

By Katherine Crichton

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# BACK TO THE FUTURE

Does the past hold the answers to work health  
and safety that is fit for the 21st century?

**O**HS is not fit for the 21st century. It is isolated, has a limited academic base and remit, uneven provision, lack of good quality data, a poor image and is perceived by many as the servant of the employer.”

Making these comments at the 2009 Comcare Conference, Professor Niki Ellis, CEO of the Institute of Safety, Compensation and Recovery Research (ISCRR), was quoting the UK Government’s Director for Health and Work Dame Carol Black.

Ellis, however, considers that these comments also apply to the state of work health and safety (WHS) in Australia today.

Ellis suggests that this isn’t the least bit surprising considering the changing face of the workplace, with altered work arrangements, an ageing and diversifying workforce and the emergence of new risks associated with the shift from manufacturing to knowledge economies.

“The WHS model we have at the moment, which was developed at the beginning of the 20th century, is fundamentally designed for the prevention of injury,” Ellis says.

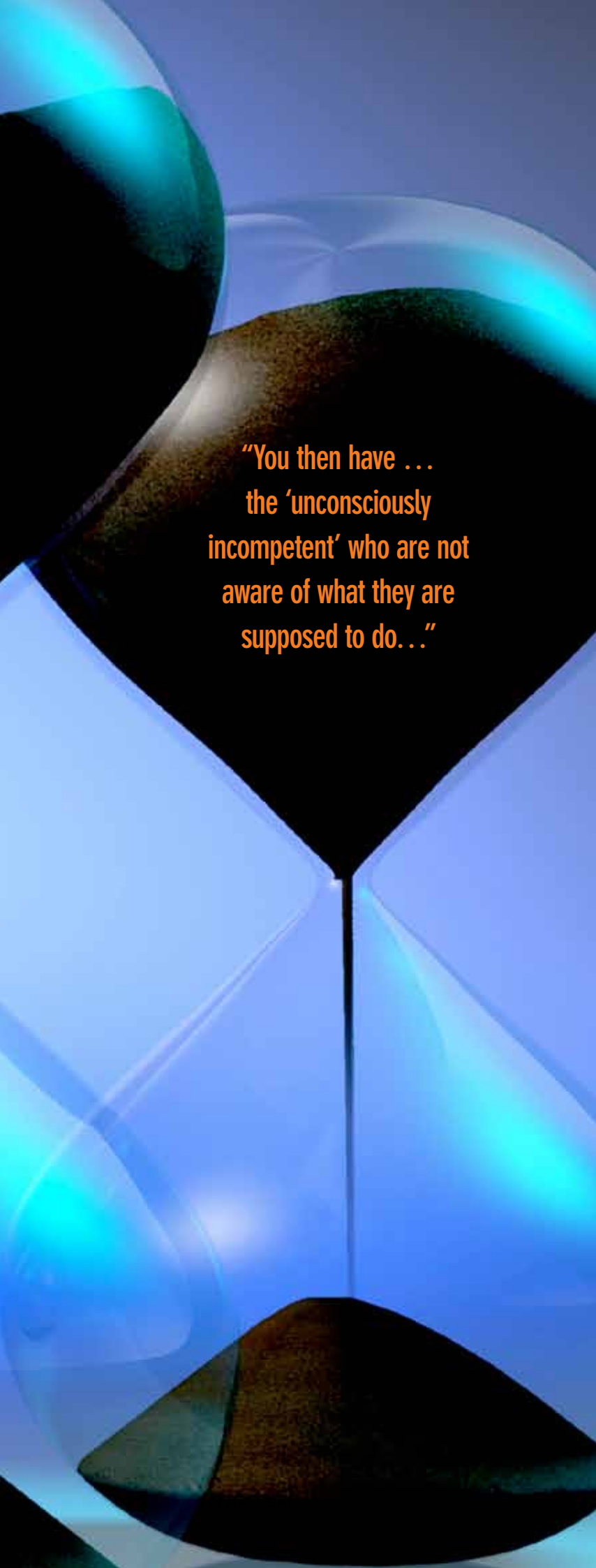
“However in the 21st century, health will dominate WHS... WHS has been rather inward looking, not responsive enough to the changes in society around it.

“Currently around 450 people die of fatal injuries a year at work, but around 2,000–3,000 people die of disease and these are only estimates. We don’t have any proper figures and ways of analysing and managing this. We really don’t have a handle on this issue at all.”

According to Ellis, WHS is in the middle of a paradigm shift – with a need to focus less on injury-based issues and more on broader health considerations such as disease, mental health and muscular skeletal disorders, which she explains are responsible for the majority of the costs related to workers’ compensation.

“In the old paradigm it was a question of defining employer responsibility, which was for work-related conditions, but you can’t do that for illnesses and diseases. They are caused by an interaction of work-related and non-work-related factors. We need to think differently about the models we use to manage work-related health and safety and how we manage associated issues in the workplace.”

ISCRR developed the Futures Initiative, which uses horizon-scanning literature searches and scenario planning to determine broader trends likely to influence WHS and personal injury compensation. Ellis presented findings from the research at the Queensland Safety Conference in June. ▶



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“The research showed a trend towards integrated models with voluntary and regulated components with a greater focus on prevention; new partnerships, including different relationships between business and government; massive changes in employment relationships; and the better use of technology for identifying and managing emerging risks,” she explained.

However, in order to look into the future of WHS and workplace health and safety models, Ellis says “We need to turn to the past”.

### **Responsibility vs compliance**

“The modern WHS ‘health protection’ model is very different from the previous ‘health promotion’ model developed during the first Industrial Revolution at the end of the 18th century, which took into account the safety of workers but also focussed on broader issues, not just confined to the workplace, such as housing and schools for the workers’ children etc.,” explains Ellis.

“Many people regard this as the beginning of corporate social responsibility (CSR), in which a broader view of health and safety – the environmental hypothesis – prevailed.

“However, somehow at the beginning of the 20th century, during the second Industrial Revolution in the US, we got a more minimalist view in regards to what should be happening in workplaces in relation to health, which divides health issues into work-related (and therefore the responsibility of the employer) and non-work-related (responsibility of the employee).”

Ellis agrees that it’s a complicated question as to what should be the ideal model of safety, but says research has shown that an integrated approach to workplace WHS and workplace health promotion could provide an effective way of managing modern health issues.

“An evidenced-based model for integrated WHS interventions for worker health and wellbeing would integrate activities [that] aim to change individual behaviours around health; the work environment including physical, psychosocial and organisational aspects; and link to family and community settings.”

As an example, Ellis cites the WellWorks project, which took an integrated approach to address occupational cancer in US blue-collar workers. A joint management-employee committee designed programs to address activities traditionally run by WHS, such as the reduction of exposures to occupational carcinogens, integrated with activities traditionally run separately, such as smoking cessation, and consumption of dietary fat and fibre.

The WellWorks program included specific interventions designed to change for the better the working environment, for example, substitution of hazardous chemicals, smoke-free areas, and availability of healthy food, as well as interventions to change individual behaviours through toolbox sessions.

The study found that employees who participated in occupational exposure activities were more likely to participate in nutrition activities than those who didn't. Results also showed this model with both health protection and health promotion combined resulted in higher participation rates than traditional designs reported previously.

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“We know that it can be difficult to get employees to participate in workplace health promotion programs, but the WellWorks program showed if you link WHS with workplace promotion you get a better outcome. If people feel that management is committed to making environmental changes to improve their health and safety, the workers

themselves may be more willing to alter their behaviours to reduce health risks.”

#### **Fundamental beliefs**

Another key finding the ISCR research uncovered was that the deeply held beliefs on individual versus environmental hypotheses need to be better understood.

Ellis cites a Sydney University study published in 2009, which found that employers tended to have a view that WHS was a matter of managing individual safety behaviours; whereas a follow-up study reported in February 2011 showed that regulators had a view that WHS was an organisation-wide matter for which managers were predominantly responsible.

“What these studies showed was that while theoretically WHS operates on the environmental hypothesis, the systems approach, many employers really believe that WHS is a matter of individual behaviour, the individual hypothesis, and this is an important difference to understand.”

“This is most obvious whenever we encounter a new workplace health and safety issue – we revert to the individual hypothesis.” Ellis refers to bullying as an example ▶

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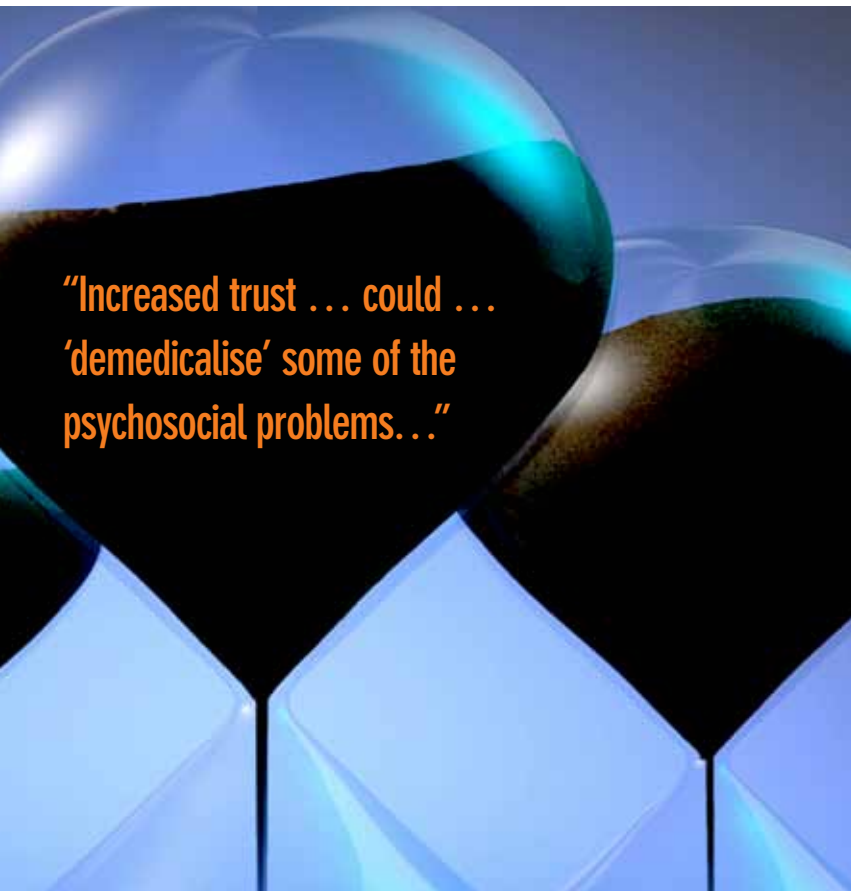
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“Increased trust ... could ... ‘demedicalise’ some of the psychosocial problems...”

and cited the chilling example of a teenage waitress who killed herself in 2006 after being relentlessly bullied at work. The four café co-workers were convicted and fined, a total of \$115,000, in 2010, but Ellis says bullying is an individual hypothesis view of the broader issue of occupational stress.

“Over the past 20 years in Australia WHS has tackled bullying, but neglected occupational stress.

“This is focussing at how one person relates to another and ignores the environmental questions of what sort of workplaces and cultures enable bullying to occur – how these workplaces are organised and the people are managed.

“We are allowed to have a conversation about bullying but not about the broader aspects of occupational stress and this needs to change.”

#### Relationship boom or bust

Another issue that came up in ISCRR’s Futures Initiative was the changing role of regulation and government in society and what this might mean for future workplace health and safety models.

“Our research showed that future directions in WHS may include a stronger focus on partnerships, with government working with industry, associations, unions, NGOs and other key stakeholders so there will be a more collaborative decision-making approach than we have at the moment.

“We then explored what this could mean in ‘boom’ or ‘bust’ times. Some of the ideas [that] were generated in scenario planning were that during boom times, people felt that if there was a government-led approach science and technologies were likely to be used to develop new solutions that were evidence-based.

“Whereas in the partnership-led scenarios, solutions might be more market-driven and less evidenced-based,” she said.

However, Ellis says, the strengths of a partnership-based approach to safety could open up more opportunities for innovation, resulting in a greater range of solutions, which would be more beneficial in ‘bust’ times whereas a government-led scenario might see rationing of resources that could lead to inequities.

“We need to recognise that not all employers are the same when it comes to workplace safety. Some are way out in front and probably have skills and expertise that exceed the regulator.

“You then have businesses that aren’t performing well in WHS, the ‘unconsciously incompetent’ who are not aware of what they are supposed to do, followed by the group of employers that are consciously defiant and have just decided they are not going to comply.

“So perhaps in the future we need to have different relationships with the employers and between the employers and the regulators.

“You could have a minimum standard of regulations combined with voluntary standards [that] involve engaging industry-leaders to share skills and expertise with other businesses.”

As well, changes in government and business partnerships, Ellis says the employee/employer relationship is also set to change in the future.

“...whenever we encounter a new workplace health and safety issue – we revert to the individual hypothesis.”

“More people will work remotely – there will be less of a ‘command and control’ work situation that currently exists. Workers will have an understanding of the outcomes and outputs they are expected to deliver and employee/employer relationships will be based more on trust than they are at the moment.

“Increased trust in the workplace could provide an opportunity to ‘demedicalise’ some of the psychosocial problems at work (e.g. employee motivation or unhappiness), which can often form the basis of workers’ compensation claims when they could have been resolved with a better employee/employer relationship.”