Partnering for OHS
Volume 1:
Health and Safety Representatives at Work

Final Report

Verna Blewett and Jill Dorrian
Centre for Sleep Research
University of South Australia

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Associate Professor Verna Blewett

Verna Blewett conducted the data collection, the qualitative data analysis, and wrote the report.

Dr Jill Dorrian

Jill Dorrian conducted the quantitative data analysis, and wrote up this analysis for the report.

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Disclaimer

The views expressed in this report are those of the authors only and are not necessarily those of SafeWork SA or of the SA Government.
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## Glossary of terms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACTU</td>
<td>Australian Council of Trade Unions</td>
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<tr>
<td>AMWU</td>
<td>Australian Manufacturing Workers' Union</td>
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<tr>
<td>AMIEU</td>
<td>Australasian Meat Industry Employees' Union</td>
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<tr>
<td>ASU</td>
<td>Australian Services Union</td>
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<tr>
<td>AWU</td>
<td>Australian Workers Union</td>
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<tr>
<td>CALD</td>
<td>Culturally and linguistically diverse</td>
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<tr>
<td>CEPU</td>
<td>Communications, Electrical, Electronics, Plumbing and Allied Services Union</td>
</tr>
<tr>
<td>CFMEU – Construction</td>
<td>Construction, Forestry, Mining and Engineering Union</td>
</tr>
<tr>
<td>HREC</td>
<td>Human Research Ethics Committee (of UniSA)</td>
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<td>HSR</td>
<td>elected Health and Safety Representative</td>
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<tr>
<td>HSRQ</td>
<td>the HSR Questionnaire</td>
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<tr>
<td>HSR Register</td>
<td>The database of HSRs that is held and maintained by SafeWork SA</td>
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<tr>
<td>IEU</td>
<td>Independent Education Union</td>
</tr>
<tr>
<td>LHMU</td>
<td>Liquor Hospitality and Miscellaneous Union (now United Voice)</td>
</tr>
<tr>
<td>NUW</td>
<td>National Union of Workers</td>
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<tr>
<td>OHS*</td>
<td>Occupational health and safety</td>
</tr>
<tr>
<td>OHSW*</td>
<td>Occupational health, safety and welfare</td>
</tr>
<tr>
<td>PIN</td>
<td>Provisional improvement notice</td>
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<tr>
<td>SDA</td>
<td>Shop Distributive and Allied Employees’ Association</td>
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<tr>
<td>SISA</td>
<td>Self-Insurers of South Australia</td>
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<tr>
<td>SMEs</td>
<td>Small and medium enterprises</td>
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<tr>
<td>TCFUA</td>
<td>Textile, Clothing and Footwear Union of Australia</td>
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<tr>
<td>TWU</td>
<td>Transport Workers Union</td>
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<tr>
<td>UniSA</td>
<td>University of South Australia</td>
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<tr>
<td>UV</td>
<td>United Voice (formerly the LHMU)</td>
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*Note: OHS and OHSW are used interchangeably in this report.*
Executive summary to Volume 1

The South Australian occupational health and safety legislation has been in place for 25 years. It is framed to include in the consultative process the organisations that represent employers (industry associations) and employees (unions). The context of this research was the Partnership Program (the subject of Volume 2 of this report) that was instituted to increase the number of elected health and safety representatives (HSRs) in some key industries by establishing more cooperative relationships between the industrial parties.

Both volumes of this report use the same data to investigate different features of worker representation in OHS. This first volume of Partnering for OHS draws on these data to research the efficacy of HSRs and their impact on work health and safety. It also sought to establish baseline data on the role of HSRs in OHS in South Australia prior to the anticipated January 2012 implementation of national, harmonised legislation, the Work Health and Safety Bill. Volume 2 of this report discusses the varied ways unions went about achieving the objects of their projects as part of the Partnership Program.

In conducting the research we used a multi-method approach from quantitative and qualitative data sources. We developed an instrument, the HSRQ (Health and Safety Representative Questionnaire) for assessing what HSRs do, what is effective and what is not effective and how others perceive HSRs. This instrument had internal consistency and face validity, and consisted of a series of nine discrete dimensions determined from factor analysis. Further refinement and test-retesting on a larger data set is needed and can be expected to demonstrate validity and reliability of this instrument.

The HSRQ also contained a free text question inviting additional comments from respondents. These qualitative data were incorporated into the data from seven focus groups with HSRs in metropolitan Adelaide and regional areas within South Australia, and a series of interviews with 24 union officials, industry association representatives, and SafeWork SA personnel.

This report answers the following questions:
- What features of consultation and participation by HSRs are considered to help improve workplace health and safety?
- What features of consultation and participation by HSRs are considered to hinder workplace health and safety?
- How is the role of HSRs perceived in the workplace?
- What are the research needs in the area of consultation and worker participation in OHSW in South Australia?

The features of worker representation that were found to help improve workplace health and safety were:
- Having a cooperative industrial environment where people treat each other with respect; and
- The existence of a regulatory framework that gives rights to HSRs for training, to act as representatives, and to take decisive action when necessary.
• HSRs’ commitment to a healthy and safe workplace; their role as principled peer-level leaders; the respect shown to them; their communication skills, confidence, persistence and assertiveness; their participation in training and development activities; and
• The contribution that is made by employers, OHS professionals and fellow workers in supporting HSRs.

The features of worker representation that were considered to hinder workplace health and safety were:
• A hostile industrial working environment, because limited trust exists between management and workers (in both directions);
• Failure by the regulator to enforce consultative provisions, particularly in relation to cases of harassment or ill treatment of HSRs
• HSRs being appointed by management, rather than their fellow workers; acting as an agent of management, rather than a representative of the workers by acting as the ‘safety police’ or a de facto OHS officer; failure to be trained; being aggressive, adversarial or focussed on a single issue, or being weak and unwilling to take action; acting in a deceptive manner or not taking health and safety seriously; and
• Employers, OHS professionals and fellow workers failing to support HSRs, failing to understand the nature of the role, or who failed to engage in consultation or actively thwarted attempts to engage in consultation.

The research found that HSRs are a valuable and skilled resource in many organisations, providing an important link between workers and management and enabling effective collaboration on work health and safety matters. Their importance and value was highlighted in this research by the many positive statements made about their effective operation in organisations and about the contribution they make to work health and safety.

Despite the fact that South Australia’s regulatory arrangements for health and safety have been in place for 25 years, this research revealed a poor understanding of the role of the HSR. Given the importance of this role and the potential impact it has on work health and safety, the pervasive and persistent lack of understanding is a serious concern. This report canvasses the reasons for this lack and poses a research agenda.

There are gaps in our knowledge about consultation and worker participation in work health and safety that were identified in this research. They fall into four main areas: the types and efficacy of non-traditional forms of consultation and participation, and consultation and participation in non-traditional work; the representation of vulnerable workers; improving the understanding of the role of HSRs; and the prevention of harassment of HSRs.

Finally, the report identifies four recommendations for action by SafeWork SA.
Summary of Recommendations

Recommendation 1
SafeWork SA should:

- identify organisations that demonstrate effective participatory processes in work health and safety and use them as demonstrators to others,
- provide enhanced support for HSRs by way of information, education and issues resolution, particularly in relation to harassment of HSRs, and
- provide improved support for organisational development that encourages effective participatory processes in work health and safety.

Recommendation 2
SafeWork SA should:

- provide advice and support to unions and industry associations on the value of HSRs and participatory processes in work health and safety,
- develop policy on the importance of participation and collaboration in work health and safety to build awareness of the importance of this area, as well as provide clarity on the role and obligations of managers, workers and HSRs, and
- participate in establishing the content of training for managers and OHS professionals in order to build effective participatory processes in work health and safety.

Recommendation 3
SafeWork SA should take action against harassment of HSRs using the full range of enforcement options.

Recommendation 4
SafeWork SA should support further research into participatory processes in work health and safety in areas including, but not limited to:

- other forms of work health and safety consultation apart from HSRs,
- the representation of vulnerable workers,
- improving the understanding of the role of the HSR, and
- preventing the harassment of HSRs.
1. Project background

1.1 Introduction

This project was originally established to evaluate the first round of the South Australian Government’s three-year Health and Safety Workplace Partnership Program (2007 – 2010) (hereafter called the Partnership Program), which aimed to increase the number of health and safety representative (HSRs) in four Priority Industries in order to better manage the Priority Risks and improve occupational health, safety and welfare (OHSW) in South Australia. The program established a grants scheme to enable employee associations (unions) to assist in achieving the goals of the program. This part of the project is reported in Volume 2 of this report.

The second goal of the research was to update our knowledge about worker participation in OHS in South Australia following the Working Together research that was conducted in 2001 (Blewett, 2001b). In order to investigate these two areas we developed an instrument to enable investigation of worker participation in OHS. The results of this work are reported in this first volume of the report.

This research was funded by SafeWork SA under the Small Grant Scheme. Since the commencement of the research Safe Work Australia initiated the harmonisation of work health and safety regulation in Australia and is interested in obtaining baseline data about HSRs prior to the enactment of national legislation in 2012. Safe Work Australia has supplemented the funding of this project to enable the research to be extended to incorporate their needs. These were to include some questions in the survey about notifiable incidents, and to extend the survey to workers as well as HSRs and managers/OHS professionals who were originally targeted.

Since the initial funding of this research project the first round of the Partnership Program has been completed, the decision to re-fund it has been taken, calls for participation in the next round were made and projects selected. In the meantime, too, the regulatory landscape for OHS is changing.

1.2 Partnership Program Participants

Four Priority Industries were covered by the Partnership Program. These industries contribute a large proportion of workers’ compensation claims in South Australia:

- Construction, transport and storage
- Manufacturing,
- Community services
- Wholesale and retail trade

Within these industries the nominated Priority Risks are prevalent and the ultimate goal of the Partnership Program was to better manage these. A focus on the priority

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In the new regulatory environment OHS and OHSW will become work health and safety (WHS) so these terms are used interchangeably in this report.
industries and risks is expected to improve occupational health, safety and welfare (OHS) in South Australia. The Priority Risks are:

- Body stressing
- Falls, trips and slips of a person
- Being hit by moving objects
- Hitting objects with a part of the body.

Twelve unions, those that covered the four Priority Industries, were provided with funding in the first round of the Partnership Program and were included in this research:

1. Australian Manufacturing Workers’ Union (AMWU)
2. Australasian Meat Industry Employees’ Union (AMIEU)
3. Australian Services Union (ASU)
4. Australian Workers Union (AWU)
5. Communications, Electrical, Electronics, Plumbing and Allied Services Union (CEPU)
6. Construction, Forestry, Mining and Engineering Union (CFMEU – Construction)
7. Independent Education Union (IEU)
8. National Union of Workers (NUW)
9. Shop Distributive and Allied Employees’ Association (SDA)
10. Textile, Clothing and Footwear Union of Australia (TCFUA)
11. Transport Workers Union (TWU)
12. United Voice (UV) (formerly the Liquor Hospitality and Miscellaneous Union (LHMU)).

1.3 This report

This report is presented in two volumes, this being Volume 1 of the report on the overall project, Partnering for OHS.

Volume 1: Health and Safety Representatives at Work, reports on the results of the HSR survey and the research questions about worker participation in OHS. It is presented in the following chapters:

Executive summary
Summary of recommendations
1. Project background
2. Research questions
3. Literature review
4. Method – detailed description
5. Constructing the HSR Survey
6. Findings from the HSR Survey
7. Findings from the qualitative data
8. Discussion
9. Conclusion
References
Appendices
Volume 2: An Examination of the Health and Safety Workplace Partnership Program, reports on the Health and Safety Workplace Partnership Program 2007 and is presented in the following chapters:

- Executive summary
- Summary of recommendations
- 1. Project background
- 2. Research questions
- 3. Method – a brief overview
- 4. The Partnership Program
- 5. Conclusion

References
2. Research questions

The overall research project, Partnering for OHS, sought to establish baseline data on the role of HSRs in OHS in South Australia during the life of the Health and Safety Workplace Partnership Program 2007 (Partnership Program) and prior to the anticipated January 2012 implementation of national, harmonized legislation, the Work Health and Safety Act.

2.1 About OHS Consultation

The overall research is concerned with OHS consultation generally and the role of HSRs in particular. It defines a research agenda for consultation and worker participation in OHS in SA and it seeks to answer the following broad research questions:

- What features of consultation and participation by HSRs are considered to help improve workplace health and safety?
- What features of consultation and participation by HSRs are considered to hinder workplace health and safety?
- How is the role of HSRs perceived in the workplace?
- What are the research needs in the area of consultation and worker participation in OHSW in South Australia?

Although the four Priority Industries were the focus of the Partnership Program, data for the broader research project were gathered from all industries in South Australia that were covered by the Occupational Health, Safety and Welfare Act 1986. Thus the total population of HSRs in South Australia was the target population for the broader research.

2.2 About the Partnership Program

The evaluation of the Health and Safety Workplace Partnership Program 2007, which is the subject of Volume 2 of the report, is a sub-project to the overall research and addresses the following questions about the Partnership Program.

- Has there been a change in the number of HSRs over the life of the Partnership Program in the industries covered by the Program?
- What perceived impact has the Partnership Program had on workplace health and safety in participating firms/industries?
3. Literature review

Introduction

There is compelling international, empirical evidence that worker participation in decision-making about health and safety matters leads to safer and healthier workplaces (Knudsen, Busck, & Lind, 2011; O’Grady, 2000; Walters & Nichols, 2006; Weil, 1999). This is not only measured by decreases in work-related injury and illness, but by improvements in workplace negotiations; that is, in workplace relations that lead to workplace democracy. When the representation is mediated by a union, the literature suggests that the impact of worker participation is enhanced (Australian Council of Trade Unions, 2005; Ferguson, 2009; Nichols & Walters, 2009; Reilly, Paci, & Holl, 1995; Turner & Parker, 2004: 40; Walters, Nichols, Connor, Tasiran, & Cam, 2005).

This short literature review describes South Australia’s regulatory framework, and examines the international literature on worker representation, particularly with respect to elected health and safety representatives. Whilst there is an accompanying literature about the operation of health and safety committees that is drawn into this review from time to time, the chief focus is on the operation and the efficacy of health and safety representatives (HSRs).

Definition of ‘consultation’

There is a growing literature on worker participation in decision-making with respect to health and safety, and within that literature there is a widening of the terms used to describe the nature of this involvement. These include: collaboration, participation, involvement, engagement, consultation, representation, and empowerment. These terms are sometimes used interchangeably, or may be used to describe a “range of different practices, often with different expectations, supports and constraints influencing their outcomes” (Walters, 2011). The extensive legal provisions and protections that exist in South Australia are collectively termed ‘consultation’, and while the term is not defined in the Act, it is in line with the legislative requirements in many countries. The requirement of employers to consult with employees implies “that employers should provide adequate information, listen to what workers and their representative themselves have to say on health and safety issues and respond” (Walters, 2011) and this is the working definition of the term used here.

In the UK there is provision for ‘direct consultation’ with workers, that is, consultation between management and employees that is not mediated by a union or elected HSR. However, this term includes not only direct discussion with the workforce, but also passive information dissemination methods such as,

...newsletters, notice boards and email...[that] may not, in any meaningful sense, be consultation at all but just the more or less substantial one-way provision of information from management to employees (Nichols & Walters, 2009: 21).

This form of ‘direct consultation’ is not considered separately in this chapter.
South Australia’s regulatory framework for OHS consultation

The right of employees to representation on OHS matters underpins legislation in South Australia; indeed, Section 3 of the Occupational Health, Safety and Welfare Act, 1986, states that the objects of the Act are:

(d) to involve employees and employers in issues affecting occupational health, safety and welfare; and

(e) to encourage registered associations to take a constructive role in promoting improvements in occupational health, safety and welfare practices and assisting employers and employees to achieve a healthier and safer working environment.

Whilst employer associations and unions fall under the description of ‘registered associations’, these organisations do not have a privileged role in participatory processes in health and safety in South Australia (Johnstone, 2009: 31). Under the Act there are specific legal provisions that outline the duties of employers and the rights that workers have for worker representation in matters pertaining to OHSW that include:

- The responsibility of employers to: prepare OHSW policies in consultation with HSRs (S.20); consult with the HSR on changes at work with OHS implications (S.34); notify the HSR of OHS issues (S.38), incidents and injuries; notify the HSR of the attendance of an inspector (S.38); permit the HSR to perform their role (S.34); and provide assistance to the HSR to support them to fulfill their role in paid time (S.34);
- The right of the HSR to represent their work group (S.27); and make representations to the employer about OHSW matters (S.32);
- The right of the HSR to perform their role without the imposition of a duty under the Act (S.32);
- The right of a work group to elect a HSR (S.28) and a deputy HSR (S.29) for a 3-year term of office (S.30);
- The right of a work group to disqualify a HSR (S.30);
- The right of the HSR to be trained in paid time to perform their role (S.31A/31B);
- The right of the HSR to inspect the workplace (S.32), to accompany an inspector during an inspection of the workplace (S.32, S.38) and receive a copy of the inspector’s report (S.38);
- The right of the HSR to investigate complaints by members of the work group (S.32);
- The right of an employee to request their HSR to attend interviews about OHSW between the employee and their employer or an inspector (S.32);
- The right of the HSR to inspect the workplace with a consultant (S.32);
- The right of the HSR to issue a default notice (S.35) or direct that work cease where there is an immediate threat to health and safety (S.36);
- The protection of the HSR against discrimination (S.56) (Occupational Health, Safety and Welfare Act, 1986—authors’ summary).
These provisions, together with the object of ‘constructive’ roles (from the Objects of the Act) establish the desired relationships that should exist in workplaces to further the development of healthy and safe workplaces. Employers are required to not only consult with workers or their representatives, but also to support consultation with paid time for HSRs to be trained and to perform their role. The Act gives significant powers to HSRs, powers that are to be used in prescribed circumstances, but that carry a legal mandate. The most significant power is the right of the HSR to issue a default notice that in effect instructs the employer to fix the problem, or direct that work cease. This power has caused consternation in employer circles and has resulted in claims that default notices can be used in a vexatious manner. There are significant legal protections against vexatious use of default notice by HSRs and the evidence suggests that few HSRs use the power in any case. However those who have used it overwhelmingly agree that it is effective in achieving change (Australian Council of Trade Unions, 2005: 18).

Thus the Act sets up the potential to balance power in organisations to enable effective and democratic consultative processes to exist. This was necessary as traditionally Australian managers were reluctant to see any “whittling away at their managerial prerogative” and unions, for their part, have been “suspicious of employee participation schemes as a managerial plot” (Markey & Reglar, 1997:358). But worker participation carries the implication of management ceding some power to workers or HSRs, allowing them to have influence over decision-making (Busck, Knudsen, & Lind, 2010). As Knudsen, Busck and Lind suggest, “democratic decision-making is an option for any workplace” (Knudsen et al., 2011) although they go on to suggest that it remains fragile without regulation to underpin it. On the other hand, the legal framework may be necessary for effective consultation, but it is not sufficient as both industrial parties find ways to subvert it.

The impact of worker representation on work health and safety

Early research about the effectiveness of institutional arrangements in representation and consultation in reducing workplace injury and illness was equivocal (see (Boden, Hall, Levenstein, & Punnett, 1984; Cooke & Gautschi, 1981; Kochan, Dyer, & Lipsky, 1977; Lewchuk, Robb, & Walters, 1996; Shannon, Mayr, & Haines, 1997; Shannon et al., 1996)). However, more recent empirical research paints a clearer picture. In Canada, research indicates that ‘internal responsibility systems’ that include workers’ rights to representation and consultation on OHS matters, empirically “play an important role in improving workplace health and safety” (O’Grady, 2000: 195). However, the researchers acknowledge that cause and effect are difficult to establish given OHS matters are inherently complex. A UK examination of five chemical plants found a correlation between the implementation of the regulatory requirements for worker participation, and health and safety performance (Walters & Nichols, 2006). Similarly, in Denmark an examination of 11 workplaces across six industries found that “work environment quality and high levels of participation go hand in hand” (Knudsen et al., 2011).

It’s not what you do, but the way that you do it

What is clear is that it is not only the presence of consultative arrangements that is necessary, but also the process and capacity of their implementation is critical.
O’Grady suggests that these processes include: training for representatives and committee members; legislated rights and powers; management support; access to information; and commitment to enforcement by the regulator where managerial commitment is lacking (O’Grady, 2000: 184). Of these, access to information and training are critical. But these processes will only be effective if the capacity to implement them exists. Thus it is,

... the nature of the relationship, management style and culture, the trust developed in [participative] structures, and the degree to which influence over managerial decisions is ceded through such forums ... are the most important factors to success (Gollan & Hamberger, 2003).

Mutual trust and influence are the key words here and are prerequisites to effective participation (Hovden, Lie, Karlsen, & Alteren, 2008). Where there is trust there is no threat in high quality communication and consultation and workers will be “confident that they can raise uncomfortable issues without fear of recrimination” (Gollan & Hamberger, 2003). Under these circumstances both parties are likely to appreciate the benefits of participation (Busck et al., 2010). As Gollan and Hamberger summarise,

...value creation is an essentially social process and ... organisational sustainability depends on legitimate social governance (Gollan & Hamberger, 2003).

Do unions have a role?

For over ten years research has indicated that unionised workplaces with worker participation through HSRs supported by their union and with a legislated powers, have a lower incidence of injuries and better working environments than those without union input (Walters & Frick, 2000). Data from the UK manufacturing industry indicate that there is a significant advantage in having union members as HSRs, and on WHS Committees, for their beneficial effect on injury rates (Walters, 2011; Walters et al., 2005; Weil, 1999). Unions have a legitimate right to help protect workers from occupational hazards and have exerted considerable energy in the pursuit of worker health and safety (Kelloway, 2004). In Australia, they have achieved this in a variety of ways, including supporting HSRs, providing training for HSRs, and distributing OHS-related materials (most reliably through HSRs) (Warren-Langford, Biggins, & Phillips, 1993). HSRs may be union members or may double as the union shop steward, or they may not be a member of a union at all.

Work health and safety is an area of concern for both management and workers but a frequent criticism of union involvement in work health and safety is the mingling of work health and safety with industrial relations. Work health and safety is brought into the industrial relations arena through concern for the quality of the working environment and its impact on workers during collective bargaining, which is an inherently adversarial process (Kelloway, 2004). The potential to use OHS issues as bargaining weapon beyond the bounds of OHS is a common charge laid at unions, however there is limited empirical evidence to support this view (see summary in Kelloway, 2004).

On the other hand, unions are reported to have cooperated with employers to advance worker health and safety and this can be mediated by HSRs and work health and safety committees (Kelloway, 2004). Consultation aims to improve work health and safety by drawing on the knowledge and experience of workers to influence management decision-making. However, despite the legal mandate for worker
involvement in OHS having been on the statute books for 25 years or more, consultation remains illusive, and has failed to become part of Australian workplace culture (Ferguson, 2009). Thus, continued union involvement in work health and safety remains critical.

Non-unionised workplaces

Over the last 30 years in Australia we have experienced a significant decline in the level of union participation. How worker representation in work health and safety is conducted in non-unionised workplaces is of increasing importance. The rationale for worker participation and representation (union or non-union) is summarised as:

...improved communication and information sharing; effective dispute resolution; greater employee commitment and morale; enhanced employee bargaining power; fair and just decision-making; and improved social cohesion (Gollan & Hamberger, 2003).

In non-unionised workplaces enterprise-based employee representation processes may be adopted to promote “an alignment of interests between employer and employees” (Gollan & Hamberger, 2003) and to satisfy legal compliance. Indeed, Gollan and Hamberger provide evidence that worker representation in the non-unionised environment can also lead to improved productivity and performance as seen in improved employee commitment, and positive employee attitudes and behaviour towards the organisation. However, they caution that these arrangements do not eliminate adversarial attitudes and behaviours; but they do serve to channel them into productive outcomes. Thus they suggest that they are not a substitute for the voice of unions for employees, but do appear to have positive impact in non-unionised workplaces where the employees’ voice might otherwise be weak (Gollan & Hamberger, 2003).

Despite the decline in union membership there is an observed correlation between unionisation and the effectiveness of work health and safety consultative processes (Nichols, Walters, & Tasiran; O’Grady, 2000: 197) that cannot be ignored.

What promotes effective consultation?

Earlier South Australian research (Blewett, 2001b) identified the features that promote effective consultation and participation as:

- a sincere and honest approach to consultation by managers and employees;
- the existence of respectful relationships between managers and employees;
- understanding the roles and responsibilities of those engaged in consultation;
- training and communication at all levels to build a culture in which worker health and safety is valued and cannot be ignored;
- internal influences from the board of management, and external influences from the regulator or other sources;
- a varied approach to keep consultation and action fresh;
- acceptance of HSRs as peer-level leaders; and
- readily available information (Blewett, 2001a; b: 11-15).
Also in Australia, in their review of the literature Milgate, Innes and O’Loughlin (2002) identified seven factors that they considered fundamental to effective consultation:

- management commitment and support,
- two-way communication,
- training appropriate to the position and information sharing,
- union involvement as an internal or external force that advocates for worker OHS rights, and provides information and training,
- the infrastructure of an organisation as seen in the OHS management system,
- the frequency of OHS committee meetings, who attends them and what activities are undertaken
- the involvement of professional experts as sources of information who are either internal or external to the organisation (Milgate, Innes, & O’Loughlin, 2002).

Zoller’s (2003) US-based ethnographic research suggested the importance of worker participation in the development of OHS systems because their intimate knowledge of workplace hazards may not be obvious during normal monitoring of the workplace. She concluded that critical training was needed about workplace assumptions prior to the establishment of participatory processes to improve the advocacy skills of workers, effect improved worker control over health and safety processes, and improve reporting of hazards and injuries by overcoming workplace assumptions about health and safety versus productivity. These included:

- reframing the assumption that work naturally results in pain and injury;
- making it clear that reporting injuries should not be suppressed in order to meet production goals;
- reframing masculine values of strength and toughness to the action of reporting WHS matters under pressure;
- reframing complaints/reports as a positive step towards improvement, rather than ‘whining’ (Zoller, 2003).

Drawing on a considerable body of work, including ten case studies (Nichols et al., 2007) Walters (2011) identified the ‘preconditions’ that enable effective consultation. They included:

- appropriate legislative guidance;
- senior management commitment not only to OHS, but also to a participative approach;
- the provision of appropriate resources by senior management to enable consultation to occur;
- effective hazard management activities by both managers and HSRs/workers;
- well-trained HSRs who performed their function with autonomy, and trade union support for HSRs; and
- active consultation and communication between HSRs and the members of the work group they represent (Walters, 2011).

Walters concludes,

Where combinations of these preconditions were found, worker representation and consultation made a significant contribution to improved health and safety arrangements, awareness and performance, thus confirming observations reported in earlier studies (Walters, 2011).
Further to this, Walters (2011) identified the empirical features that promoted consultation regarded as effective by workers and HSRs as:

- having properly constituted health and safety committees with managers accountable to the committees;
- engagement of HSRs with health and safety professionals in the organisation;
- discussions between middle management and HSRs;
- time for HSRs to perform their functions—be involved in site inspections, workers’ complaints, risk assessments, reporting and monitoring OHS, discussions with their work group; and
- HSRs having access to training (Walters, 2011).

Worker participation in decision-making through effective consultative processes contributes to the quality of the working environment. This is especially true where there is a good balance between democratic principles and concern for efficiency; and this is possible to achieve when both employers and employees support and contribute to the process (Knudsen et al., 2011).

On the other hand, what is done may hinder the development of strong and effective participatory processes. Obviously, actively subverting the features that promote effective consultation and participation will lead to the failure of these processes. But subversion can be subtle and may be the result of actions with unexpected outcomes. An examination of safety representatives in the Norwegian offshore oil and gas sector, operating under Norway’s internal control regulations, found inconsistencies in the views of managers and safety representatives. Managers had a more positive view of the collaborative arrangements, while safety representatives reported that their role had low status, inadequate time for the functions, and was likely to be detrimental to their career (Hovden et al., 2008). This misalignment of views contributed to poor quality participation. In a less subtle manner, participatory processes that systematically demand more from employees than they can deliver have a negative effect on the quality of the working environment (Knudsen et al., 2011).

**The size of the [non-]consultation problem**

In 2001 and 2004, the Australian Council of Trade Unions (ACTU) conducted a survey of HSRs, drawn largely from its membership—95% of participants were union members, compared to approximately 24% union membership in the working population (Australian Council of Trade Unions, 2005). Given that the international evidence is that unionised workplaces are safer and more likely to have effective OHS consultative processes in place, the results of the 2004 survey were sobering. There were significant gaps that may indicate a wide lack of compliance with either the law, or the spirit of the law. The survey results pertaining to HSRs are summarised below.

- Almost one quarter of HSRs still do not believe that their workplaces meet safety standards and regulations.
- More than one-quarter say that they have been pressured or intimidated by the employer and/or management to not raise health and safety issues.
- One in four HSRs say they have been bullied or intimidated by the employer and/or management because they raised health and safety issues.
Despite their clear legal duty, less than half (41%) of employers automatically consult with health and safety reps or other workers over changes which may affect health and safety (eg. new chemicals, machinery, work processes, or staffing arrangements). Nearly half the representatives (40%) say they are consulted ‘only when they ask’ and 13% say they are never consulted.

Less than half of the HSRs say that they are automatically informed by their employer when an injury occurs. 12% say they are never informed. Less than half (44%) are automatically involved in the investigation of health and safety incidents. Almost one-quarter (24%) say they are never involved.

Almost 30% of the HSRs have received no health and safety training for over 2 years, and almost 5% say they have received no training at all, even though training is a basic requirement.

Slightly more than half (53%) say they are provided with enough time to carry out their health and safety role. Almost one third (30%) say that have insufficient time.

Almost half (48%) of the health and safety reps say that they spend less than one hour each week on health and safety matters, 29% spend between one and five hours, 5% spend between five and ten hours, and 9% say they spend over 10 hours per week on health and safety matters.

Over 30% of the HSRs say that sick or injured workers are pressured by management to return to work before they are ready.

Just 11% of health and safety reps say they have issued a PIN or default notice. 92% of those who issued one say it was effective in resolving the health and safety issue.

Only 21% say they have either issued a cease work order or stopped work for health and safety reasons. 88% say it was effective in resolving the issue. (Australian Council of Trade Unions, 2005 — authors’ summary)

Given the known value of work health and safety consultation, the legal requirement for it to occur, the detailed guidance in legislation about when and how it should occur, and the number of years the provisions have been in place in Australia, it remains a source of frustration that these results should be found. As the ACTU report puts it, “many employers still have not got the message” (Australian Council of Trade Unions, 2005: i).

**The labour market limits consultation**

There are a number of areas where health and safety consultation is less effective, or where consultative processes are less likely to have significant influence over management decision-making. Changes in the labour market, the economic reform process, the rise of individualism, and the increase in non-traditional or precarious forms of employment, such as part-time work, casual work, the use of complex subcontracting arrangements, and the use of outworkers and other home-based forms of work, are likely to reduce the efficacy of consultative processes (Ferguson, 2009; O’Grady, 2000: 197). These same processes have resulted in a decline in union membership and therefore the role of unions in work health and safety consultation has also declined (Forsyth, 2007).

The irony is that over the last two decades, changes in the labour market have been accompanied by changes in organisational theory and human resource management that focus on an increase in workplace democracy through participatory processes,
worker involvement and empowerment, and decentralised team-based design and
decision-making. At the same time, we see increases in the manifestation of disorders
arising from the psychosocial aspects of work in increased reports of stress and other
psychological problems, increased absenteeism, and declining worker morale (Busck et
al., 2010). These are areas where worker participation appears to have fewer
footholds in generating and implementing change that leads to healthy and safe
workplaces. Despite the observed impact of work health and safety consultation on
occupational injuries, the focus may be too narrow. HSRs and OHS Committees tend to
focus on what is before them, on ‘safety’ and preventing accidents and injuries, rather
than ‘health’ and occupational disease (O’Grady, 2000: 197). It may be that worker
participation in work health and safety has undergone a subtle shift from being about
the mutual recognition of the need to protect worker health and safety through the
shifting of opposing interests, to the mutual recognition of the primacy of the needs
and aims of the company. Thus participation is

... no longer constructed as a means for promoting individual or collective wage earners’
interests, but as a contribution to the success of the company and of the individual on the
premises of the company (Busck et al., 2010).

The HSR’s view

What about the view from the shop floor? The view of workers who choose (or are
chosen) to take on the role of HSR are pertinent to this discussion. There are a few
accounts of workers’ stories about being a HSR recorded in the literature. Some come
from the results of surveys, some are quotations from interviews and focus groups;
but they fit with the findings about the frailties and strengths of consultation and
participation.

In its 2004 survey, the ACTU asked respondents why they became a HSR and what the
advantages and disadvantages were. In answer to the first question HSRs told the
ACTU that it was concern for fellow workers and an aspiration to contribute to
improvements in health and safety in the workplace that contributed to becoming a
HSR. Others, however, took the position because no-one else was interested and it
needed to be done, or they were volunteered, “when they called for volunteers to step
forward, everyone else took a step backwards” (Australian Council of Trade Unions,
2005: 11).

Unsurprisingly, the answers to the second question were more varied with some
respondents finding the role as “very positive” (Feel like you’re doing at least
something useful in your life) and at the other end of the scale finding it “very difficult”
(Everyone has a whine at you. Being singled out by management). Some saw the role
as difficult but satisfying (The role of the HSR disadvantages the person in many areas
but it is the passion that drives me). Contributing to these feelings were the sorts of
issues that are found in the literature to be important to effective participation: the
time provided to perform the role; the level of support and resources provided from
management; the level of acceptance of the role by management (or level of
harassment and intimidation); access to training; and access to information (Australian
Council of Trade Unions, 2005: 11-12).

As the last word, a report from a HSR in the UK health sector provides a useful
summary of the reality life as a HSR from the shop floor in a supportive environment,
The [HSR] work can range from giving telephone advice about safe working practices to carrying out a workplace safety audit. I have contributed to ... safety policies and standards ... and am a member of the ... health and safety committee. I speak at training events and conferences.

A good health and safety representative keeps abreast of developments, and is skilled in negotiating better working conditions and persuading people of the benefits of essential improvements.

There are times when representatives must be assertive, able to challenge questionable practice, and use legislation to influence change. I find that good relationships and networks, collaboration, honesty and transparency are the best approaches. It is important to raise one’s profile through training and conferences and to use these to publicise good practice (Moir, 2009).

Conclusion

Work health and safety is an integral part of business management and its effective implementation is a legal requirement in Australia. Worker participation and consultation in work health and safety are primary requirements in law and there is a legal duty on employers to consult with their workers. Aside from this, there is compelling international evidence that consultation, worker involvement in decision-making on work health and safety matters, results in safe and productive workplaces. The paths to effective consultation are well researched and identified in the international literature and are laid out in this chapter. However, it seems that Australia’s performance in developing effective participatory processes at work leaves much to be desired;

... it is clear that we know very little of the actual operation of the Australian provisions for worker participation in OHS, and that there is plenty of scope for empirical research (Johnstone, 2009: 49).
4. **Method – detailed description**

4.1 **Overview**

This research used both qualitative and quantitative methods to obtain the data necessary for its completion. A survey instrument was developed based on the key constructs about worker representation in OHS that emerged from previous research (Blewett 2001). Data collected through the survey, which was anonymous, were analysed with standard statistical tests. A fee text page on the survey provided qualitative data. In addition, a series of focus groups with HSRs were conducted to obtain further, qualitative insight into the role and function of the HSR. Interviews were conducted with representatives from each of the unions that participated in the first round of the Partnership Program, industry associations and SafeWork SA. Documentation about the projects undertaken by the unions was also examined. The project proceeded in four overlapping stages as outlined below.

4.2 **Project Stages**

4.2.1 **Stage 1 Establish project, define confidentiality, obtain ethics approval**

During this stage the Project Steering Committee was established and met to provide initial guidance in the administration of the project. Ethics approval for the research was obtained from the University of South Australia’s Human Research Ethics Committee (HREC).

All HSRs who attended focus groups were assured of confidentiality, asked to sign an informed consent form and were given information about the project in line with the HREC requirements (see Appendix 1). Industry and union representatives who were interviewed were also given assurances of confidentiality.

4.2.2 **Stage 2 Quantitative data collection**

4.2.2.1 **Stage 2A: The survey**

Three matched survey instruments (questionnaires – collectively called the *HSR Questionnaire*, or HSRQ) were constructed from the findings of earlier research (Blewett 2001). These were anonymous questionnaires for: HSRs; managers/OHS professionals; and workers. Each questionnaire was user-tested and refined in response to feedback. A pilot data collection phase within a small cohort of HSRs in Whyalla was completed in late 2010 and led to further refinements of the instrument. The final versions of the questionnaires were produced in hard copy for those recipients who could not be reached by email. They were also programmed, tested and hosted online by Harrison Research Pty Ltd for those respondents with access to email. The development of the survey items and dimensions is discussed in more detail in the next chapter.
4.2.2.2 Stage 2B: The HSR Register

The first question in attempting to survey HSRs is to identify the population. In South Australia this is somewhat less complicated than in other jurisdictions because there is a regulatory requirement for employers to notify the regulator about elected HSRs (under the Occupational Health, Safety and Welfare (OHSW) Act 1986, Section 28(12) and Regulation 6.1.8). This information is retained in a database at SafeWork SA, called here the ‘HSR Register’. While some unions and HSR training providers have their own databases of members and trainees, SafeWork SA has the most comprehensive database of HSRs with the advantage that it contains HSRs who are union members, non-union members, trained and untrained. Like any database, its information is only up to date if its members advise changes, so there was an unknown margin of error in the HSR Register’s content. As no attempt has been made to survey HSRs in such a comprehensive manner before, this research tested the power of the HSR Register to accurately find HSRs.

4.2.2.3 Stage 2C: Administer the survey across the target population.

All mailing (postal or electronic) to HSRs was administered by SafeWork SA to preserve confidentiality and privacy. The researchers had no access to HSRs’ records or contact details in accordance with SafeWork SA and HREC provisions.

There were 6,555 HSRs on the HSR Register at the time of the research. The Partnership Program was not applicable to all HSRs, only to those in the Priority Industries named above, however, the limitations on the HSR Register at the time prevented separation of the database by industry type. Therefore the decision was made to extend the survey to all HSRs. Not all HSRs had registered an email address with SafeWork SA, so both hard copy and online versions of the survey were developed. Because of the additional expense inherent in a hard copy survey, in preference we used the email address, but posted hard copy to those HSRs where the email address bounced. A hard copy version was posted to the preferred mailing address of those with no registered email address (Dillman, Smyth, & Christian, 2009).

HSRs were given advance information about the research in an initial letter that was sent by SafeWork SA to all HSRs on the HSR Register, either by postal letter or email, six weeks prior to the opening of the survey. The information was sent with a letter of invitation to attend a HSR network meeting in either Adelaide or a regional area, and a flyer inviting them to join a focus group about this research (see Appendix 2).

The survey was launched online on 2 May 2011 and remained live until 17 June 2011, this was subsequently extended until 17 July 2011. The extended period gave the opportunity to respond to people who did not hear about the research until late in the response period. We learned that some people did not receive their survey pack or email until the day before the first closing date (17 June) and were unable to return the materials on time. Extension of the return date enabled us to include their responses. Late receipt occurred for a number of reasons, including errors in the HSR Register.

In the first round of survey distribution, 1,880 hard copy versions were posted by SafeWork SA to the HSR’s preferred postal address where there was no registered email address. Of these, approximately 300 were returned to sender unopened. These records were cleaned on the database.
Information about the online version of the survey was emailed to 4,675 HSRs. Of these 617 bounced, so those HSRs were subsequently sent a hard copy version. The SafeWork SA website contains a portal for HSRs and a link to the questionnaire was placed on this site. During the period of the survey there were 1,176 logins to the portal. However, we do not know how many HSRs accessed the survey link through this means. Some of the participating unions and industry associations also put a link to the questionnaire on their websites, but we do not know how many respondents found the survey by this means. A further 27 hard copy versions were sent out in response to calls to SafeWork SA or the researchers from HSRs who had problems accessing the online link, or who heard about the survey but did not receive a copy in the first mailing. In addition, hard copy survey packs were made available to HSRs who attended the HSR network meetings and focus groups, many of whom reported that they did not remember receiving the pack before. We are unable to determine how many hard copy packs and emails reached their intended destination, therefore we do not know the N for this research.

A total of 214 responses were received. This number may sound very little in comparison to the number of packs and emails that were distributed, but it was sufficient for statistical analysis and to show internal consistency. Nonetheless, it was a disappointingly small response and not a sufficient response for us to claim that the results are representative of the population.

4.2.3 Stage 3 Qualitative data collection

Where permission was given, interviews and focus groups were noted and voice recorded using a SmartPen. This technology provides a linkage between the researcher’s notes and the voice recording, enabling efficient checking of the accuracy of notes without the need for transcription.

4.2.3.1 Stage 3A: Focus groups with HSRs

Seven focus groups were held with HSRs in Adelaide and regional centres. The focus groups covered discussion about their experiences as HSRs, expectations, the perceived efficacy of their role, how they perform their role, and what they need to perform their role effectively (see Appendix 3 for the protocol). These were run in conjunction with SafeWork SA’s HSR Network Meetings to ensure the widest range of industries, firms and geographic location were represented in the research. Five focus groups were held in regional areas (Berri, Port Pirie, Whyalla and Mount Gambier x 2), and two in the Adelaide metropolitan area. A meeting scheduled for Port Lincoln was cancelled due to insufficient numbers. A total of 44 HSRs participated in the focus groups.

4.2.3.2 Stage 3B: Interviews with Union representatives

Interviews were held with representatives of each of the unions participating in the Partnership Program. With the exception of one interview that was conducted by telephone, these were conducted face-to-face. Each interview lasted between 60-90 minutes and followed a semi-structured format (see Appendix 4 for the protocol). The aim of the interviews was to determine the strategies each union used, which they found effective or ineffective and what their recommendations for the future would be. A total of 15 people participated in these interviews.
4.2.3.3 Stage 3C: Interviews with industry, industry associations and SafeWork SA representatives

Interviews were held with representatives of the Self-Insurers of South Australia (SISA), Business SA and SafeWork SA representatives working with the Partnership Program. Each interview lasted between 60-90 minutes and followed a semi-structured format (see Appendix 4). A total of nine people participated in these interviews.

4.2.3.4 Stage 3D: Free text question on survey

The final question on the questionnaire was a free text page that invited respondents to give further information. This information was amalgamated with the interviews as further qualitative data. Over a third of the respondents to the survey completed this field.

4.2.4 Stage 4 Data analysis, reporting and dissemination.

Preliminary data analysis was conducted on the initial responses to the survey in late June and reported to SafeWork SA and Safe Work Australia on 30 June 2011. Further analysis has been conducted on the complete data set and is reported here.

Further reporting and dissemination will be conducted by way of articles in academic journals, conference papers, and the SafeWork SA website and other publications.
5. **Constructing the HSRQ**

This chapter describes the construction of the HSR Questionnaire (HSRQ) that was used in this research and presents the modified version that resulted from the analysis of questionnaire responses. The user-testing phase and the means of administration are also described. It lists the dimensions in both versions as well as the items that comprise each of the dimensions.

5.1 **Starting dimensions and items**

A principal tool in this research is the questionnaire that has been developed to provide quantitative analysis of HSR’s experience, and perceptions of HSRs in the workplace. Despite their limitations, surveys remain “a remarkably useful and efficient tool for learning about people’s opinions and behaviors” (Dillman et al., 2009: 1).

The draft dimensions used in the questionnaire, as listed in Table 5a, were principally derived from *Working Together*, earlier research into worker participation and involvement in decision-making on OHS in South Australia (Blewett 2001) with reference to the literature (de Leeuw, Hox, & Dillman, 2008; Dillman et al., 2009). Although the questionnaire was lengthy, we considered that there was value in extending the coverage in this first version of the questionnaire to give maximum opportunity to use factor analysis to either confirm the draft dimensions, or determine new dimensions. This chapter describes how the HSRQ was constructed and outlines the final survey.

**Table 5a: List of draft dimensions in the HSRQ**

1. About HSRs and the Partnership Program
2. Sincerity in consultation
3. Respectful relationships
4. Understanding who’s responsible for what
5. Building OHS culture
6. The perception that OHSW cannot be ignored
7. Internal and external influences on senior management
8. Effective and relevant training
9. Training of employees in OHS (not including HSR training)
10. Maintaining interest in being an HSR
11. Availability of information
12. Mentoring
13. The HSR role
14. Support for HSRs in the workplace
15. HSRs as leaders
16. HSRs’ knowledge and abilities
17. Notifiable Incidents

Three matched surveys were developed. The first, for HSRs, contained 79 perception questions spread across 17 draft dimensions as shown in Table 5b.
Of these dimensions the 8 shaded ones (involving 18 questions) were unique to the HSRs. The questionnaires for workers and managers/OHS professionals each contained the remaining 61 questions.

The following demographic data were sought in addition to the perception questions: age, gender, industry, position at work, area worked, years in current position, years with current organisation, number of HSRs on site, union membership (state which), presence of an OHS committee at work, and (for HSRs only) length of service as an HSR.

Table 5b: Items by dimension in the HSRQ

*Shaded questions were unique to HSRs.*

### 1. About HSRs and the Partnership Program

- To what extent has the Partnership Program had a positive impact on OHS in your workplace?
- To what extent has the Partnership Program had a negative impact on OHS in your workplace?
- Has the number of HSRs in your workplace increased in the last three years?
  - If YES, is this because of the Partnership Program?
- Have you done the basic (Level 1) 5-day HSR training?
- Did you choose where you would attend your HSR training?
- Have you ever issued a default notice in your workplace as an HSR?
  - If YES, did it lead to improvement?
  - If NO, why not?
- Has any other HSR ever issued a default notice in your workplace?
  - If YES, did it lead to improvement?
  - If NO, why not?

### 2. Sincerity in consultation

- My suggestions for improving the working environment are sincerely welcomed.
- My suggestions for improving the working environment are evaluated fairly by management.
- I am advised about the outcome of my suggestions for improving the working environment.
- To what extent is there is a sincere approach to consultation on OHS in your workplace?
- To what extent is honesty a feature of OHS consultation in your workplace?
- To what extent do HSRs add value to OHS decision-making in your workplace?

### 3. Respectful relationships

- I can voice my opinions about OHS in this workplace without fear.
- I feel too threatened to raise OHS issues in my workplace.
- I can ask ‘hard questions’ about OHS on behalf of the workers in my workplace.
- To what extent are you treated with respect when you raise an OHS issue in your workplace?
- Even small OHS issues are treated seriously here.
- Issues raised by anyone in this workplace are taken seriously.
- To what extent would you say that management in your workplace shows respect to HSRs?
- To what extent would you say that HSRs in your workplace show respect to their fellow workers?
- To what extent would you say that HSRs in your workplace are shown respect by their fellow workers?

### 4. Understanding who’s responsible for what

- I am satisfied with the training I have been given in my workplace on the role, functions and responsibilities of HSRs.
- I am satisfied with the training I have been given in my workplace on the responsibilities of management in OHS.
- To what extent do you understand the role and function of HSRs?
- To what extent do you understand management’s role and function in OHS?
5. Building OHS culture

I understand what is expected of me with respect to OHS.
Communication on OHS works well in our workplace.
Supervisors are well trained in OHS in our workplace.
I am kept well informed about OHS issues in my workplace.
Our managers pay lip service to OHS.
There’s no point raising an OHS issue in our workplace because no one takes any notice.

6. The perception that OHSW cannot be ignored

Things get fixed quickly here when they have OHS consequences.
To what extent is OHS given priority over production in your workplace?
OHS is given high priority here.
To what extent do managers in your workplace comply with OHS requirements?

7. Internal and external influences on senior management

Our Board or senior management believes OHS is a core part of our business.
Our Board or senior management makes use of detailed information about OHS, not just injury statistics.
It takes a serious injury to get our Board or senior management to pay attention to OHS.
OHS is as important as production and quality here.

8. Effective and relevant training

Managers in our workplace are trained and competent in OHS.
Our professional OHS staff are trained and competent in OHS.
Our HSRs are trained and competent in OHS.
Our HSRs know more about OHS than anyone else in our workplace.
How many of the HSRs at your site have had the basic 5-day training for HSRs?
Who was the provider of the basic, 5-day training for HSRs?
What OHS events have you attended in the last 12 months:
SafeWork Month event
Other SafeWork SA event
SA Unions HSR event
Other SA Unions event
SISA HSR event
Other SISA event
Business SA HSR event
Other Business SA event
Other OHS conference or event, please specify

9. Training of employees in OHS (not including HSR training)

New employees are given induction on OHS in our workplace.
To what extent do employees in your workplace understand their OHS rights and responsibilities?
Our induction training improves awareness of OHS.
Our induction training in OHS gives new people good skills.
Our middle managers and supervisors understand OHS and take action to improve the work environment.

10. Maintaining interest in being an HSR

My work group challenges my thinking on OHS.
My peers in my workplace value my work as a HSR.
Everyone appreciates the work of the HSR in our workplace.
To what extent does being a HSR in your workplace negatively affect your work prospects?
To what extent does being a HSR in your workplace positively affect your work prospects?

11. Availability of information

Management keeps me informed about changes at work that impact on OHS.
To what extent do managers consult with HSRs on changes in your workplace that impact on OHS?
I seek information about OHS from my union.
I seek information about OHS from SafeWork SA.
I am keen to learn more about OHS.
To what extent do HSRs in your workplace receive the information they need in order to perform their role well?
To what extent are HSRs in your workplace informed in advance about important decisions, changes, or plans for the future?

12. Mentoring
I take advantage of opportunities to learn from others outside my workplace.
Management encourages me to attend OHS functions so I can learn more.

13. The HSR role
Employees readily raise OHS issues with their HSR in our workplace.
Our employees prefer to raise OHS issues with a HSR rather than their supervisor or manager.
I’m inclined to ‘rock the boat’ on OHS issues in my workplace.
To what extent can HSRs in your workplace use their skills or expertise in their work?

14. Support for HSRs in the workplace
To what extent are HSRs in your workplace allowed to research OHS issues in work time?
To what extent are HSRs in your workplace given time to talk to the people they represent?
Our HSRs are given space to store OHS-related materials.
HSRs feel they can be sued if things go wrong in our workplace.
You have to have guts to raise an OHS issue here.
I feel like the meat in the sandwich when I raise an OHS issue here.

15. HSRs as leaders
To what extent does management appoint HSRs in your workplace?
The HSRs in our workplace are elected.
To what extent is there is competition to be elected an HSR in your workplace?
To what extent do HSRs in your workplace need to be assertive?
To what extent do HSRs in your workplace need to be persistent?
To what extent do HSRs in your workplace need to be consistent?
It's HSRs who take the initiative to get things changed here.

16. HSRs' knowledge and abilities
To what extent do HSRs in your workplace need to be vigilant?
As an HSR I am regarded as the ‘safety police’ in my workplace.
People don't want to be a HSR at our workplace.
To what extent does being a HSR in your workplace require a wide range of knowledge?

17. Notifiable Incidents
To what extent are ‘notifiable incidents’ and ‘dangerous occurrences’ reported to SafeWork SA?
‘Notifiable incidents’ and ‘dangerous occurrences’ are reported to SafeWork SA (yes/no)
There are effective procedures for reporting ‘notifiable incidents’ and ‘dangerous occurrences’ to SafeWork SA

5.2 User testing and piloting the survey
The draft surveys were user-tested by eight HSRs, four people who were managers/OHS professionals and five workers. User testing showed that organising the material to hand to others in the workplace (managers/OHS professionals or workers) as colour-coded packs would make the instructions clearer. HSR users indicated they would have no difficulty passing the matched questionnaires to other users. Minor wording changes were suggested to questions where there was some ambiguity or the question was difficult to understand. Users regarded the questionnaire as long when they first examined it, but found that it only required about 20 minutes to complete. They suggested we tell people about the timeframe for completion in the instructions; a detail we subsequently included.
Interestingly, one user did not understand the term ‘lip service’ in the question “Our managers pay lip service to OHS”. On considering this feedback we decided to include the question in any case, considering that the term was in common usage. However, this question was one of a small group of questions that was not answered by over 20% of respondents and was subsequently left out of the factor analysis inferring that many people may not understand the term. This reinforced how important the process of user testing is to the quality of documents and how necessary it is to heed the advice of users.

5.3 Administering the survey

HSRs were considered to be the lynch pin for this research and, as we had access to SafeWork SA’s HSR Register, they were used as the means of gaining access to managers/OHS professionals and fellow workers either with the printed version of the questionnaires, or with the online version.

HSRs were given advance information about the survey by post or email. Hard copies of the survey were posted in one envelope as a series of three packs, colour-coded for the recipients (white for HSRs, green for workers, blue for managers/OHS professionals).

Pack 1 was for the HSR and contained:
- One anonymous Questionnaire for HSRs and the url for the online version,
- A reply paid envelope in which to return the questionnaire, and
- An invitation to attend a focus group during the HSR Network Meeting.

HSRs were asked to pass Pack 2 to a manager or OHS professional/coordinator at their workplace.

Pack 2 contained:
- A letter of introduction,
- One anonymous Questionnaire for Managers and OHS Professionals, and
- A reply paid envelope in which to return the questionnaire.

HSRs were asked to pass Pack 3 to a fellow worker who was not a HSR.

Pack 3 contained:
- A letter of introduction,
- One anonymous Questionnaire for Workers, and
- A reply paid envelope in which to return the questionnaire.

The email version of the questionnaire was reached through a url to Harrison Research Pty Ltd where the survey was hosted. HSRs with registered email addresses were sent a covering email, similarly worded to the hard copy version, that contained the url. They were asked to forward the email to a manager/OHS professional and a fellow worker. The covering email advised that further information about the research could be obtained from the SafeWork SA website where there was also a hot link to the survey.

The online version differentiated users with the first question that asked if the respondent was a HSR, manager/OHS professional, or worker. Clicking on the associated buttons to make the choice directed the respondent to the correct questionnaire.

Hard copy questionnaires were returned to the principal researcher by reply paid post. These were double data-entered by Harrison Research Pty Ltd, who then combined
these data with the on-line responses that they were hosting. The amalgamated file was cleaned and provided to the researchers for analysis.
5.4 Final dimensions and items

Following statistical analysis (see Section 6) a proposed new set of dimensions was defined and the number reduced from 17 to 9. The number of items was also reduced from 79 to 59. There were six dimensions and 45 items in the whole data set (HSRs, managers/OHS professionals and workers). Three additional dimensions and 14 items pertained to the HSR-only data as set out in Table 5c below. Table 5d lists the items under each of these dimensions.

**Table 5c: Proposed new dimensions in the HSRQ**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>HSR encouragement and appreciation (HSR only)</td>
</tr>
<tr>
<td>2.</td>
<td>HSR having a voice (HSR only)</td>
</tr>
<tr>
<td>3.</td>
<td>HSR competence &amp; commitment (HSR only)</td>
</tr>
<tr>
<td>4.</td>
<td>Management attitude &amp; action</td>
</tr>
<tr>
<td>5.</td>
<td>Training &amp; induction</td>
</tr>
<tr>
<td>6.</td>
<td>Appreciation &amp; value of HSRs</td>
</tr>
<tr>
<td>7.</td>
<td>Support for HSRs</td>
</tr>
<tr>
<td>8.</td>
<td>Characteristics of HSRs</td>
</tr>
<tr>
<td>9.</td>
<td>OHS understanding</td>
</tr>
</tbody>
</table>

**Table 5d: Proposed new dimensions and items in the HSRQ**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. HSR encouragement &amp; appreciation (HSR only)</strong></td>
<td>My suggestions for improving the working environment are sincerely welcomed. Management encourages me to attend OHS functions so I can learn more. Management keeps me informed about changes at work that impact on OHS. My suggestions for improving the working environment are evaluated fairly by management. I am advised about the outcome of my suggestions for improving the working environment. To what extent does being a HSR in your workplace positively affect your work prospects?</td>
</tr>
<tr>
<td><strong>2. HSR having a voice (HSR only)</strong></td>
<td>I can voice my opinions about OHS in this workplace without fear. I can ask ‘hard questions’ about OHS on behalf of the workers in my workplace. I feel too threatened to raise OHS issues in my workplace. I feel like the meat in the sandwich when I raise an OHS issue here.</td>
</tr>
<tr>
<td><strong>3. HSR competence &amp; commitment (HSR only)</strong></td>
<td>I seek information about OHS from SafeWork SA. I am keen to learn more about OHS. I take advantage of opportunities to learn from others outside my workplace. My peers in my workplace value my work as a HSR.</td>
</tr>
<tr>
<td><strong>4. Management attitude &amp; action</strong></td>
<td>To what extent is honesty a feature of OHS consultation in your workplace? To what extent is there is a sincere approach to consultation on OHS in your workplace? To what extent would you say that management in your workplace shows respect to HSRs? To what extent is OHS given priority over production in your workplace? To what extent do managers in your workplace comply with OHS requirements? To what extent do managers consult with HSRs on changes in your workplace that impact on OHS? To what extent are you treated with respect when you raise an OHS issue in your workplace? Issues raised by anyone in this workplace are taken seriously.</td>
</tr>
</tbody>
</table>
Our Board or senior management believes OHS is a core part of our business. Things get fixed quickly here when they have OHS consequences. OHS is given high priority here. I am kept well informed about OHS issues in my workplace. OHS is as important as production and quality here. Even small OHS issues are treated seriously here. Supervisors are well trained in OHS in our workplace. Communication on OHS works well in our workplace. Our middle managers and supervisors understand OHS and take action to improve the work environment. It takes a serious injury to get our Board or senior management to pay attention to OHS. There’s no point raising an OHS issue in our workplace because no one takes any notice.

5. Training & induction
Our induction training improves awareness of OHS. Our professional OHS staff are trained and competent in OHS. I am satisfied with the training I have been given in my workplace on the responsibilities of management in OHS. New employees are given induction on OHS in our workplace. Our induction training in OHS gives new people good skills. I am satisfied with the training I have been given in my workplace on the role, functions and responsibilities of HSRs. Our HSRs are trained and competent in OHS.

6. Appreciation & value of HSRs
To what extent would you say that HSRs in your workplace are shown respect by their fellow workers? To what extent do HSRs add value to OHS decision-making in your workplace? To what extent would you say that HSRs in your workplace show respect to their fellow workers? To what extent can HSRs in your workplace use their skills or expertise in their work? Everyone appreciates the work of the HSR in our workplace. The HSRs in our workplace are elected. Employees readily raise OHS issues with their HSR in our workplace.

7. Support for HSRs
To what extent are HSRs in your workplace allowed to research OHS issues in work time? To what extent do HSRs in your workplace receive the information they need in order to perform their role well? To what extent are HSRs in your workplace informed in advance about important decisions, changes, or plans for the future? To what extent are HSRs in your workplace given time to talk to the people they represent? Our HSRs are given space to store OHS-related materials.

8. Characteristics of HSRs
To what extent do HSRs in your workplace need to be assertive? To what extent do HSRs in your workplace need to be persistent? To what extent do HSRs in your workplace need to be consistent? To what extent do HSRs in your workplace need to be vigilant?

9. OHS understanding
To what extent do you understand the role and function of HSRs? To what extent do you understand management’s role and function in OHS? I understand what is expected of me with respect to OHS.

The findings from the survey are considered in detail in Chapter 6 below.
6. Findings from the survey

This chapter presents the results of the quantitative survey analysis. First, a description of HSR Questionnaire (HSRQ) responses, in particular, missing data and questions yielding high numbers of “don’t know” responses, will be discussed. A description of the respondents follows, then an investigation of the initial construction of the survey. This identified several areas for improvement in survey construction; therefore, a factor analysis was conducted, resulting in an improved factor structure, as suggested by these data. The new factors are then described, with a multivariate analysis comparing differences in responses between HSRs, managers/OHS professionals and workers, controlling for demographic variables. Finally, items of interest that were not included in the improved factor structure are investigated individually, testing differences between HSRs, managers/OHS professionals and workers.

6.1 Questionnaire Responses - “don’t knows” and “not stated”

A total of 214 respondents completed the HSR Questionnaire, including 45 online and 169 paper questionnaires. Table 6a displays the top 10 “Consultation in the Workplace” and “Workplace experience” items that most frequently yielded a response of “Don’t know.” These were also the questions that yielded the most frequent numbers of missing or not stated responses. Interestingly, all three questions relating to notifiable incidents appear in the top 10. Overall, approximately 6% of responses were “don’t know” responses.

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor</th>
<th>Don’t know%</th>
<th>Not stated%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ‘Notifiable incidents’ and ‘dangerous occurrences’ are reported to SafeWork SA</td>
<td>Notifiable incidents</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>2 To what extent are ‘notifiable incidents’ and ‘dangerous occurrences’ reported to SafeWork SA?</td>
<td>Notifiable incidents</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>3 Our Board or senior management makes use of detailed information about OHS, not just injury statistics.</td>
<td>Internal and external influences on senior management</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>4 HSRs feel they can be sued if things go wrong in our workplace.</td>
<td>Support for HSRs in the workplace</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>5 Our managers pay lip service to OHS.</td>
<td>Building OHS culture</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>6 To what extent does being a HSR in your workplace positively affect your work prospects?</td>
<td>Maintaining interest in being an HSR</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>7 Managers in our workplace are trained and competent in OHS.</td>
<td>Effective and relevant training</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>8 To what extent does being a HSR in your workplace negatively affect your work prospects?</td>
<td>Maintaining interest in being an HSR</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>9 To what extent does management appoint HSRs in your workplace?</td>
<td>HSRs as leaders</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>10 There are effective procedures for reporting ‘notifiable incidents’ and ‘dangerous occurrences’ to SafeWork SA</td>
<td>Notifiable incidents</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>
Overall, participants did not respond to approximately 3% of the 79 “Consultation in the Workplace” and “Workplace experience” items. Individuals who failed to respond to more than 20% of these items (>15/79 missing) were excluded from the analyses to avoid imbalance. Fourteen individuals met this criterion, leaving a dataset of n=200 for further analysis.

6.2 Demographics – The Respondents

Demographic characteristics for HSR, Manager and Worker groups, and totals are displayed in Table 6b.

Table 6b: Demographic Summary

<table>
<thead>
<tr>
<th></th>
<th>HSR</th>
<th>Manager</th>
<th>Worker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>108</td>
<td>44</td>
<td>48</td>
<td>200</td>
</tr>
<tr>
<td>online paper</td>
<td>29</td>
<td>11</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>paper</td>
<td>79</td>
<td>33</td>
<td>43</td>
<td>155</td>
</tr>
<tr>
<td>mean and SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>age</td>
<td>47.8</td>
<td>9.9</td>
<td>47.4</td>
<td>9.9</td>
</tr>
<tr>
<td>yrs current position</td>
<td>8.0</td>
<td>7.1</td>
<td>5.8</td>
<td>6.1</td>
</tr>
<tr>
<td>yrs current organisation</td>
<td>12.7</td>
<td>9.6</td>
<td>13.5</td>
<td>10.9</td>
</tr>
<tr>
<td>yrs as HSR in current workplace</td>
<td>1.5</td>
<td>0.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>people employed at site</td>
<td>143.2</td>
<td>228.5</td>
<td>260.8</td>
<td>387.7</td>
</tr>
<tr>
<td>people employed at organisation</td>
<td>711.4</td>
<td>1099.4</td>
<td>684.2</td>
<td>951.0</td>
</tr>
<tr>
<td>frequencies</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>gender - MALE</td>
<td>63</td>
<td>58</td>
<td>30</td>
<td>68</td>
</tr>
<tr>
<td>member OHS committee</td>
<td>89</td>
<td>89</td>
<td>27</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F_{2,198}=3.2*</td>
<td>HSR&gt;W</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F_{2,200}=1.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F_{2,200}=1.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F_{2,198}=5.1**</td>
<td>M&gt;HSR,W</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F_{2,198}=0.03</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This table shows mean and standard deviation of continuous variables, and frequencies for the categorical variables, for HSRs, Managers (M), Workers (W) and the total sample. The number of missing cells is also given. Significance tests are provided for differences in demographic variables between HSRs, managers and Workers. F-degrees of freedom values are given for the continuous variables from univariate Analysis of Variance (ANOVA), with post-hoc comparisons indicating which groups were significantly different from each other. Chi-square (\(\chi^2\)) are displayed for the categorical variables, indicating significant differences between HSRs, Managers and Workers in category frequency.

*p<0.05; **p<0.01
Just over half of the sample were HSRs, with the other half split approximately evenly between managers/OHS professionals and workers. The vast majority of responses were paper and pencil, as opposed to online. HSRs were significantly older than workers by a mean difference of 4.3 years. Managers/OHS professionals reported significantly higher numbers of employees at their worksites. As expected, significantly more HSRs reported being a member of an OHS committee, followed by managers/OHS professionals, and then workers. There were no other significant demographic differences between groups (Table 6b).

Approximately 33% of HSRs and 50% of workers in the sample reported being union members. Managers were asked if their workplace was unionised, rather than whether they were a union member themselves. Approximately 75% of managers reported that their workplaces were unionised.

Table 6c displays the industry breakdown of the sample. Nearly one third came from community and health services, with a further 16% from manufacturing and 10% from power, oil, gas and electricity.

<table>
<thead>
<tr>
<th>Industry</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>community and health services</td>
<td>55</td>
<td>28</td>
</tr>
<tr>
<td>manufacturing</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>power, oil, gas, electricity</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>construction</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>council and government</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>recreational, personal and other services</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>education</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>wholesale and retail</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>transport and storage</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>other</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

6.3 **Internal Consistency – Initial Design**

As described previously, in completing the questionnaire, participants responded to a number of items that were initially designed to load onto 16 factors, as shown in Table 6d. There are some items that all participants responded to (column 2) and some that only HSRs responded to (column 3). Internal consistency for all participants and for HSRs only are indicated in columns 4 and 5 respectively.

Cronbach’s alpha indicated sufficient, or near sufficient, consistency (alpha>0.70) for eight of 16 factors (Table 6d). This suggests that the initial concept of the factor
structure could be improved. Therefore, a factor analysis was conducted. This is presented in the next section.

Table 6d. Items, factors and internal consistency – Cronbach’s alpha statistics.

<table>
<thead>
<tr>
<th>Factor</th>
<th>No. Items (all)</th>
<th>No. Items (HSR)</th>
<th>Alpha (all)</th>
<th>Alpha (HSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sincerity in consultation</td>
<td>3</td>
<td>3</td>
<td>0.842</td>
<td>0.879</td>
</tr>
<tr>
<td>Respectful relationships</td>
<td>6</td>
<td>3</td>
<td>0.861</td>
<td>0.859</td>
</tr>
<tr>
<td>Understanding who is responsible for what</td>
<td>4</td>
<td>-</td>
<td>0.467</td>
<td></td>
</tr>
<tr>
<td>Building OHS culture</td>
<td>6</td>
<td>-</td>
<td>0.749</td>
<td></td>
</tr>
<tr>
<td>The perception that OHSW cannot be ignored</td>
<td>4</td>
<td>-</td>
<td>0.875</td>
<td></td>
</tr>
<tr>
<td>Internal and external influences on senior management</td>
<td>4</td>
<td>-</td>
<td>0.835</td>
<td></td>
</tr>
<tr>
<td>Effective and relevant training</td>
<td>4</td>
<td>-</td>
<td>0.476</td>
<td></td>
</tr>
<tr>
<td>Training of employees in OHS</td>
<td>5</td>
<td>-</td>
<td>0.808</td>
<td></td>
</tr>
<tr>
<td>Maintaining interest in being an HSR</td>
<td>3</td>
<td>2</td>
<td>0.495</td>
<td>0.439</td>
</tr>
<tr>
<td>Availability of Information</td>
<td>3</td>
<td>4</td>
<td>0.819</td>
<td>0.663</td>
</tr>
<tr>
<td>Mentoring</td>
<td>-</td>
<td>2</td>
<td>0.406</td>
<td></td>
</tr>
<tr>
<td>The HSR Role</td>
<td>3</td>
<td>1</td>
<td>0.594</td>
<td>0.616</td>
</tr>
<tr>
<td>Support for HSRs in the workplace</td>
<td>4</td>
<td>2</td>
<td>0.647</td>
<td>0.656</td>
</tr>
<tr>
<td>HSRs as leaders</td>
<td>7</td>
<td>-</td>
<td>0.527</td>
<td></td>
</tr>
<tr>
<td>HSRs knowledge and abilities</td>
<td>3</td>
<td>1</td>
<td>0.213</td>
<td>0.192</td>
</tr>
<tr>
<td>Notifiable incidents</td>
<td>3</td>
<td>-</td>
<td>0.755</td>
<td></td>
</tr>
</tbody>
</table>

6.4 Improving the Initial Structure – Factor Analysis

The initial items were reviewed again and several items were removed, as they were deemed to be ambiguous in terms of which direction of response indicated a positive attitude to OHS:

- Our HSRs know more about OHS than anyone else in our workplace.
- Our employees prefer to raise OHS issues with a HSR rather than their supervisor or manager.
- It’s HSRs who take the initiative to get things changed here.
I'm inclined to ‘rock the boat’ on OHS issues in my workplace.

The items that had very high amounts of missing responses and “don’t know” responses were also removed:

- ‘Notifiable incidents’ and ‘dangerous occurrences’ are reported to SafeWork SA
- To what extent are ‘notifiable incidents’ and ‘dangerous occurrences’ reported to SafeWork SA?
- Our Board or senior management makes use of detailed information about OHS, not just injury statistics.

A factor analysis was conducted with Principle Axis Factoring and Promax rotation. Consistent with standard practice, a minimum factor loading of 0.4 was specified. The analysis was an iterative process where items that did not load onto any factors, or that were the sole item loading onto a single factor, were removed. A preliminary model produced seven factors and explained 56% of the variance. The seventh factor only contained two items, and when internal consistencies for the seven factors were tested using Cronbach’s alpha, the seventh factor yielded an alpha value well below the acceptable level of 0.70. This factor was removed, and a final model with six factors is represented in Table 6e. The six factors were:

- Management Attitude and Action
- Training and Induction
- Appreciation and Value of HSRs
- Support for HSRs
- Characteristics of HSRs
- OHS Understanding

This model also explained 56% of the variance and yielded high internal consistency for all factors (>=0.70), as displayed in the final row of Table 6e.

A second factor analysis was conducted to classify the items that were directed at HSRs only. This was done using the same specifications and process as outlined above. The final model produced three factors (Table 6f):

- HSR Encouragement and Appreciation
- HSR Having a Voice
- HSR Competence and Commitment

This model explained 51% of the variance and yielded high internal consistency for all factors (>=0.70), as displayed in the final row of Table 6f.

Overall, these factors have high factor loadings and internal consistency, which demonstrates a strong fit for this particular dataset (n=200). The analyses presented in Section 6.5 suggest that these factors are sensitive to demographic differences as well as differences between HSRs, managers/OHS professionals and workers, which provides further support for this factor structure. However, it should be noted that results may be different in a larger, or more diverse sample. Therefore, although these are promising pilot results for the design of such a questionnaire, the next step would be to collect another larger dataset, and investigate whether this factor structure
holds in the new sample. It would also be highly beneficial to administer the questionnaire to a group of respondents on multiple occasions (e.g. 1-week apart) in order to examine test-retest reliability.
**Table 6e. Consistency of proposed new dimensions and items in the HSR Questionnaires**

Dimensions and items for all respondents (n=200).

<table>
<thead>
<tr>
<th>Item</th>
<th>Management attitude &amp; action</th>
<th>Training &amp; induction</th>
<th>Appreciation &amp; value of HSRs</th>
<th>Support for HSRs</th>
<th>Characteristics of HSRs</th>
<th>OHS understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent is honesty a feature of OHS consultation in your workplace?</td>
<td>.708</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent is there a sincere approach to consultation on OHS in your workplace?</td>
<td>.795</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent would you say that management in your workplace shows respect to HSRs?</td>
<td>.739</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent is OHS given priority over production in your workplace?</td>
<td>.709</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do managers in your workplace comply with OHS requirements?</td>
<td>.798</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do managers consult with HSRs on changes in your workplace that impact on OHS?</td>
<td>.610</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are you treated with respect when you raise an OHS issue in your workplace?</td>
<td>.566</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issues raised by anyone in this workplace are taken seriously.</td>
<td>.684</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our Board or senior management believes OHS is a core part of our business.</td>
<td>.741</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Things get fixed quickly here when they have OHS consequences.</td>
<td>.652</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHS is given high priority here.</td>
<td>.794</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am kept well informed about OHS issues in my workplace.</td>
<td>.609</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHS is as important as production and quality here.</td>
<td>.781</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Even small OHS issues are treated seriously here.</td>
<td>.663</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisors are well trained in OHS in our workplace.</td>
<td>.547</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication on OHS works well in our workplace.</td>
<td>.643</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our middle managers and supervisors understand OHS and take action to improve the work environment.</td>
<td>.643</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It takes a serious injury to get our Board or senior management to pay attention to OHS.</td>
<td>.503</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There’s no point raising an OHS issue in our workplace because no one takes any notice.</td>
<td>.428</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our induction training improves awareness of OHS.</td>
<td></td>
<td>.561</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our professional OHS staff are trained and competent in OHS.</td>
<td></td>
<td>.638</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the training I have been given in my workplace on the responsibilities of management in OHS.</td>
<td></td>
<td>.613</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New employees are given induction on OHS in our workplace.</td>
<td></td>
<td>.533</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our induction training in OHS gives new people good skills.</td>
<td></td>
<td>.566</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the training I have been given in my workplace on the role, functions and responsibilities of HSRs.</td>
<td></td>
<td>.706</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our HSRs are trained and competent in OHS.</td>
<td></td>
<td>.708</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent would you say that HSRs in your workplace are shown respect by their fellow workers?</td>
<td></td>
<td>.562</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do HSRs add value to OHS decision-making in your workplace?</td>
<td></td>
<td>.446</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To what extent would you say that HSRs in your workplace show respect to their fellow workers?  .451

To what extent can HSRs in your workplace use their skills or expertise in their work?  .480

Everyone appreciates the work of the HSR in our workplace.  .479

The HSRs in our workplace are elected.  .464

Employees readily raise OHS issues with their HSR in our workplace.  .483

To what extent are HSRs in your workplace allowed to research OHS issues in work time?  .473

To what extent do HSRs in your workplace receive the information they need in order to perform their role well?  .492

To what extent are HSRs in your workplace informed in advance about important decisions, changes, or plans for the future?  .470

To what extent are HSRs in your workplace given time to talk to the people they represent?  .434

Our HSRs are given space to store OHS-related materials.  .421

To what extent do HSRs in your workplace need to be assertive?  .731

To what extent do HSRs in your workplace need to be persistent?  .638

To what extent do HSRs in your workplace need to be consistent?  .642

To what extent do HSRs in your workplace need to be vigilant?  .678

To what extent do you understand the role and function of HSRs?  .643

To what extent do you understand management’s role and function in OHS?  .735

I understand what is expected of me with respect to OHS.  .518

<table>
<thead>
<tr>
<th>CONSISTENCY</th>
<th>0.9</th>
<th>0.9</th>
<th>0.8</th>
<th>0.8</th>
<th>0.8</th>
<th>0.8</th>
</tr>
</thead>
</table>
### Table 6f: Consistency of Proposed New Dimensions and Items in the HSR Questionnaires

#### HSR-Only Dimensions and Items

<table>
<thead>
<tr>
<th>Statement</th>
<th>HSR Encouragement &amp; Appreciation</th>
<th>HSR Having a Voice</th>
<th>HSR Competence &amp; Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>My suggestions for improving the working environment are sincerely welcomed.</td>
<td>.712</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management encourages me to attend OHS functions so I can learn more.</td>
<td>.657</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management keeps me informed about changes at work that impact on OHS.</td>
<td>.730</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My suggestions for improving the working environment are evaluated fairly by management.</td>
<td>.762</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am advised about the outcome of my suggestions for improving the working environment.</td>
<td>.528</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent does being a HSR in your workplace positively affect your work prospects?</td>
<td>.433</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can voice my opinions about OHS in this workplace without fear.</td>
<td>.610</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can ask ‘hard questions’ about OHS on behalf of the workers in my workplace.</td>
<td>.658</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel too threatened to raise OHS issues in my workplace.</td>
<td>.893</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel like the meat in the sandwich when I raise an OHS issue here.</td>
<td>.539</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I seek information about OHS from SafeWork SA.</td>
<td>.579</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am keen to learn more about OHS.</td>
<td>.595</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take advantage of opportunities to learn from others outside my workplace.</td>
<td>.577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My peers in my workplace value my work as a HSR.</td>
<td>.565</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Consistency**

<table>
<thead>
<tr>
<th></th>
<th>0.9</th>
<th>0.8</th>
<th>0.7</th>
</tr>
</thead>
</table>

---

*Partnering for OHS: Volume 1: Worker participation in work health and safety*  
*Final Report—8 December 2011 – not to be cited*
6.5 New factors – Overall Trends for these Respondents

Figure 6a illustrates the mean and standard errors for each of the new factors, ranked with the most positive responses towards the top of the figure. On average, responses for all factors are greater than five, which indicates an overall positive attitude.

![Graph showing overall mean and standard errors for each factor](image)

**Figure 6a.** Mean (with standard deviation bars) responses for each of the new factors. Black bars indicate factors to which all respondents contributed, blue bars represent HSR-specific factors.

Multivariate analyses were conducted in order to investigate differences in responses to each factor between HSRs, managers/OHS professionals and workers. Initial models included predictors of age, years in current position, years in current organisation, number of people employed at worksite, gender and whether the person was a member of an OHS committee. Final models included significant predictors only, and are summarised in Table 6g.

**Table 6g.** Results of multivariate analyses to investigate differences between HSRs, managers/OHS professionals (M) and workers (W), controlling for demographic variables.

<table>
<thead>
<tr>
<th>predictor</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>post-hoc/parameter estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Attitude &amp; Action</td>
<td>3.8</td>
<td>2,200</td>
<td>0.023</td>
<td>M&gt;HSR, W</td>
</tr>
<tr>
<td>Training &amp; Induction</td>
<td>3.3</td>
<td>2,169</td>
<td>0.039</td>
<td>M&gt;HSR</td>
</tr>
<tr>
<td>Appreciation &amp; Value of HSRs</td>
<td>4.0</td>
<td>1,169</td>
<td>0.048</td>
<td>yes&gt;no</td>
</tr>
<tr>
<td>Age</td>
<td>7.0</td>
<td>1,169</td>
<td>0.009</td>
<td>-0.037</td>
</tr>
<tr>
<td>Support for HSRs</td>
<td>none</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characteristics of HSRs</td>
<td>4.2</td>
<td>2,200</td>
<td>0.017</td>
<td>HSR&gt;M</td>
</tr>
<tr>
<td>OHS Understanding</td>
<td>10.5</td>
<td>2,200</td>
<td>&lt;0.001</td>
<td>HSR,M&gt;W</td>
</tr>
<tr>
<td>Gender</td>
<td>4.2</td>
<td>1,200</td>
<td>0.042</td>
<td>F&gt;M</td>
</tr>
</tbody>
</table>
Managers/OHS professionals had significantly more positive responses to *Management Attitude and Action* than HSRs and workers. Managers/OHS professionals also had a significantly more positive response to *Training and Induction* than HSRs, controlling for being on an OHS committee and age. Those on an OHS committee and those who were younger had more positive responses on this factor. Managers/OHS professionals had significantly more positive responses than HSRs to *Support for HSRs*. In contrast, HSRs had significantly more positive responses than managers/OHS professionals on the factor, *Characteristics of HSRs*. Controlling for gender, HSRs and managers/OHS professionals had significantly more positive responses to *OHS Understanding* than workers. Women had more positive responses to this factor than men. These differences between HSRs, managers/OHS professionals and workers are illustrated in Figure 6b.

![Figure 6b. Differences between HSRs (blue), managers/OHS professionals (red) and workers (green) on each of the shared factors. *indicates significant differences from Table 6g.](image)

### 6.6 Items of Interest not included in the Factor Analysis

Several items were removed from the factor analysis, as described in Section 6.4. These items are still arguably of individual interest, and have been investigated for significant differences between HSRs, managers/OHS professionals and workers, as summarised in Table 6h, and illustrated in Figure 6c. Managers/OHS professionals had significantly higher responses than HSRs and workers for: *To what extent are 'notifiable incidents and dangerous occurrences reported to SafeWork SA?*; and *To what extent does management appoint HSRs in your workplace?* HSRs and workers
had significantly higher responses than managers/OHS professionals for: *It’s HSRs who take the initiative to get things changed here*; and *Our employees prefer to raise OHS issues with an HSR rather than their supervisor or manager*. HSRs also had significantly higher responses than managers/OHS professionals for *Our HSRs know more about OHS than anyone else in our workplace*.

**Table 6h.** Results of univariate analyses to investigate differences between HSRs, Managers (M) and Workers (W) in items of interest that were not included in the factor analysis.

<table>
<thead>
<tr>
<th>Item</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>post-hoc</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Notifiable incidents’ and ‘dangerous occurrences’ are reported to SafeWork SA</td>
<td>3</td>
<td>2,149</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>There are effective procedures for reporting ‘notifiable incidents’ and ‘dangerous occurrences’ to SafeWork SA</td>
<td>0.3</td>
<td>2,173</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>Our Board or senior management makes use of detailed information about OHS, not just injury statistics.</td>
<td>0.3</td>
<td>2,160</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>To what extent are ‘notifiable incidents’ and ‘dangerous occurrences’ reported to SafeWork SA?</td>
<td>3.6</td>
<td>2,152</td>
<td>0.032</td>
<td>M&gt;HSR, W</td>
</tr>
<tr>
<td>It’s HSRs who take the initiative to get things changed here.</td>
<td>5.4</td>
<td>2,190</td>
<td>0.005</td>
<td>HSR,W&gt;M</td>
</tr>
<tr>
<td>Our employees prefer to raise OHS issues with an HSR rather than their supervisor or manager.</td>
<td>10.2</td>
<td>2,196</td>
<td>&lt;0.001</td>
<td>HSR,W&gt;M</td>
</tr>
<tr>
<td>Our HSRs know more about OHS than anyone else in our workplace.</td>
<td>4.6</td>
<td>1,188</td>
<td>0.011</td>
<td>HSR&gt;M</td>
</tr>
<tr>
<td>To what extent does management appoint HSRs in your workplace?</td>
<td>3.5</td>
<td>2,183</td>
<td>0.031</td>
<td>M&gt;HSR, W</td>
</tr>
<tr>
<td>HSRs feel they can be sued if things go wrong in our workplace</td>
<td>2.3</td>
<td>2,162</td>
<td>ns</td>
<td></td>
</tr>
</tbody>
</table>

*Note to Figure 6c: Differences between HSRs (blue), Managers (red) and Workers (green) are shown for each of the common items. * indicates significant differences as shown in Table 6h. Black bars indicate...*
overall averages for each of the common items. Common items are sorted by the overall average such that most positive responses appear towards the top of the figure. The three blue bars at the bottom of the figure represent items for HSRs only.
7. Findings from the qualitative data

This chapter describes the findings from the analysis of the qualitative data for this project. It describes the importance of qualitative data to this research and how these data were used. The dimensions that emerged from factor analysis of the quantitative data are used to frame the discussion of the qualitative data in this chapter and the quantitative data (from Chapter 6) are incorporated as a means of triangulation.

7.1 Qualitative data analysis

Research such as this, where the way in which the work is carried out, perceived and contextualised is the subject of the exploration, cannot be reliably investigated with quantitative analysis alone. How things are done, the stories that provide rich information, individual assessment of success and failure, are all qualitative in nature. In this work it is the topic of the research, not individuals, that is the focus of analysis (Mitchell, 1983: 192), so qualitative data are necessary to detail the underlying and sometimes complex issues that impact on OHS (Rimmer & Watts, 1994). Qualitative data help to untangle the processes and causes involved in complex social situations when the prior isolation of key variables is difficult. They help to explain how or why particular events or actions occurred (Cook & Reichardt, 1979; Yin, 1984). The qualitative researcher is “interested in the opinions and reactions of those directly involved with the site of a workplace intervention” (Shannon, Robson, & Guastello, 1999). Therefore, this research relied heavily on hearing what key individuals had to say.

Qualitative data for this research were obtained from two types of source. Firstly, each anonymous HSR Questionnaire (hard copy and on line versions for HSRs, managers/OHS professionals and workers) provided space for the respondent to add further comments as they wished. Secondly, focus groups and interviews provided rich qualitative data that was collected face-to-face. The sources of the data are not differentiated in this report to aid confidentiality of the respondents. Over a third (36%) of the respondents to the HSRQ included comments or additional information in the free-text area and a total of 68 people participated in focus groups and interviews. Thus we have qualitative data from 140 individuals.

Analysis of the qualitative data was conducted through review of interview and focus group notes and the free text fields on the HSRQ to identify key comments and features that were relevant to the research questions. Relevant comments from each of the qualitative sources were transcribed and grouped around nodes of commonality, or recurrent themes (Huberman & Miles, 1994). Thus the findings are grounded in the data and observations are made on robust analysis of these data.

Quotations from the qualitative data are included in this report in order to illustrate points. Where the quotation was likely to identify the individual, we have edited the text to preserve confidentiality, without changing the meaning.
7.2 **HSR encouragement and appreciation (HSR-only dimension)**

The suite of questions that formed this dimension was only asked of HSRs; they are about how they perceive they are viewed, appreciated and encouraged in their role:

- My suggestions for improving the working environment are sincerely welcomed.
- Management encourages me to attend OHS functions so I can learn more.
- Management keeps me informed about changes at work that impact on OHS.
- My suggestions for improving the working environment are evaluated fairly by management.
- I am advised about the outcome of my suggestions for improving the working environment.
- To what extent does being a HSR in your workplace positively affect your work prospects?

HSRs in the main responded positively to this dimension in the HSRQ. HSRs can be appreciated in their workplace and this is demonstrated when management welcomes their suggestions for improvements in the workplace, evaluates those suggestions fairly and advises them of the outcome of those deliberations.

7.2.1 **Involving HSRs**

HSRs felt that their role is encouraged and valued when management invites them to attend OHS functions to enable them to learn and keeps them informed about changes at work that impact on OHS. Under these circumstances HSRs reported that being a HSR improves their work prospects and they felt that the role was valuable because it allowed them to bring their view of the world to the decision-making table.

*The new OHS Manager is ... trying to prevent accidents before they happen. He has got management to consult employees and involve them in risk assessments. As the HSR I am now involved too. Being an employee on the factory floor I am able to give insight as to why we do things the way we do as some of the managers don't know how the factory floor operates. (HSR - Manufacturing)*

On the other hand, there were instances of HSRs being thwarted in their desire to bring OHS matters to the attention of management.

*Many changes have occurred and decisions regarding OHS topics made without consultation with me. I have found that the Safety Officer makes decisions and says 'I'm the Safety Officer - it's not your job'. I was even told 'you have no power here'. On completion of my Level 1 training, I was happy to report my knowledge of 'my power' - so to speak. (HSR transport and storage)*

The struggle between the HSR having knowledge and rights and wanting to have a say, versus management wanting to retain control is evident in instances like these.

7.2.2 **Impact on career of being an HSR**

Some HSRs reported that being a HSR was ‘career limiting’ and there were stories about failure to be awarded promotion following HSR activity. This was particularly the case where the employer was dismissive of OHS matters, operating in a hostile industrial relations environment, or where there were poor employer-employee relationships for other reasons. Under these circumstances HSRs reported that they were more likely to use default notices as a way of encouraging management attention and action, given negotiation was less likely to be effective. This was
reported to be a step they did not take lightly because it often came at a personal price.

I threatened to put a default notice on some equipment because nothing had been done about it for years. Lots of us had reported problems and one bloke was nearly very badly injured. I wasn’t belligerent, I just told the management that they had to take action or else. Since then I haven’t had any overtime, I’ve missed out on two promotions that I should have got. I guess I’ll always be just a worker—but I don’t regret my action because the job was fixed and people aren’t being injured. (HSR Manufacturing)

I eventually threatened to section off [part of the workplace] and they acted. I now know my rights and would not hesitate to issue a default notice and contact SafeWork SA. (HSR transport and storage)

HSRs reported that they are seen as ‘troublemakers’ in their organisations and are treated as such by management; they can cite evidence to support this belief. Generally this is about failure to be given popular working hours or shifts, failure to be given overtime, failure to be offered promotion (as described above), or management opportunistically using a minor misdemeanor or a workplace injury to rid themselves of the worker, as reported in this instance.

I have been a Rep for 5 years. I wasn’t allowed to go to training for the first 2 years. My discussions over the last 3 years have probably cost me my job, believe it or not. I’m on WorkCover now, and my employer has used it as his ticket to get rid of me after 12 years employment. And the whole system has let me down so far - Rehab, WorkCover, and my employer. (HSR construction)

One participant suggested that in their industry being a HSR was rarely career-limiting, but that this assertion had been used as a convenient reason for some individuals to not take on the role. More important was the view that being a HSR was ‘uncomfortable’ or required more time than they were prepared to give.

I’ve been a Rep for 4 years and there are issues with the role – time and money. (HSR, finance, property and business services)

Indeed, the experience of this participant was that given their industry enjoyed reasonably stable employment, being ‘a pain in the neck’ as a HSR was more likely to lead to promotion. There were reports that some companies will promote people who are union leaders or HSRs into supervisory positions because they recognise the leadership potential in these people. From one perspective this is about rewarding people with initiative and skill; the other perspective suggests that promotion has the added advantage that the worker is likely to cease their former advocacy roles; ‘it shuts them up as union leaders or HSRs’.

HSRs reported that the training they received provided them with an excellent start for their working lives as HSRs. Training gave them the know-how that underpins their role and enabled them to be more assertive as representatives. Many reported working to improve their knowledge base in their own time and for their own motivation. Some HSRs reported that being an HSR had provided the opportunity for a career in OHS and they were working towards attaining TAFE or university qualifications, sometimes at their own expense, sometimes with the support of their employer. So, the impact of being a HSR for these people is about establishing an entirely new career.
7.3  **HSR having a voice (HSR-only dimension)**

This dimension consists of four questions that were asked of HSRs only and included two items that were scaled negatively (shaded in the list below). The dimension covers the capacity of an HSR to represent their workgroup; to be able to speak up about matters of concern and to be heard. It is critical to the effective role of the HSR.

<table>
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<th>Item</th>
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<tbody>
<tr>
<td>I can voice my opinions about OHS in this workplace without fear.</td>
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<tr>
<td>I can ask 'hard questions' about OHS on behalf of the workers in my workplace.</td>
</tr>
<tr>
<td>I feel too threatened to raise OHS issues in my workplace.</td>
</tr>
<tr>
<td>I feel like the meat in the sandwich when I raise an OHS issue here.</td>
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</table>

The response to this dimension in the HSRQ was very positive, indicating that respondents were able to engage and perform their role; overall they considered that they had a voice in the workplace. However, the qualitative data were more equivocal.

### 7.3.1 Being heard

Some participants in focus groups reported that they are consulted and are heard as an HSR.

*All HSRs are on the OHS Committee. All areas have HSRs. The group sizes are larger than desired but few workers nominate for the role. HSRs are consulted on all alterations, changes to equipment etc, for any issues. (HSR construction)*

Others reported on their role in encouraging their fellow workers to speak up in the context of a generally supportive environment.

*My workplace is very conscious about OHS and encourages participation and active involvement in OHS issues. The organisation is moving to continuous improvement with the introduction of meetings, information sharing and, I feel, an open approach to OHS at all levels. There’s been a positive response by employees ... but [they] still need to be encouraged to come forward with ideas and concerns. (HSR manufacturing)*

### 7.3.2 Not being heard

On the other hand, there were reports by other HSRs about management decision-making processes that limited HSR engagement. In these circumstances, HSRs reported that they did not have a voice in the organisation. The frustration that they express and their prediction of the possible consequences is evident in these quotations.

*Management makes all the right noises about being OHS aware, but normally the HSRs are kept well out of the decision-making process as all these larger decisions are made at board meetings that HSRs don’t go to. (HSR transport and storage)*

*‘Consultation’. Management in most cases think you only need to consult when the risk of safety increases. I think that the more people with experience that are consulted, the better the outcome, the more productivity, the less likely there is for any injury either short term or long term equalling a better return for everyone involved. Hence - don’t just speak to supervisors, mechanics, management or sales people. Speak to the average workers who will be using the equipment. (HSR transport)*
Having a voice was also regarded as key to improved reporting, particularly in the caring professions where workers often place the needs of clients or customers before their own.

I reluctantly took on the role of OHS Rep. I have experienced reluctance and an underlying attitude of fear in staff if incidents are reportable - I am reluctant to push for fair reporting as I know that it makes some people uncomfortable. Five months into the role I have been quietly persistent and had a couple of small successes; eg a staff member agreed to fill out a report when she fell ‘as long as it doesn’t cause a fuss’. (HSR community services)

Having a voice appears to be related to the self-perception by HSRs of the value of the role that they have chosen to undertake. It is probably more important to those who do choose to be HSRs, rather than those who are appointed by management, or by default, with no real interest in the role or commitment to its function. However, it is unlikely that such HSRs participated in either the survey or focus groups.

7.4 HSR competence and commitment (HSR-only dimension)

The role of the HSR is a specialised one that takes time to perform effectively. It requires a level of competence and knowledge that may be greater than that which is required to perform the normal duties of the job. This dimension, only asked of HSRs, covers the willingness of HSRs to learn and the perception they have of the value that the HSR’s peers place on the HSR role.

I seek information about OHS from SafeWork SA.
I am keen to learn more about OHS.
I take advantage of opportunities to learn from others outside my workplace.
My peers in my workplace value my work as a HSR.

The HSRQ responses to this dimension were reasonably positive and reflect the respondents’ willingness to participate in development opportunities beyond Level 1 training.

7.4.1 Participation in development opportunities

The focus group data were collected from HSRs attending a development opportunity, namely the HSR Network meetings. Perhaps unsurprisingly they supported the view that HSRs are, in the main, keen to learn more about health and safety at work. Indeed, these HSRs demonstrated their keenness to learn by being present at this series of evening events; some travelling long distances after a 12-hour workday to be present. We cannot claim that the HSRs attending these meetings were representative of the total HSR population; however, their views support the quantitative data from the HSRQ. It is clear that at least a sub-set of HSRs take their role seriously enough to seek to engage in development opportunities and to learn more about work health and safety, even to the point of establishing a new career. Some of these are external opportunities, as discussed in Section 7.2.1 above, others are internal as this HSR described.

We are currently reviewing our OHS&W systems and it is through this process that as a H&S Rep I have increased my knowledge regarding H&S. (HSR construction)
There were also reports of managers who offer opportunities to HSRs to improve their knowledge.

*I am lucky as my manager used to be an HSR herself and is full of knowledge. She also has no problems sending me to meetings or to do courses on OHS at work eg major hazards.*

(HPR agriculture, forestry and fishing)

### 7.4.2 Learning and sharing

The willingness to learn was also reported as a willingness to share with others. The sense of excitement and the capacity to share new knowledge was a recurrent theme in the qualitative data as evidenced by these participants.

*Every tool box meeting starting from last week I am letting my group know more and more about OH&S and slowly but surely I will bring them up to speed with their rights and responsibilities so they can feel safe and comfortable at work. This will also install a sense of confidence in their work place and their employer.*

(HPR community services)

*Since I began this role, I have pursued ways to make staff aware of the importance of OHS and their responsibilities. The best experience was during Safework Week 2010, when I set up activities in areas identified by staff as areas they wanted more info and training. The hands on, fun approach has encouraged them to continue safe work practices.*

(HPR transport and storage)

As these quotations demonstrate, HSRs saw their knowledge, and sharing that knowledge with others in the workplace, as being of value to their employer. The perception that confident HSRs add value to the workplace was clear in the data.

The flip side that was mentioned by some manager/OHS professional and worker-respondents was the perception that HSRs are ‘in it for themselves’.

*Often HSRs place their own importance/ego above rationally improving the safety of our site. (Worker, transport and storage)*

There may be some blurring of perceptions between being seen as an effective HSR, being enthusiastic and seeking development opportunities, forging a new career in OHS, and being single-minded and ineffective as a result.

### 7.5 Management attitude and action

The attitude of management to health and safety at work, and to HSRs in particular, is reflected in this suite of items in the HSRQ. The items cover a range of specific matters: sincerity, honesty, respect, the relative priority given to production and OHS, taking OHS seriously in business matters, training and communication. Thus this dimension reflects the context in which consultation on OHS takes place.

This dimension has 19 items that loaded together strongly in the factor analysis. Two items were scaled negatively and are shaded in the list below. The questions were asked of all respondents. It was not possible to differentiate this dimension any further with the limited data available to us, so this is a clear area for further action in the development of the next iteration of the HSRQ. Given a larger number of respondents to the survey this dimension may well have been broken down into sub-dimensions. Alternatively, it may be that there is considerable redundancy in this dimension and many of the items may be able to be removed. The items are qualitatively different, but appear to demonstrate the same broad dimension about management attitude and willingness to take action to improve work health and safety.
To what extent is honesty a feature of OHS consultation in your workplace?
To what extent is there a sincere approach to consultation on OHS in your workplace?
To what extent would you say that management in your workplace shows respect to HSRs?
To what extent is OHS given priority over production in your workplace?
To what extent do managers in your workplace comply with OHS requirements?
To what extent do managers consult with HSRs on changes in your workplace that impact on OHS?
To what extent are you treated with respect when you raise an OHS issue in your workplace?

Issues raised by anyone in this workplace are taken seriously.
Our Board or senior management believes OHS is a core part of our business.
Things get fixed quickly here when they have OHS consequences.
OHS is given high priority here.
I am kept well informed about OHS issues in my workplace.
OHS is as important as production and quality here.
Even small OHS issues are treated seriously here.
Supervisors are well trained in OHS in our workplace.
Communication on OHS works well in our workplace.
Our middle managers and supervisors understand OHS and take action to improve the work environment.

It takes a serious injury to get our Board or senior management to pay attention to OHS.
There’s no point raising an OHS issue in our workplace because no one takes any notice.

There were significant differences in the responses from managers/OHS professionals and HSRs/workers to this dimension, with managers/OHS professionals being more positive than either HSRs or workers. However, the responses were positive overall, indicating general satisfaction with this dimension amongst respondents.

7.5.1 Positive and negative management attitudes and actions

One worker, with clear understanding of the management of OHS in their workplace, described the consultative arrangements at work as follows.

*OHS issues are always included on team meeting agendas to allow everyone the chance to raise things and provide feedback on all OHS issues raised. No task or equipment is changed without consultation. We are currently going through the process of forming new work groups correctly and are just about to ask for new HSR nominations.* (Worker, construction)

Many HSRs quite proudly reported positively on employers who demonstrated commitment to and action on health and safety.

*I feel as if I work in a very good environment OHS-wise. Any OHS issues raised are quickly assessed by management and the best action taken that is possible. The company I work for prides itself on having a very good OHS record and usually if not always scores high on the OHS audit. Workers feel free to raise OHS issues and these are always taken seriously no matter how big or small. During the redevelopment of [site name], management let the staff close the business for a few days due to the concern over noise and dust levels being experienced as staff were working along side a section of the old building that was being demolished. It was a very difficult time for staff during this demolition/reconstruction phase and many OHS issues arose, but staff felt they could raise these and solutions were found if possible.* (HSR community services)

*OHS is taken very seriously at our site. Accidents are reported and dealt with quickly. Issues bought up by me as HSR are looked into immediately and solved usually straight away.*
Meetings are held 4x yearly and minutes kept, as are all records and maintenance schedules performed! (HSR community services)

If I have any issues my manager will act on them asap whether she’s at work or home. In fact our whole senior management team are the same. (HSR agriculture, forestry and fishing)

Formal systems for risk assessment, reporting hazards and incidents, and consultation (including OHS Committees) were all mentioned as the means by which management operationalises their commitment, their positive attitude and capacity to take action to improve health and safety at work.

We have a very transparent and well organised system to report and communicate environmental and safety issues. Relevant company wide issues are communicated to employees at a daily tool box meeting. We also have a monthly safety and communications meeting where issues can be raised, assigned and tracked. (HSR transport and storage)

Our OHS Manager formed a committee just for our HSRs. (He comes along and is very supportive and proactive.) We work on issues outside of the main Safety committee. Interest has been a lot higher than at the main Safety Committee and the HSRs support each other better. We feel as if we can achieve actions quicker and are inputting our concerns and issues in a more open and relaxed forum. This has been one the best committees formed in years for HSRs. This is very, very good. Well done. (HSR manufacturing)

On the other hand, there were also reports of less positive responses to OHS from senior management and workers, even in the context of overall improvement.

Our company is making headway on OHS. Workers are not keen on changes. Have done things the same way for years. We need more information and input from Senior Management on OHS. (HSR construction)

A management attitude of compliance scored positively on the questionnaire, but the motives behind management attitude and action were of importance to workers and HSRs.

Whilst management take OHS more seriously in the last decade, it feels they only do it due to cover legal requirements not to be really caring about our safety. (Worker, manufacturing)

Senior management ‘preach’ safety. They talk the talk (as required under the Act! but do not walk the walk. Lower level management do not support OHS reps very well (HSR manufacturing)

All OHS issues are dealt with in a strict by the book manner. (HSR transport and storage)

### 7.5.2 Harassment of HSRs

Whilst there were many positive responses to the HSRQ, the darker side of the management attitude and action dimension was evident in reports of harassment of HSRs. The following story from the anonymous HSRQ has been modified to protect the participant. It is illustrative of many stories of HSRs being threatened, abused, denied HSR training, and whose opportunities in the workplace have been curtailed. All of these actions are in contravention of the law. We have reported on the role of the HSR being ‘career limiting’ in Section 7.2.2, but clear abuse is one step on from this and is of great concern. From the reports in this research, it is common.
I have been personally chastised by my supervisor for raising an OHS issue. (In fact the same issue has been raised on more than one occasion by others, including people who are not HSRs; but still no action) I believe my outspokenness has cost me a full year’s bonus (several thousands of dollars). I have been forced to write an apology because a department manager didn’t like my comments about their team. This was under threat of termination of employment. My comments were agreed with by a great many of our front line personnel some of whom asked me why I had withdrawn the comment. When I ask about training I get asked “What value is it? What will it teach you? How much cost? 5 days off work is a very significant time involvement”. I haven’t been able to follow up level 1 training in over 4 years. Anything that I want to do (e.g. preparation of an ergonomic checklist for new starters) must be done at home on my own computer in my own time as you don’t get allocated time to do HSR work. Our new OHS manager stated at a recent company sponsored forum for OHS reps ‘This forum is seen as very high importance by senior management’ yet only a small percentage of reps got to attend. My boss was on leave so I went without permission. I now have to justify my time absence from my work.

7.5.3 OHS—not just for OHS professionals

OHS professionals at work were often critical of the attitude to OHS of fellow managers, especially where there was a reported tendency to see OHS as the responsibility not of themselves, but of the OHS manager. This was a common concern as this safety manager observed.

There is difficulty in getting consistent buy in and engagement from middle and senior managers. This is deemed to be due to personal traits of what is important to them: KPI’s, success, team building etc. ... Some managers will tend to place OHS matters as falling primarily into the role of the safety manager. HSRs have become more effective as I continue to empower them and include them in decision making across various projects.

(OHS Manager, manufacturing)

In this type of work environment, HSRs can become the allies of the OHS professional.

7.5.4 Attitudes to health and safety in regional areas

Head office (mostly Adelaide) management attitudes to OHS in regional areas was a concern that was expressed in regional focus groups as well as in the HSRQ as this example demonstrates.

OH&S in my workplace can be hard as we are an office which has a team leader but the actual management is run out of Adelaide. Our office workplace is very up on OH&S however with Adelaide so far away, they can forget about our issues or we have to repeatedly raise them. (HSR finance, property and business services)

7.5.5 Production/service delivery versus health and safety

There was a tension between production (or service delivery) and workplace health and safety. Where this was acute and production was the winner, HSRs perceived that the management paid lip service to health and safety at work and they were not treated seriously or given respect. Indeed, the most commonly reported block to the work of HSRs being appreciated was management’s attitude to money and production/service delivery pressures.
I have found the negative side [of being an HSR] is the lack of money [for workplace change]. Big issues have arisen and management would not address them. (HSR transport and storage)

Some issues are not fixed because the company is not willing to complete this because of cost, mostly maintenance-based safety issues. We are due for a store renewal, which continually gets deferred. In the meanwhile, some safety related maintenance issues are put on the back burner, because in due course, these issues will be addressed as part of store renewal. The risk is greatly increased at peak times eg. xmas, Easter when the regional manager instructs risky storage ... a breeding site for manual handling hazards. (HSR wholesale and retail trade)

7.5.6 Notifiable incidents

The three items about ‘notifiable incidents’ and ‘dangerous occurrences’ contained in the HSRQ had insufficient responses for inclusion in the factor analysis (as discussed in Chapter 6). The three items were:

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<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>To what extent are ‘notifiable incidents’ and ‘dangerous occurrences’ reported to SafeWork SA?</td>
<td>There are effective procedures for reporting ‘notifiable incidents’ and ‘dangerous occurrences’ to SafeWork SA.</td>
</tr>
<tr>
<td></td>
<td>‘Notifiable incidents’ and ‘dangerous occurrences’ are reported to SafeWork SA.</td>
</tr>
</tbody>
</table>

Separate statistics were used to determine significant differences between HSRs, managers/OHS professionals and workers for these questions. Managers/OHS professionals had a significantly higher response than HSRs and workers to the question: To what extent are ‘notifiable incidents’ and ‘dangerous occurrences’ reported to SafeWork SA?. Overall the scores on these three questions were positive, indicating that respondents believe there is reasonable compliance with reporting requirements in the organisations represented in the study.

The qualitative data were more equivocal. Participants in focus groups and interviews sometimes indicated that their organisation had good compliance with these provisions and were able to cite examples. Some participants told us that it was ‘just not worth it’ to fail to report ‘notifiable incidents’ and ‘dangerous occurrences’ to the regulator given the ‘number of eyes we have in our workplace’. In other instances we were given stories about incidents that were not reported and covered up to prevent a visit by the regulator that might lead to further investigation.

7.6 Training and induction

Competence in OHS across the organisation is a key factor in creating safe and healthy work systems. This covers not only the competence of HSRs, but also of workers, managers and OHS professionals. There were seven items in this dimension and they were included in each of the questionnaires. They asked about competence, training and induction.
Our induction training improves awareness of OHS. Our professional OHS staff are trained and competent in OHS. I am satisfied with the training I have been given in my workplace on the responsibilities of management in OHS. New employees are given induction on OHS in our workplace. Our induction training in OHS gives new people good skills. I am satisfied with the training I have been given in my workplace on the role, functions and responsibilities of HSRs. Our HSRs are trained and competent in OHS.

Managers/OHS professionals were significantly more positive than HSRs on this dimension. Within these responses, those who were members of an OHS Committee, or who were younger, were more likely to be positive in their response. With respect to OHS Committees this may reflect the value of engagement in assessing the importance of training.

### 7.6.1 Satisfaction with training and induction

Participants regarded as critical the provision of training in OHS that is appropriate to the position and task of workers and managers.

*The products and systems we deliver need to be safety evaluated and as such all employees are told ‘Safety is everyone’s concern not just the safety engineers’. The OHS training we provide to staff has been tailored to subtly teach safety engineering as well, so everyone can make safety their concern when working on our large engineering projects.* *(HSR construction)*

Appropriate training in OHS gives workers, managers and HSRs the knowledge base that they need to enable effective participation in OHS decision-making. This was reported as critical by many participants, because training enabled them to use appropriate processes when dealing with issues as they arose; it provided a platform for employees and employers to work together.

*The Safety Committee has received 1 full day and 1 1/2 day training sessions which has benefited the committee.* *(Operations Manager, manufacturing)*

It is not only workers and management who may need training in OHS. This is particularly so in the community services sector, where clients’ homes become the workplace. In aged care, for example, there can be a need to train elderly clients in order to recruit their assistance in providing a safe workplace, as this respondent described,

*OHS is an integral part of any business. It is tricky for us as our business is the delivery of aged care services to the community and our clients’ homes become the workplace. Time after time, OHS issues have arisen in the community and our HSR has dealt with those issues promptly and with the compassion and respect due to an elderly person struggling to remain in the community. Further to this, our older community members need special help to assist them in understanding what OHS is all about. They are aged in their 70, 80, and 90’s and operated in a world without these structures and regulations; so our entire team plays a role in educating them about safety and why we do things the way we do.* *(Safety coordinator, community services)*
7.6.2 Improving training and induction

Content and style of training were open to criticism by participants.

*I feel in my workplace there is always need for more improved and better ways for communication and consultation, in other words better ways of training instead of having it rammed down your throat, same sort of stuff over and over.* (HSR community services)

Training of decision-makers, middle and senior managers, was most frequently open to criticism. If these key people do not understand their OHS responsibilities, then they are likely to prevent effective participation by employees and HSRs. Lack of training at this level can contribute to an atmosphere of distrust and to the view that there is poor commitment to health and safety in the organisation.

*Communication and consultation tends to be poor. Management’s commitment to OHS is varied; more emphasis from senior management is needed. Middle management is not well trained in OHS issues. My opinion is that managers should be trained with HSRs.* (HSR manufacturing)

7.6.3 HSR training

Many organisations appear to encourage ready access to training for newly-elected HSRs and this was reported regularly during this research. In these organisations, any time delay in post-election training was reported to be generally due to training providers or places on courses being unavailable. Being willing to provide training was regarded as an important and positive management trait when people take their OHS-roles seriously.

*The role of our OHS Committee and of HSRs has been greatly improved by a higher level of training (most up to level 2) and by the seriousness of most of the individuals in their role as HSRs and committee members.* (HSR wholesale and retail trade)

*My experience so far has been very positive. I’ve received training. I’ve been recognised for the work I’ve done as a HSR. I’m included in the principal OHS Committee and my opinion is valued. I’ve been offered more training at the end of my first 12 months.* (HSR community services)

However, it is clear that many other HSRs have limited access to training or are denied training.

*... I have not had any formal training for about 4 - 5 years.* (HSR construction)

HSRs acknowledged that in some industries there are constraints on staff availability for back-filling people attending any training – not only HSR training. Whilst this was not considered ideal, there was acceptance that management might have little control over the situation, particularly in industries operating with extreme skills shortages. Some participants asserted that in these industries there was reluctance on the part of HSRs to attend training for fear of ‘leaving fellow workers in the lurch’. In these circumstances, the option of a block of five days of training was regarded as simply unachievable, but training divided into a two-day session plus a three-day session separated by a month (or thereabouts) was found to be acceptable. Others reported that in their organisations there appeared to be no legitimate reason to deny access to HSR training. The future implications for this are canvassed later in this report, but in the current circumstances denial of permission for HSRs to attend training is a significant issue for many HSRs.
Access to HSR training in regional centres was reported to be sometimes a problem. Some regional areas were well serviced by their local TAFE for the provision of HSR training, but in other centres where there is no local provider the availability of training can be problematic.

... we are still waiting for HSR Level 1 training for one or our staff members. It has been booked twice and cancelled twice by the training body, which is extremely frustrating as our colleague is very keen to undertake this training. So if you could pass this on that would be great! Need more training opportunities in the country. (Safety coordinator, community services, regional area)

Irregular visits by Adelaide-based training providers, or courses being cancelled because the enrolments are too few, are likely to be an on-going problem in regional areas.

7.7 **OHS understanding**

Three items about understanding OHS loaded together to form the dimension, *OHS understanding*. This dimension is subtly different from *Training and induction*; rather than being about the availability of suitable and effective training, it reflects the importance of understanding roles and what is expected of individuals, regardless of their position in the organisation. In a sense this dimension is a proxy measure of the effectiveness of training.

| To what extent do you understand the role and function of HSRs? |
| To what extent do you understand management's role and function in OHS? |
| I understand what is expected of me with respect to OHS. |

On this dimension there was no significant difference between managers/OHS professionals and HSRs, but their responses were significantly more positive than workers. Overall the responses were very positive, indicating that respondents believe that they understand the OHS role and function of themselves, managers and HSRs.

The qualitative data paints a different picture; at least with respect to the role and function of HSRs. This remains the least well-understood role in OHS. Many HSRs had uncertain knowledge about their role and function, seeing themselves as the ‘safety police’ (a few used this term) or as having responsibility for OHS.

7.7.1 **Understanding the HSR Role**

Amongst the participants in this research there was a very varied understanding of the role of the HSR. It seems we may not have moved very far from the thinking that was evident in 2001 where it was noted that the role is regularly misunderstood (Blewett 2001). Apart from people from SafeWork SA, the lack of understanding was evident from all classes of participant: union and industry representatives, HSRs, managers/OHS professionals and workers. There were also some creative expressions of the HSR role that did accurately reflect the workplace manifestation of the role as defined in law.

*Minimally the HSR is paying attention to OHS and what’s going on. They understand what to do next when things aren’t right and they’re empowered to do something about it. They can represent the workers on OHS matters, so they are different from the OHS Coordinator*
or Manager. Sometimes they’re the first port of call when things go wrong. They have the capacity to mediate and can expect a response. (Union participant)

Of chief concern for HSRs was the fuzziness in the role when employers do not appreciate the duty that they (the employers) hold, do not take the HSR role seriously, or fail to see value in worker consultation. Where there is a collaborative relationship between management and HSRs, the HSR role is clear. But where employers play lip service to OHS, HSRs are more likely to be asked to take on OHS responsibilities that are more properly the province of management, such as being made responsible for the organisation’s risk assessments. Under these circumstances managers may attempt to pass their OHS duty to HSRs.

_HSR is there to make sure things are kept safe_ (Manager)

One participant saw the role of the HSR as a confusion of the onus on the duty holder to provide a safe and healthy workplace. Given the HSR has considerable powers and is able to contact external experts such as the regulator or union without the employer’s knowledge or consent, they asserted that the role does not essentially encourage collaboration because these processes are not open or transparent.

### 7.7.2 What is the role of the HSR?

Responses to the question, “what is the role of the HSR?” during interviews and focus groups were very varied. Some people have a clear understanding, while others demonstrated, disappointingly, that the role remains poorly understood. Given those who participated in focus groups and interviews were either HSRs or people engaged in work with HSRs, a high level of understanding was expected. Their responses are summarised below:

- Represent the work group.
- Assist the employer by providing employees’ views.
- HSRs can educate those whom they represent. Education through guidance.
- Work with employees to raise issues.
- Provide an outlet or avenue for people to raise issues that they may not otherwise raise – eg because of the potential for intimidation.
- Can see things before they become an issue – nip them in the bud.
- Being part of workplace inspection, they can have a different, but complementary influence to the OHS Coordinator (who is a management rep and may not be able to raise issues themselves). Being a HSR adds a level of authority because of the formal powers of the role.
- Help to educate employers, make them more aware of issues and the value of worker input to their resolution.
- The role is more evident when it’s missing because HSRs add so much. Most employers are ‘deaf, dumb and blind about the shop floor’ and rely on HSRs as a means of finding out where the OHS issues are.
- Through the consultative process, HSRs are a conduit of information between workers and management (and management and workers).
- Act on clear and present danger.
- Can talk with colleagues in an informal manner and help put information that is picked up informally into the formal record to enable action to be taken.
A conduit for two-way communication and raising matters.
- Should have involvement in the OHSMS.
- Involvement in change in the workplace, development of policies and procedures.

On the other hand, there were still those amongst the focus group/interview population who regarded the HSR as being:
- Like the “safety police”; that is, making sure that people wear their personal protective equipment and obey the rules.
- Responsible for making sure the workplace is healthy and safe.
- Responsible for keeping the OHS management system up to date.
- Responsible for conducting audits or checks of the workplace.
- Responsible for the hazard identification system.

These views demonstrate the lack of understanding about the HSR role as well as a prevailing lack of understanding about who the duty holder is in an organisation, and what their legal responsibilities are.

The poor understanding of the role of the HSR was also contained in the free text responses in the survey, which are likely to have been closer to reflecting the views of the broader working community than the focus groups and interviews. For example:

Staff can use HSRs too much so they do not have to deal with issues themselves. Sometimes I’m asked to represent workers on issues which do not relate to OHS. Staff expect the HSR to fix everything. Management do not always consult or follow through. (HSR finance, property and business services)

It is clear that there is room for improvement in understanding not only the HSR role, but also the roles of others in the organisation.

7.8 Support for HSRs

There is a legal obligation on employers to support HSRs by providing them with the resources needed to perform their role, and to enable them to interact with the people they represent. This dimension asks about the nature of that support using five items.

<table>
<thead>
<tr>
<th>Question</th>
<th>HSR Response</th>
<th>Manager/OHS Professional Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are HSRs in your workplace allowed to research OHS issues in work time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do HSRs in your workplace receive the information they need in order to perform their role well?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are HSRs in your workplace informed in advance about important decisions, changes, or plans for the future?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are HSRs in your workplace given time to talk to the people they represent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our HSRs are given space to store OHS-related materials.</td>
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</tbody>
</table>

There were significant differences between the responses from managers/OHS professionals and HSRs to this dimension, with managers/OHS professionals being more positive than HSRs. The responses were positive overall, however the HSR responses to this dimension were amongst the lowest in the survey. Given lack of management support was a frequent cause of complaint amongst HSRs, the overall positive response to the HSRQ was somewhat surprising. The qualitative data, by
comparison, provided rich examples of lack of support given to HSRs as well as examples of active discouragement of the role and harassment (see Section 7.5.2).

I don’t get much support from anybody … (HSR construction)

Time is always an issue. [My employer] does not take this role as a serious one and thus NO paid time is allocated, this time must come out of heavily loaded [work activities] time. (HSR community services)

Too busy at work to do a lot on OHSW. (HSR wholesale and retail trade)

We have struggled to get new HSRs; I believe this is because of the difficulty in finding time to fit these responsibilities around other work. (Middle manager, construction)

Some HSRs reported that lack of support for their role was evident in the nature of the obligations that were imposed on them in their HSR role by their employer. This could also demonstrate their employer’s lack of understanding of the HSR role. On the other hand, some suggested that overloading the HSR and treating them as the ‘OHS Coordinator’ could also be perceived as a way of keeping them too busy to perform their representational role effectively.

I have had education and training in being a HSR, but my employer’s expectations are different. In this organisation we are expected to do the environmental checks monthly and do the follow up with any issues, document hazards and do the follow up with management, attend monthly meetings at various sites across Adelaide, maintain MSDS - updating them, maintain the risk assessment folder - update as needed, and plant/manual handling/haz subs. All of this is expected to be up to date while only being given 0.5 hours a week. We are self insured so the organisation takes OHS seriously, but doesn’t provide adequate hours for the different sites to properly manage it. (HSR community services)

On the other hand, some HSRs were able to clearly articulate their positive role in the development of OHS in their organisation, as has been reported in earlier sections. They reported support from management and negotiations that were cordial and focused on collaborative improvement.

7.9 Appreciation and value of HSRs

The value that members of the organisation place on their HSRs was measured in this dimension. It consists of seven items that cover mutual respect, HSRs’ capacity to add value, how HSRs are used, and their election to the position. These items were included in each of the HSRQs.

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent would you say that HSRs in your workplace are shown respect by their fellow workers?</td>
<td>Not significant differences</td>
</tr>
<tr>
<td>To what extent do HSRs add value to OHS decision-making in your workplace?</td>
<td>Not significant differences</td>
</tr>
<tr>
<td>To what extent would you say that HSRs in your workplace show respect to their fellow workers?</td>
<td>Not significant differences</td>
</tr>
<tr>
<td>To what extent can HSRs in your workplace use their skills or expertise in their work?</td>
<td>Not significant differences</td>
</tr>
<tr>
<td>Everyone appreciates the work of the HSR in our workplace.</td>
<td>Not significant differences</td>
</tr>
<tr>
<td>The HSRs in our workplace are elected.</td>
<td>Not significant differences</td>
</tr>
<tr>
<td>Employees readily raise OHS issues with their HSR in our workplace.</td>
<td>Not significant differences</td>
</tr>
</tbody>
</table>

There were no significant differences between the responses of HSRs, managers/OHS professionals, or workers on this dimension and the responses were generally positive.

Appreciating and valuing HSRs is predicated on understanding their role in the workplace, as discussed in Section 7.7.2.
7.9.1 How HSRs are appreciated and valued

Both workers and managers/OHS professionals acknowledged the value of HSRs to maintaining open communication on OHS between management and workers, for example,

*Having only worked here for a relatively short time, I feel that HSRs have significant respect from their colleagues and management. During my first year we have spent a lot of time attempting to increase the involvement of all staff. Management is very open to improvement in all aspects of OH&S.* (Middle manager, construction)

Their fellow workers reported having confidence in HSRs to act on their behalf and negotiate change.

*HSR’s on this site generally are treated as people of knowledge on OHS and we go to that person in any situation where immediate action is required.* (Worker, community services)

*Workers for the most feel more comfortable coming to me as their HSR than their supervisor, to fix things. More workshop meetings should be arranged, this would also give workers updates on work safety.* (HSR construction)

Some managers/OHS professionals were quite clear about their own duty, as the driver of OHS in the organisation, but acknowledged the leadership role and importance of HSRs in working cooperatively towards a healthy and safe workplace.

*OHS is driven very largely by management in the workplace (including line supervisors). This is driven by corporate standards that are not necessarily seen in other areas within our industry. HSRs have provided leadership to the workforce to take OHS seriously, as well as acting as key consultative figures for the introduction of any change to the workplace. HSRs and our HSE committee provide great value to our workplace.* (OHS Manager, Agriculture, forestry and fishing)

*I have set up teams with the OHS Reps and OHS Committee members to address hazards at the site. These have been well received and have addressed traffic management, emergency systems, and manual handling issues. The HSRs have responded well and have been satisfied that they have achieved some improvements. Work Group teams have also been set up to address issues and these have had good responses from the employees.* (Operations Manager, manufacturing)

*It is our policy that HSRs are involved in many aspects of OHS. Example risk assessments, committee meetings etc (OHS Manager, wholesale and retail trade)*

HSRs were able to articulate the effect that being appreciated and valued had on them, for example,

*As a HSR my experiences have been very good. I have been trained according to SafeWork SA requirements. I have been involved in investigating minor incidents as well as an investigation for a major incident at work. By quoting work’s policies and the OHSW Act, I managed to assist with any investigation because I had the tools and knowledge to do so. In terms of my own involvement my manager & GM handled it promptly and created a positive result. Overall I am glad I am a HSR, my input into my employer’s OHSW committee has been valuable. I enjoy my role as a HSR and working in [names area] — it is fantastic, plus I know more than others and they seek my assistance.* (HSR manufacturing)

7.9.2 Remuneration for HSRs?

Some HSRs reported that they are not given time to perform their role in paid work time and as a result they take on HSR tasks in their own time and at their own
expense. They reported often spending extensive amounts of time. Some participants thought that payment for the role would give it more credibility and status in the workplace, reinforce the recognition of the value of the role, and allow time and resources to be applied to it. A paid role, it was suggested, would make it easier for the HSR’s expectations to be met and make it more likely that they would be given recognition in the workplace.

Being an HSR is incredibly onerous task if it’s taken seriously; they don’t get payment or much recognition in a lot of places. There’s not much incentive. (Union participant)

Government should fund Safety Reps to work on safety issues for a set time each week, eg 4 hours per week. (Worker, community services)

I would like to see the HSR’s paid $5000 per annum as an extra role in their employment paid by Fed. Govt or SafeWork SA, then people will take HSRs more serious. I would like a minimum 5 year term for HSRs - not 3 years - because by the time you do Level 1,2&3 training you’re then replaced??? P.S. I prefer NO time limit. (HSR manufacturing)

Some participants identified that payment for the role could have negative outcomes; it could be the first step in management thinking that the role was a management function such that the HSR becomes the ‘OHS Manager’ by default. Whilst this happens now without there being remuneration, some considered that remuneration would only exacerbate this.

7.10 Characteristics of HSRs

Assertiveness, persistence, consistency and vigilance were identified as key characteristics of effective HSRs in earlier research (Blewett, 2001) so it was not surprising that the group of 4 items below loaded together strongly in the factor analysis to form this dimension.

- To what extent do HSRs in your workplace need to be assertive?
- To what extent do HSRs in your workplace need to be persistent?
- To what extent do HSRs in your workplace need to be consistent?
- To what extent do HSRs in your workplace need to be vigilant?

This was the only dimension where HSRs had a significantly more positive response than managers. That is, HSRs who responded to the survey were more likely than managers/OHS professionals to agree that they demonstrated these key characteristics in the performance of their role. Workers responded less positively than HSRs, but more positively than managers/OHS professionals, but these differences were not significant. Stories from participants in the focus groups and interviews added weight to the view that HSRs need to be persistent, assertive, consistent and vigilant. There are other characteristics of their peer-level leadership that make effective and ineffective HSRs that were clearly identified in this research and these are discussed below.

7.10.1 Being assertive

Experienced HSRs described being able to ‘start out as you mean to go on’ in an assertive manner in a new workplace. One HSR told their story of assuming autonomy in their role,
When I first came into this industry I had my induction at Head Office. I then went to the work site and did an audit of all equipment at that site which was run down and in a bad state needing repair. I set up a meeting with my manager and pointed out the work that was required to make my site a safe work place. I was informed they had to work to a budget. I then informed them of their responsibility where health and safety were concerned and referred to the OHS Act and Regs. My supervisor then informed me that management was going to replace all defective equipment at site with new machines, which was a win-win for my team and me. I had come from manufacturing where I had worked for many years, almost half of the time as a HSR so my new company management and my fellow workers accepted that I had good knowledge in OHS issues. I laid the foundation from day one so that they knew what direction I was coming from. (HSR wholesale and retail trade)

The majority of workers just want to come to work and do their job and go home. Elected HSR are proactive people and mainly nominate themselves and encourage others to vote for them. (HSR community services)

7.10.2 Being persistent

In some organisations it is necessary to keep on keeping on about particular issues so that action is eventually taken. Sometimes HSRs reported that the threat of sanction, through the use of a default notice, was the trigger that engendered change. Most HSRs reported that the use of the default notice was the ‘last resort’ and ‘not used lightly’; used only when they were at a point of frustration. There were several reports of the threat to apply a default notice when the issue had been on the table for 12 months or more with no action taken.

[In our business] there is large potential for unknown events/hazards/risk. [We regularly work in our customers’ premises] and they have an involvement in OH&S but may not consider others’ needs. I nearly issued a default notice on a customer because of potential risk in our work. I used the services of a consultant to assist in finding a remedy but the issue remained for 12 months after their report. Finally a second threat of a default notice solved the problem. Management in my area stated it was outside their role and virtually left the whole issue to me to negotiate. (HSR community services)

... Our [business] is now self-insured and it is only since self-insurance that OHS issues are taken seriously. We have an excellent and dedicated core on our OHS committee, but it is difficult to get managers to attend meetings, ... rostering can be difficult. In the past safety standards have seemed not a priority. Change has happened slowly. It is difficult for OHS procedures to be understood as English is the 2nd language of many employees. Many are students and/or casuals and don’t really get adequate training. Our OHS coordinator is a hard working and diligent manager. The majority of employees do not want any involvement as a representative of any kind - a few reasons: lack of English understanding; and in the past, management has looked upon reps as the enemy. In our workplace it can be a thankless task. Possibly being an older worker I am not afraid of speaking out as I once would have been. Most employees would rather have someone else to speak out as many are intimidated in the workplace. Most will not report injuries as they are frightened of being on WorkCover - losing hours - or losing their jobs. There is still a culture of ‘its their own fault if they become injured’. (HSR hospitality)
7.10.3 Being vigilant

HSRs were reported to be workers who keep their eye out for things that are likely to be OHS issues. They act as peer-level leaders, are proactive in their approach, and act as the conduit between management and the workforce.

Most employers are deaf, dumb and blind about the shop floor and rely on HSRs as a means of finding out where the OHS issues are. (Industry participant)

I am a strong minded person who is not afraid to speak my mind and am not easily intimidated. I am vigilant and assertive in my approach to OHS. However others who do not have the same traits as I do can be intimidated by threats and coercion from managers with regard to OHS matters. Consultation regarding safety is in my opinion almost non-existent in the planning and development stages of any changes, rather it is done after the planning and development is done, in the form of advising 'this is what is happening from now'. This often results in poor changes and decisions. My employer has a strongly visible focus on personal protective equipment and administrative procedures to control risk in most cases. Whilst these are important tools in risk management there needs to be a more visible focus on the first 3 stages of hazard control. (HSR construction)

7.10.4 Being consistent

A consistent approach to OHS as being a key business matter in the workplace was evident in the reports of many HSRs.

Regular safety meetings can be seen as boring and routine with out being properly used as a communication tool. The role of HSR is important in keeping the safety message personal and at the front of each individual’s thinking every day. Innovative thinking and research outside of the regular wish lists and paper processes is what makes the difference at safety communication meetings. (HSR agriculture, forestry and fishing)

Consultation is something we HSR’s are working hard to improve. (HSR transport and storage)

7.10.5 What makes an effective HSR?

Responses to the question, “What makes an effective HSR?”, posed during focus groups and interviews, engendered some useful insight into the characteristics of effective HSRs, as summarised below:

self efficacy

- High-level of self-confidence; a shell of steel
- Capacity to be unpopular sometimes – with both management and peers
- Sufficient resilience to take on tough things
- Willing to be non-confrontational and solutions focused.
- Being willing to negotiate calmly with the employer and being prepared to use their powers if the employer doesn’t conform
- Mindful that policies and procedures are established with current knowledge, being willing to help change them, but forgiving of shortcomings when new knowledge comes along. Provide support in the review of policies and procedures.
- Understand that workers should obey the rules
- Having rapport, empathy for other workers’ issues – this is fundamental.
- Have strong beliefs in their rights and sound principles
- Being independent
- Being complementary to the OHS Coordinator and asking questions
- Confident, not being scared
- Passion/resolve for employee health and safety over that of their clients (caring profession)
- Being prepared to use their powers for positive workplace change
- Has life experience

**competence**

- The capacity to know what to do in a given situation – and when and where to go for help (One union participant reported that those HSRs who went to SafeWork SA were pleased with the outcome, but few used it. The lack of use of SafeWork SA was a surprise).
- Treads the fine line between influencing positive change and demanding change for change’s sake.
- Know their limits: they are not the police, the do-er or the OHS guru. They don’t have responsibility for OHS
- Intelligent, understanding, willing to learn

**skills**

- Cooperative
- Attention to detail
- Practically based, solutions oriented
- Being a mentor for others.
- Being able to understand and identify risk. They bring native skills as workers to the role of HSR, but training can enhance this.
- Broad understanding of workplace issues

**capacity to communicate**

- A conduit between workers and management
- Ability to communicate across all levels about solutions
- Be able to communicate between employees and employer about dangers to OHS
- A communicator – this role is more important than their knowledge of OHS, and this is a basic requirement.
- Good communication skills
- Articulate up and down the organisational hierarchy

**trust and respect**

- Trusted by peers
- Peers have confidence in them
- Respected by work group.
- Respect from the workplace

**leadership**

- Have influence with peers
- Getting staff to know that they can make a difference if they take part – eg encouraging reporting of incidents and following up.
- Influence through leadership. A leader in OHS amongst their workmates, peer leader, influences the behaviour of others.
The legitimacy of the HSR role comes in the fact they have been elected as a representative. It’s important to have the right person.

- Seen as a peer leader – an essential quality

7.10.6 What makes an ineffective HSR?

HSRs are not always effective, so the corollary question, “What makes an ineffective HSR?”, was also asked in focus groups and interviews. The responses to this question, are summarised below:

**an agent of management**

- A person who has assumed the HSR role (perhaps not really elected, just someone who agrees and slips into the role in the absence of a formal process). Management may regard them as the rep, but the person acts as an agent of management, as an individual who has power, but uses it for their own ends, not as a servant of their peers.
- Being seen as spokesperson for management.
- Usually enticed by employer to become an HSR
- A management plant

**act deceptively**

- Act in a deceptive manner
- Making OHS matters a joke. Belittle OHS issues so that workers don’t take it seriously. They can do reputational damage to the area.
- Reinforce that workers can’t do much, are powerless; and use the Act to support that position

**lacking skill or knowledge**

- Don’t understand the work of the people they represent, so can’t take on their issues effectively
- Don’t undertake training, so don’t really understand their role and powers.

**inactive**

- They do very little, even though there may be plenty to do
- Weak, powerless, unwilling to take action

**not supported by peers**

- Having no support from peers
- Arrogant types of people
- Don’t practice what they preach

**uncooperative**

- Those with a “let’s stick it up the employer” attitude and who fail to use due process end up being sidelined by their workgroup and the employer.
- Working against the employer, rather than with them, so that the relationship becomes adversarial. When adversarial it becomes harder to work together.
over-zealous

- Pig-headed when they see non-conformance and go straight to a policing role before adequate negotiation.
- Regarded as the ‘safety police’, consider themselves responsible for fixing or managing OHS or see themselves as the ‘OHS guru’.
- Being over-zealous – the difference between interest and obsession; stepping beyond their role and function so that they become offensive to the work group and the employer.

pursuing own agendas

- Taking on the role to pursue one idea
- A loose cannon
- Use the role to build their own position, eg for promotion
- Not picking up things that their constituents consider important.
- If the HSR is in the role for the wrong reasons – control freaks who just want their own way and want to strut in the workplace.
- Pushing own barrow

7.10.7 Can HSRs hinder OHS?

A few HSRs informally take the role, these maybe people who tend to speak up, but don’t have formal training and/or refuse to attend. Their attitude to training is that it is likely to be unnecessary bureaucratisation. Such a person may espouse a “common sense” approach to OHS and may hold quite fixed ideas that are not necessarily helpful. As one participant described,

...they may show the “toughen up princess” syndrome, reinforcing that “that’s what it’s like so get used to it” attitude that ends up reinforcing the status quo. These attitudes can be a real blockage to improving OHS. The result is that the person who raised the concern with the HSR ends up being labelled “the troublemaker” and this is destructive, not helpful.

(Union participant)

HSRs were reported to be a hindrance only if they misused their role. Their work group can dismiss them from their role, but often there may not be a willing replacement. If the work group does not know they are able to dismiss a non-performing HSR, or does not know how to take this action, then they may be stuck with an ineffective HSR who may be a block to achieving good work health and safety. That is, their influence may be negative, not just neutral.

7.10.8 Delineation between OHS and industrial relations (IR)

The differentiation between OHS and IR causes discomfort for all industrial parties, although for a range of reasons. In some people’s minds there is a grey area where issues do not fall clearly into one realm or the other and this is deemed counterproductive. Some saw a clear delineation between the areas as critical, but acknowledged that this is not always possible. Others held the view that OHS issues, such as rosters and fatigue management, were both OHS matters as well as about conditions of work that have IR implications for remuneration. There were also non-specific concerns about contradictions between the Fair Work Act and OHS regulation.

One participant summed it up neatly,

There’s no element of OHS in IR, but there’s IR in OHS (Union participant)
Keeping this wisdom in mind might take the heat out of discussion about the place of OHS with respect to IR.

7.11 Additional observations

During the focus groups and interviews there was discussion about aspects of representation on OHS matters that did not fit easily under the headings above. However, they are important findings about vulnerable workers, training given to senior managers, and union right of entry that should not be lost.

7.11.1 Vulnerable workers

Workers on S.457 visas are used in some industries in South Australia. This is a particularly vulnerable group of workers whose health and safety interests were reported to be poorly represented in workplaces. With English as a second language and often limited knowledge of Australian law and their rights, these workers are vulnerable to exploitation. Alternative means of providing representation to improve their health and safety at work is needed. Consideration could be given to some creative means of supporting vulnerable workers in the form of ‘roving reps’ of the same language group. Given their reportedly strong sense of disempowerment, they are likely to be better served by representatives who are external to the employer; for example from a union or community group. Ongoing surveillance of their working conditions by the regulator is also necessary.

7.11.2 Responsible Officer training

Several participants expressed concern about the loss of the requirement for training of the Responsible Officer, the principal duty holder in an organisation in the South Australian legislation. (Although there is no equivalent duty holder in the harmonised legislation, a Person Conducting a Business or Undertaking – PCBU – would be closest.) Others had a different view, asserting that trained Responsible Officers do not always understand the role of the HSR and ‘training has only scared them’ about the level of responsibility that they hold. Others assert that Responsible Officer training helps to clear the confusion about the HSR role and helps to prevent HSRs being seen as de facto OHS Coordinators in workplaces.

The experience of participants in this research indicates that OHS remains a poorly understood area of management responsibility. There were many reports of people who were given the role of managing OHS with no knowledge of the area, or who lacked understanding of the implications of the law. There were also stories about Human Resource Managers whose professionalism with respect to OHS was poor. The result was likely to be poor relationships with HSRs, an inability to value the HSR role, alignment of OHS with IR, and a tendency to adopt an adversarial approach to OHS. Given the poor level of understanding of OHS at management level, any loss of training for this group is unfortunate.

7.11.3 Union right of entry

The forthcoming harmonised Act contains provision for union right of entry on OHS matters. This has caused little concern for all parties. Union stakeholders tended to see it as a sensible provision that will enable HSRs to use union support and act in an
informed manner and therefore more decisively. Industry representatives have observed the provision in place in other jurisdictions for many years and expressed limited concern about it. However, union right of entry brings new responsibilities to union officials. Many union officials will need education in OHS given this new right. If union officials do not understand the role and function of HSRs, then they will be limited in their capacity to assist in OHS matters reliably and sensibly. This is important given that in many disputes it is the union that is the first port of call, rather than the organisation’s internal process. Some unions already provide OHS training to union officials to ensure that they are able to recognise OHS matters, able to provide information and support for HSRs, and know where to go for expert assistance. Others have recruited officials with expertise in OHS to act as internal consultants on work health and safety matters.
8. Discussion

This research was concerned with workplace consultation on OHS, and in particular with the role that HSRs play. HSRs have been established in law in most Australian jurisdictions; a position instituted to support worker participation in management decision-making on matters that may affect worker health and safety. Involvement by workers is known to help lead to healthy and safe workplaces and to assist in reducing work-related injuries and illnesses. In their application, the regulatory provisions serve to reduce the power imbalance that naturally exists between workers and their employer, to enable collaborative development of healthy and safe workplaces. In the best of all possible worlds, a collaborative and cooperative approach between the industrial parties is the logical way to deal with health and safety issues at work because all parties have something to gain from this. However, this is not the status quo in many workplaces, so the regulatory framework sets the social norm and the rules of the game in workplace consultation and worker involvement in the area of management decision-making on work health and safety matters. This research aimed to find out how the regulatory provisions are seen and played out in practice in South Australian workplaces.

This Chapter draws on the research findings to answer the research questions, and discusses the development, administration and future use of the HSRQ, which was devised for this research. It also brings together from the findings participants’ opinions about the harmonisation of work health and safety regulation. Finally it poses recommendations for action by SafeWork SA.

8.1 A positive response

The findings of this research demonstrate overall support from the participants for collaborative efforts in OHS and it was heartening to read and hear the positive reports from workers, HSRs, and managers/OHS professionals. This was demonstrated in both the quantitative and qualitative data. However, the people who completed the HSRQ and who attended focus groups were self-selected and could not be regarded as necessarily representative of the working population. Nonetheless, it is clear that many workplaces have effective consultative processes in place and make the most of them to develop improvements in work health and safety to the satisfaction of the industrial parties. Interviews with the industrial partners demonstrated that there are many examples of organisations where good and effective relations exist across the industrial fence. Indeed, it was refreshing to hear reports of unions building good working relationships in SMEs, and SMEs appreciating union input about the mechanics of HSR election and training.

8.2 What helps?

This section answers the research question, What features of consultation and participation by HSRs are considered to help improve workplace health and safety? This discussion is organised under the following headings: the industrial environment; the regulatory framework; the features of effective HSRs, and the contribution that is
made by employers, OHS professionals and fellow workers. Finally there are recommendations about action that SafeWork SA can take to facilitate improvements in OHS consultation.

8.2.1 The industrial environment

Preparedness to work together to create harmonious working relationships was the foundation for improvement in work health and safety through participatory processes. At the industry level this is about effective engagement between unions and employer associations. These organisations, as the industry leaders, have a responsibility to encourage collaborative approaches to solving work health and safety issues and can model effective relationships to the organisations that make up their industry.

In the more harmonious industrial environments there was the palpable sense that the goal of making the workplace as healthy and safe as possible was key and that employers and workers were prepared to focus on this together. This does not infer constant agreement, or group-think, but does depend on respectful relationships at work between managers and workers, and workers and managers. These organisations operated with high levels of trust. During the focus groups some HSRs described quite ‘robust discussion’ with employers about particular issues or hazards at work. These stimulated both parties to research the facts, to find out what might work in their environment, to be open to suggestion and ultimately, for some of the parties to change their minds without losing face.

In organisations such as these, HSRs were able to report high levels of support for their roles; not only being kept informed at an early stage about changes at work, but also being appreciated because of the insight into the workplace that they brought to their employer. These HSRs were trained in a timely manner, they were encouraged to accept development opportunities, and they were given resources and time to meet with their fellow workers. Some organisations, large enough to have more than one HSR, gave them the opportunity to meet as a group to discuss the issues they faced in the workplace and to learn from each other. These activities were conducted during paid work time and there appeared to be little argument or need for justification of this from the employer. Importantly, support for the HSR was not seen as an industrial issue.

The unions played an important role in some of the smaller organisations; in particular, they provided information and support to HSRs, and assisted in the mechanics of HSR elections. Being able to play this role depended on unions and employers also having a healthy relationship.

8.2.2 Features of effective HSRs

The features of an effective HSR were not only about the characteristics of the HSR themselves, but they also related to the industrial context and the relationship between the HSR and their employer and fellow workers. Arguably, a cooperative industrial environment encouraged effective HSRs because they were likely to be better supported and consulted than they were in a hostile environment. However, HSRs in a hostile industrial environment could also be effective. They were likely to
demonstrate the same personal and operational characteristics, but their efforts were more likely to be conducted at a personal price.

Probably top of the list of identified characteristics of effective HSRs was being trusted and respected by their peers. Their peers had confidence in these HSRs to represent their views empathically, fairly and consistently. Equally important was the capacity to communicate effectively at all levels in the organisation; being an effective communicator was seen as a basic requirement that was more important than their knowledge of OHS. In their role they were effective when they acted as a conduit between the workers and management (in both directions). Effective HSRs were able to demonstrate a level of self-confidence and resilience that enabled them to be regarded as sometimes unpopular with their fellow employees as well as management.

A cooperative approach was regarded as critical. Being non-confrontational and following due process was identified as being likely to result in action being taken. Taking this approach meant they were likely to be forgiving and patient of shortcomings in the light of new information and would support and contribute to the development of improvements in policy, procedures, processes and equipment. However, effective HSRs had the capacity to take up tough issues in an assertive and persistent manner that would enable people to listen to the issue; they were prepared to use their powers to engender positive change. Because they were practically minded with their eye on effective solutions they were able to tread the fine line between influencing positive change and demanding change for change’s sake. Participants in the caring professions asserted that effective HSRs were able to model the importance of worker health and safety over clients’ health and safety.

Effective HSRs knew their own limits as a representative; they were experts in their work but not necessarily OHS experts. They brought their life experience and native skills as workers to the position that enabled them to understand and identify risk. This self-recognition meant they were able to use the input of others and knew when to go to someone with expertise for help. They used information from diverse sources: SafeWork SA staff and library, their union, their industry association, other libraries, the internet and so on. Being trained and willing to learn was part of this capacity for self-reflection, too, as was having a clear understanding of the role and a strong belief in their rights and obligations to their constituents and their organisation. They acted in a complementary manner to the organisation’s professional OHS personnel and understood that they do not have responsibility for OHS. It is not necessary for HSRs to consider OHS as a career, but that is the path that some effective HSRs take.

HSRS were seen as peer-level leaders in OHS and the legitimacy of this position came from the fact that they were elected as a representative. They demonstrated their leadership through their influence over their peers in a number of ways: their capacity to state an agreed position; to be a mentor to others; and modeling ways of behaving, including the manner in which they engaged in participatory processes. They made it clear that workers’ input can make a difference; they encouraged reporting of incidents and hazards and participation in consultative activities. Other personal characteristics of the effective HSR were identified as: paying attention to detail and being well organised; being principled; being independent; and taking the role seriously.
8.2.3 How managers/OHS professionals and fellow workers contributed

Those people in the organisation with whom HSRs interact also have a contribution to make to effective participatory processes in OHS, and to helping make the HSR role effective for the organisation and workers. This includes the workers, managers and OHS professionals.

Workers contributed when they took an active interest in OHS in their organisation; were prepared to report hazards and incidents to their supervisor, and contribute to the development of control measures. They elected their HSR and supported that leadership position. They were trained to understand the role of the HSR, but also understood the processes for dealing with OHS matters in their workplace. That is, they understood the duties of the employer and the workforce; understood policies, procedures and practices in the workplace and contributed when possible.

Managers contributed by demonstrating commitment to consultative processes; that is, they provided resources for regular meetings, participated in those meetings in an effective manner, and shared information. They allowed HSRs to have a voice by listening to them and treating them with respect as people with knowledge, skill and leadership capacity. Of primary importance was treating OHS as a basic requirement of the workplace; not as a bargaining chip in an industrial sense. Instead they were able to share information, and therefore power.

OHS professionals contributed by viewing HSRs as an adjunct to their own work; as people with eyes and ears on the ground who could raise concerns rapidly. They established effective, professional relationships with the HSRs and encouraged them to take advantage of development opportunities. In some organisations, the OHS professional was the first port of call for the HSR because this was the most effective way of getting particular issues on the table. In other circumstances, when the relationship between the HSR and the OHS professional was effective, HSRs reported that they had very little to do as negotiators because issues were dealt with rapidly.

8.2.4 The role of the regulator and policy makers

The regulatory mandate that allows workers to elect a fellow worker to represent their interests in work health and safety provides assurance to workers that their voice in decision-making is important and necessary to the development of healthy and safe work environments. It also tells employers that consultation with workers is the societal norm and the expectation of workplaces, and provides guidance about how, when and why this is necessary. HSRs have considerable powers; the right to apply a default notice and stop work is significant. The regulatory framework also establishes the right to training of HSRs and dictates the content of that training so that it enables HSRs to act in an informed manner. Participants in this research were at pains to point out that the content of training is more important than the length of training; but that the fact that training is a regulatory requirement was a significant support for the HSR role and for effective workplace consultation on OHS.

SafeWork SA has an important role to play in the continuation of policy and regulatory support for worker participation in health and safety at work. It could use its influence to applaud organisations that demonstrate effective processes and use them as demonstrators to others. HSRs who used SafeWork SA’s services found them valuable. SafeWork SA could build on these services, providing education and information, and
being available for assistance with the resolution of workplace issues to enhance the services to HSRs. Support for organisational development that encourages organisations to build effective participatory processes in work health and safety is also an appropriate province for SafeWork SA.

**Recommendation 1**
SafeWork SA should:

- identify organisations that demonstrate effective participatory processes in work health and safety and use them as demonstrators to others,
- provide enhanced support for HSRs by way of information, education and issues resolution, particularly in relation to harassment of HSRs, and
- provide improved support for organisational development that encourages effective participatory processes in work health and safety.

8.3 *What hinders?*

This section answers the research question, *What features of consultation and participation by HSRs are considered to hinder workplace health and safety?* This discussion is organised under the following headings: the industrial environment; the features of ineffective HSRs; the contribution that is made by employers, OHS professionals and fellow workers; the role of the regulator and policy makers; and harassment of HSRs. Finally there are recommendations about action that SafeWork SA can take to facilitate improvements in OHS consultation.

8.3.1 *The industrial environment*

Hostile industrial environments are characterised by relationships built on distrust. There may well be good, historical reasons for distrust to exist, but such environments provide a context that hinders the development of effective participation and healthy and safe working environments. This context will be replete with hollow arguments about OHS versus IR, with both sides accusing the other of ‘making OHS issues industrial issues’. The fact is that in many instances OHS and IR are intimately intertwined. Fatigue, rostering, hours of work, isolated work, working in extreme temperature conditions, are just a few examples of OHS issues that are discussed in enterprise negotiations and other industrial negotiations. It is no surprise, therefore, that in a hostile industrial environment either of the negotiating parties may attempt to use OHS matters as a means of bargaining.

HSRs from organisations with a history of industrial unrest regularly reported on the difficulties of their position. In these circumstances, they reported that they were likely to use the default notice as the first port of call because the experience was that it works; while negotiation and consultation do not. They described default notices as ‘encouraging management attention and action’ and suggested that the good thing about a default notice was that it brought the organisation under regulatory scrutiny. Whilst the response of the HSR might be understandable, this type of action could not be classed as contributing to effective consultative processes in OHS. However, their
actions were more than likely important contributors to improving health and safety at their place of work.

8.3.2 Features of ineffective HSRs

HSRs may be ineffective for a variety of reasons. Some of these relate to the industrial context of the role, some to the relationship between management and the workforce, some to the commitment of the individual HSR to the role, and some to the personality and approach to the role of the HSR themselves.

HSRs in organisations with hostile industrial relations found it difficult to be effective in the role even if they were committed to its proper functioning. Indeed, performing the role in an effective manner (that is, representing workers’ interests) in such an environment almost certainly met with resistance from management and/or the workforce because it generated uncomfortable situations. Although the capacity to challenge the status quo was listed as a quality of an effective HSR, in a hostile environment this was done at personal cost to the HSR and was likely to have negative consequences for their career. There were also disturbing reports of ill-treatment and harassment of HSRs that cannot be taken lightly.

There are likely to be many HSRs who have been appointed to the role by management, rather than through a real election process by the workers. In this situation, the HSR was likely to act as an agent of management, rather than act as a representative of their peers; or show no interest in the role and thus diminish its importance in the workplace. These HSRs lacked legitimacy and were likely to reinforce to their fellow workers that they were powerless in the workplace. They were unlikely to have the support of their fellow workers and they were likely to be the type of HSR who did ‘very little, even though there was lots to do’. Appointment by management was very different from self-nomination or ‘stepping up to the plate because no-one else would do it’. However HSRs who did not understand the work of the people they represented were also considered to be ineffective because they could not represent their constituents’ matters effectively. This situation arose where work groups were poorly constituted – perhaps with minimal consultation.

As has been mentioned elsewhere, lack of understanding about the nature of the HSR role continues to be a general concern. When a HSR did not understand the role they were likely to be ineffective. Examples of this were HSRs who saw themselves as responsible for OHS in the workplace; regarding themselves as the ‘safety police’ whose job it was to tell people when they were doing things wrong; and not understanding the responsibilities and duties of management instead assuming those duties belonged to the HSR.

Some HSRs were regarded as ‘single-issue’ people who used the role to focus on a particular concern of their own at the exclusion of any other issue. Even if others in the workplace regarded that issue as a concern, the single-minded, arrogant, adversarial, aggressive or ‘zealous’ approach was regarded with distaste by managers and fellow workers alike. Such behaviour was likely to lead to the HSR being side-lined or ignored. Failure to use due process was also regarded as offensive by both managers and fellow workers; the ‘stick it up the employer’ approach was not regarded as an effective way of engendering lasting change. Similarly, being ‘pig-headed’ about issues and moving straight to a policing role before adequate negotiation was considered ineffective. This was qualitatively different from being
persistent or assertive, both of which were regarded as positive and essential features of HSRs. By the same token, HSRs who were weak, powerless or unwilling to take action were regarded as ineffective. As in any representational or leadership role, failure to ‘practice what you preach’ was also regarded as a feature of the ineffective representative.

HSRs who acted in a deceptive manner, who treated OHS issues as a joke, who acted as a ‘loose cannon’, or who failed to take on issues that their constituents considered important, were regarded as ineffective. Those HSRs who refused to undertake training (as opposed to being denied access to training by their employer) were likely to have a poor understanding of the role and their powers and were not capable of being effective.

On the other hand there were reports of HSRs whose motivation for taking on the role was to improve their own position in the organisation or build their own ego; these people were considered with suspicion as a result. This was a double-edged sword, given that some HSRs do become so enthusiastic about OHS that they decide to build a career in the area. However, when this enthusiasm became equated with the HSR seeing themselves as the person responsible for fixing or managing OHS, as being the ‘OHS guru’, then the role became self-defeating.

8.3.3 How managers/OHS professionals and fellow workers contributed

Managers, OHS professionals and workers each contributed to ineffective consultative processes that hindered the development of healthy and safe workplaces.

Managers contributed to poor workplace consultation when they failed to engage in consultative processes or when their definition of consultation was telling people what was going to happen, rather than canvassing others’ opinions. These managers sometimes viewed and treated HSRs as ‘troublemakers’ and they used decision-making processes that actively limited HSR engagement. Putting down the HSR, subtle and not so subtle bullying and harassment of the HSR were all reported during this research. This is disturbing and should invite action on the part of the regulator.

Managers also hindered effective OHS consultation by overloading HSRs with responsibilities that were either outside their role or caused a conflict of interest for the HSR. For example, HSRs reported being expected to develop or maintain the OHS management system, follow up incident reports, and take responsibility for auditing or checking the work environment. These activities are the responsibility of management, and whilst the HSR may be invited to participate in them as a representative, they become a potential conflict of interest when they are made the responsibility of the HSR. This may stem from lack of understanding of the HSR role.

Consultation was also hindered when management’s practice did not match their rhetoric, for as the aphorism says, “actions speak louder than words”. That is, management participating in formal consultative processes and asserting the importance of health and safety at work, but failing to provide the resources (time, people, money) necessary to enable effective consultation and build a healthy and safe work place. Such managerial behaviour builds a culture of distrust and cynicism in which effective consultation is all but impossible.

OHS professionals hindered the progress of OHS consultation when they ignored or were hostile to the input of the HSR. Some of this appeared to stem from lack of
understanding of the role of the HSR, but may also arise where the OHS professional sees the HSR’s knowledge as a threat. This can arise where the OHS professional’s own standing in the workplace is poor or where their knowledge-base is slender. OHS professionals were reported to be the gate-keeper for information about OHS in the organisation but who sometimes denied HSRs’ access to information. OHS professionals could subtly undermine the HSR role by not giving it support or by not speaking up for the role to other managers.

Fellow workers could also be a hindrance to effective consultation in OHS and could thwart the efforts of their HSR. Failure to participate in consultative opportunities, failure to report issues or take health and safety seriously, actively undermining attempts to improve consultation, and failure to elect a representative contributed to ineffective consultation. For vulnerable workers, these actions may have been self-protective and understandable, especially in the context of a hostile industrial environment. Seeing HSRs being treated poorly by management sometimes fostered inaction by fellow workers; it provided a potent disincentive to other workers to participate themselves, or consider taking on the role.

8.3.4 The role of the regulator and policy makers

Worker participation is well established as making an important contribution to work health and safety; therefore it is important that it be well supported in policy, in regulation and in enforcement. Many of the activities that hinder OHS consultation and the role of the HSR that were reported in this research should come under the active scrutiny of the regulator. SafeWork SA provides resources to assist HSRs in the performance of their role. Strenuous inspectorial activity in this jurisdiction to enforce the consultative provisions, particularly in cases of harassment or ill treatment of HSRs would further support HSRs in their roles.

SafeWork SA is able to provide advice and support to each of the industrial parties. Policy development on the importance of participation and collaboration in work health and safety is a key role for this organisation to build awareness of the importance of this area, as well as provide clarity on the role and obligations of managers, workers and HSRs. SafeWork SA has a role in drafting policy about the appropriate content for HSR training. (which is further elaborated in Volume 2 of this report.) They should also pursue policy advice on the training necessary for managers and OHS professionals to build effective participatory processes.

Recommendation 2
SafeWork SA should:

- provide advice and support to unions and industry associations on the value of HSRs and participatory processes in work health and safety,
- develop policy on the importance of participation and collaboration in work health and safety to build awareness of the importance of this area, as well as provide clarity on the role and obligations of managers, workers and HSRs, and
- participate in establishing the content of training for managers and OHS professionals in order to build effective participatory processes in work health and safety.
8.3.5 Harassment of HSRs

Although the South Australian regulatory framework encourages collaborative and improvement-oriented relationships between employers and workers, these relationships are sometimes far from harmonious. Despite the overall positive nature of the findings of this research there were also pockets of negative findings that were concerning. In particular, the reports of harassment of HSRs by people in supervisory or managerial positions appears to remain a major issue in some industries and workplaces. Sometimes this was described as being subtle or bullying in nature. Other reports were of overt harassment: withdrawal of shifts; requirement to work unpopular shifts; lack of promotion; negative reports on performance management; threat of termination; and even physical threats. Such behaviour is clearly outside the law, however, this has not attracted prosecutorial activity.

Recommendation 3
SafeWork SA should take action against harassment of HSRs using the full range of enforcement options.

8.4 Effects of harmonisation

8.4.1 Reduction in length of HSR training after Year 1

South Australian HSRs will have reduced access to training under the provisions of the harmonised legislation. Whilst the Level 1, 5-day training will remain, only one day of training will be available in years 2 and 3 and subsequent years in comparison with the current 5 days per year. There were mixed views about the expected impact of this change.

Newly elected HSRs have a diverse experience of learning. Many have done no formal training since school, so some training providers find it imperative to create a good, adult learning environment. This takes some time to establish and is an important part of the 5-day training in some sectors. Level 1 training tends to be offered in two blocks: one of three days and one of two days usually separated by a month or so. This has two advantages: breaking up the time improves the learning experience for those returning to training after a long absence; and the shorter block length allows the release of people who may not be back-filled in their work. This last matter was a major concern for HSRs during the focus groups with HSRs expressing the guilt they felt at being absent from the workplace for several days and leaving behind an extra burden of work for their workmates.

Interestingly, training providers advised that during 2011 there has been significant demand for Level 2 training given it is likely to be lost in 2012.

Other respondents, from both sides of the industrial fence, supported the reduction in training. There was the view that the initial 5-day training is important because it provides the HSR with knowledge about their powers and the appropriate processes available to them, usually in the context of specific information about their industry
and the hazards that they are likely to face. Beyond the first year, however, there is a considerable fall-off in numbers seeking training. Some asserted that following Level 1 training the content of training becomes repetitive. Other respondents purported that the fall-off occurs because industry provides adequate, on-going, industry/firm-specific training in OHS that promotes safer working environments. They were keen that there be acknowledgement that “most businesses” work to improve OHS and “try to do the right thing because they don’t want to hurt people” so they work to improve OHS skills throughout the workforce. They don’t rely on the training of HSRs to provide the firm’s OHS knowledge. On the other hand, in small and medium enterprises, it is more likely that the HSR may be seen as the de facto OHS Coordinator because of their knowledge. Participants suggested that the loss of Responsible Officer training under harmonised regulation might exacerbate this problem.

The requirement to provide any training to HSRs was seen as an impost on business by one respondent, with the current reporting on HSRs and OHS committees to SafeWork SA as a further impost. In firms where a trained HSR leaves the organisation, the firm experiences an additional impost in the requirement to train a replacement. This view was an outlier, but no doubt reflects opinions held by others.

Overwhelmingly, participants from industry and unions commented on the importance of the content of HSR training over the length of the training. The changes to training in the harmonised Act were perceived by many participants as not based on rational argument or consideration about the value of training versus the cost to business. Nonetheless there was the view that the reduction in Level 2 and 3 training might actually improve access to training because one day is possible, whereas five days are less possible for many organisations.

8.4.2 **Requirement to be trained before using powers**

The harmonised Act prevents HSRs from using their power to apply a PIN (provisional improvement notice) on unsafe work unless they have been trained. This was regarded by many as a double-edged sword. Most participants, including HSRs, considered it imperative that HSRs understand the correct process when using this very substantial power; so being trained first is logical. However, the application of a PIN is a relatively rare event in the activities of most HSRs and as one participant suggested,

> ...yes, we need to train people, but if a HSR is going to go to the extent of putting a notice on, then you can just about guarantee that the work is dangerous. (Union participant)

There was the view that mandatory training of HSRs may in fact allow this power to be used more effectively and more widely.

On the other hand participants from unions and industry recognised that there is potential for the provision to be abused by unscrupulous employers who wish to avoid PINs being applied by HSRs. Despite the provisions relating to the provision of training in the new Act, training could be delayed for many reasons and HSRs’ powers would be thwarted as a result. There are limited provisions for the notification to the regulator of the election of HSRs under the new legislation. However, this does not constitute a registration process that is equivalent to the current system in South Australia. Thus it may be difficult in the future for the regulator to identify that particular HSRs have been elected in any given organisation, so following up on timely training may be impeded. As one participant asked,
How does a rep prove they’ve been trained? This is important given they can’t apply a PIN until they’ve done that. (Union participant)

There was considerable concern about how needlessly delaying training could, or would be dealt with by the regulator under the new provisions.

8.4.3 Maintaining the HSR Register

Whilst participants were critical of the accuracy of the HSR Register, there was overwhelming support, not only for retaining it, but also for upgrading it. For most participants the HSR Register was seen as the basic infrastructure in providing support to both HSRs and to managers keen to improve participatory processes.

Two respondents were not concerned about the loss of the HSR Register in the harmonised Act because the inaccuracies in the database reflect the fluid nature of staff retention; they asserted that it is too hard to keep such a database up to date. They also considered that it is more appropriate to contact HSRs through the employer, as the duty holder, and saw no potential for conflict or withholding of information in this.

8.5 The HSR Questionnaire (HSRQ)

The development and use of the HSRQ for this research provided an opportunity to gather detailed data about HSRs in one Australian jurisdiction. For this research, the HSR was used as the point of contact because of the existence of the HSR Register, that is, a database of HSRs across the jurisdiction. Surveying members of organisations on this topic is methodologically tricky, given the need for confidentiality and anonymity, so using the HSR Register was potentially an effective way into organisations. In the conduct of this research, we have learned some lessons that will be of benefit to the conduct of a wider, national investigation that should be conducted across the jurisdictions to assess the impact of harmonisation. These lessons fall into two categories, sampling and marketing, and questionnaire design.

8.5.1 Sampling and marketing

The major difficulties in this survey were finding HSRs, then getting them to respond. The existence of the HSR Register in South Australia potentially facilitates identifying HSRs and the organisations in which they work, but the Register was known to be inaccurate and it was difficult to select samples from it, as outlined in Chapter 4.

Because of the incapacity to interrogate the database, we surveyed the entire population of HSRs. Not only was this an expensive option, but also we do not know how many HSRs received the survey materials, or how many were redirected or disposed of. We also do not know how many HSRs are not on the database at all. Thus, although we know how many people were on the database, we do not know the N for this research.

South Australian employers are required to report on the appointment of HSRs, but given the quality of the database, they appear to do this poorly. The reporting requirements are neither arduous nor frequent, but clearly do not work. If the HSR Register is to be retained post-harmonisation, then some effort will need to be spent to update and maintain it. This could be achieved with a census of organisations in the jurisdiction asking for details about HSRs, OHS committees and other consultative
processes to bring the HSR Register up to date. Regular maintenance of the Register would be required to ensure it is kept up to date; this could in part be achieved by allowing HSRs to update their own records.

8.5.2 Benefits of the HSR Register

The benefits of an accurate HSR Register are significant. The HSR Register will be important in the future in resolving disputes about the provision of training, given that HSRs will require training before they are able to use their powers. If there is no HSR Register, or if the Register is poorly maintained it will be difficult for both HSRs and employers to make or defend a case, as discussed in Section 8.6.3 below. SafeWork SA and Safe Work Australia will have ongoing reasons to keep in touch with HSRs, given the importance of HSRs in developing and maintaining healthy and safe workplaces. Both organisations have and will continue to develop strategies and materials to support HSRs. Without the HSR Register both organisations will be restricted to blanket marketing strategies. The HSR Register is also a valuable research tool because it records the details of the entire population of HSRs. Unions and training organisations that provide services to HSRs also have databases, but these are limited in scope to their members or customers. The HSR Register has records of HSRs who are union members, non-union members, trained and untrained. With an accurate HSR Register research such as the present project, could be undertaken on a properly constituted sample of the HSR population, increasing the capacity to market the survey in an effective and targeted manner, reducing the overall expense and improving the quality of the data.

8.5.3 Alternative research methods

User testing of the HSRQ revealed acceptability of the printed and online materials, however, given the small number of responses we received, other data collection methods and research designs need to be considered as a means of improving the response rate. Computer-Aided Telephone Interviews (CATI), using the revised HSRQ could be an effective way of reaching a wide sample, however, reaching HSRs by telephone during their working day may be problematic, particularly for those not working in office environments. Alternatively, the sample may be generated not with HSRs as the point of contact, but through organisations known to have HSRs, or who fit the profile of organisations likely to have HSRs, that is, by number of employees. However, this approach may result in selection bias in organisations that have poor relationships with employees. A third method of generating research data on HSRs and the effectiveness of participatory processes is to select a small sample of organisations as case studies and use the HSRQ supplemented with focus groups and interviews to collect in-depth data. Gaining access to organisations would be the most difficult part of this method, particularly in organisations where the industrial environment is poor.

8.5.4 Questionnaire design

The questions that were asked on the original version of the HSRQ were formed from the literature (Blewett 2001) and South Australian experience. Matched questionnaires for HSRs, managers/OHS professionals and workers provided information from three different perspectives on OHS consultation. This allowed us to build a picture of the range of consultative relationships that existed. The set of
questions for HSRs only allowed us to investigate their perceptions of the HSR role in more detail.

Although the number of respondents to the survey was small, we had sufficient data to test for internal consistency, which was high, and to conduct factor analysis and refine the dimensions. The resultant survey is shorter and the dimensions are clear. There is further refinement that is possible, but this would require the questionnaire to be re-administered, and a test re-test scenario is desirable to ensure that the survey does what it is intended to do. This work should proceed before any wider use of the HSRQ.

8.6 What are the research needs?

This section answers the research question, What are the research needs in the area of consultation and worker participation in OHSW in South Australia? Four main areas have been identified during the conduct of this research: other forms of work health and safety consultation; the representation of vulnerable workers; improving the understanding of the role of the HSR; and preventing the harassment of HSRs.

8.6.1 The effectiveness of other forms of consultation and participation

This research was concerned with the effectiveness of the role of HSRs in consultation and participation in work health and safety. It did not address other forms of worker consultation and participation in work health and safety; for example, health and safety committees, informal processes, or processes designed to suit unusual working environments, such as building sites that are essentially transient. It is not known what makes these forms of worker consultation effective and ineffective and there is room for further research in these areas.

8.6.2 Representation of vulnerable workers

457 visa holders and other vulnerable workers, such as those in precarious employment and young workers, have relatively poor representation when compared with other workers. We know anecdotally that theses workers choose not to report work-related injuries and ill health, incidents or hazards in the workplace for fear of company sanctions, being branded as a troublemaker, or losing their job. What forms of representation would be acceptable to these workers? How would they use a representative? Would there need to be legislative change to allow this to happen?

8.6.3 Improving the understanding of the role of the HSR

In the last 10 years there appears to have been very little improvement in the general understanding of the role of the HSR. Given resources have been put into supporting the role of the HSR and into training of HSRs and Responsible Officers, why does this deficit still exist? What can be done to improve it?

8.6.4 Preventing the harassment of HSRs

Harassment of HSRs is a concern not only because of the significant impact it has on HSRs as individuals, but also because of the organisational impact. What leads to this occurrence? What can be done to prevent it? What role should enforcement play in
this? What can be applied from investigations into workplace bullying and the psychosocial working environment?

**Recommendation 4**
SafeWork SA should support further research into participatory processes in work health and safety in areas including, but not limited to:

- other forms of work health and safety consultation apart from HSRs,
- the representation of vulnerable workers,
- improving the understanding of the role of the HSR, and
- preventing the harassment of HSRs.
9. Conclusion

HSRs are a valuable resource in many organisations, providing an important link between workers and management and enabling effective collaboration on work health and safety matters. Their importance and value was highlighted in this research with many positive statements being made about their effective operation in organisations and about the contribution they make to work health and safety.

On the other hand there were many reports about ineffective consultative processes, ineffective HSRs, and hostile working environments in organisations with cultures characterised by poor industrial relations and lack of trust. These features appear to be exacerbated in organisations that employ vulnerable or precarious workers, or those that have rigid command and control cultures.

South Australia’s work health and safety legislation has been in place for 25 years, but in that time surprisingly small gains seem to have been made in the understanding of the role of the HSR; indeed in terms of meeting the requirements of the law, we appear to be coming from a low base. Given the importance of this role and the potential impact it has on work health and safety, the pervasive and persistent lack of understanding is a serious concern. This report canvasses the reasons for this lack and poses a research agenda.

In conducting the research we developed a new instrument, the HSRQ (Health and Safety Representative Questionnaire) for assessing what HSRs do, what is effective and what is not effective and how others perceive HSRs. This instrument has internal consistency, a series of nine discrete dimensions determined from factor analysis, and has face validity. Further refinement and test-retesting on a larger data set can be expected to show validity and reliability of this instrument. This instrument could be used nationally using South Australia’s experience as the pilot to track progress against the implementation of the harmonised legislation.
References


Appendices

Appendix 1: Brochure and informed consent

Partnering for OHS: An examination of OHS consultation and the Partnerships Programme

About this research and Informed Consent for Interviews and Focus Groups

Industries involved in the Partnerships Programme
- Construction
- Transport and storage
- Manufacturing
- Community services
- Agriculture, forestry and fishing
- Wholesale and retail trade
- Recreation, personal and other services
- Finance, property and business services

Where can I obtain more information about this research?
For more information, or if you have any concerns, please do not hesitate to contact:

Assoc Prof Verna Blewett
The University of South Australia (CFA-10)
Mobile: 0402 990 066
Email: verna.blewett@unisa.edu.au

Participation in this study is voluntary

Partnering for OHS: An examination of OHS consultation and the Partnerships Programme

About this research and Informed Consent for Interviews and Focus Groups

This project been approved by the University of South Australia’s Human Research Ethics Committee. If you have any ethical concerns about the project, or questions about your rights as a participant, please contact the Executive Officer of this Committee:

Ms Vicki Allen
Ethics and Compliance Officer
Human Research Ethics Committee
The University of South Australia
Phone: +61 8 302 3118
Email: vicki.allen@unisa.edu.au

Participation in this study is voluntary

Fund by SafeWork SA
What is the study about?

The three-year Partnerships Programme, funded by the South Australian Government, aimed to help unions increase the use of elected health and safety representatives (HSRs) in industry in order to improve occupational health and safety (OHS).

This research project will evaluate the Partnerships Programme and in so doing will investigate the role and impact (both positive and negative) of HSRs on OHS.

The research will provide insight into the nature of worker representation in OHS and will inform decisions about OHS by policy makers and the regulator. It will also identify future research needs.

Who will be involved?

HSRs, workers and managers from industries involved in the Partnerships Programme will be asked to participate. Union officials from those unions funded through the Partnerships Programme will also be asked to participate, as will some members of the OHS Inspectorate.

What will be asked to do?

HSRs, workers and managers who work in industries involved in the Partnerships Programme have been invited to complete a voluntary, anonymous questionnaire on the Partnerships Programme and worker representation in OHS more generally. The responses go directly to the research team. If you have not yet completed the questionnaire, you can do this online at <www.harrisonresearch.com.au/8309.htm>.

You may also be invited to participate in an interview or focus group of your peers to discuss the Partnerships Programme and worker representation in OHS more generally. The opportunity to participate may be presented during an HSNetwork Meeting or at the time of the survey. Participation in these activities is voluntary.

Are there any risks for me if I participate?

It is unlikely that there will be any risks in your participation. You may withdraw from the study at anytime and have the information you have given us removed.

How will my confidentiality be protected?

Participants might be concerned about having personal information disclosed. To protect you, we have made the survey anonymous, with responses going directly to the research team. The results of the interviews and focus groups will be de-identified and reported in a way that prevents individuals, small groups or organisations from being identified.

Copies of surveys and notes collected for the study will not be provided to your employer, union or SafeWork SA and will be stored in a securely locked cabinet at the University of South Australia. Only the research team will have access to these files. The material will be destroyed seven years after the research has been published. The findings of this study will be provided as a report and may be included in research publications, but no individual identifying information will be disclosed.

Are there any benefits for me if I participate?

You are likely to gain skills and awareness about the Partnerships Programme and worker representation in OHS.

Can I decide not to participate in the research?

Your participation in this study is completely voluntary. You may choose to participate in some of the activities listed above, but not in others. You may withdraw from a focus group or interview at any stage and have the information you have given us removed without affecting your employment or relationships with SafeWork SA or the University of South Australia.

How do I participate in the study?

At each stage of the study there will be specific calls for volunteers. These will sometimes come directly to you (such as a questionnaire and envelope) and sometimes by general announcements (such as calls for focus group volunteers through newsletters or notice boards).

What if I have questions about the study?

Please see the other side of this flyer for the contact details of project staff at the University of South Australia.

X (This section to be detached and held by the researchers)

How do I participate in the study?

If you would like to participate in an interview or focus group, please sign your name indicating that you have read and understood the information that has been provided. You may withdraw from the study at any time and have the information you have given us removed. If you would like further information about this study please see the contact details on the back of this flyer.

I understand that:

- I am agreeing to take part in an interview or focus group. ‘Agreeing to take part’ means that I am willing to participate and contribute to an interview or focus group about worker representation and the Partnerships Programme;
- I will not be personally identified in the report or publications arising from this research;
- My participation is voluntary and I can withdraw at any stage of the study without being penalised or disadvantaged;
- Results from the research will be provided as a report and may be published in journals or presented at conferences;
- I agree to main confidentiality of information provided by focus group participants and to preserve the identities of focus group participants. I have been given an information sheet about the research to keep.

Name of participant:

Signature:

Date:
Appendix 2 Flyer about the research

Partnering for OHS: OHS Consultation in South Australia

If you are in:

You can be part of this research!

Please:
1. Complete a questionnaire for ALL HSRs, regardless of industry. It is enclosed. Return it by 17 June 2011.
2. Attend a focus group that will be held during your local HSR Network Meeting during May/June 2011. Please indicate your interest when you RSVP.

What is the study about?

There are three questionnaires: one for HSRs, one for Workers, and one for Managers and OHS Professionals/Coordinators. They are enclosed. HSRs should hand a questionnaire to a fellow worker, and a Manager or OHS Professional/Coordinator so they can complete their questionnaires. Or they can be done online at <www.harrisonresearch.com.au/8309.htm>.

The three-year Partnerships Programme, funded by the South Australian Government, aimed to increase the use of elected HSRs in industry in order to improve OHS. This research project will evaluate the Partnerships Programme. It will also investigate the role and impact (both positive and negative) of HSRs on OHS. The research will provide insight into the nature of worker representation in OHS and will inform the decisions about OHS by policy makers, and the regulator. It will also identify future research needs.

Your participation is voluntary.

This research is funded by SafeWork SA and has been approved by the University of South Australia’s Human Research Ethics Committee.

Final Report—8 December 2011 – not to be cited
Appendix 3: Focus Group Protocol—HSRs

• Ensure all participants have a PLS.
  Introduce self (write name on butcher’s paper/whiteboard).
  Check that everyone is in the right group, particularly that no-one in the room
  supervises another. If yes, politely ask them to leave – they may be able to
  participate in another FG/interview.
  Go through the PLS, particularly reinforcing confidentiality, and collect signed
  informed consent forms.
  Emphasise that attendance is voluntary, give people a chance to leave if they
  want to.

• Outline research study and guidelines for the research.
  Cover scope of research – Aims of the research: to evaluate the Partnerships
  Program and in the process learn more about the nature of effective participatory
  processes in OHS in South Australia.
  Support from SISA and SA Unions, funding from SafeWork SA/Safe Work
  Australia.
  Explain how long we will have them for and that they can talk to us separately
  instead of or as well if they want.
  Let them ask any questions about the process.

• Invite participants to introduce themselves – role they have, what type of
  organisation they work in – industry, size, general location (metro, regional,
  rural), union coverage.

These questions are prompts. Go in any sequence that is logical to the group. Use this
list of questions as a way of checking that the essential data has been collected. Prompt
for stories or examples to illustrate points.

1. Has the number of HSRs in your workplace increased since the
   commencement of the Partnerships Program? If yes, is this because of the
   Partnerships Program or some other influence? If no, what has influenced
   this?

2. What impact has the Partnerships Program had on workplace health and
   safety?

3. What do you perceive is the role of the HSR in your organisation?

4. What features of HSR activity improve OHS?

5. What features of HSR activity hinder OHS?

6. How are Health and Safety Representatives involved in decision making
   about the working environment?
7. How much does the working environment get taken into account in general decision making?

8. How do you make changes to address problems in the working environment?

9. How do you get feedback about the working environment? About how you and your team are going? Does it work (eg timely, consistent, accurate, what you need to know)?

10. How well is the working environment taken account of when changes occur (eg new procedures, equipment or buildings, new management structures)?

11. How are issues about the working environment sorted out? How are differences of opinion dealt with?

12. What happens when you report a problem concerning the working environment?

13. How effectively are problems in the working environment identified? Probe for hazards, system failures, etc.

14. How important is helping to have a good working environment to your career? If someone did a bad job at managing this, would this reflect badly when their performance evaluation was done?

15. Do people have the skills, experience and knowledge to perform their HSR role? Are these skills used effectively?

16. Has the reported incidence of workplace injury/illness changed since the appointment of HSRs in your workplace? Increased or decreased? Why?

17. What about the role of the OHS&W people on site – what level of power or authority do they have? Is it good for their career to be involved in the working environment?

18. If you had a magic wand and could change one thing about consultation and participation in your workplace, what would it be?
Appendix 4: Interview Protocol—Industry Partners/SafeWork SA

Outline research study and guidelines for the research. Cover scope of research – Aims of the research: to evaluate the Partnerships Program and in the process learn more about the nature of effective participatory processes in OHS in South Australia. Support from SISA and SA Unions, funding from SafeWork SA. Invite questions about the process.

Invite participants to introduce themselves – role they have, what type of organisations they cover – industry, size, general location (metro, regional, rural), union coverage.

These questions are prompts. Go in any sequence that is logical. Use this list of questions as a way of checking that the essential data has been collected. Prompt for stories or examples to illustrate points. The questions refer to the organisations that the industry partners or OHS inspectors cover.

1. Has the number of HSRs in the workplaces you cover increased since the commencement of the Partnerships Program? If yes, is this because of the Partnerships Program or some other influence? If no, what has influenced this?

2. What impact has the Partnerships Program had on workplace health and safety?

3. What do you perceive is the role of the HSR?

4. What features of HSR activity improve OHS?

5. What features of HSR activity hinder OHS?

6. What is your role (as a union official, industry representative or OHS inspector) in the development of consultative and participative processes in the organisations you cover?

7. How are Health and Safety Representatives involved in decision making about the working environment?

8. How much does the working environment get taken into account in general decision making?

9. How do you make changes to address problems in the working environment?

10. How do you get feedback about the working environment in organisations you cover? Does it work (eg timely, consistent, accurate, what you need to know)?

11. How well is the working environment taken account of when changes occur (eg new procedures, equipment or buildings, new management structures)?
12. How are issues about the working environment sorted out? How are differences of opinion dealt with?

13. What happens when you report a problem concerning the working environment?

14. How effectively are problems in the working environment identified? Probe for hazards, system failures, etc.

15. How important is helping to have a good working environment to your career? If someone did a bad job at managing this, would this reflect badly when their performance evaluation was done?

16. Do people have the skills, experience and knowledge to perform their HSR role? Are these skills used effectively?

17. Has the reported incidence of workplace injury/illness changed since the appointment of HSRs in your workplace? Increased or decreased? Why?

18. What about the role of the OHS&W people on site – what level of power or authority do they have? Is it good for their career to be involved in the working environment?

19. If you had a magic wand and could change one thing about consultation and participation in your workplace, what would it be? (This is a good one to finish on.)