

New possibilities for development of the internal health and safety organisation¹

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Abstract

Research from several countries indicates that the internal health and safety organisation in most companies is placed in an appendix position. A possibility for developing a stronger and more effective health and safety organisation is to introduce learning. This approach has been applied in a Danish network project with eleven companies. The results indicate that health and safety managers and safety representatives have difficulties in fulfilling the role as change agents in mastering such a development project. Only three of the eleven companies turned out to be able to implement successful changes. The more successful outcomes seem to result from abilities among the change agents to handle a complex and incalculable project. On the basis of the case studies, it has been possible to deduce some of the competencies needed to fulfil this role. It is for example necessary to be able to identify opportunities for change, establish a sustainable problem definition, and build coalitions. An amoeba model for this type of development project is suggested.

1. Introduction

Most countries have legal requirements for an internal health and safety organisation (HSO) to ensure fundamental considerations of human factors. However, a number of authors report that it is difficult for the HSO to achieve the expected outcomes (see Frick and Wren, 2000 for an overview). Most of the staff involved has health and safety as a secondary task, and often the important decision-makers are not active in the HSO. Even in firms with professional health and safety managers, the situation is often the same. Their existence can be interpreted as a possibility or an excuse for the rest of the organization to ignore their responsibility for occupational health and safety.

The answer to the problem has often been systematic management procedures, in their most developed form as the OSHAS 18000 (BSI, 1999). There is, however, a risk that such systems end up as bureaucratic measures that do not secure continuous improvement (Gallagher et al., 2001; Frick et al., 2000). Instead, they pose a risk of continued adherence to the sidecar position. Both managers and employees may feel that they do not need to care about occupational health and safety, because the system is there. Besides, they may have difficulties in seeing how the system can help to solve the occupational health and safety problems that they experience personally.

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The public authorities try to force the companies to give higher priority to occupational health and safety. This is done through various kinds of stick-and-carrot methods, such as the Danish requirement for a workplace assessment (Langaa Jensen, 2001). But experience shows that these systems require a self-sustaining system within the company. It is the process of developing such a system and the constraints and possibilities for the change agents in the HSO that is the topic for this paper.

2. Design of the study

The paper is based on a Danish study, 'The Learning Occupational Health and Safety Organisation', funded by the Danish Ministry of Labour. The study was carried out from autumn 2000 to spring 2002. It comprises 11 companies that volunteered to develop their HSO into an effective and integrated part of the organisation. The companies were medium-sized to large organisations from both the public and private sectors. Each company appointed a safety manager and a safety representative as the change agents (Heron, 1999) for the project. The change agents formed a network that met for a number of seminars organised by the researchers. Here, theories about learning and organisational development were introduced, and the representatives from the companies could share experiences about the projects' progress. The researchers also followed the projects in the enterprises and provided feedback to the representatives, but they were not involved in implementation of the projects as such.

Data about the progress of the company activities were collected in two ways. The participants presented oral reports during the meetings, and qualitative interviews were carried out in the companies at the start, midway, and at the end of the project. The outcomes of the company projects were evaluated according to two criteria: first, the relevance and level of activities carried out in order to achieve the project goals; and secondly, the level of fulfilment of the goals regarding an effective and integrated HSO.

3. Results

The results from the study embrace two major issues: first, the difficulties for the company representative to learn the role as change agent; and secondly, the difficulties at enterprise-level in developing a new HSO.

The Role as Change Agents

During the network seminars, the participants had difficulties in understanding the new role as change agents. The researchers offered conceptual frames and theories for understanding and reflecting on change processes in the companies, whereas the participants requested concrete tools and methods. The participants also had difficulties in transferring concrete experiences to general reflections to be used in another context and in giving reflective comments to each other. Finally, there were major differences between the safety managers and the safety representatives. The safety managers are related to management in both training and thinking, whereas the safety representatives represent their colleagues on a part-time basis. This difference proved to be an important constraint for the development of joint responsibility for their company project. During the seminars, however, the participants took in the new concepts to some extent and some of them also developed their reflective capacity, but never to the level expected or hoped for by the research team.

The Experiences from the Participating Companies

On the basis of an evaluation of the process and the outcomes, the participating companies can be divided into three groups.

The first group consists of three companies characterized by virtually no activities and no results at all. It turned out to be difficult for the change agents to identify the real goals of their projects, and they were not able to develop the necessary support in their organisations.

The second group of five companies implemented a number of activities but the outcome in relation to self-sustained activities was fairly limited. The main reason for this was the difficulties in developing a broader base of ownership of the project and the subsequent changes in the companies. Other actors in the companies mainly perceived the project as the representatives' own responsibility; they did not need to be involved. The limited ability of the change agents to involve other persons or other more urgent priorities in the companies and resistance by more powerful actors are just a few of the more important reasons for the limited outcome.

Development in a pet food factory is an example from this group. The safety manager (who was also quality and environmental manager) and the production manager were strongly committed to the project. They focused especially on the development of a more systematic approach to occupational health and safety and a stronger local commitment at the shop-floor level. The main tool was involvement of the employees in a major rebuilding and enlargement of the factory. Staff meetings were organised every month to discuss the construction process. Blue prints were taped to the walls in the canteen, and minutes from meetings with the contractors were pinned to the billboard. However, the employees found it difficult to relate to the process. They had only few comments at staff meetings, and if there were any, the management quickly responded with explanations that served as an effective dismissal of employee concerns. In the interviews made by the researchers, the management explained how much they had done to involve the employees, while the employees explained the opposite. They felt that in spite of all the information, they did not have had any influence on developments.

The third group of three companies both implemented a large number of activities and achieved what seemed to be more permanent improvements of their HSOs. The companies included a meat-processing factory, a residential institution, and a hospital kitchen. The road to a successful outcome was quite different for each of them.

The meat-processing factory, with 350 employees, is an affiliate of a large meat conglomerate. It was characterized by highly mechanized tayloristic production and distrustful industrial relations, which also influenced the HSO. Many important problems had been discussed in the safety committee for years without real improvements. In an effort to rectify this situation, the factory had developed a fairly comprehensive and bureaucratic system with meetings, minutes, and reports flowing from the bottom to the top. But as the parties still disagreed on the basic need for action, the system only had limited concrete effect. Especially the rather newly employed manager of the technical department, appointed as chairman of the safety committee, experienced the need for change and used the project as an opportunity to take action. The turning point was a boarding seminar for the whole HSO with participation of top management, first-line managers, and safety representatives. During the seminar, especially the parties at the departmental level experienced the possibility for local cooperation between first-line managers and safety representatives. Subsequently, it was decided to decentralize responsibility to the local level, and the top management organised an effective feedback system on reported problems to the local departments. At the end of the project, the activities at the local level were developing well, whereas the representatives in the safety committee were still struggling with the old climate of distrust.

The residential institution for mentally disabled with approximately the same number of employees followed another path. The culture here was characterized by being rich in words, in both oral formulations and written policies, but with little practical action. The institution also aimed at strengthening the local commitment to practical activities, but the first step was to develop the health and safety committee as a task force. Therefore, a boarding seminar was organised with assistance from a consultant. This was followed by a local discussion of the

policies concerning lifting people and protection against violence in the departments. Through a long history of carefully planned local and central discussions, it became possible to develop new policies on these two issues with a strong local ownership. These policies were in the midst of practical implementation when the project ended.

The hospital kitchen has approximately 80 employees and is part of a large hospital. The staff comprises semi-skilled assistants working with food preparation and a few qualified catering officers with mostly management functions. The work is organised in teams, and the management experienced that the teams had difficulties in handling emerging psychosocial strains related to this type of organisation. It was also difficult for the teams to take responsibility for the more traditional problems related to accident risk and physical and chemical hazards. Two major activities were implemented. The first was a survey of job satisfaction. It had the purpose of opening the discussion of psychosocial factors within the teams. The second activity was a reorganisation of the HSO. The kitchen is affiliated to the central HSO of the hospital, with two local safety representatives forming a safety group together with the manager (a catering officer). In addition, key occupational health and safety persons were selected in the teams, and together with the manager and the safety representatives, they formed a new health and safety group as a forum for regular discussion of the kitchen's progress. At the end of the project, the discussions of psychosocial factors had developed as desired within the teams. In addition, the new health and safety group played an important role in maintaining the discussion and as an anchor for the smaller and larger occupational health and safety problems that had previously tended to disappear in the unclear division of responsibility.

3. Reflections

The objective of the study was to analyse the possibilities for introducing learning into the work of the internal HSO. It turned out to be a difficult and complicated process that cannot be viewed as just a learning process. The political process, understood as the use of power and decision-making, also plays a crucial role. For the change agents, the attempt to control the complex process thus becomes a question of mastering several different parameters at the same time. We therefore conclude this section by suggesting a model that can encompass the whole process.

The Political Process

Human-factor specialists often conceptualize decision-making in enterprises as rational decisions made on the basis of explicit criteria. The limitations of this approach have been pointed out and an alternative approach based on an understanding of organisations as loosely linked systems has been proposed (Jensen, 2002; Broberg and Hermund, 2004). From both the unsuccessful and the successful companies, it is evident that the change agents' ability to gain support from other actors in the company has been crucial for the outcome. Decision-making becomes a political process in which the change agents have to form coalitions with powerful groups or individuals supporting the desired changes. Generally speaking, any organisation consists of individuals and groups who to some extent share interests and who all have a smaller or larger share of power to attract the scarce resources of the enterprise. Decisions are made when the groups form powerful coalitions that are able to develop a joint political programme (Lukes, 1974; Pfeffer, 1981). Besides the power to control resources (money, firing and hiring), one of the most important power platforms is the ability to formulate political programmes. Another power platform, often attributed to employees, is the possibility of remaining passive.

As the example with the pet food factory showed, it was not sufficient that the two persons with the highest formal position of power in the plant, the production manager and the qual-

ity/environmental manager, formed a coalition. The blue collar workers were not included in the alliance, and the two managers were not able to attract their interest. They chose to use their power to remain passive and criticize the management efforts.

In the three successful companies, the change agents succeeded with different means in forming sufficiently robust coalitions to carry out the change process. In the meat-processing factory, the chairman of the safety committee formed a coalition with both safety representatives and first-line managers. An important tool in this process was the combination of decentralization of responsibility and careful feedback when problems were forwarded to the top management. As for the residential institution and the hospital kitchen, both of them formed a strong coalition in the core groups – the safety committee and the new occupational health and safety group, respectively. Both core groups consisted of key representatives from management and employees who could advocate the changes in the working groups to which they belonged.

The conclusion is that even the most beneficial project has only low chances of success if the change agents of the project cannot develop sufficient powerful coalitions to secure the necessary support.

Learning at Shop-floor Level

The major objective for the project in most of the involved companies was commitment and activities at the shop floor level. But this turned out to be difficult to achieve. Most employees considered the activities of the HSO as superficial, without any importance for them. They focused on their main duties and considered any lack of feedback or failed effort by the HSO or the management as proof of their understanding of the issue.

The theories of Lave and Wenger (1991) on learning in communities of practice open possibilities for understanding the problem. Groups of workers develop into communities of practice when they have a joint goal and occupation, a joint commitment to the tasks with standards for what is acceptable, and a joint repertoire with routines, words, stories and tools. The community's understandings are for the most part not conscious and pronounced but hidden and taken for granted by everyone. Such communities are stable and do not easily change. New ideas have to be accepted by the community, and it takes time for them to be incorporated into the group. The HSO's wishes and suggestions rarely have any effect on the community unless they are supported by more concrete steps that directly involve the community and challenge its present behaviour.

The pet food factory, which experienced failure in involving the employees (communities of practice) in the rebuilding process, was more successful with a dialogue-based approach to workplace assessment. In this case, each community of practice (sections with 3-5 employees) was invited to a workplace assessment meeting with the production manager and the safety representative. At the meeting, the section's occupational health and safety problems were discussed and an action plan was agreed to. In this case, the employees felt that the activity was an important concern. They participated actively and subsequently also assumed ownership of the agreed preventive activities.

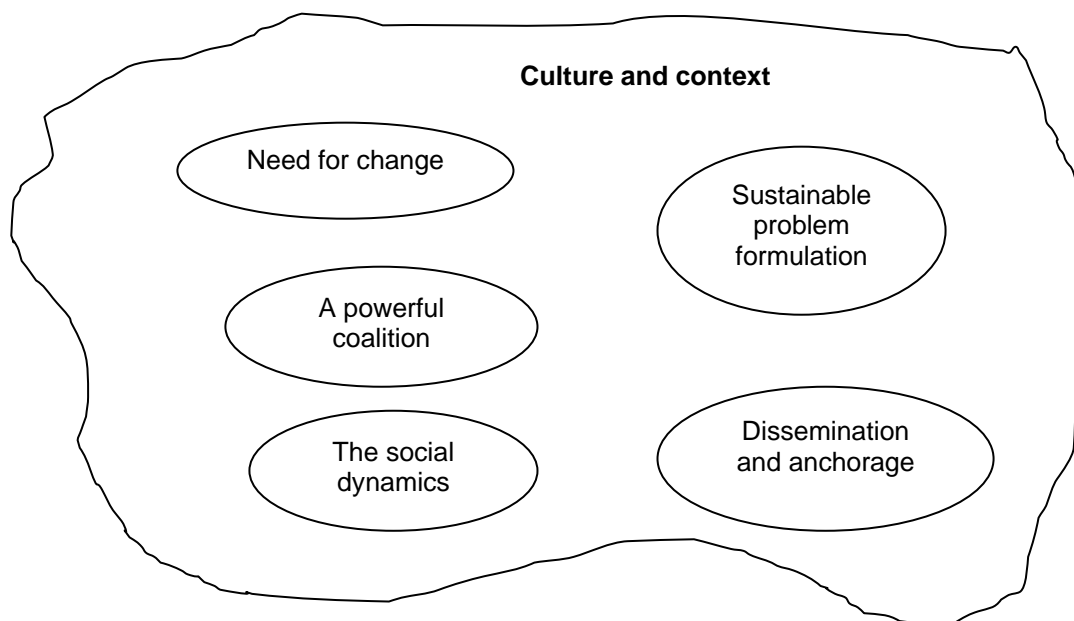
Another approach was that of the meat-processing factory. In this case, the safety committee requested the departments to prepare machine safety data sheets for their own machines. The data sheets were for their own use and should be forwarded to the safety committee for inclusion in the occupational health and safety management system. The first-line managers and the employees responded positively to the request, although they considered it a major work task. It was considered a meaningful exercise that was closely related to their daily work, and it was also important to them that the outcome would also be used and appreciated by the safety committee.

These two examples illustrate the necessity of finding ways to involve the communities of practice in a direct and practical way if it is to be possible to anchor occupational health and safety more firmly to the shop floor.

4. A general model for development of the internal health and safety organisation

The two issues discussed above – the political process and the learning approach – illustrate the difficulties that occupational health and safety change agents must face. They have to navigate at all levels at the organisation, including political decision-making and initiating emphatic dialogues on the shop floor. At the same time, they have a difficult point of departure. Occupational health and safety is a peripheral issue compared to the core activities in any organisation, and therefore the change agents have to compete with many other issues in order to achieve results. We therefore suggest a model (figure 1) that emphasizes the dynamic and overlapping nature of activities instead of the linear, sequential pictures of change processes most often presented. The model is based on the analysis of the experience from the involved companies as discussed above and using concepts from newer literature on change management (Cummnings and Worley, 2001). It is labelled ‘amoeba of development’ in order to illustrate both the difficulties in predicting direction and outcome and the necessity to deal with several elements in the process at the same time, just as all the organelles in the amoeba are necessary for survival.

Figure 1. The amoeba of development



Culture and Context

The development takes place with a back carpet of culture and context. Culture comprises the system of values, symbols, artefacts, and assumptions (Hatch, 1997) and is important for the interpretation of activities undertaken during the project. The context is decisive for the present priorities and the latitude for actions. But neither of these parameters can directly be changed by the project or the change agents.

Need for Change

An important prerequisite for any decisions about change is the experience of a need. Someone in a position to initiate change has to experience a major discrepancy between the reality

and the desired situation. According to Argyris and Schön (1996), someone observes a gap between the espoused theory and the theory in use. In order to take action on this observation, a demand must exist for the desired situation. If everyone is satisfied or indifferent to the present situation – even though it does not fulfil the expectations of the legal requirement for the HSO or the policy of the company – changes will not be initiated, or at least not be sustainable.

The meat-processing company can illustrate the emergence of the need for change. The new chairman of the safety committee realized during a series of meetings that the system did not work. Practical achievements were few, and the distrustful and confrontational discussions at the meetings were unproductive. It was difficult for him to find possibilities for substantial changes. He understood the project on the learning safety organisation to be an opportunity for change. But it was not until the boarding seminar that the rest of top management saw the discrepancy. They were especially astonished to learn about the unfulfilled expectations of the safety representatives. They expressed very strongly that they had carried out workplace assessment but had never received any proper feedback on the results of their efforts. The same situation applied to many day-to-day reports about smaller problems that had not received proper feedback either. This cognition both provided the necessary support for change from the rest of management and showed the way to start change: the organisation of systematic feedback to the employees.

Sustainable Formulation of the Problem

Several cases demonstrated the importance of proper formulation of the problem, which has to be linked to the intervention and not integrated into the intervention. The problem was often formulated as ‘...establishing a new approach to the mandatory workplace assessment’. With such a formulation, ‘any change goes’, and attempts to spread the new approach showed that it was difficult to come up with a strong argument for implementing the suggestions. In a few cases, the formulation of the problem focused on new demands to or shortcomings of present practice. In one case, the problem was explicitly formulated, as ‘we have to find an approach that addresses stress and psychosocial aspects of work in a better way than the present approach’. With such a formulation, a suggestion for a new approach is justified by the outcome of the approach and not the characteristics of the tools and processes used in the approach. This opens for a more fruitful discussion in implementing the new approach in new areas.

A Powerful Coalition

It is frequently stated that the commitment by top management is necessary for any major change in a company. This is often taken for granted, however, since it is expected that top management initiate change. But this case is different, since occupational health and safety is not a core issue that can be certain of the necessary attention from top management. It is a much more peripheral issue, which professionals or employee representatives must struggle to place on the agenda. It is therefore necessary for change agents to build sufficiently powerful coalitions to carry out change. It is not sufficient, though, to just secure support from top management. As illustrated by the case of the pet food factory, even the most powerful managers in the factory could not secure a successful outcome without support from a broader base of employees. Coalition building is thus not only a question of management support but also finding the necessary support at all levels in the organisation.

The Social Dynamics

Any change process implies its own social dynamics, which cannot be reduced to the more rational and logical questions about interest, problem definition and the need for change. Of-

ten, the social dynamics are identified as resistance to change, but they can be more broadly described as the emotions and meanings evolving in the social relations during the change process. Important elements involve respect for other persons' positions, among others for conflicting priorities and for qualifications developed and demanded in the past. The pet food factory can again serve as illustration: Management did not appreciate the qualifications employees had developed in order to keep the daily operation running smoothly, and they did not realize the ambiguity of the messages to maintain, on the one hand, a high health and safety standard, and on the other, to maintain a rational production without latitude for any extra costs.

Dissemination and Anchorage

The final element is dissemination and anchorage in the whole organisation. It is a common experience that it is difficult for new activities and procedures to gain acceptance outside the directly involved circle. The question here is again learning: How is it possible to disseminate learning to the whole organisation? We have already pointed to the importance of communities of practice as one way of understanding constraints and also to integration in the communities as a possible road to positive results. The important point is the acknowledgement that a pilot project that is successful in one department is not readily accepted and implemented in all other departments.

4. Final comments

Occupational health and safety is not a company's core issue. It will always be the central tasks of production. Health and safety activities tend to function as an appendix, enjoying little contact with daily operations and thereby also with preventing injuries. The inclusion and subsequent maintenance of health and safety on the company's agenda is thus a continuous struggle for the actors in the HSO. The results from this project indicate that multiple qualifications are necessary for health and safety actors who wish to pursue a more efficient HSO in their organisations. These qualifications are quite different from the traditional technical knowledge of human factors and ergonomics. These new qualifications involve organisational theory, change management, learning, and social process.

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