



Proactive occupational safety and health management: Promoting good health and good business



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ABSTRACT

This research assessed the impact of organisational approaches to occupational safety and health (OSH) management on organisational performance, safety climate, employee attitudes, health and well-being. Interviews with health and safety personnel, company directors and worker representatives were used to categorise the organisations according to their approaches to OSH management, using the Continuous Improvement Cycle model (Budworth and Khan, 2003). A cross-sectional survey of 2067 employees from these organisations examined the impact of company size, industrial sector and approach to OSH management on indicators of organisational performance and employee outcomes. A structured questionnaire assessed demographic characteristics, organisation and job tenure, job satisfaction, organisational commitment, intention to quit and job motivation, safety climate, self-reported absence, performance and work-related ill-health. Organisations were also asked to provide data on profit, performance, accidents and absence indices. Organisations adopting a proactive approach to OSH management reported higher profit margins and lower accident rates, however these differences were not statistically significant. Organisations classified as 'very good' were found to show significantly more positive safety climate perceptions across eight out of the nine safety climate dimensions. Employees in proactive organisations were significantly more committed to their organisations and showed greater job satisfaction than employees in organisations categorised as 'yet to be fully engaged/complier'. Positive safety climate perceptions and organisational attitudes were associated with better self-reported physical and mental health. The findings add to the validation of the CIC model as an assessment and learning tool which may support the transition of organisations from reactive to proactive safety culture.

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1. Introduction

The latest statistics on work-related health and safety in the UK indicate that 27 million days were lost in 2011/2012 due to work-related ill-health or injury (Health and Safety Executive, 2013). It is clear that work related ill health, accidents and injuries present a significant financial cost to the UK economy. The social and personal burden of work-related ill health and safety failures is felt by employers, employees and their families, who often experience the effects long after the event (Marson, 2001).

Despite the obvious need to manage health and safety, many organisations do not give health and safety the priority it deserves. This may be due to a lack of knowledge, skills and motivation or limited staff resources. Another barrier can be a concern from

managers anticipating increased demands from employees if occupational safety and health (OSH) issues are brought into the open. Some organisations perceive health and safety as daunting and distracting bureaucracy. Cost is also an important issue, with companies feeling that they lack the capital necessary to make proper investment in health and safety and failing to appreciate the importance this investment (Dorman, 2000). In reality, competent OSH management reduces accidents, injuries and ill-health, and is likely to increase profitability (Tompa et al., 2009) however, these benefits are not always understood by organisations.

Measuring the cost of accidents and work-related ill health is a major challenge for many organisations. In a study of 129 UK organisations, it was found that whilst 25% had attempted to measure accident costs, none had systematically quantified work-related illness costs, and most participants were unaware of how much health and safety failures were costing their business (Haefeli et al., 2005). Miller and Haslam (2009) suggest that a cost

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rather than a value attitude, and a lack of recognition of the business case presents a significant barrier to organisations investing in improved OSH management.

Previous research on the impact of effective OSH management has focused largely on the financial benefits. One study presented 19 case studies demonstrating the costs and benefits of effective health and safety initiatives in organisations across a variety of industry sectors (Marsden et al., 2004). These benefits included cost savings such as improved absence management and reductions in specific occupational injuries (e.g. manual handling injuries). Indeed, the case for demonstrating the economic value of occupational health and safety investments and interventions is growing across academic, public policy and industry arenas (Baril-Gingras et al., 2006; Tompa et al., 2009). However, the value of OSH investments is by its very nature multi-faceted, with indices used to measure value extending across objective measures (e.g. turnover, absence, etc.) and subjective measures (e.g. employee attitudes, etc.) (Miller and Murphy, 2006).

Michael et al. (2005) suggest that employee perceptions of management's concern for employee well-being through a dedication to safety may result in positive outcomes beyond improved safety performance. Perceived management commitment to safety has been linked to employee attitudes such as: job satisfaction, organisational commitment and turnover (Michael et al., 2005; Zanko and Dawson, 2012). A meta-analysis by Faragher et al. (2005) found evidence that job satisfaction was associated with workers' mental health but the evidence for a link with subjective physical health was weaker.

Previous research has attempted to consider the maturation of organisational safety culture, and a number of different models have been proposed for classifying organisations by their OSH approach and the transition of organisational culture. Parker et al. (2006) used a framework of five levels of OSH culture developing on work from Westrum (1993) and Reason (1997) to test the validity of this framework for classifying organisations and promoting positive safety culture. Assessment of organisational safety culture can be a useful tool empowering organisations to learn about their current culture and begin to develop more proactive OSH culture.

The aim of this study was to explore the impact of proactive OSH management on both organisational performance and employee health and well-being. The method used in this research to classify organisations on the basis of their approach to OSH management is a framework known as the Continuous Improvement Cycle (CIC) model (Budworth and Khan, 2003). This framework was designed to be used by practitioners as a tool to determine how organisations, groups or individuals could be categorised by their view on health and safety, with the aim of helping them move on to the next level and improve their health and safety performance. The CIC model is like other systematic safety culture and cultural maturity models, in that it is based on the idea that organisations can be categorised into stages of development according to their approach to OSH management. The model identifies three main stages: those that are 'yet to be fully engaged', those that are simply 'compliers', and those that are more proactive, described as 'very good'.

This model shares the concept of a 'staged' approach to development of OSH management and safety culture with other systematic models, in that it identifies different levels of safety management and how organisations can move between levels. However, the primary reason for choosing this model above similar models is that the CIC framework was designed by practitioners and academics from across different industries, and is not focused on any one sector or sample population. Furthermore, the CIC model was designed as a tool to discriminate how organisations

approach OSH management, and therefore the focus is perhaps wider than models concerning just safety culture.

Drupsteen and Wybo (2014) state that the majority of organisations use experience of past safety related incidents to learn and improve safety and these authors developed a set of indicators for the propensity to learn from past safety related experience (attitudes, organisational conditions and systems). The use of the CIC model in the present study considers attitudes, organisational conditions and systems when classifying organisations into CIC categories by examining attitudes towards OSH, priorities for OSH management, management commitment, stakeholder involvement, training and communication, improvement to health and safety and formalisation of OSH management. The CIC model is focused on progression, facilitating organisations to move from one level to the next by identifying OSH culture and presenting organisations with a summary of the areas that could be improved to progress to the next level.

The present study employed the CIC framework to categorise organisations on the basis of their approach to OSH management, using data from semi-structured interviews with key stakeholders in the organisation. The CIC categories were then examined for their associations with organisational level 'objective' or economic outcomes (e.g. accident statistics, absence figures) and employee level attitudinal and well-being outcomes (using data from an employee survey). This study extends the previous research in a number of ways. First, it adds to both the 'perceived organisational support' and safety culture literature by examining the impact of a staged model of OSH management upon both 'objective' organisational level and 'subjective' employee level attitudes and health and well-being. It further builds on earlier work by combining these outcomes with an investigation of how the 'espoused' approach to safety is related to safety climate perceptions. It is hypothesised that proactive organisations will have improved performance and better employee outcomes. Finally, the study considers how an organisation's approach to OSH is related to outcomes across different organisational sizes, and between public and private sectors. The objectives were to:

- Undertake comparisons between organisational size and sector to understand how this affects OSH management and organisational culture and performance.
- Examine the relationship between OSH activity and organisational outcomes (e.g. absence, accidents, turnover).
- Examine the relationship between OSH activity and employee outcomes (e.g. employee attitudes, health and well-being and safety climate perceptions).

2. Method

2.1. Study design

The study employed a mixed methods cross-sectional design. The first part of the study consisted of a series of semi-structured interviews with key stakeholders in participating organisations. The second phase involved a survey of employees from these organisations.

2.2. Organisational sample

The study recruited 31 organisations across a variety of industries, with the sample incorporating small (<50 staff), medium (50–250 staff) and large (>250 staff) organisations. The employee survey comprised 2067 responses from across the organisations.

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