

Encouraging meaningful and effective consultation about occupational health and safety (OHS) in the construction industry: a recognition of workforce competence

Gerard Ayers OHS Advisor CFMEU Construction and General Division Victorian Branch

Gerard is also a PhD Student at VIOSH; University of Ballarat, Australia. His supervisors are Professor Dennis Else, Associate Professor Jim Sillitoe and Dr. John Culvenor. All correspondence to Gerard Ayers at:

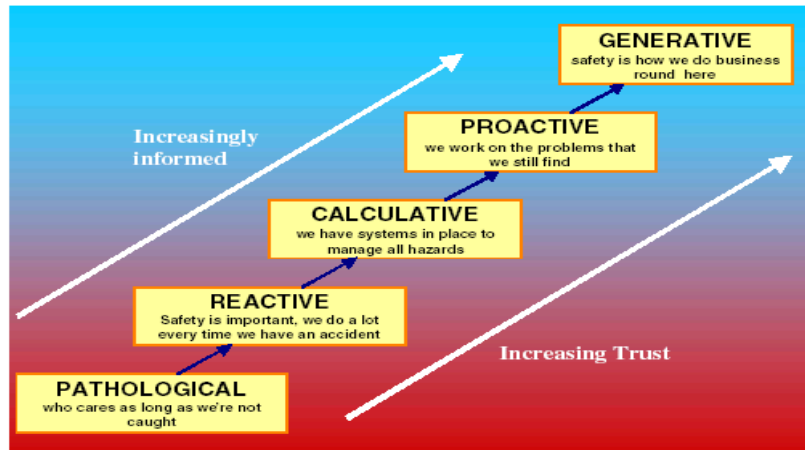
gerrya@vic.cfmeu.asn.au

Ciaran McAleenan Expert Ease International, Ireland, ciaran@web-safety.com

Introduction

It is overwhelmingly acknowledged that workforce involvement is vital to occupational health and safety (OHS) success (Johnstone 2005; Walters, Nichols, Connor, Tasiran and Cam 2005; Lingard and Rowlinson 2005; Wilkinson, Dundon, Marchinton and Ackers 2004; Page 2002; Hart 2002; Bell and Phelps 2001; Committee on Health and Safety at Work 1972). An acknowledged mechanism for this to occur is via the process of consultation; which is mandatory under the *Occupational Health and Safety Act 2004 (Victoria)*. Elsewhere in the world, for example in the US the ANSI standard; Z10 (2005) for occupational safety and health management systems states; "...safety responsibilities must be recognized as a part of each job at every organizational level" while the International Labour Organization standards requires that employers have access to sufficient competent assistance. The natural conclusion to such a premise is that real and meaningful consultation between workers and management is not only desirable but essential.

But for consultation to be meaningful and effective in terms of OHS success, it is considered that issues such as trust, honesty, integrity, respect, support, commitment, sincerity and inclusiveness be recognised and implemented by all participants in the consultation process (Walters 2006; Walters et al. 2005; Shearn 2004; Hart 2002; Blewett 2001; Walters and Frick 2000). These issues or principles are primarily concerned with moral and ethical considerations and are greatly influenced by people's ethical and moral beliefs and their cultural ways of life (Emmet 1966). Transposing this into an organisational and workplace context, the culture of the organisation becomes pivotal in determining how the issues required for meaningful and effective consultation are applied. Recognising that a competent, resourceful worker can make the right choice to effect a successful outcome will remove some of the barriers between those who make the decisions and those whose task it is to carry them out. Such an approach is consistent with the cultural concept of occupational health and safety, which supports the paradigms of social and cultural relations at the workplace (Hvid 2001). McAleenan and McAleenan (2005) stated that "organisations that are good at managing OSH create an authoritative, multi-directional, leadership structure to maximise the contribution of competent individuals and groups in the delivery of successful prevention and loss control programs". A useful model that espouses the social and cultural relations paradigms is Hudson's Evolutionary Safety Culture model (Hudson 2003). Hudson's model is based upon an evolutionary process of cultural maturity, set out in a framework or scale of five different maturity levels.



The Hudson Evolutionary Safety Culture Model Source: Hudson (2003a)

The model is seen as part of a process of an organisations' evolution towards a full safety culture (Hudson 2001). According to Hudson (2003), the notions of organisational culture and the subsequent understanding of both safety culture and safety management, will differ according to the levels of cultural maturity that an organisation achieves. Hudson (2003) saw the process of moving up the ladder of maturity reliant upon the generation of trust and the developing of what he, and Reason (1997), called informedness. This informedness constitutes the cultural approach of trust – in essence meaning that a no blame culture commences to be implemented and that information, regardless whether it be good or bad news, is not only welcomed but actively encouraged (Reason 1997). This information flow, which is fundamentally a process of the effective management and transfer of knowledge, skill and competence of a workforce is synonymous with meaningful and effective consultation (Sveiby and Simons 2002; Smith 2001). Meaningful and effective consultation is positively associated with a high degree of workforce involvement which not only has a profound influence on organisational culture (Hvid 2001), but is acknowledged and recognised as being vital to OHS success.

Risk Management, consultation and risk identification and assessment

If the epicentre of OHS success is an indication of meaningful and effective consultation, then logic and practice suggests that the process of risk identification and risk assessment; key components in the process of risk management (Tchankova 2002) should also involve meaningful and effective consultation. According to Quinlan and Bohle (1991) '... risk assessment is a process for estimating the probability that a specified undesirable outcome will result from specific duration of exposure to a specified hazard' (p.376). Importantly, they argued that the most contentious issue or aspect of the risk assessment is the decision of what constitutes an acceptable risk? In what Viner (2002) called the 'imprecise science' of risk assessment, the question of exactly what understanding of the accident/ill health phenomenon are workplace risk assessments actually being based upon, needs to be better understood (Borys 2001). Too often the risk factor becomes a measure of personal experience and opinion, as opposed to any scientific and or objective exercise in controlling the occupational hazard at its source; the most preferred and effective option. Furthermore, if the assumptions that the risk assessment is based upon are later proven false, or are in fact no longer true, the risk assessment itself becomes worthless (Keltz 2001). Quinlan and Bohle (1991) argued that because of such an imprecise approach

and the degree of uncertainty about what is or is not acceptable, the final decision of what is deemed to be acceptable should emanate from a social and political process involving governments, employers, unions, health professionals and the wider community. In a workplace environment, this equates to employers and workers and their representatives sitting down and engaging in consultation over the issues in an open and transparent manner; utilizing the knowledge, skill and competence of all players in an effort to come up with the most effective and agreed hazard control measures.

McAleenan and McAleenan (2002) championed the operational analysis and control principle as an alternative to risk management, which goes to the real starting point; the work operation, and determines from the outset what is needed to achieve a safe outcome, firmly establishing the competent worker as the cornerstone. Good management is concerned with controlling the operation in order to achieve its objectives. Management must be focused on the key players [competent workers] and the desired outcomes, rather than simply the process and methodologies if it is to achieve and maintain its effectiveness. Truly effective management is dynamic and reliant upon consultation with and acceptance of the input from competent workers. It must recognise and respond appropriately to factors that impinge upon the outcomes and ensure that these desired outcomes are maintained.

Kelly (2007) believed that such knowledge, skill and competence, be it individually or organisationally, should be considered in the context of what she described as the overall power and authoritarian structures within a workplace. In her literature based review on the relationship between knowledge and power within an organisational cultural perspective, it was Kelly's opinion that there needed to be a successful development of what she called a knowledge sharing culture, which would then engender a development of trust within an organisation. Kelly (2007) believed that knowledge should no longer be regarded as a power resource, but more as a communal resource to be freely shared amongst the entire organisation in order to facilitate the joint and mutually beneficial achievement of organisational and professional goals.

Conclusion

While the ideas presented in this paper have not yet been fully tested in the field by the author, past research indicates that the recognition, management and implementation of the knowledge, skill and competency of an organisations' workforce has a far greater impact when there is a culture within the organisation that recognizes, develops and applies moral and ethical principles such as trust, honesty, integrity, respect, support, commitment, sincerity and inclusiveness.

While these principles may not be explicitly required under most types of legislation, they are nonetheless considered necessary if particular pieces of legislation, such as OHS legislation, are to be implemented and carried out effectively (Emmet 1966). In terms of OHS, such a process translates to the full and active participation of workers, utilizing their knowledge, skill and competence via meaningful and effective consultation, conducted in a mature, responsible, ethical and inclusive approach.

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