CHAPTER FOUR

RESULTS

Introduction

The purpose of this research study was to identify and describe designated OHS practitioners' and work-place managers' perceptions of the implementation of OHS policy in the work-place, within agencies of the public sector of South Australia, and whether these perceptions are congruent with policy and work-place practice. The three research questions selected for the study were as follows:

1. *What strategies do OHS practitioners utilise to implement OHS policy?*
2. *How do managers in work-place settings perceive OHS policy and practice?*
3. *Are the strategies employed by OHS practitioners congruent with OHS policy?*

This chapter reports the results of the study. The chapter will be organised according to each research question.

Research Question One: What strategies do OHS practitioners utilise to implement OHS policy?

A questionnaire with items structured as rating scales and Likert-scales, was administered to OHS practitioners in order to gather information regarding Research Question One. The questionnaire was designed to gather information according to three groupings of strategies as follows:

- *Strategies which demonstrate management support for OHS including consultation, communication and allocation of resources (Management Support)*
- *Strategies to plan for, allocate accountability for, and review OHS activity (OHS Planning)*
- *Strategies to apply OHS prevention measures including training, development and work-place activity (OHS Prevention Strategies).*

Management Support

A total of twenty items sought information about the way OHS practitioners perceived management support. OHS practitioners were asked to rank four items representing "characteristics of best-practice in OHS policy" related to management support for OHS, in terms of the "importance to you as an OHS practitioner", on a five point scale (with five being high and one being low). Responses showed that OHS practitioners ranked highest the best-practice characteristic of "A strong commitment to OHS displayed by your Chief Executive" (Mean=4.38) and the characteristic of "clear OHS responsibilities for all staff identified in position descriptions" (Mean=4.18). Table 1 shows this result.

Table 1: Importance of OHS Policy characteristic -mean rank order

Management Support		5	4	3	2	1	Mean	Total
A strong commitment to OHS displayed by your Chief Executive	No. %	40 65.6	11 18.0	5 8.2	3 4.9	2 3.3	4.38	61 100%
Clear OHS responsibilities for all staff identified in position descriptions	No. %	30 49.2	18 29.5	9 14.8	2 3.3	2 3.3	4.18	61 100%
Adequate allocation of resources to support policy implementation	No. %	28 45.9	18 29.5	5 8.2	2 3.3	8 13.1	3.92	61 100%
OHS included as an item in staff appraisal/performance management reviews	No. %	23 37.7	17 27.9	12 19.7	5 8.2	4 6.6	3.81	61 100%

Ten Likert-scale items, structured as strongly agree, agree, not sure, disagree and strongly disagree, sought information from OHS practitioners regarding "OHS policy and its implementation". Three items related to the role of the Chief Executive.

Results showed respondents agreed that the "Chief Executive strongly supports OHS" (60.0% agree/strongly agree) and they agreed that "I am able to report directly to my Chief Executive on OHS matters of importance" (57.4% agree/strongly agree), and respondents disagreed with the statement that the "Chief Executive support is irrelevant to the success of OHS policy implementation" (96.7% disagree/strongly disagree). These results are shown in Table 2a, Table 2b and Table 2c.

Table 2a: The Chief Executive strongly supports OHS

	SA	**A**	**D**	**SD**	**A/SA**	**D/SD**	**NS**	**Total**
No.	13	23	8	2	36	10	14	60
%	21.7	38.3	13.3	3.3	60.0	16.6	23.3	100

Table 2b: I am able to report directly to my Chief Executive officer on OHS matters of importance

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	16	19	15	9	35	24	2	61
%	26.2	31.1	24.6	14.8	57.4	39.4	3.3	100

Table 2c: Chief Executive support is irrelevant to the success of OHS policy implementation

	SA	**A**	**D**	**SD**	**A/SA**	**D/SD**	**NS**	**Total**
No.	1	0	6	52	1	58	1	60
%	1.7	0.0	10.0	86.7	1.7	96.7	1.7	100

With regard to three items related to senior management, respondents disagreed that "I am unable to involve senior management in the management of OHS" (63.3% disagree/strongly disagree) and they disagreed with the statement that "OHS is seldom discussed at executive meetings" (61.7% disagree/strongly disagree). However, respondents disagreed that "OHS issues are competently dealt with by management" (56.7% disagree/strongly disagree). These results are shown in Table 2d, Table 2e and Table 2f.

Table 2d: I am unable to involve senior management in the management of OHS

	SA	**A**	**D**	**SD**	**A/SA**	**D/SD**	**NS**	**Total**
No.	4	12	27	11	16	38	6	60
%	6.7	20.0	45.0	18.3	26.7	63.3	10.0	100

Table 2e: OHS is seldom discussed at executive meetings

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	2	8	22	15	10	37	13	60
%	3.3	13.3	36.7	25.0	16.6	61.7	21.7	100

Table 2f: OHS issues are competently dealt with by management

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	1	21	25	9	22	34	4	60
%	1.6	35.0	41.7	15.0	36.6	56.7	6.7	100

Two items sought information about leadership role and union consultation. OHS practitioners agreed with the statement that "I am able to take a leadership role within my agency" (65.6% agree/strongly agree) but they disagreed that "Union consultation is not relevant to the development of policy" (75.0% disagree/strongly disagree). These results are shown in Table 3a and Table 3b.

Table 3a: I am able to take a leadership role in my agency

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	18	22	16	4	40	20	1	61
%	29.5	36.1	26.2	6.6	65.6	32.8	1.6	100

Table 3b: Union consultation is not relevant to the development of policy

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	3	9	34	11	12	45	3	60
%	5.0	15.0	56.7	18.3	20.0	75.0	5.0	100

Two items related to budget and decision-making. Practitioners disagreed that OHS has adequate budget support" (61.6% disagree/ strongly disagree), but responses to the statement that "OHS legislation is used by managers in their operational decision-making" were indeterminate (41.7% agree/strongly agree, 36.6% disagree/strongly disagree). These results are shown in Table 3c and Table 3d.

Table 3c: OHS has adequate budget support

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	2	17	20	17	19	37	4	60
%	3.3	28.3	33.3	28.3	31.6	61.6	6.7	100

Table 3d: OHS legislation is used by managers in their operational decision-making

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	4	21	17	5	12	45	13	60
%	6.7	35.0	28.5	8.3	41.7	36.6	21.7	100

OHS practitioners were asked to rank aspects/issues of OHS practice which reflect management support, in terms of "frequency of occurrence within OHS practice", "time spent by you as a practitioner" and the "most costly issues you work with as a practitioner". Results indicate that meetings were ranked higher than working with external agencies with respect to frequency of occurrence, time spent and most costly issues. Results are shown in Table 4a and Table 4b.

Table 4a: Meetings (frequency, time and cost) – mean rank order

Meetings		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	12	21	15	10	2	3.52	60
	%.	20.0	35.0	25.0	16.7	3.3		100%
Time spent by you as an OHS Practitioner	No	10	18	21	8	4	3.36	61
	%.	16.4	29.5	34.4	13.1	6.6		100%
Most costly issues you work with as a practitioner	No	2	11	12	27	8	2.53	60
	%.	3.3	18.3	20.0	45.0	13.3		100%

Table 4b: Work with external agencies (frequency, time and cost) – mean rank order

Work with external agencies		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	3	11	10	22	14	2.45	60
	%.	5.0	18.3	16.7	36.7	23.3		100%
Time spent by you as an OHS Practitioner	No	3	4	12	17	25	2.06	61
	%.	4.9	6.6	19.7	27.9	41.0		100%
Most costly issues you work with as a practitioner	No	0	4	6	23	27	1.78	60
	%.	0.0	6.7	10.0	38.3	45.0		100%

Summary of 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. They also agreed that senior management was involved in OHS decision-making but they disagreed that OHS issues were competently dealt with by managers. OHS practitioners agreed that they could take a leadership role, that union consultation was relevant and they disagreed they had adequate budget support. However, the results were indeterminate that OHS legislation is used by managers in decision-making. OHS practitioners ranked meetings as highest in frequency of occurrence, time spent and most costly issues, with a lower ranking for frequency of occurrence, time spent and most costly issues for working with external agencies.

OHS Planning

Eighteen items were designed to gather information about OHS planning. OHS practitioners were asked to rank three items related to planning which represented "characteristics of best-practice in OHS policy" in terms of the "importance to you as an OHS practitioner" on a 5 point scale (with five being high and one being low). Responses showed that OHS practitioners ranked highest the best-practice characteristic of "OHS objectives are included in Strategic Business Plans" (Mean=4.08). Results are shown in Table 5.

Table 5: Importance of OHS characteristic – mean rank order

Planning		5	4	3	2	1	Mean	Total
OHS objectives included in Strategic Business Plans	N	32	14	6	6	3	4.08	60
	%	52.5	23.0	9.8	9.8	4.9		100%
Continuous improvement of OHS	N	25	22	7	3	4	4.00	61
	%	41.0	36.1	11.5	4.9	6.6		100%
Safety objective detailed in each service area business plan	N	22	20	12	4	2	3.93	60
	%	36.7	33.3	20	6.7	3.3		100%

Two items sought information related to accountability measures in the planning cycle for OHS. Respondents agreed that "Performance management should be related to OHS preventative approaches" (85.0% agree/strongly agree), but respondents disagreed with the statement "my organisation rewards good performance in OHS (59.0% disagree/strongly disagree). Results are shown in Table 6a and Table 6b.

Table 6a: Performance management should be related to OHS preventative approaches

	SA	A	D	SD	A/SA	D/SD	NS	Total
Freq.	22	29	2	0	51	2	7	60
%	36.7	48.3	3.3	0.0	85.0	3.3	11.7	100%

Table 6b: My organisation rewards good performance in OHS

	SA	A	D	SD	A/SA	D/SD	NS	Total
Freq.	3	7	23	13	10	36	15	61
%	4.9	11.5	37.7	21.3	16.4	59.0	24.6	100%

Two items related to the review of OHS within agencies. Respondents disagreed with the statement "Non-compliance with OHS is not easily identifiable in my agency" (70.0% disagree/strongly disagree), but only just over half of respondents disagreed that "Self-insurance guidelines are poorly integrated into my agency's operations" (52.6% disagree/strongly disagree). These results are shown in Table 6c and Table 6d.

Table 6c: Non-compliance with OHS is not easily identifiable in my agency

	SA	A	D	SD	A/SA	D/SD	NS	Total
Freq.	2	13	32	9	15	41	3	59
%	3.4	22.0	54.2	15.3	25.4	69.5	5.1	100%

Table 6d: Self-insurance guidelines are poorly integrated into my agency's operations

	SA	A	D	SD	A/SA	D/SD	NS	Total
Freq.	2	16	20	11	18	31	10	59
%	3.4	27.1	33.9	18.7	30.5	52.6	16.9	100%

Two items related to planning strategies to support policy implementation. Results showed that a little over half of the respondents agreed that "Positive performance indicators are used to facilitate OHS policy implementation" (55.0% agree/strongly agree). However, responses were indeterminate regarding the statement "My agency has clear means to identify gaps in policy implementation" (50.0% agree/strongly agree, 33.3% disagree/strongly disagree). Results are shown in Table 6e and Table 6f.

Table 6e: Positive performance indicators are used to facilitate OHS policy implementation

	SA	A	D	SD	A/SA	D/SD	NS	Total
Freq.	10	23	14	3	33	17	10	61
%	16.7	38.3	23.3	5.0	55.0	28.3	16.7	100%

Table 6f: My agency has clear means to identify gaps in policy implementation

	SA	A	D	SD	A/SA	D/SD	NS	Total
Freq.	7	23	16	4	30	20	10	60
%	11.7	38.3	26.7	6.7	50.0	33.3	16.7	100%

OHS practitioners were asked to rank aspects/issues of OHS practice in terms of "Frequency of occurrence within OHS practice", "Time spent by you as an OHS practitioner" and "Most costly OHS issues you work with as an OHS practitioner". Three items related to planning, accountability and review. OHS practitioners ranked audit activity and policy implementation as the most frequent occurrence (Mean= 3.31 and mean =3.27 respectively). Policy implementation was ranked high in terms of

time spent by you as a practitioner (Mean = 3.23). Results are shown in Table 7a, Table 7b and Table 7c.

Table 7a: Development of OHS policy - mean rank order

Development of OHS policy		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	6	21	20	7	6	3.23	60
	%.	10.0	35.0	33.3	11.7	10.0		100%
Time spent by you as an OHS Practitioner	No	7	16	19	14	5	3.10	61
	%.	11.5	26.2	31.1	23.0	8.2		100%
Most costly issues you work with as a practitioner	No	0	5	19	21	15	2.23	60
	%.	0.0	8.3	31.7	35.0	25.0		100%

Table 7b: Policy implementation – mean rank order

Policy implementation		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	7	20	18	12	3	3.27	60
	%.	11.7	33.3	30.0	20.0	5.0		100%
Time spent by you as an OHS Practitioner	No	10	13	24	9	5	3.23	61
	%.	16.4	21.3	39.3	14.8	8.2		100%
Most costly issues you work with as a practitioner	No	1	6	24	20	9	2.50	60
	%.	1.7	10.0	40.0	33.3	15.0		100%

Table 7c: Audit activities – mean rank order

Audit activities		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	11	15	18	11	4	3.31	59
	%.	18.6	25.4	30.5	18.6	6.8		100%
Time spent by you as an OHS Practitioner	No	7	14	21	12	6	3.07	60
	%.	11.7	23.3	35.0	20.0	10.0		100%
Most costly issues you work with as a practitioner	No	3	11	22	17	7	2.77	60
	%.	5.0	18.3	36.7	28.3	11.7		100%

Summary of OHS Planning

In the area of OHS planning, the item "OHS objectives are included in strategic business plans" was ranked by OHS practitioners as high in importance, followed by "continuous improvement of OHS". Over four-fifths of practitioners agreed that "performance management should be related to OHS preventative approaches", but over half of practitioners disagreed that "my organisation rewards good OHS performance". Respondents disagreed that "non compliance is not easily identifiable

in my agency" and just over half of the respondents disagreed that "self insurance guidelines are poorly integrated into agency operations". Practitioners agreed that "positive performance indicators were used to facilitate OHS policy implementation". Practitioner responses were indeterminate that their agencies had "clear means to identify gaps in policy implementation". In terms of frequency of occurrence, time spent and most costly OHS issues you work with as an OHS practitioner, "audit activity" followed by "policy implementation" were ranked as the most frequent occurrence, and "policy implementation" was ranked highest in terms of time spent as an OHS practitioner.

OHS Prevention Strategies

Twenty five items sought information regarding OHS prevention strategies. OHS practitioners were asked to rank three items relating to OHS prevention strategies, representing "characteristics of best-practice in OHS policy", on a five point scale , in terms of the "importance to you as an OHS practitioner" (with five being high and one being low). Responses showed that OHS practitioners ranked highest the best-practice characteristic of "A prevention approach to OHS adopted by management" (Mean=4.13). Table 8 shows this result.

Table 8: Importance of OHS Policy Characteristic– mean rank order

Prevention		5	4	3	2	1	Mean	Total
A prevention approach to OHS adopted by management	No.	35	12	4	7	3	4.13	61
	%	57.4	19.7	6.6	11.5	4.9		100%
Flexibility for business units to address key OHS issues	No.	23	20	10	3	5	3.87	61
	%	37.7	32.8	16.4	4.9	8.2		100%
Strong emphasis on education in OHS	No.	22	22	7	5	5	3.84	61
	%	36.1	36.1	11.5	8.2	8.2		100%

Seven Likert-scale items sought information from OHS practitioners regarding OHS prevention strategies. Two items related to the adoption of best-practice. Results showed that respondents disagreed that "there is strong resistance to OHS best-practice" (58.0% disagree/strongly disagree) but results were indeterminate for the statement "my agency consistently adopts best-practice" (45.0% agree/strongly agree, 40.0% disagree/strongly disagree). These results are shown in Table 9a and Table 9b.

Table 9a: There is strong resistance to OHS best-practice

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	6	17	29	6	23	35	2	60
%	10	28.3	48.3	10.0	38.3	58.3	3.3	100%

Table 9b: My agency consistently adopts OHS best-practice

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	5	22	18	6	27	24	9	60
%	8.3	36.7	30.0	10.0	45.0	40.0	15.0	100%

Three items sought information regarding the role of OHS practitioners in the implementation of work-place OHS prevention strategies. Respondents agreed with the statement "OHS practitioners are involved in policy making for work-place operations" (78.4% agree/ strongly agree), and that "as an OHS practitioner I am utilised appropriately for prevention of injury" (61.7% agree/strongly agree), and with the statement "As an OHS practitioner I am involved in early intervention in injury management" (59.1% agree/strongly agree). These results are found in Table 9c, Table 9d and Table 9e.

Table 9c OHS practitioners are involved in policy-making for work-place operations

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	9	38	9	2	47	11	2	61
%	15.0	63.4	15.0	3.3	78.4	18.3	3.3	100%

Table 9d: As an OHS practitioner, I am utilised appropriately for prevention of injury

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	7	30	15	7	37	22	2	61
%	11.5	49.2	24.6	11.5	60.7	36.1	3.3	100%

Table 9e: As an OHS practitioner I am involved in early intervention in injury management

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	9	27	16	7	36	23	2	61
%	14.8	44.3	26.2	11.5	59.1	37.7	3.3	100.0

Two items sought information from respondents regarding implementation of OHS prevention approaches. A high level of agreement was forthcoming from respondents regarding the statement "As an OHS practitioner, I am able to undertake wide spread consultation on OHS policy implementation" (78.3 % agree/ strongly agree). However, respondents disagreed with the statement "As an OHS practitioner, I am routinely involved in purchasing decisions" (61.6% disagree/strongly disagree). These results are found in Table 9f and Table 9g.

Table 9f: As an OHS practitioner, I am able to undertake wide spread consultation on OHS policy implementation

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	18	29	6	4	47	10	3	60
%	30	48.3	10.0	6.7	78.3	16.7	5.0	100.0

Table 9g: As an OHS practitioner, I am routinely involved in purchasing decisions

	SA	A	D	SD	A/SA	D/SD	NS	Total
No.	4	17	24	13	21	37	3	61
%	6.6	27.9	39.3	21.3	34.5	60.6	4.9	100%

OHS practitioners were asked to rank aspects/issues of OHS practice relating to prevention in terms of "Frequency of occurrence in OHS practice", "Time spent by you as on OHS practitioner", "Most costly OHS issues you work with as a practitioner". Respondents ranked administration as the most frequently occurring aspect of their work (Mean =3.59) and where they spend most of their time

(Mean = 3.95). However, physical incidents and psychosocial incidents were ranked highest according to the most costly issues you work with as a practitioner (Mean=3.72 and Mean=3.47) respectively. This information is shown in Table 10a, Table 10b, Table 10c, Table 10d and Table 10e.

Table 10a: Physical incidents (hazards/ injuries) – mean rank order

Physical incidents		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	11	18	18	11	2	3.42	61
	%.	18.3	30.0	30.0	18.3	3.3		100%
Time spent by you as an OHS Practitioner	No	2	17	21	17	4	2.93	61
	%.	3.3	27.9	34.4	27.9	6.6		100%
Most costly issues you work with as a practitioner	No	18	20	14	6	3	3.72	61
	%.	29.5	32.8	23.0	9.8	4.9		100%

Table 10b: Psychosocial incidents (hazards/injuries) – mean rank order

Psychosocial incident		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	8	12	18	14	8	2.97	60
	%.	18.3	30.0	30.0	18.3	3.3		100%
Time spent by you as an OHS Practitioner	No	2	14	18	16	11	2.67	61
	%.	3.3	23.0	29.5	26.2	18.0		100%
Most costly issues you work with as a practitioner	No	20	13	12	8	8	3.47	61
	%.	32.8	21.3	19.7	13.1	13.1		100%

Table 10c: Injury management – mean rank order

Injury management		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	12	18	15	10	4	3.41	59
	%.	20.0	35.0	25.0	16.7	3.3		100%
Time spent by you as an OHS Practitioner	No	12	18	15	10	4	2.62	59
	%.	20.0	35.0	25.0	16.7	3.3		100%
Most costly issues you work with as a practitioner	No	16	9	13	13	9	3.17	60
	%.	26.7	15.0	21.7	21.7	15.0		100%

Table 10d: Administration – mean rank order

Administration		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	13	21	15	8	2	3.59	59
	%.	22.0	35.6	25.4	13.6	3.4		100%
Time spent by you as an OHS Practitioner	No	19	28	7	6	1	3.95	61
	%.	31.1	45.9	11.5	9.8	1.6		100%
Most costly issues you work with as a practitioner	No	5	16	9	13	18	2.95	61
	%.	8.2	26.2	14.8	21.3	29.5		100%

Table 10e: Training and development – mean rank order

Training and development		5	4	3	2	1	Mean	Total
Frequency of occurrence within OHS practice	No	11	15	22	4	8	3.28	60
	%.	18.3	25.0	36.7	6.7	13.3		100%
Time spent by you as an OHS Practitioner	No	8	15	16	11	11	2.97	61
	%.	13.1	24.6	26.2	18.0	18.0		100%
Most costly issues you work with as a practitioner	No	10	16	13	15	6	3.15	61
	%.	16.7	26.7	21.7	25.0	10.0		100%

Summary of OHS Prevention Strategies

OHS practitioners in this study agreed they are able to undertake "widespread consultation OHS policy implementation" and they are "involved in policy making for work-place operation. Respondents agreed that they are "utilised appropriately for prevention of injury", and they are involved in early intervention in injury management". Respondents disagreed that they are "routinely involved in purchasing decisions" and they disagreed that "there is strong resistance to OHS best-practice". Respondents ranked high the importance of "prevention approach to OHS management". However, responses to the statement "my agency consistently adopts best-practice" were indeterminate. In terms of frequency of occurrence and time spent, "administration" was ranked highest by OHS practitioners and, in terms of most costly issues, physical and psychosocial incidents were ranked highest by respondents.

Characteristics of Within-group Responses

Questions seeking information of a demographic nature were analysed and used as a basis for further data analysis of particular responses from the survey of OHS

practitioners. This data analysis was intended to examine within-group responses to questions of relevance to the group.

Participants were asked to indicate their years of experience in working as an OHS practitioner, their qualifications, and their level of satisfaction according to a bi-polar scale from "very satisfactory" to "very unsatisfactory" on a five point scale, the number of years worked as a practitioner before this year and the number of people supervised in the area. Responses are shown in Table 11a, Table 11b, Table 11c, Table 11d and Table 11e.

Table 11a: Years of Experience as OHS Practitioner

	Up to 5 years	6-10 years	11+ years	Total
No	19	28	13	60
%	31.7	46.7	21.6	100

Table 11b: Qualifications

	Course/Certificate	Diploma/Advanced	Not Stated	Total
No	21	25	15	61
%	34.4	41.0	24.6	100

Table 11c: Level of satisfaction

	(Very Satisfied				Very Dissatisfied)	
	5	4	3	2	1	
						Total
No	15	23	15	7	0	60
%	25.0	38.3	25.0	11.7	0	100

Table 11d: No of years OHS experience before this year

	Up to 5 years	6-10 years	11-15 years	16+ years	Total
No	9	21	21	10	61
%	14.8	34.4	34.4	16.4	100

Table 11e: Delivery of service-number of people

Item	Up to 150	151-350	350-780	781-2000	Total
No	12	11	12	11	46
%	26.1	23.9	26.1	23.9	100

Data analysis was undertaken to discover if there was a relationship between years working as a practitioner and whether respondents would make a recommendation to others to become an OHS practitioner. Of those respondents who said they would

make a recommendation to others to become an OHS practitioner (i.e. 83.9% of 47 respondents), 25.5% had up to five years experience, 22.2% had six to ten years experience and 23.4% had experience of 11 years and over. Of those respondents who said they would not recommend others to become an OHS practitioner (i.e. 16.1% of 9 respondents), 77% had up to five years and 22.2% had six to ten years experience. This information is shown in Table 12.

Table 12: Would recommend others to become an OHS practitioner by - Years working as a practitioner

		Years working as a practitioner			Total
		Up to 5 years	6 to 10 years	11 years & over	
Recommend others to become an OHS practitioner	Yes	12 25.5%	24 51.1%	11 23.4%	47 100%
	No	7 77.8%	2 22.2%	0 0.0%	9 100%
	Total	19 33.9%	26 46.4%	11 19.7%	56 100%

Chi-square two-sample tests are used in Table 13, Table 15, Table 17, Table 19, and Table 21. The criteria for such use is as follows: a) the level of measurement is nominal, b) an independent sampling procedure was used, and c) a difference between frequencies hypothesis was tested. A level of confidence of 0.05 was chosen in order to avoid what Burns (2000) describes as a Type One error of acceptance (p.116).

Results from a chi-square two samples test (SPSS, 1999b, p.234) indicated that there is a statistically significant difference, at the 0.05 level of significance, between those who responded “yes” to recommending others to become an OHS practitioner and those who responded “no” to recommending others to become an OHS practitioner, according to their years of experience. Those with the highest number of years working as an OHS practitioner were significantly more likely to recommend to others “to become an OHS practitioner”. (See Table 13).

Table 13: Chi-square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson chi-square	9.537	2	0.008

Data analysis was undertaken to find out if there was a relationship between the responses of OHS practitioners to the operational decision-making of managers and how OHS practitioners viewed issues of "frequency of occurrence", "time spent" and "most costly issues you work with" for aspects of OHS practice. Forty-one point seven percent (41.7%) responded "agree" that OHS legislation is used by managers in their operational decision-making", whereas 21.6% responded as "not sure" and 36.7% responded as "disagree". Of the 41.7% of respondents who "agreed" that OHS legislation is used by managers in their operational decision-making, 56.0% ranked "training and development" as a "most costly issue you work with as an OHS practitioner", and 63.6% of those who responded "disagree", ranked low the item "training and development" as a "most costly issue" you work with as an OHS practitioner. (See Table 14.)

Table 14: Most costly issue you work with - Training and Development by "OHS legislation is used by managers in their operational decision-making"

		OHS legislation is used by managers in their operational decision-making			
		Agree	Not Sure	Disagree	total
Training and Development	High ranking	14 56.0%	7 53.8%	5 22.8%	26 43.3%
	Mid ranking	8 32.0%	2 15.4%	3 13.6%	13 21.7%
	Low ranking	3 12.0%	4 30.8%	14 63.6%	21 35.0%
Total		25 100%	13 100%	22 100%	60 100%
Percent (Agree, Not sure, Disagree)		41.7%	21.6%	36.7%	100%

Results from a chi-square two samples test (SPSS,1999b, p.234) indicated that those respondents who "agreed" and those respondents who "disagreed" that OHS

legislation is used by managers in their operational decision-making differed statistically significantly, at the 0.05 level of significance, when ranking "Training and Development" as a most costly issue you work with. Practitioners who responded agree/strongly agree to the statement "OHS legislation is used by managers in their operational decision-making "were significantly more 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". (See Table 15.)

Table 15: Chi-Square Tests

	Value	df	Asymp.Sig. (2-sided)
Pearson chi-square	14.536	4	0.006

Reponses to an item on the questionnaire, regarding the adoption of best practice were indeterminate. Data analysis was undertaken to find out if there was a relationship between the view of OHS practitioners regarding the adoption of best practice by their agency and how OHS practitioners viewed issues of "frequency of occurrence", "time spent" and "most costly issues you work with" for aspects of OHS practice. Forty-one point two percent (41.2%) responded "agree" that "my agency consistently adopts OHS best practice", whereas 17.6% responded as "not sure" and 41.2% responded "disagree". Of the 41.2% who responded "agree" that "my agency consistently adopts best practice", 57.2% ranked "development of OHS policy" high as a "most costly issue you work with an OHS practitioner", and 50.0% of those who responded "disagree" ranked low the item "development of OHS policy" in terms of "frequency of occurrence" of OHS practice. (See Table 16.)

Table 16: Frequency of occurrence of Development of OHS Policy by "My agency consistently adopts OHS best practice"

		My agency consistently adopts OHS best practice			total
		Agree	Not sure	Disagree	
Development of OHS policy	High ranking	16 57.2%	5 41.7%	6 21.4%	27 39.7%
	Mid ranking	9 32.1%	3 25.0%	8 28.6%	20 29.4%
	Low ranking	3 10.7%	4 33.3%	14 50.0%	21 30.9%
Total		28 100%	12 100%	28 100%	68 100%
Percent (agree, Not sure, Disagree)		41.2%	17.6%	41.2%	100%

Results from a chi-square two samples test (SPSS, 1999b, p.234) indicated that those respondents who "agreed" and those respondents who "disagreed" that my agency consistently adopts OHS best practice" differed statistically significantly, at the 0.05 level of significance, when ranking "development of OHS policy" as a most "frequent occurrence of OHS practice. (See Table 17.)

Table 17: Chi-Square Tests

	Value	Df	Asymp.Sig. (2-sided)
Pearson chi-square	11.003	4	0.027

Data analysis was undertaken to find out if there was a relationship between the view of OHS practitioners regarding the adoption of best practice by their agency and how OHS practitioners viewed issues of "frequency of occurrence", "time spent" and "most costly issues you work with" for aspects of OHS practice. Forty-four point one percent (44.1%) responded "agree" that "my agency consistently adopts OHS best practice", whereas 15.2% responded "not sure" and 40.7% responded "disagree". Of the 44.1% of respondents who "agreed" that "my agency consistently adopts best practice", 69.2% ranked "audit activities" high as a "frequency of occurrence of OHS

practice", and 45.8% of those who responded "disagree" ranked low the item "audit activities" in terms of "frequency of occurrence of OHS practice. (See Table 18.)

Table 18: Frequency of occurrence of OHS practice Audit Activities by "My agency consistently adopts OHS best practice"

		My agency consistently adopts OHS best practice			
		agree	Not sure	Disagree	total
Audit activities	High ranking	18 69.2%	2 22.2%	6 25.0%	26 44.1%
	Mid ranking	5 19.2%	6 66.7%	7 29.2%	18 30.5%
	Low ranking	3 11.6%	1 11.1%	11 45.8%	15 25.4%
Total		26 100%	9 100%	24 100%	59 100%
Percent (Agree, Not sure, Disagree)		44.1%	15.2%	40.7%	100%

Results from a chi-square two samples test (SPSS,1999b, p.234) indicated that those respondents who "agreed" and those respondents who "disagreed" that my agency consistently adopts OHS best practice" differed statistically significantly, at the 0.05 level of significance, when ranking "audit activities" in terms of "frequency of occurrence" in OHS practice". (See Table 19.)

Table 19: Chi-Square Tests

	Value	df	Asymp.Sig. (2-sided)
Pearson chi-square	18.275	4	0.001

Data analysis was undertaken to find out if there was a relationship between the view of OHS practitioners to the adoption of best practice by their agency and how OHS practitioners viewed issues of "frequency of occurrence", "time spent" and "most costly issues you work with" for aspects of OHS practice. Forty-five point eight percent (45.8%) of respondents "agreed" that "my agency consistently adopts OHS best practice", whereas 15.2% responded as "not sure" and 39.0% responded "disagree". Of the 45.8% of those who responded "agree" that "my agency

consistently adopts best practice", 55.6% ranked "audit activities" high in terms of "time spent by you as a practitioner", and 52.2% of those who responded "disagree" ranked low the item "audit activities" in terms of "time spent by you as a practitioner". (See Table 20.)

Table 20: Time spent as an OHS practitioner Audit Activities by "My agency consistently adopts OHS best practice"

		My agency consistently adopts OHS best practice			
		agree	Not sure	disagree	total
Audit activities	High ranking	15 55.6%	2 22.2%	3 13.0%	20 33.9%
	Mid Ranking	8 29.6%	5 55.6%	8 34.8%	21 35.6%
	Low Ranking	4 14.8%	2 22.2%	12 52.2%	18 30.5%
Total		27 100%	9 100%	23 100%	59 100%
Percent (Agree, Not sure, Disagree)		45.8%	15.2%	39.0%	100%

Results from a chi-square two samples test (SPSS,1999, p.234) indicated that those respondents who "agreed" and those respondents who "disagreed" that my agency consistently adopts OHS best practice" differed statistically significantly, at the 0.05 level of significance, when ranking "audit activities" in terms of "time spent by you as an OHS practitioner". (See Table 21.)

Table 21: Chi-Square Tests

	Value	Df	Asymp.Sig. (2-sided)
Pearson chi-square	14.251	4	0.007

Practitioners who responded agree/strongly agree to the statement " my agency consistently adopts OHS best practice "were significantly more likely to report "development of OHS policy" and "audit activities " as high in terms of frequency of occurrence, and they were also significantly more likely to report "audit activity" as high in terms of "time spent as a practitioner".

Policy Implementation

Participants were asked to indicate their opinion regarding the strengths and weaknesses of policy implementation. OHS Practitioners were asked:

> ***"In your opinion how would you judge the strengths and weaknesses of current policy implementation?"***

Results were indeterminate with 40% indicating strengths outweigh weaknesses and 30 % indicating weaknesses outweigh strengths. Reponses are shown in Table 11.

Table 22: Policy implementation strengths and weaknesses

Policy Implementation	Strengths outweigh weaknesses	Strength and weaknesses about equal	Weaknesses outweigh strengths	Total
Number	24	18	18	60
%	40.0	30.0	30.0	100

Open-ended responses

One question in the questionnaire sought open-ended responses. Participants were asked:

> ***"What advice would you give to your CEO as to how to improve OHS practice in your work-place?"***

Of 61 practitioners who responded to the questionnaire 52 chose to provide comments. Comments were grouped into categories (refer Appendix D). Two major categories emerged namely "management support" and "planning". Just under half of the respondents commented on management support.

Comments made by OHS practitioners in the area of management support focused on the need for adequate the budget allocation and expressed a need for a clearly expressed commitment to OHS by the Chef Executive and management. Some typical comments regarding management support are as follows:

"CEO needs to allocate adequate financial resources to support OHS best-practice, OHS needs to be part of everyone's core business and not seen as an 'add on'"

"to have a budget line that can address OHS, to talk the talk"

"greater funding to allocate resources to ensure more effective hazard management strategies and policy implementation"

"OHS must be budgeted for, must be integrated into business management, CEO must walk the talk"

Just over one-third of OHS practitioners providing comment made reference to planning and many of these comments related to accountability measures for managers. Typical comments included:

"publicly reward good performance (financially and in other ways)"

"make managers more accountable for performing routine OHS tasks"

"have accountability in performance management for managers"

Comments regarding commitment to OHS implementation by managers are congruent with responses to items in the questionnaire concerning these issues. The comments clarify OHS practitioner expectations regarding Chief Executive commitment, the adequacy of resource allocation, budget support, the relationship of performance management to OHS outcomes and the type of reward sought for good OHS performance.

Summary for Research Question One

In the area of management support, OHS practitioners ranked commitment to OHS by the Chief Executive as most important to them, but they disagreed that OHS issues were competently dealt with by managers. OHS practitioners agreed that they could take a leadership role, but they disagreed they had adequate budget support. However, the results were indeterminate that OHS legislation is used by managers in decision-

making. OHS practitioners ranked meetings as highest in frequency of occurrence, time spent and most costly issues that they work with as an OHS practitioner.

In the area of planning, practitioners ranked high in importance "OHS objectives are included 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", but over half of practitioners disagreed that "my organisation rewards good OHS performance". In terms of frequency of occurrence, time spent and mostly costly issues, "audit activity" followed by "policy implementation" were ranked high in frequency in occurrence that they work with as a practitioner.

OHS practitioners in this study agreed that there was "widespread consultation on OHS policy implementation" and they agreed that they are "involved in policy making for work-place operation" and they agreed that they are "utilised appropriately for prevention of injury", and they ranked high the importance of "prevention approach to OHS management". In terms of frequency of occurrence and time spent "administration" was ranked highest by OHS practitioners and physical and psychosocial incidents were ranked highest by respondents as most costly issues. Practitioner responses were indeterminate that their agencies had "clear means to identify gaps in policy implementation" and that "my agency consistently adopts best-practice".

Analysis of data showed that practitioners with the highest number of years working as an OHS practitioner were significantly more likely to recommend to others "to become an OHS practitioner" and practitioners who responded agree/strongly agree to the statement "OHS legislation is used by managers in their operational decision-making "were significantly more likely to rank "training and development" as high in terms of "the most costly issues you work with".

Analysis of responses to the statement "my agency consistently adopts OHS best-practice found that practitioners who responded agree/ strongly agree "were significantly more likely to report "development of OHS policy" and "audit activities" as high in terms of frequency of occurrence, and were also significantly more likely to report "audit activity" as high in terms of "time spent as a practitioner".

Research Question Two: How do managers in work-place settings perceive OHS policy and practice?

Semi-structured interviews were conducted with work-place managers. A semi-structured interview schedule containing nine questions was designed to gather information regarding Research Question Two. Six questions sought information about the way work-place managers viewed responses from the questionnaire of OHS practitioners, and three open-ended questions sought information about the way work-place managers perceived OHS policy and practice. Responses were recorded and transcribed (refer Appendix E)

Management Support

Four questions were designed to gather information about the way work-place managers viewed OHS practitioner responses from the questionnaire in the area of management support and decision-making. One question sought managers' perceptions of policy implementation. Work-place managers were asked to provide opinion on the response to the questionnaire concerning decision–making.

Work-place managers were asked:

> ***'OHS Practitioners were asked to indicate agreement/disagreement to the statement that "OHS legislation is used by managers in their operational decision-making". Responses were inconclusive with nearly one quarter responding 'not sure'.***
> ***What would you suggest to explain this result?'***

Of the thirteen managers interviewed, eleven managers expressed opinion that they could not be sure that OHS legislation was used by managers in their decision-making. Interviewees indicated that OHS legislation, while important, is "not a prime driver of their decision-making" as it is one of many priorities which they must address. Interviewees considered it to be a common sense issue and they were of the opinion that, as the public service was a generally low-risk environment, that OHS was "a low maintenance issue". Only two interviewees indicated that OHS legislation was used in operational decision-making. Typical responses were as follows:

> *"not sure, unsure of what legislation is precisely, managers have a general understanding not a detailed understanding"*
>
> *" many managers not au fait with OHS legislation, may act safely but not be doing so in an informed way that is consciously referring to legislation,"*
>
> *"When talking about operational decision-making more often than not, does not relate to OHS"*
>
> *"In my area OHS consideration are pretty well non existent, very low on list of priorities, work in low risk environment."*

Managers who were interviewed were asked to provide opinion regarding responses from the questionnaire relating to manager competence in dealing with OHS issues. Work-place managers were asked:

> ***Over half of OHS practitioners responded 'disagree/strongly disagree' to the statement "OHS issues are competently dealt with by managers".***
> ***"Why do you think that OHS practitioners responded this way?***

Responses of twelve managers indicated that they were unsure about the definition of what is competent regarding OHS issues. Most interviewees regarded themselves as being able to deal effectively with OHS concerns in their own area, and they pointed out that managers have numerous business responsibilities. Typical comments were as follows:

> *"OHS practitioners have higher expectations than managers OHS is only a small part of what most managers do and they do not see it as core business"*
>
> *"managers are not consciously aware of OHS. OHS practitioners have a more precise view of OHS than managers"*
>
> *"outcomes that managers are after are not purely OHS outcomes. OHS is a means to an end"*
>
> *"only a small number take OHS actively on board and take care of their work-place "*

One question sought opinion relating to responses from the questionnaire relating to budget support for OHS. Work-place managers were asked:

> ***OHS practitioners were asked to indicate 'agreement/disagreement' to the statement "OHS has adequate budget support", the majority of respondents disagreed with the statement. What do you think the respondents meant by this?***

Reponses from ten managers interviewed indicated that they were not sure that OHS had adequate budget support. Managers indicated a general shortfall in desired budget across the public sector in a variety of program areas. Managers also indicated OHS may conflict with other priorities. However, a number of managers pointed out that

OHS was given consideration in budget decisions other than those which focussed solely on OHS concerns. Typical comments were as follows:

> *"what is adequate? No manager has enough money. OHS problems can be solved by good management training ,."*
>
> *"probably true OHS will always be wanting more than it gets, however what is the purpose of the agency... why does it exist?"*
>
> *"budget may not be there for safety per se ... in our organisation any expenditure considers OHS"*

One open-ended question sought the perceptions of managers regarding resource allocation. Work-place managers were asked:

> ***What resources – financial, personnel, time - in your area are allocated to support OHS policy implementation?***

Interviewees indicated that OHS implementation was supported in their area in at least one of three ways, namely: allocation of staff resources, allocation of budget, and/or the existence of OHS systems within their agency. OHS systems included Health and Safety committees, the election of Health and Safety representatives, or the appointment of OHS practitioners within their agency. Comments included:

> *"health and Safety committee, representatives and time in team meetings"*
>
> *"OHS is taken into account in allocation of all resources."*
>
> *"specialist OHS unit in portfolio… approximately ten percent of its time is allocated to policy implementation'*
>
> *"corporate OHS system, divisional systems, time allocation to inspections"*

OHS Planning

Three questions were designed to gather information about the way work-place managers viewed OHS practitioner responses from the questionnaire in the area of OHS planning. One question was concerned with gap analysis for policy implementation. Work-place managers were asked:

"Responses were fairly evenly divided 'agree/disagree' to the statement "My agency has clear means to identify gaps in [OHS] policy implementation".
"How would you interpret this result?"

Responses from managers interviewed indicated a division between those agencies that have the means to identify gaps in OHS policy implementation and those agencies that may lack this capacity due to the size and diversity of their operations. Indicative comments included:

" [OHS] audit draws line in sand focuses attention ...game is about adjusting priorities, OHS is fundamental to goal management, however OHS legislation and policy is monolithic, hard to sort out priorities."

"some units and managers are keen on OHS some treat it as an after thought. When taken seriously it tops the agenda in management meetings. OHS average in current location"

"this is based on the responses for the different agencies some have really good gap analysis some don't"

"a comprehensive policy ... regular and detailed procedure to cover key risks"

One question sought information from managers regarding guidelines for self-insurance and its integration into agencies. Work-place managers were asked:

Responses were fairly evenly divided 'agree/disagree' to the statement "Self-insurance guidelines are poorly integrated into my agency's operations"
'What do think might explain this result?'

Ten interviewees indicated a general lack of awareness on this issue. Where work-place managers were aware they stated this was due to a lack of appropriate action by practitioners or unwillingness by agencies to take the necessary steps. Comments included:

"be surprised if most managers know what guidelines were"

"no understanding of Self insurance guidelines, no idea of WorkCover guidelines"

"some agencies do some don't we are not an agency with best-practice"

"if they are a good practitioner then good integration, if they are not they will blame everyone else"

One open-ended question sought information about work-place manager perceptions of OHS policy implementation. Work-place managers were asked:

As a manager what are the problems you perceive in the implementation of OHS policy? Are you able to rank order these 'problems'?

The majority of managers interviewed were of the opinion that there were problems relating to the implementation of OHS policy in their agency. Responses of work-place managers indicated problems in two areas namely a lack of relevance of OHS policies to the work-place manager's operational needs or the presence of conflicting priorities. Responses included:

"linking Policy to business as usual …. simplification into plain English,"

"work pressure, priorities take away from ability to give priority to OHS resourcing in terms of time as opposed to money."

"internal OHS policies were one size fits all, recognition and acceptance of particular policy procedures for our area … peculiarities to country operations not taken into account in policy"

OHS Prevention Strategies

Two questions were designed to gather information about the way work-place managers viewed responses from the questionnaire of OHS practitioners in the area of prevention strategies, and one open-ended question concerned managers views of the adoption of best-practice. Work-place managers were asked:

Responses were fairly evenly divided 'agree/disagree' to the statement "My agency consistently adopts best-practice.
What do you think this result might mean?"

The majority of managers indicated that they were unsure in this area due to problems with a definition of best-practice and questions about agency resources or management commitment. Interviewees reported that they lacked a sense of understanding or knowledge of an appropriate benchmark for best-practice in relation to OHS practice in the work-place. Comments included:

> *"measuring is an issue. Do not know what best-practice is unless something to measure against."*
>
> *"vague about what the term best-practice is, what is quality, what is the quality journey?"*
>
> *"most agencies are running lean with insufficient resources and insufficient staff, given that environment, it is a problem to adapt to best-practice "*

One open ended question concerned the priority of OHS issues. Work-place managers were asked:

> ***What are the key OHS issues in your area? Are you able to rank them in some priority order?***

The major issues identified by managers related to psychological health, hours of work and associated workload pressure. Typical responses were as follows:

> *"staff exposed to traumatic events in their duties"*
>
> *"hours of work ... extended and variable hours"*
>
> *"high pressure, high volume, interpersonal issues, bullying "*
>
> *"psychological stress, work-place pressure from time frames"*

Summary of Research Question Two

In the area of management support, interviewees acknowledged the importance of OHS, but indicated that it is not a prime driver for decision-making as the public

sector is perceived by work-place managers as a low risk environment. Responses by work-place managers indicated that they were unsure of the definition of competence with regard to OHS. The majority of work-place managers indicated they did not know if the OHS budget was adequate, but they reported that there was a resource allocation to OHS, which included staff, budget and OHS systems.

The responses from work-place managers indicated divided opinion regarding a means to identify gaps in OHS policy implementation. However, the majority of managers reported that they were not aware of the current status of the integration of self insurance guidelines within their agency. Generally, work-place managers expressed their concern regarding the problems with implementation of OHS policy and what they considered to be a lack of relevance to operational needs and conflict with other operational priorities.

In relation to OHS prevention strategies, the majority of interview responses indicated that they were not aware of a public sector exemplar of best-practice. Work-place managers identified the major issues regarding OHS were in the areas of psychological health, hours of work and associated workload pressure.

These results are noteworthy in that managers are required in their job descriptions to be aware of OHS principles and their application to the management of their responsibilities. These results will be discussed further in the concluding chapters

Research Question Three: Are the strategies employed by OHS practitioners congruent with OHS policy?

A document analysis was undertaken to gather data to answer Research Question Three. Documents selected for analysis were drawn from National OHS Guidelines, South Australian mandatory OHS requirements, South Australian public sector OHS guides and South Australian public sector agency responses. The document analysis was conducted in order to identify OHS policy and guidelines for OHS practice. Documents selected for the document analysis are available to the general public through the South Australian Government website. The list of documents selected for the document analysis was as follows:

Table 23: Public OHS Documents for Analysis

	National OHS Guidelines		
1	National Occupational Health and Safety Commission (NOHSC)	National OHS Strategy,	2002
	South Australian Mandatory OHS requirements		
2	South Australian Government	Occupational Health, Safety and Welfare (OHSW) Act	1986
3	South Australian Government	OHSW Regulations	1995
4	South Australian Government	Public Sector Management (PSM) Act	1995
5	WorkCover Corporation (SA)	Performance Standards for Self Insurers	1995
	South Australian Public Sector OHS Guides		
6	Department of Premier and Cabinet Public Sector Occupational Health and Injury Management	Integrating OHS and Injury Management, A guide for Public Sector Agencies	1999
7	Office for the Commissioner for Public Employment (OCPE)	Guideline for the South Australian Public Service Responsive and Safe Employment conditions	2001
	South Australian Public Sector OHS Directions		
8	South Australian Government	Safety in the Public Sector (Premiers Statement)	2004
9	Department for Administrative and Information Services (DAIS) Public Sector Workforce Relations (PSWR)	Minute to Portfolio Chief Executives Re: Workplace Safety Management in the SA Public Sector	2004
10	DAIS PSWR	Workplace Safety Management in the Public Sector 2004 –2006 Implementation Plan	2004
11	DAIS PSWR	Ministerial Safety Checklist: Safety in the Public Sector 2004 –2006	2004
12	DAIS PSWR	Power Point Presentation Workplace Safety Management in the SA Public Sector	2004
13	DAIS PSWR	Speech for Minister Wright: Workplace Safety Management in the Public Sector – Launch	2004
	South Australian Public Sector Agency Responses		
14	DAIS PSWR	Workplace Safety Management in the SA Public Sector – Our Strengths and Challenges	2004
15	Department of Health	Implementing Workplace Safety Management Strength & Challenges	2004
16	DAIS	Occupational Health, Safety and Injury management in DAIS	2004
17	Department of Education and Children's Services	Workplace Safety Management in the SA Public Sector 2004-2006 DECS Implementation strategies	2004

The document analysis sought to identify evidence according to three areas:

Management Support, OHS Planning and OHS Prevention strategies.

Management Support

South Australian government statutes and other regulatory materials outline requirements for Chief Executives, managers and employees to support OHS implementation. These documents are derived from five categories namely: South Australian Mandatory OHS requirements, South Australian public sector OHS Guides, National Occupational Health and Safety, Strategy South Australian public sector OHS Directions, public sector agency responses.

Four of these documents in the area of management support describe regulatory material which applies to OHS management systems.

- *South Australian Mandatory OHS requirements*

The South Australian Government "Occupational Health, Safety and Welfare (OHSW) Act, 1986" established mandatory duties for all managers and employees in South Australian work-places regarding OHS management systems, including the creation of, and adherence to, OHSW policies in the work-place.

The South Australian Government "Occupational Health, Safety and Welfare Regulations" document was published in 1995 to clarify and expand on mandatory duties required by the in the OHSW Act 1986, and this document lists specific duties regarding systems to manage hazards.

The South Australian Government "Public Sector Management Act 1995" outlines general duties for Chief Executives to implement human resource management

practices, which comply with other enabling legislation, such as the Occupational Health Safety and Welfare Act 1986.

The WorkCover Corporation (1997), under their legislated powers, published mandatory performance standards to which all public sector agencies must adhere, as self insured entities. These performance standards contain comprehensive directions regarding management systems required to support OHS and worker's compensation and rehabilitation.

- *South Australian Public Sector OHS Guides*

Two documents were designed to support Chief Executives and their managers in the application of OHS mandatory requirements. The document 'Integrating OHS and Injury Management: A guide for public sector Agencies (1999)" was released by the Occupational Health and Safety Management Unit of the Department of Premier and Cabinet to support implementation of the WorkCover Corporation "Performance Standards for Self Insurers". Also, the Commissioner for Public Employment issued a guideline for Chief Executives and managers titled "Guideline for the South Australian Public Service: Safe and Responsive Working Conditions (2001)". This document describes the general duties contained in the "Public Sector Management Act 1995" regarding management support for health and safety in the South Australian public sector.

- *National Occupational Health and Safety Strategy*

In 2002 a document titled the "National OHS Strategy" was published by the National Occupational Health and Safety Commission (NOHSC), detailed strategies to incorporate OHS as an integral part of business operations. This document is not

binding in itself on the South Australian Government, however, the Government has chosen to use the strategy as a benchmark for the performance of its agencies.

- *South Australian Public Sector OHS Directions*

The South Australian Government revised its approach to OHS in light to the NOHSC strategy and developed "Workplace Safety Management in the Public Sector 2004-2006 Implementation Plan". Six documents were published to provide directions and guidance to Chief Executives regarding management support for the implementation of OHS policy.

Four of the six documents provided directions to Chief Executives, managers and employees in the South Australian public sector regarding OHS. One document released by the South Australian Premier which was titled "Statement on Safety in the Public Sector (2004)" committed the government, the SA public sector, Chief Executives, managers and employees to a policy of OHS management which is called a "Zero Harm Vision" and the requirement to achieve what is claimed to be "world's best-practice". The "Workplace Safety Management in the Public Sector 2004 –2006 Implementation Plan" outlined for Chief Executives, managers and OHS practitioners the required implementation strategies. A Minute to Portfolio Chief Executives regarding "Workplace Safety Management in the SA Public Sector requirements" detailed the reports and targets required of each agency to achieve compliance with the strategy. A document entitled the "Ministerial Safety Checklist: Safety in the Public Sector 2004 –2006" detailed the OHS accountabilities to the South Australian Premier of portfolio Chief Executives and their respective Ministers.

The remaining two documents provide explanation and context to Chief Executives, managers, OHS practitioners and employees for the implementation of directions. One is a "Power Point Presentation: Workplace Safety Management in the SA Public Sector" delivered to an open forum for public sector agencies, and one document entitled "A Speech for Minister Wright: Workplace Safety Management in the Public Sector – Launch" was delivered as an address to Chief Executives at the official launch of the policy.

- *South Australian Public Sector Agency Responses*

As well as the National Occupational Health and Safety Strategy, South Australian Mandatory OHS requirements, South Australian public sector OHS Guides and South Australian public sector OHS Directions, three public sector agencies published documents which responded to "The Workplace Safety Management in the Public Sector 2004 –2006 Implementation Plan". The three response Items numbered 15, 16 and 17 within Table 23 *Public OHS Documents for Analysis*, described the actions taken by each agency to fulfil the requirements of the implementation plan.

One document produced by the Department for Administrative and Information Services Public Sector Workforce Relations entitled "Workplace Safety Management in the SA Public Sector – Our Strengths and Challenges" provided an overview of progress across public sector agencies regarding progress towards implementation.

A total of 17 documents were identified relating to Management Support for OHS Implementation in the South Australia public sector.

OHS Planning

Four documents provide both guidance and requirements for Chief Executives, and managers regarding planning for health and safety. Item 5 in Table 23 the "WorkCover Performance Standards for Self Insurers" is a mandatory document which details the planning requirements for health and safety in an organisational context. A document published by the Department of Premier and Cabinet's document "Integrating OHS and Injury Management: A guide for Public Sector Agencies" (Item 6, Table 23) highlights ways for management to integrate safety into organisational planning. The document "Guideline for the South Australian Public Service Responsive and Safe Employment conditions" (Item 7 table 23) published by the Office for the Commissioner for Public Employment, provided principles for development of South Australian public sector portfolio and agency business plans. The "Workplace Safety Management in the Public Sector 2004 –2006 Implementation Plan" (Item10, Table 23) directs Chief Executives and their managers to include specific safety elements in their business planning.

OHS Prevention Strategies

Three documents gave information and set mandatory requirements for implementation of OHS prevention strategies namely Items 2, 3 and 5 in Table 23. The OHSW Act 1986 and OHSW Regulations 1995 cover detailed OHS requirements for systems of hazard management, the control of risks to health and safety and include the provision of detailed information instruction supervision and training to ensure competence of staff. The WorkCover Performance Standards set out extensive requirements for audit of systems to support OHS prevention strategies.

Summary of Research Question Three

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. Four documents outline responses to implementation requirements.

Three of the documents analysed were presentations by major agencies which demonstrated that information regarding OHS implementation is available for Chief Executives and managers to use. However, the existence of 13 different documents used in this analysis which set mandatory requirements and directions relating to OHS policy implementation may present difficulties to Chief Executives and managers who are seeking guidelines for a specific areas and who wish to be fully aware of these requirements and their obligations. Information from semi-structured interviews indicated that some managers perceived the amount of policy material to be overwhelming. The findings of the document analysis suggest that there is some justification for perceptions held by managers that there is an overwhelming number of documents related to policy and mandatory requirements.

Summary

This chapter presented the results of research of the survey of OHS practitioners relating to Research Question One, responses from managers regarding Research Question Two and document analysis relating to Research Question Three. The next chapter presents a Discussion, Conclusions and Recommendations.