Professionalization of occupational health and safety management in Danish companies and the effects on worker participation

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Abstract

The development of the internal OHS management is studied in sixty Danish companies, the results indicates an increase in professionalization, where employees - employed specifically with the purpose of managing OHS – are either supplementing or taking over from the mandatory OHS - committees. This ‘new’ group – referred to as OHS professional – have different approaches to the task, which constitutes new directions in OHS management. In this paper we introduce three archetypes of OHS professionals – ‘the system builder’, ‘the process oriented’ and ‘the operations oriented’ OHS professional. The three archetypes have fundamentally different understandings of the institution of ‘the OHS organization’, which directly affects the role of the OHS reps. Both ‘the system building’ and ‘the operations oriented’ OHS professional has a tendency to function as a sponge absorbing all the OHS activities leaving the role of employee elected OHS rep as an empty formality without any powers or duties associated with the OHS management and removing initiative and commitment from the OHS reps.

Keywords: Safety reps, occupational health and safety management, employee voice, OHS professionals

1. Introduction

The regulation of Occupational Health and Safety (OHS) in Denmark has since the Working Environment Act from 1975 been developed from the idea that the core of managing OHS should be the mandatory internal OHS organization of the company or institution. It has been a fundamental right for employees to elect health and safety representatives (safety reps). This mandatory ‘health and safety organization’ (OHS organization) should be established consisting of ‘health and safety groups’ for each department in the company, and a ‘health and safety committee’ directing and coordinating the activities of the health and safety groups. The groups consisted of the first line manager of the department and a safety representative (OHS rep) elected by the employees. In the small companies, managing OHS was a task for manager and employees in cooperation. The responsibility of OHS is clearly put on the manager, but regulation through laws agreements and inspection focused on the ability of the OHS - organization to assess risks and to prevent accidents and diseases. (Rasmussen et al 2011).

A number of initiatives and institutions have been developed to support the internal OHS organization: Mandatory training programmes for safety reps and safety managers, Support functions from Sector Health and Safety institutions providing and disseminating training, guides and knowledge on exposures and practical prevention strategies through varies medias. Labor inspectors supplementing the issuing of notes with practical advice of how to overcome these and a focus on disseminating ideas and knowledge from research and development institutions (Walters et al. 2005). However, the widest ranging scheme was the launch of an Occupational Health Service stated by law in 1980. All workplaces were gradually included in this regulation. The Danish Occupational Health Service (known as BST) differed from many other countries by employing primarily technicians, hygienists, ergonomist and later on psychologists. While occupational doctors and nurses played a minor role (Kabel et al 2007).
The EU Framework Directive from 1989 (EU 1989) put with the article 7 a demand on the member states, that “if a manager cannot provide the necessary protective and preventive measures for lack of competent personnel in the undertaking and/or establishment, the employer shall enlist competent external services or persons” (Framework Directive). In Denmark this article was met by the wide spread access to the BST. In 1990 another consequence of the Framework Directive was a new regulation on mandatory workplace assessments (risk assessments) this regulation introduced a very systematic way of performing OHS management and became an important tool for the Safety Committees and the cooperation between companies and the BST. (Frick et all 2000)

In 2001 the regulation on Occupational Health Services was abolished by the right wing Government. The institutions were closed down except for a few that were able to continue as private consultants, and most of the professionals who had been specialized in OHS found other employment. Even though many employers’ associations welcomed the freedom from mandatory Health Services this left the businesses in a limbo in relation to find professional support to assess working conditions, develop preventive strategies, to be able to acknowledge regulation and demands from customers etc. External consultants were now few, costly and often very specialized.

This became the point of departure for a considerable growth in internal OHS expertise; often developed as a new function within larger enterprises and public institutions. This development seems to come “from inside”, as no regulation – besides the Framework Directive” - is stating the demand for such a position, nor are there any demands or proposals for professional skills, competences or role models prevailing. A staff member with experience from the company often takes the position of OHS professional, and will as such not necessarily have any previous training or education in Occupational Health and Safety. Networks among these “professionals” are still rare and they will have to gather knowledge and experience from the sparse available sources often within a limited amount of resources.

A change in the regulation of The Mandatory Safety Organization from 2010 opened for a much more flexible organization and structure defined by the individual company. This paved the way for the rising group of internal professionals to find new roles and positions. For the time being no one has established an overview of this new and apparently strong trend. How many are there, what educational background do they have, what position do they take in their organization, what resources and influence are they given and most important what is their relation to the Safety Committee and the elected OHS representatives? All these questions are still unanswered. In a research project assessing the consequences of the new regulation on the Safety Organization, we interviewed a number of ‘internal professionals’ and through this we are able to propose a first portrayal of what constitute this uneven group.

The aim of this paper is to explore how the role of OHS professional is developing and how this will affect the role of OHS rep, and furthermore explore if we can propose a theoretical perspective on this shift in roles.

2. Method

The data in this paper stems from a study which explores the development of OHS management in Danish companies focusing on the mandatory legal requirement to the organization of OHS activities which entails active employee representation via elected OHS reps. The study is designed as an exploratory, multiple qualitative case study (Maaløe, 2002; Yin, 2009). Sixty companies was included in the initial phase of the study; fifteen of these companies where selected to phase two, which entailed a longitudinal study of the development in the companies’ occupational health and safety management. The collected data included company visits, qualitative interviews, structured workshop focusing on health and safety as well as relevant written material.
2.1 Data analysis

The data was summarized in standardized case study reports, which were coded and analyzed for common trends and differences between the companies’ occupational health and safety management. The analysis approach was inspired by the grounded theory approach (Corbin & Strauss, 1994; Glaser & Strauss, 2009), where different patterns/themes in the dataset was identified. These themes represent different development trends in the management of OHS in Danish company. In total the research team identified eight superordinate themes: managerial change drivers, commitment to OHS work, regulatory drivers, management systems, integration of OHS into daily work, stratified OHS, streamlining of the OHS organization, and professionalization of OHS activities. We have elaborated on these themes in an previous paper (Seim, Poulsen, & Broberg, 2014). In this paper we focus on the development trends related to the role of the OHS professional and their effect on the role of OHS reps.

3. Results

A very distinct development trend in the dataset is the professionalization of OHS management. In the majority of the cases OHS is managed by an employee employed for this specific purpose. This employee – who may have the title health and safety coordinator or health and safety manager – is often organizationally placed in a staff function. In this paper we refer to these employees as ‘OHS professionals’. Some of them work full time with OHS tasks while others are simultaneously responsible for other functions like environmental management, quality management, etc. There are significant differences in the way these people perform their role and their approach to OHS management. These relates to their position in the organization, their educational background and especially to the way their relationship with the employee elected safety reps and the formalized Safety Committee is constituted.

Some define themselves as internal OHS consultants whose services must be requested by the rest of the organization, others are more proactive and outreaching in their approach to OHS. In some case companies the OHS professional takes over the majority of both the strategic as well as the operational, daily OHS activities, thereby creating a monopoly of knowledge and action regarding OHS, leaving the elected OHS rep with only a formal role without any powers or duties associated with the OHS management and unintendedly removing initiative and commitment from the employee elected safety reps. In other case companies the professional health and safety coordinator defines his – or hers – role as far more strategic, and thus deliberately do not perform operational occupational health and safety activities. In these cases the role is to support and facilitate the function of the Safety Committee and support the OHS reps’ in their work.

In order to illustrate the different ways we have found that these OHS professionals conduct their role and how it affects the employee elected OHS reps, we have drawn up three dominant archetypes. Together these three archetypes of OHS professionals describe the development trends we see in the combined data set. In some of the cases we see the OHS professional personified by one specific archetype, but in many of the cases the OHS professional possesses different distinct features associated with two or three archetypes.
Personal motivation and argumentation | Relation to the OHS reps and the OHS organization
---|---
**System builder**<br>• Legislation<br>• Keeping the WEA at bay<br>• The system is argument in its own right | OHS reps and OHS organization is a tool to be utilized in the implementation and operation of the system

**Process oriented**<br>• The employees’ perception and well-being<br>• Organizational tranquility<br>• Trust | OHS reps and OHS organization is considered an essential collaborator

**Operations oriented**<br>• Production and operation<br>• Market<br>• Customer requirements<br>• Image | OHS reps and OHS organization is at best a tool to improve operations. Other times HS reps and HS org. is considered an obstacle as are the OHS legislation, works councils and shop stewards.

Table 1: OHS professional archetypes and their relation with the OHS reps

3.1 OHS professional – System builder

The most domination archetype among the OHS professional in our study was that of the ‘system builder’. This archetype is found across the entire labor marked, but the purest examples of the archetypes are seen in the construction and manufacturing industries.

The archetype is characterized by having an extremely systematic approach to OHS management. The ‘system builder’ takes great pride in developing and maintaining an OHS management system with numerous detailed procedures and keeps track of any changes in legislation. The work is often organized in annual cycles. The ‘system builder’ thrives therefore with the structure of certified OHS management systems like OHSAS 18001. The ‘system builder’ is motivated by structures and compliance with inspection and control whereas the well-being of the employees is seldom directly the main target. When discussion changes with the management or employees, the ‘system builder’ primarily uses arguments based on legislative demands or the OHS systems is an argument in its own right.

The ‘system builder’ regards the health and safety organization and the OHS reps as a mean to secure the implementation and operation of the OHS system. However, often the OHS reps and the rest of the health and safety organization are not involved in the development of the system. The Safety Committee and the OHS reps are seen as tools to be utilized by the OHS professional in order to implement the ‘systems’.

3.2 OHS professional – Process oriented

The second archetype among the OHS professionals is ‘process oriented’. Aspects of this archetype are likewise found across the dataset; in all industries. However, the purest examples are found in public health care and service industries. Especially in the public sector this archetypes is predominant.

The ‘process oriented’ archetype is characterized by being motivated by the employees’ well-being and their perception of their work environment. Often outlined in corporate values or policies of human relations. The ‘process oriented’ archetype focuses on building up the social capital (Hasle & Moeller 2007) within the organization by initiating interventions and change processes, designed to strengthen the trust, sense of righteousness and the capabilities to cooperate in the organization. The ‘process oriented’ OHS professional see employee participation in change processes as a purpose in itself.

The ‘process oriented’ archetype often regard the OHS reps and the health and safety organization as an essential collaborator, and the OHS reps function as OHS ambassadors of the employees ensuring communication and alignment between the employees and the health and safety organization.
3.3 OHS professional – Operations oriented

The third archetype is the ‘operations oriented’ OHS professional. Again the characteristics of this archetype are seen across the labor marked, however the purest examples are founded in the manufacturing industry. This archetype is in our cases predominantly found in the private sector including the construction sector. The ‘operations oriented’ OHS professional is characterized by being extremely pragmatic. The focus is on the operations and core task of the organization. OHS consideration is whenever possible connected to the operation of the company. Furthermore, the ‘operation oriented’ archetype focuses on image, market and costumer requirements, for instance if important costumers require certified OHS management e.g. OHSAS 18001 (BSI, 1999).

This position relates to a change in the perception of OHS in the top management. It is often seen to emerge related to a change from the ‘old’ management to a new professional management. The ‘new’ managers are considering OHS as a performance indicator. This implies firstly that the company has to comply with regulation. Moderate costs should not hamper compliance, investments in protective equipment and prevention implements are not questioned. Rather is a high level of OHS highlighted in policies and company presentations, as well as included as an indicator of high quality in biddings and tenders.

The ‘operation oriented’ OHS professional will at best regard the OHS reps and the health and safety organization as a tool to improve operation, however the employee elected system can also be seen as a potential bureaucratic obstacle or an unnecessary time consumer, as are specific OHS legislation, the WEA (The Danish Work Environment Authority) and shop stewards.

4. Analysis and discussion

The different ways the three OHS professional archetypes regard the health and safety organization bear witness of the current changes in the underlying basic understanding of the purpose of the health and safety organization and the value of the health and safety activities.

The health and safety organization is of course a regulatory concept, but because the concept has been a more or less integrated part of the operation in Danish companies since the 1970ties, the concept has evolved beyond the purpose and definitions of the original regulation. The system of the health and safety organization and the employee elected representatives is also a social construction; an institution. Scott (W. R. Scott, 2013) defines institutions as “multifaceted, durable social structures, made up of symbolic elements, social activities, and material resources” (W. R. Scott, 2013). Institutions are enduring features – rules – of social life and somewhat resistant to change.

Scott (W. R. Scott, 2013) has introduced the model “three pillars of institutions, which can be used to describe and categorize the formation and development of the institution. “Institutions comprise regulative, normative, and cultural-cognitive elements that, together with associated activities and resources, provide stability and meaning to social life”,(Scott, 2008, page 56) The three pillars are:

- Regulative: stresses the capability of institutions to coerce and regularize behavior
- Normative: accentuates the normative rules that advocate rights and privileges as well as responsibilities and duties
- Cultural-cognitive: focuses on the shared conceptions that constitute the nature of social reality and the frames through which meaning is created.

Hoffman (Hoffman, 2001) regards institutions as moving “from the conscious to unconscious and from the legally enforced to the taken-for-granted” (Hoffman, 2001, page 36). There by we see a movement from the first pillar towards the third pillar.

The three pillars can either be aligned – combining their strength to support the social constructed institution – or misaligned, where their support and motivate different choses and behavior. Misalignment will give rise to conflict and confusion.

When applying the “three pillar-model” the misalignment of the institution ‘the Danish OHS organization’ becomes apparent:

There exist different, parallel understandings of the institution ‘the OHS organization’. These conflicting understandings is related to the three archetypes of OHS professionals and their view on the OHS reps.
The original purpose of the OHS organization and the OHS reps where to establish a collaborative system where employee representative and first line managers work together on ensuring a safe work environment, by ensuring an employee voice. This original purpose of the OHS organization was both legally, morally and cultural sanctioned thereby building on all three institutional pillars. However, since the 1970's the understanding of the OHS organization and the purpose of the organization has shifted – a misalignment of the three pillars have occurred.

The central purpose for the 'system builder' OHS professional is regulatory compliance; the OHS organization and OHS reps are tools to ensure this compliance. Often the 'system builder' initiates all OHS activities and coordinates the OHS reps tasks. In some case, the 'system builder' even handpicked the OHS reps to perform specific tasks. Thereby the 'system builder' puts emphasis on the regulative element of the institution. The 'operations oriented' OHS professional is highly pragmatic focusing on the core task and daily operations of the company. Legal compliance is taken for granted. In cases with 'operations oriented' OHS professionals the OHS organization is sometimes seen as a formality without any real OHS activities in other cases the OHS reps performed task not associated with OHS, but rather with the core task of the company. In these cases the understanding of the OHS organization and the OHS reps is based on cultural-cognitive sense-making process; the third pillar.

The last archetype; the 'process oriented' OHS professionals understanding of the OHS organization is in line with the participative element of the original legislation. The ‘process oriented’ OHS processional has a normative ideology which put emphasis on the company’s social obligation to involve employees in decision making, and the advisable of including the employees' knowledge in decision making. Especially the ‘system builder’ and the ‘operations oriented’ OHS professionals’ understanding of the role of OHS reps differ from the original purpose. These two archetypes have a tendency to monopolize the OHS activities particularly on the strategic level but also on the operational level. The OHS professional acts as a ‘spoon’ absorbing the OHS activities and centralizing the activities around them self. This sponge effect has an unintentional impact on the role of OHS reps; the OHS rep are either left to fill a formal but in reality empty role without any real influence on the OHS activities or the OHS reps are a tool that can be utilized by OHS professional to ensure the implementation of their personal OHS agenda. Either way, the representative element of the OHS reps’ role is threatened, as they are not able to motivate their colleagues to support their role or the institutionalized OHS system.

Bolman and Deal (2011) have in their description of the political metaphor discussed different sources of power. Among these are ‘information and expertise’ which might be combined with the skills of being able to frame the issue. From this perspective the strategy of the OHS professional can be seen as a strategy to gain a position in the power games in the organization. He or she monopolizes or becomes the expert within knowledge related to OHS. By absorbing all activities related to handling OHS problems (earlier denoted by the sponge metaphor), the OHS professional establish a monopoly. They are not only in handling the OHS problems but they are also framing the OHS issues due to an insight into the legislative system regulating the OHS and their experience based arsenal of technical and behavioral arrangement which might be applied to solve the problem. It is important to emphasis that this might not imply that the OHS issues are given higher priority in the organization than normally found.

5. Conclusion

The aim of this paper is to explore how the role of OHS professional has develop and how this has affected the role of OHS rep, and furthermore to explore how this shift in roles can be explained from a theoretical perspective.

A tentative conclusion is that the current development of the role of OHS professionals and thereby the predominant approaches to internal OHS management, can be illustrated as the field of tension between the three archetypes – ‘the system builder’, ‘the process oriented’ and ‘the operations oriented’ OHS professional. The ‘system builder’ OHS professional has an extremely systematic approach to OHS management; where implementing and maintaining the system can become a goal in its own right. The OHS reps can become one tool to achieve this goal. The ‘operations oriented’ OHS professional has a highly pragmatic approach to OHS management, and this type of OHS professional ever loses track of the most
important element – the company’s core task. This means that the ‘operations oriented OHS professional either have an instrumental view of the OHS reps in line with the ‘system builder’ or the OHS reps are seen as an obstacle as are the OHS legislation, the WEA and the shop stewards. The ‘process oriented’ OHS professional is motivated by keeping the organizational peace and facilitating participative processes involving employees in decision-making. OHS reps are regarded as essential collaborators. In particular the ‘system builder’ and the ‘operations oriented’ OHS professional has a tendency to sponge all of the OHS activity, which leaves the role of OHS rep a merely formality without influence.

If this indeed is a picture of the current tendencies, it is extremely important that legislators and the social partners consider the ways they want to move regulation of OHS in the future. Continuation of the mandatory regulation of OHS committees and elected OHS reps based upon collaboration and workers participation will have to be renewed and aligned with the practical possibilities of putting meaning into these institutions if they are to survive. Other ideologies are proposing for the free market as the best regulator, and obviously, OHS has gained impetus among top managers. The ‘new’ professionals seem to have emerged to stay and take up their role, but so far, they are far from being a profession. That will take educational programs, professional associations and collaboration with research and development institutions. This might be the most important challenge for the future.

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References


