

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The study examined and identified the perceptions of OHS practitioners and work-place managers of the implementation of OHS policy, within agencies of the public sector of South Australia. This chapter presents a discussion of the results, conclusions and recommendations. The chapter is organised according to the three research questions for the study.

OHS Policy Implementation

OHS policy implementation depends on management support and an understanding of the role of the OHS practitioner in facilitating OHS policy implementation. OHS practitioners in this study considered that there was Chief Executive support for OHS.

Management Support

OHS practitioners considered commitment to OHS by the Chief Executive as most important to them and they agreed that the Chief Executive provided support to them, and senior management was involved in OHS decision-making. This result supports findings by Gallagher (1997) who identified that support from senior managers was a critical characteristic which influenced OHS performance by driving health and safety change within organisations.

OHS practitioners agreed that they could take a leadership role and that union consultation was relevant. This finding supports research by Horstmanshof et al., (2001) regarding the perception that OHS practitioners have of company-wide commitment and the importance of a shared understanding involving both managers and employees, regarding of the role of safety advisers in the work-place.

A lack of adequate budget support was reported by the majority of OHS practitioners. This finding is noteworthy in that there was OHS practitioner agreement that their Chief Executive strongly supported OHS, which suggests that this reported support does not manifest itself in terms of perceived adequacy of budget. However, analysis of this result indicated that the greater the agreement there was support from the Chief Executive for OHS, the more likely OHS practitioners were to report that they received adequate budget support. This finding is consistent with Marsh et al., (1998) who found that safety performance in organisations was linked to management that resourced OHS.

OHS Prevention Strategies

An important component of OHS prevention strategies is training and development of managers and staff in organisations regarding their OHS duties and obligations.

Competency in OHS relates to the application of skills acquired through training and development in order to achieve OHS outcomes in the work-place and training and development can be costly in terms of wages paid to staff who attend training and the cost of training delivery. A majority of OHS practitioners disagreed that OHS issues are competently dealt with by management but, where practitioners agreed that “OHS

issues are competently dealt with by management”, those practitioners were more likely to report training and development as high in terms of “the most costly issues” they dealt with as an OHS practitioner. This result supports research by Gallagher (1997) who found that organisations with a high level of OHS performance had a comprehensive approach to [OHS] training.

It would be expected that where OHS practitioners ensured there was training delivery and appropriate development for managers and staff, that managers would be trained to use OHS legislation in their decision-making. While results were indeterminate that OHS legislation is used by managers in decision-making, further analysis found that where practitioners agreed that “OHS legislation is used by managers in their operational decision-making”, these practitioners also were more likely to report training and development as high in terms of “time spent by you as an OHS practitioner”. On the other hand, responses from work-place managers presented the view that OHS was only part of a wide range of responsibilities including many different types of legislative concerns and OHS is one in a long list of priorities. Managers pointed out that they exercised a general duty of care but did not access the detail of the legislation and other materials. This finding supports the research by Horstmanshof et al., (2001) that highlighted the important relationship between OHS advisers and the application of mandatory guidelines by management to safety in the work-place. This research also supports recommendations by Bluff (2003) regarding the need for systematic OHS which includes management commitment and the development of OHS competency through training and development, organisational

learning and risk management, these aspects being fundamental to the integration of OHS into organisational management systems.

In the area of prevention strategies OHS practitioners in this study agreed they are able to undertake “widespread consultation on OHS policy implementation” and they are “involved in policy making for work-place operations”. Respondents agreed that they are “utilised appropriately for prevention of injury”, and they are “involved in early intervention in injury management”. Respondents disagreed that “there is strong resistance to OHS best-practice”. Respondents ranked high the importance of “prevention approach to OHS management”. These findings accorded with the research by Rowe (2001) who highlighted the importance of consultative approaches to the implementation of prevention strategies and other OHS best practices.

OHS Planning

OHS practitioners place importance on planned and systematic approaches to the management of safety, with OHS policy included in business plans and with systems of continuous improvement and performance management in place. OHS practitioners in this study rated high in importance the inclusion of “OHS objectives in strategic business plans” and “continuous improvement of OHS”. Over four-fifths of practitioners agreed that “performance management should be related to OHS preventative approaches”, and that “positive performance indicators were used to facilitate OHS policy implementation”. These findings are in agreement with the work of Bluff (2003) who identified that systematic OHS management approaches, which include management commitment and leadership, planning and resourcing,

accountability, and risk management were fundamental to the integration of OHS into organisational management systems.

In South Australia, it is a mandatory requirement that public sector agencies must implement the WorkCover *“Performance Standards for Self Insurers”*. Document analysis found that guidelines were accessible to managers from WorkCover as a publication or from the WorkCover Website. WorkCover Performance Standards require a systematic approach to the management of risk in relation to OHS and integration into business plans and operations. Yet the results of interviews found that the majority of managers reported a variety of level of applications of the required standards to agency business plans. Nearly half of the practitioners agreed “self insurance guidelines are poorly integrated into agency operation”. These results indicate that self insurance guidelines are not used as intended or directed by policy documents. This finding is consistent with Gallagher (1997) who found that barriers to improved OHS performance included a lack of knowledge amongst managers of health and safety principles, legislation and management systems. This result is also in agreement with the findings by Baker (1990) and Rowe (2001), that changes to organisational performance leading to safety improvement require a significant degree of support from senior management, in that senior managers have the responsibility to ensure the application of OHS guidelines to business planning processes.

Over half of practitioners disagreed that their “organisation rewards good OHS performance”, and also disagreed that as OHS practitioners they were “routinely involved in purchasing decisions”. These results support Gallagher (1997) who

reported that that organisations which did not actively involve management and safety advisers and did not provide sound purchasing systems failed to perform satisfactorily regarding integration of OHS into core management systems.

It would be expected that where an agency adopts OHS best-practice (Rowe, 2001 and Rankin, 2001), there would be attention paid to policy development, implementation and audit of the policy application in the work-place. Practitioners disagreed that there was strong resistance to OHS best-practice and a majority of practitioners rated high in importance the characteristics of best-practice such as a strong commitment to OHS displayed by their Chief Executive, OHS objectives included in strategic business plans, safety objectives detailed in each service area business plan, adequate allocation of resources to support policy implementation, and continuous improvement of OHS. Yet when asked if their agency consistently adopted best-practice, responses were indeterminate. This seems to suggest that practitioners in this survey are aware of best-practice but are unsure if their agency is carrying that out.

Results of further analysis indicated that practitioners who agreed that their agency adopts OHS best-practice were more likely to report “development of OHS policy” and “policy implementation” as high in terms of frequency of occurrence and time spent by them as an OHS practitioner and more likely to report “audit activity” as high in terms of frequency of occurrence. In terms of adoption of best-practice, high performing organisations invest in OHS training and the audit of OHS practices as a key to ensuring accountability. This result supports findings by Gallagher (1997) who

found that critical characteristics that influenced OHS performance included a comprehensive approach to [OHS] training, and accountability processes including audit and review mechanisms.

Perceptions of Managers: OHS Policy and Practice

The responses from work-place managers in the area of management support acknowledged the importance of OHS but indicated that OHS is not a prime driver for decision-making as a number of interviewees did not perceive the public sector as a high risk environment. This perception is not congruent with South Australian public sector OHS policy as found by the document analysis.

Responses by work-place managers indicated that they were unsure of the definition of competence with regard to OHS. However, work-place managers interviewed considered themselves as being able to deal effectively with OHS concerns in their own area, and they pointed out that managers have numerous business responsibilities as opposed to the single issue nature of an OHS practitioner role. Opinion expressed by work-place managers suggested that their perception of the role of OHS in the work-place differed from expectations held by OHS practitioners. On the one hand, managers see OHS as part of many responsibilities they have for the work-place, whereas practitioners focus on implementing OHS guidelines contained in legislation and policy documents. The document analysis showed that there are mandatory requirements for manager competence in relation to OHS, yet managers indicated various levels of understanding and knowledge of these mandatory requirements which are available to them as managers. It may be that managers may not have

perceived that it was within their scope of responsibility, or they may not have accessed the relevant documents. These findings highlight incongruence between what is designated as policy and what occurs in the work-place in practice, in terms of implementation of OHS policy.

The perceptions of the dissimilar nature of the OHS practitioner role and the role of the work-place manager is linked to the issue of “role construct” identified by Horstmanshof et al., (2001). The issue of role construct may need to be researched further within public sector organisations in order to determine the relationship between roles within the area of OHS.

Budget support for any OHS implementation is very important. Budget support includes allocation of funds to staff, training and resources. The majority of work-place managers indicated awareness of aspects of the budget allocation including staffing and purchasing of safety related equipment; however, they reported that they had insufficient information to be able to make a judgment as to whether the budget was adequate or not. The lack of information available to managers regarding budget support may have been a reason that contributed to the response from OHS practitioners disagreeing that they had adequate budget support regarding OHS budget support.

Review and evaluation of policy during the implementation process is important for establishing best OHS practice. Chief Executives are expected to set in place means to identify gaps in policy, in particular, the integration of self insurance guidelines.

Work-place manager's responses were divided regarding their agency's means to identify gaps in OHS policy implementation and less than half of managers were able to confirm the integration of self insurance guidelines into their agency's operations. This result is noteworthy in the light of findings by Gallagher (1997) regarding OHS implementation, that most organisations studied in her research failed to perform satisfactorily regarding the "rigorous integration" of OHS into core management systems. Gallagher (1997) also found that a barrier to improved performance was the over-reliance on health and safety advisers to drive health and safety activity without sufficient management involvement and support.

In the implementation of OHS policy work-place managers indicated their perception that OHS policy lacked relevance to operational needs and that there were conflicting priorities with other business requirements. Also, in relation to prevention strategies, the majority of interviewees indicated difficulty or inability in identifying best-practice. A lack of knowledge about what constitutes best-practice in OHS seems incongruent with the abundance of information and detail contained in available OHS documentation. The existence of 13 different documents identified in this document analysis, which set mandatory requirements and directions relating to OHS policy implementation, showed considerable overlap. Information from semi-structured interviews indicated that some work-place managers perceived the amount of policy material to be overwhelming and presented difficulties to managers who are seeking guidelines for a specific area and who wish to be fully aware of these requirements and their obligations. The lack of awareness or clarity about OHS best-practice on the part of work-place managers, when contrasted with the abundance of information to

work -place managers about OHS best-practice, suggests there may be a need for a review of the OHS policy information.

Work-place managers identified that psychological health, hours of work and associated workload pressure were major issues regarding OHS in their work-place. Responses by OHS practitioners also ranked psychosocial incidents highest according to the most costly issues they worked with. This is an interesting result in that a majority of work-place managers perceive that the South Australian public sector is a low risk environment. Indeed, some work-place managers suggested that risks faced in the public sector are not comparable to risks faced in work environments such as factories and building sites. It could be argued that managers who perceive the public sector as a low risk environment are less likely to implement OHS safety policy, in relation to psycho-social areas of risk as opposed to risk of a physical nature. This finding may indicate a need to research the perceptions of managers and OHS practitioners regarding the degree and type of risk in particular work-places. In the experience of the researcher involved in work-place health and safety for over 10 years, there is a greater tendency for assessments of OHS in the work-place to focus on the assessment of the physical environment such as furniture, lighting and the workspace as OHS issues rather than on the factors of work, such as workloads, work hours, workplace relationships and the design of work task that may impact on the psycho-social health of workers.

OHS Policy and OHS Practice

In South Australia, OHS legislation was enacted in 1986 and OHS requirements for employers have increased in complexity, with changes and additions to mandatory materials and the subsequent development of organisational policy. The document analysis revealed that extensive information is published for the use of Chief Executives, managers and employees in the South Australian public sector regarding the requirements for Occupational Health and Safety in the categories of Management Support, OHS Planning and OHS Prevention Strategies. The document analysis also revealed that eight documents set some form of direction or mandatory requirement for Chief Executives regarding management support, OHS planning and OHS prevention strategies, and five documents provide explanatory and guidance material.

Although managers are responsible for operational outcomes in a specific area, OHS guidelines are non-specific in terms of manager's operational responsibilities and concerns. The numerous documents that set mandatory requirements and directions relating to OHS policy implementation may present difficulties to Chief Executives and managers who are seeking guidelines regarding requirements and obligations for a specific operational area. Nevertheless, these findings reflect work undertaken by the South Australian public sector to systematise OHS within its structure, a task advocated by Rankin (2001).

Responses by practitioners indicated a perception that they were able to involve senior management in the management of OHS, and they also perceived that OHS is discussed at executive meetings. Data analysis revealed that respondents who agreed

that OHS legislation is used by managers in their operational decision-making were likely to rank training and development as high in terms of “time spent by you as an OHS practitioner”, and high in terms of the “most costly issues you work with as a practitioner”. These results suggest that training and development is undertaken in relation to OHS decision-making and reflect Gallagher’s (1997) results that high performing organisations invest in training and development for their managers and OHS advisers.

Conclusions

This study revealed that OHS practitioners perceive they have support for OHS policy implementation from their Chief Executive and management within their agencies, and that they are able to play a leadership role within their agencies and their management team.

However, with regard to the allocation of budget, practitioners are unsure of the translation of this support from management into the availability of resources. Further, practitioners are uncertain if managers utilise legislation to achieve their operational objectives in the context of sound OHS practices.

Training is important in organisations to ensure OHS decision-making is based on legislation and mandatory requirements, such as the guidelines contained within the Performance Standards for Self Insurers. In this study, where managers were perceived by OHS practitioners as using legislation in their decision-making, the

work-place utilised training and development as a feature of their work. The place of training and development is a critical factor in OHS implementation.

OHS practitioners are less certain regarding the competence of work-place managers in the area of OHS policy utilisation in their work-places. Work-place managers in turn have a perception that OHS practitioners are not aware of the complexity of a work-place manager's responsibility and the difficulties of implementing a diverse array of policy requirements. However, work-place managers indicated they had insufficient knowledge of policy requirements such as the very important area of self insurance guidelines, and they were unsure of their responsibilities despite ample policy documents available to them. Of major concern is the finding that work-place managers do not always consider that it is their responsibility to familiarise themselves with the content of OHS policy, suggesting a need for role clarification for managers.

The perceptions of work-place managers held by OHS practitioners, and the perceptions of OHS practitioners held by work-place managers, may be based on differing expectations of their respective roles. These expectations may be related to work-place managers' focus on operational outcomes and an expectation that OHS practitioners share that operational focus when developing policy and implementation strategies. On the other hand, to an OHS practitioner legislative and mandatory requirements are fundamental to OHS practice. The perceptions of work-place managers, in this study, that the South Australian public sector is a low risk environment could be an influencing factor further differentiating the perceptions of

work-place managers and OHS practitioners, regarding the priority for OHS policy implementation. OHS policy documentation provided to managers needs to be designed to meet their needs.

Where best-practice in OHS was considered to be important and perceived by practitioners to be occurring, there appears to be a link to Chief Executive support, policy development, training and development, and audit activity. These links could appear to be fundamental to the implementation of OHS policy in the work-place.

Suggestions for Future Research

The following suggestions emerged from this study:

- How work-place managers perceive their role and responsibilities impacts on OHS practice. Further research needs to be undertaken to examine how work-place managers and OHS practitioners perceive their roles and responsibilities with regards to OHS implementation.
- Implementation of OHS may be influenced by the perception that work-place managers and OHS practitioners have of their work-place and further research needs to be undertaken to find out how work-place managers and OHS practitioners perceive risk in the work-place and the degree of adherence to legislative requirements.

- There is a need for a review and evaluation for the documents provided within the South Australian public sector to work-place managers and OHS practitioners regarding OHS policy and practice.
- There is a need to review and evaluate approaches to OHS best-practice in the South Australian public sector including the links between management support, policy development, training and development and audit activity