



OHS inspectors and psychosocial risk factors: Evidence from Australia

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ABSTRACT

Legislation giving prominence to psychosocial risk factors at work has changed the role of government occupational health and safety (OHS) inspectors in many countries. Yet little is known about how inspectorates have responded to these changes. Between 2003 and 2007 an Australian study was undertaken on OHS standards, entailing detailed documentary analysis, interviews with 36 inspectorate managers and 89 inspectors, and observations made when researchers accompanied inspectors on 120 typical workplace visits. Our study found that general duty provisions in OHS legislation clearly incorporated psychosocial hazards and inspectorates had introduced guidance material, pursued campaigns and increased interventions in this area. However, the regulatory framework remained narrow (focused on bullying/harassment, occupational violence and work stress) and workplace visits revealed psychosocial hazards as a marginal area of inspectorate activity. These findings were reinforced in interviews. While aware of psychosocial hazards inspectors often saw the issue as problematic due to limited training, resourcing constraints, deficiencies in regulation and fears of victimisation amongst workers. In order to address these problems a number of changes are required that recognize the distinctiveness of psychosocial hazards including their 'invisibility'. Notable here are revisions to regulation (both general duty provisions and specific codes), the development of comprehensive guidance and assessment tools to be used by inspectors, greater use of procedural enforcement, and enhanced inspectorate resourcing and training. There is also a need to recognize complex inter-linkages between psychosocial hazards and the industrial relations context.

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1. Introduction

Over the past 20 years there has been growing recognition of the influence of work organisation and psychosocial hazards on occupational health and safety (OHS). There is now a considerable body of evidence on the effect of demand/control and effort/reward imbalances at work on mental and physical health, and the effects of organizational restructuring/downsizing, job insecurity and contingent work arrangements (Peter et al., 2002; Quinlan and Bohle, 2009). Equally important has been a growing body of research and public debate over work-related stress, workplace bullying, harassment and other forms of occupational violence (Dollard et al., 2007; Niedhammer et al., 2008; Birkeland Nielsen et al., 2009). Government agencies, such as European Agency for

Safety and Health at Work (2007), have recognized psychosocial hazards as an important emerging risk at work. As such, they represent a major challenge for regulatory regimes (Padapoulos et al., 2009). Growing public awareness of these overlapping problems (De Cuyper et al., 2009), together with the number and cost of compensating work-related stress claims (notwithstanding limitations in the compensation process, see Guthrie (2007)), has led to changes in OHS regulation giving prominence to work organisation and psychosocial hazards (Leka and Kortum, 2008). This, in turn, has affected the activities of government OHS inspectorates who must implement the revised laws. However, as yet there has been little systematic investigation into how inspectorates have responded to these changes.

Although there is an extensive body of published research on the regulation of OHS it is only comparatively recently that regulation of work organisation and psychosocial hazards has been examined (von Richthofen, 2002; Quinlan, 2007). Published research on inspectorates charged with implementing laws, while growing, is also limited in terms of the number of studies and their scope. Several studies have assessed the methods and effectiveness

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of inspectorate activities, including the degree to which they enforce legislated standards (Carson, 1970; Gray and Scholz, 1993; De Baets, 2003). Other studies have described the structure/operations or strategies of agencies, the data sources they use, the information/complaints they receive, and the training, activities and OHS perceptions of inspectors (Lyttkens, 1995; Yranheikki and Savolainen, 2000; Mekos, 2008; Samant et al., 2008). Yet other studies have examined inspectorate approaches to work-related fatalities, major hazard facilities or the impact of changes in styles of enforcement (Almond, 2006; Morantz, 2007; Bellamy et al., 2008; Pires, 2008; Gunningham and Sinclair, 2009).

Few studies have examined how inspectorates address specific industries like semi-conductors, construction and road transport (Moses and Savage, 1997; Auld et al., 2001; Kinouly and Williams, 2006; Liao and Perng, 2008); smaller enterprises (Bull et al., 2002); or specific hazards such as ergonomic/musculoskeletal disorders and hazardous materials (Kemmlert, 1996; McDiarmid et al., 1996; Pettersson-Stromback et al., 2006). The latter studies – typically based on a small data-set – describe a particular initiative or assess enforcement in relation to a specific program. The studies use a range of different methods (including analysis of inspectorate reports, surveys or – more rarely – direct workplace observation). In the studies we examined findings were not compared to other areas of inspectorate activity or other published studies. Of most relevance to our own study, the studies that examined the implementation of ergonomic standards or musculoskeletal injury prevention interventions (Kemmlert, 1996; Lippel and Caron, 2004) pointed to the importance of training inspectors to deal with ‘new’ issues, having appropriate assessment tools and balancing specification/flexibility in standards.

Given the recent recognition of psychosocial risk amongst regulators our review found little published research on inspector attitudes and responses to psychosocial hazards. Drawing on his own experience, John Graversgaard (2004) – an inspector and labour psychologist with the Danish Department of Labour – wrote a chapter on how inspectors should address psychosocial issues. Graversgaard (2004, p. 65–66) pointed to a number of challenges in this regard. Notable here was the gender imbalance (predominantly male) and technical focus of inspectors, the need for new training regimes and skill sets, the need for detailed regulation to guide enforcement and the need to address psychosocial and other hazards as part of an entire work environment approach. In sum, Graversgaard argued that addressing psychosocial hazards required a change in approach and additional resources to facilitate this. Another inspectorial viewpoint from Sweden was provided by Kristina Engman (2003) who stressed the interconnectedness of psychosocial issues with changes at work. A recent study (Hoel and Einarsen, 2010, p. 30–50) examined the implementation of anti-bullying regulation in Sweden through 18 semi-structured interviews with representatives from employer and union bodies, victims groups, academic and legal and disability professionals and the policy-maker/author of the anti-victimisation ordinance. The study concluded that the inspectorate’s response was hampered by the lack of training, competency-building and clear implementation strategies and protocols (including reconciling confusion over individual versus organizational approaches to such issues). The authors just cited all identified potentially important issues worth exploring in the context of a more systematic assessment of practices within particular inspectorates.

Historically inspectorates largely focused on physical aspects of OHS such as plant and machinery, ventilation, hazardous substances and the like. Growing attention to systematic OHS management and ergonomics in OHS regulation since the 1980s did entail increased recognition of organizational factors (Nytrø et al., 1998; Frick et al., 2000; De Baets, 2003; Saksvik et al., 2003; Lippel and Caron, 2004; Bellamy et al., 2008). Nonetheless, explicit attention

to psychosocial hazards still constituted a major change for regulatory authorities. Psychosocial hazards represent a complex and diverse array of phenomena. These range from bullying, harassment and intimidation (from managers or other workers), customer/client aggression, armed robbery/assault/rape by strangers, and an array of organizational stressors such as work overload/understaffing, job insecurity/downsizing, role ambiguity, demand control or effort reward imbalance often linked to global changes in work organisation (Mayhew et al., 2004; Elovainio et al., 2006; Johnson, 2008; Leka and Kortum, 2008). These hazards are commonly ‘invisible’ to traditional methods of workplace inspections, require new assessment and intervention tools, and – in at least some instances – the development of standards in this area has been resisted by employers (Quinlan, 2007).

This study seeks to begin filling the gap of how inspectorates have dealt with psychosocial hazards by addressing a number of questions. First, how does OHS legislation in Australia address psychosocial hazards and what measures have inspectorates taken to implement these legal requirements? Second, did inspectorates identify any barriers or challenges in terms of enforcement of standards in relation to psychosocial hazards? Third, in what ways can inspectorate activity on psychosocial hazards be facilitated?

By way of background it should be noted that under the Australian Constitution OHS regulation has largely been a matter for state and territory governments although the federal government has taken a more prominent role in the last 5 years. Since the 1980s the nine (six state, two territories and one federal) general OHS statutes in Australia have been largely based on the UK Robens model with a series of general duty provisions imposing broad obligations on various parties, including employers and self-employed persons (Johnstone, 2004a, chapters 3–5). What these duties entail and how they can be met are dealt with by regulations, codes of practice and guidance material. While the OHS Acts and regulations impose binding legal obligations upon duty holders, codes of practice and other guidance material outline to duty holders measures by which they can comply with these obligations. Failure to follow a code or guidance material is not in itself an offence, but can provide evidence of non-compliance with the legislation (Johnstone, 2004a, chapter 5). The key general duty on employers requires them to maintain, as far as (reasonably) practicable, a working environment that is safe and without risks to health, now accepted as requiring employers to implement systematic OHS risk management (Bluff and Johnstone, 2005, p. 212–219).

Drawing on evidence from a 4 year research project on Australian OHS inspectorates (described in part 2), this paper begins by examining the way in which Australian OHS legislation – principally through the general duty provisions, codes of practice and guidance material – address psychosocial hazards (part 3). Part 4 then outlines the structure, resourcing, recruitment/training and operations of Australian OHS inspectors, with particular reference to psychosocial issues. Part 5 examines what workplace visits revealed about how inspectors addressed psychosocial hazards. Part 6 draws on interview data on inspectors’ views on psychosocial hazards and difficulties they have experienced in dealing with them.

2. Methods

Between 2003 and 2007 a study (funded by the Australian Research Council) was undertaken with OHS inspectorates in four Australian state jurisdictions (Queensland, Tasmania, Victoria and Western Australia), examining their activities and responses to changing OHS standards and issues, including psychosocial factors. These states were selected as representative of both small and

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