employers and workers and constitute a detriment to workers, since they make direct "arrangements" without the participation and super-institutional vigilance, with obvious detriment to the people affected by these occupational accidents, and lack of records that further distort the fragile statistical data on occupational accidents. In 2014 at the national level, there were 22,861 occupational accidents, of which 22,179 (97.01%) correspond to occupational accidents and 682 (2.99%) correspond to occupational diseases.
The actions carried out by the general insurance of occupational risks to raise the awareness of the companies of the benefits of the timely warning of occupational accidents, has generated a growth in the presentation of occupational accidents and occupational diseases, in this way will obtain more reliable and real data of the labor accidents in Ecuador.

Among the results obtained it was possible to show that a high percentage of the members of the Social Security do not register their occupational diseases, this is due to several reasons in the main ones the lack of knowledge, and entering into the evolution of the records can be specified that it is direct. The impact on the change of the regulations, one of the relevant factors in the investigation is the change of the regulations, since each of them were carried out in order to obtain an improvement in the management of occupational health and safety, in the In the period from 2000 to 2004 there was a 130% increase in occupational disease records based on the implementation of the andean instrument, the variation of the records of occupational accidents and diseases is minimal from 2000 to 2003, a 12% change while from 2003 to 2005 there is a significant variation, this is due to the reform of the and since 2005, the andean instrument for occupational safety and health, and the andean instrument for occupational safety and health, decision 584, replacement of decision 547, resolution 957, is updated. Since 2006, the change in registrations shows a significant increase. This is due to the change to the law replacing decision 547, resolution 957 and the act of the andean instrument of safety and health at work, as of this year. Apply several changes between them begins the mandatory registration of diseases in the control body, in 2008 and 2012 is evidence of the strongest variation since the law is applied and begin to form within companies the departments of health and safety occupational records currently and the follow-up of occupational diseases is primary in the ministry of labor.

DISCUSSION OF THE RESULTS

Keeping a constant flow of information is extremely important in the field of business management, since with the information available the different organizations through their representatives or managers can make timely decisions for the well-being of their companies and directly to workers who in the development of the investigation, there were several limitations, among which it is possible to mention the established governmental processes that allow limited information. However, after the established processes for the management of the information, the due authorizations for access to the required information, under the commitment of the appropriate use of it, same process that had a relevant delay by the change of the dignities within the control institutions, which occurred in August of 2015. The information obtained did not have a consolidated as merited the study, so it was necessary to resort to more specific interpretations and investigations to determine what is considered an occupational disease, this information that does not exist as presented presents us a broad panorama regarding the reality of the evaluation of the registries of the occupational diseases in the country, taking into account that it has not been considered those cases that have not been registered in the control entities as such. The reality of the records of occupational diseases in the country is based more on the fear of the dam or sanction that can determine the entity of control but not by the awareness of being a right of the worker acquired at the moment that it initiates its labor activities, so we must mention that there is complicity at the time of registering an occupational disease that is due to excessive bureaucracy in the process, also to the lack of knowledge of the concept of having an occupational disease, in the same way the cultural factor is evidenced by fear of the worker to lose his place of work for not performing at one hundred percent in the same.

CONCLUSIONS

According to the results derived from the investigation, we have been able to verify the hypothesis or research problem, which says "Lack of knowledge about the laws of occupational safety and statistics of occupational diseases". This in terms of what was mentioned by the interviewees who agree on specific aspects such as the lack of information on the processes of Management in Occupational Safety and Health and socialization of processes by the control body, as well as the fact that organizations are limited to complying with what is strictly required by the laws in force at the time.

During the period 2010 to 2014, the General Directorate of Occupational Risk Insurance, permanently monitored the process of self audits in which more than 15,500 companies participated and after that, the process of face to face audits was developed with 122 companies, as prevention and control will reduce expenses in repair and compensation. In terms of medical care, there are 3,496 cases of occupational diseases and 37,183 cases of occupational accidents, with 75% of cases in Guayas and Pichincha. The reported accident rate corresponds to 97% to occupational accidents and 3% to occupational diseases. A problem that also arises for this behavior is basically social, a cultural factor that looks at risk prevention as an expense, does not focus on the welfare of people and the
long-term incidence of non compliance with laws; however there is also a trend that aims to change this behavior starting with their organizations, which will later be reflected in a decrease in occupational diseases in the country.

REFERENCES

Labor Administration, Labor Inspection and Occupational Safety and Health Branch (LABADMIN / OSH).
Secretariat of Occupational Health and Environment UGT - Madrid. E-mail: saludlaboral@madrid.ugt.org. http://www.saludlaboral.ugtymadrid.o
www.ugr.unsl.edu.ar/documentos/accidentesyenfermedades.doc