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Psychosocial, Health Promotion and Safety Culture management – Are Health and Safety Practitioners involved?

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ABSTRACT

Health and Safety Practitioners (HSPs), as frontline professionals advocating for the Occupational Health and Safety (OHS) conditions at work, have a pivotal role in an organisation. Over the last number of years, the nature of work has changed; the assessment and management of psychosocial risk factors and health promotion are now additional core challenges in OHS. This study aims to investigate the HSPs' main tasks and their involvement in activities regarding the management of Psychosocial risk factors, Safety Culture and Health Promotion (HP) within their organisations. Data from 879 HSPs was collected through a web-survey of members of the Institution of Occupational Safety and Health (IOSH) in Ireland and the UK. The questionnaire was adapted from Hale et al. (2005) and Jones (2005) concerning the OHS structure in the HSP's organisation, his/her main areas of activity and a list of the most common tasks performed by European HSPs. Chi-square analysis was used to assess the association between HSPs organisational and job characteristics and their involvement in the management of Psychosocial risk factors, Safety Culture and Health Promotion. Logistic regression was used to ascertain organisational predictors of the HSPs' involvement in these tasks. There was no variation in the proportion of HSPs performing tasks related to Psychosocial risk factors by company size, job title nor sector of activity. Safety Culture (86.8%) and Health Promotion-related tasks (64.2%) were a greater part of the HSPs job than psychosocial activities (30.8%). Those in the "Agriculture, forestry/fishing, mining/quarrying" sector were most involved in these activities (HP 84.4%; Safety Culture 90.6%). HSPs with "Manager, Director, Head, Lead, Coordinator" roles were more likely to perform Health Promotion and Safety Culture-related activities independent of industrial sector or company size. HSPs do not seem to take an active role in Psychosocial risk factors' assessment and management in most workplace settings. The results highlight the challenge in ensuring a holistic and multidisciplinary approach for prevention of Psychosocial risk factors for integrated OHS management.

1. Introduction

Health and Safety Practitioners (HSPs) are the frontline professionals responsible for ensuring adequate working conditions and for promoting the health and wellbeing of individuals at work. They are known by a variety of titles such as 'Health and Safety Officer or Adviser', 'Health and Safety Manager or Director', reflecting varying demands, levels of responsibility and relative position in the organisation (Jones, 2005).

In Europe, the main tasks and work characteristics of the HSPs relate to risk assessment and workplace inspections, ensuring compliance with the law and providing advice and information to workers and managers (Hale et al., 2005). HSPs core duties have extended beyond the more traditional legally required tasks, to include management systems, safety culture, safe behaviour issues and assessment of designs (Jones, 2005; Leka et al., 2008). However, in 2012, HSPs in a survey from the Institution of Occupational Safety and Health (IOSH) felt that organisational commitment towards OHS was lower than in previous years. These practitioners also highlighted the need to change organisational culture on health and safety issues and to integrate OHS into everyday business operations (IOSH, 2012).

Work conditions and environment have changed significantly in the past years due to labour restructuring, economic downturn, technology, increasing globalisation and workforce demographic changes (Koukoulaki, 2010; Papadopoulos et al., 2010; Kompier, 2006; Eurofound and EU-OSHA, 2014). At the same time, psychosocial or organisational risk factors have emerged as core concerns in OHS (Kompier, 2006; Dollard et al., 2007; Eurobarometer and TNS

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Political & Social, 2014; Eurofound and EU-OSHA, 2014) and a shift in OHS priorities has been recommended as a result (Burton, 2010; Gabriel and Liimatainen, 2000). Psychosocial and organisational risk factors relate to the way work is structured, distributed, processed and supervised (Hagberg et al., 1995), its design and management, and its social and organisational contexts that have the potential for causing psychological or physical harm (Carayon and Lim, 1999; Cox and Griffiths, 2005; Leka et al., 2010).

Safety Culture consists of the overall attitudes, (implicit) assumptions, beliefs, perceptions and habits within an organisation that are relevant for OHS. However, the conceptualisation of Safety Culture has changed substantially over time in order to encompass the current understanding of OHS and the characteristics of the work environment (Guldenmund, 2000; Reichers and Schneider, 1990; Cooper, 2000). With the growing importance of Psychosocial risk factors, it is important that these are included as part of the policies, procedures and activities of an organisation and are also reflected in the Safety Culture of an organisation (Leka et al., 2010; International Labour Organization (ILO), 2014; Ilgen, 1990).

In 2014, the International Labour Organization noticed the need for an update of the HSPs role with prioritisation of Psychosocial risk factors (International Labour Organization (ILO), 2012, 2014) as a link has been widely shown between these risks and physical and mental health and wellbeing (Stansfeld and Candy, 2006; Nieuwenhuijsen et al., 2010; Leka et al., 2010; Cox et al., 2000).

As the area of health through which people are enabled to increase control over, and to improve, their wellbeing (World Health Organisation, 1986), Health Promotion has recently received greater attention as part of OHS. Health Promotion is known to be one of key strategies for the management of Psychosocial risk factors and the prevention of issues stemming from these (Leka et al., 2015). Therefore, this has also been recognised as an important area to prioritise in the management of OHS and in the roles and responsibilities of HSPs within their organisations.

Recent studies show that the consequences and health impacts related to psychosocial and organisational risk factors are still rising (Eurobarometer and TNS Political & Social, 2014; Eurofound and EU-OSHA, 2014; Malard et al., 2013). Despite national and international surveillance systems across European countries including the United Kingdom (UK) and Ireland, the implementation of measures to address Psychosocial risk factors is suboptimal. The debate is still unresolved on whether these issues should be regulated by "soft law" (as currently done) or "hard law" (legally binding regulations). Furthermore, studies have identified issues with the application of Framework Directive 89/391/EEC, which covers psychosocial risk factors indirectly; it does not specify the ideal outcomes, what would be expected for organisations to achieve, nor clearly translate its guidance into practice (Iavicoli et al., 2011; Leka et al., 2011). Hence, it does not seem to be successful in promoting the correct management of psychosocial risk factors nor addressing work related stress efficiently. Consequently, psychosocial risk factors continue to often be seen as issues of low priority (Ertel et al., 2010; Iavicoli et al., 2014, 2011; Leka et al., 2011). While the discussion on these legal frameworks is still ongoing, the importance of "soft law" in shaping and driving or compelling "hard law" has been acknowledged (Iavicoli et al., 2014; Leka et al., 2015, 2011)

Iavicoli et al. (2011) also highlighted the legal gap where Psychosocial risk factors are not clearly addressed as hazards or risk factors in national legislation. OHS regulations in the UK and Ireland lack clarity and definition as they state that employers must ensure "as far as reasonably practicable" that the health and safety of workers is not endangered or put at risk in the course of their work (UK Parliament and Queen of England, 1974; Houses of the Oireachtas, 2005). Guidance and advisory resources are available (Health and Safety Authority, 2011; British Standards Institution, 2011) but do not clearly establish clear responsibilities and duties for employers (and employees) and OHS practitioners. This leads to poor implementation of preventative and risk management measures for Psychosocial risk factors (Eurofound and EU-OSHA, 2014; Iavicoli et al., 2014; Ertel et al., 2010) in addition to reduced follow-up and limited contribution from regulatory agencies (such as OHS inspectorates) (Johnstone et al., 2011).

The HSP as the frontline professional for the management of OHS in an organisation is also a key stakeholder in the implementation of psychosocial, organisational and health promotion measures in the workplace. Authors have also argued that the HSPs role goes beyond the guidance and inspection of workers' activities (Blair, 2003; Jones, 2005). It has been also suggested that these professionals should hold the knowledge and technical competences to be a guiding agent to influence the organisation, its leaders and line managers in establishing and implementing a Safety Culture which will lead to safety practices and performance in the company (Blair, 2003).

This study aims to investigate the HSPs' tasks and specifically their involvement in activities to assess and manage Psychosocial risk factors, Safety Culture and Health Promotion within their organisations. We will provide an overview of the current tasks performed by HSPs in the UK and Ireland with a focus on Psychosocial, Safety Culture and Health Promotion and tasks (objective 1). Organisational characteristics of the workplace and characteristics of the HSP's job will be compared for the practitioners involved in these types of tasks and those who are not (objective 2). Additionally, organisational predictors of engagement in Psychosocial, Health Promotion and Safety Culture activities will be determined (objective 3).

2. Methods

This cross-sectional study included HSPs from the Republic of Ireland and the UK who were invited to complete a web-survey. Ethical approval was obtained from the Clinical Research Ethics Committee of the Cork Teaching Hospitals, Ireland. In April of 2014, an email invitation was sent to 38,911 members of the Institution of Occupational Safety and Health (IOSH) with a link to the survey. IOSH is the largest international professional body for HSPs. Data was collected until June 2014.

The invitation was not sent to IOSH members who were retired, working in academic institutions (not as practitioners), students or those qualified but not working in the area of OHS. A filter question screened out those HSPs who were not directly employed in a company nor working internally in OHS. With the cross-sectional nature of this study in mind, it was considered that the work of those involved in transient projects or temporary tasks would change over the time period of this research and hence would not be properly captured. Thus, to avoid introducing an additional layer of complexity to the study, professionals in a consultancy or inspectorate position were excluded. HSPs working internally in a company were included as their jobs and tasks were deemed not to be of a transient or changeable nature.

2.1. Data collection instrument and measures

The questionnaire included demographic questions (age; years at work; gender; education; job title amongst others) adapted from Jones (2005). Questions on the organisational structure of the OHS department in the company were based on the questionnaire by Hale et al. (2005). Enterprises were categorised by company size according to the number of employees as established in the European Regulations (The Commission of the European Communities,