

**Managing OHS in Small Culturally Diverse Workplaces:
Developing a Research Agenda
DRAFT of the Summary of proceedings 7th Dec, 2009**

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There is growing recognition that as workplaces become more culturally and ethnically diverse, OHS prevention and investigation must be seen within the context of a cross-cultural milieu. In particular, where there has been a tendency in the past to attribute blame to individuals for workplace fatalities, injuries and illnesses, more advanced analysis indicate that the lack of communication or the inability to make sense of the communication particularly where cultural or diversity factors are at play, are major contributing factors (Pigeon, 1998; Jaselskis, et al 2008; Schubert & Dijkstra, 2008). As Mullen (2004: 276) rightly notes, rather than attributing blame to the individual for workplace accidents and injuries, managers and researchers must consider organisational culture and social factors when identifying the causes of workplace injuries and accidents. The challenge, therefore, has been to develop new interdisciplinary models that acknowledge the multifaceted nature of OHS within evolving, culturally diverse small workplaces.

The purpose of this roundtable discussion was to develop a collaborative, international research agenda. In particular the roundtable discussion session was divided into the following sessions:

- *Session One:* The purpose of this session was to present an overview of the challenges of managing OHS in small culturally diverse businesses. The presentations (see attached files) summarised the key themes and debates within the literature and provided examples of extant preliminary research in two sectors, namely construction and the health sector. In particular, the presentations were as follows:
 - *An overview of current research* ó key themes and possible research questions; presenter Nadine McDonnell
 - *Construction industry in France*, presenter Christophe Martin
 - *Health Sector in New Zealand*, presenter Boaz Shulruf.
- *Session Two:* This session was facilitated by Dr Suzanne Jamieson in which the discussion was opened up to participants to explore and comment on the following topics:
 - Characteristics of culturally diverse workforces
 - Issues around managing OHS in small, culturally diverse businesses
 - Research gaps and proposed future directions

Main Points of Discussion: Facilitated by Ass Prof Dr Suzanne Jamieson

- *Characteristics of culturally diverse workforces:*

There was general consensus that it is important to define exactly what is meant by 'culture' and how it is manifested within organisations. Dr Shulruf also argued that it is important to distinguish between cultural *versus* ethnicities or nationalities. Indeed it was noted that there are often more differences within nationalities than across nationalities. It was also argued that it is not useful to stereotype nationalities or ethnicities as there are significant differences within nationalities or ethnicities. One of the views raised in the discussion was that it is important to identify the array of different cultural attributes and then link the individual's attributes with the culture of the business. In particular, it was thought that it is important to link different cultural attributes with different functions of the business. For example, certain organisational teams require diversity of ideas while other teams require conformity of ideas. Cultural diversity is also an important factor in a number of functions, for example, diversity can be an advantage in customer services where the client base is diverse. But it is also important for the team members to understand each other, particularly in critical situations, such as surgical health teams or aviation teams. Therefore, it is important to first identify what 'culture' and 'diversity' means and then how this can be used to the advantage of the organisation, including improving health and safety. .

Furthermore, it was noted that the literature and public discourse often uses 'culturally diversity' in the pejorative sense, but is this so? Dr Kogi asked the question: 'What are the advantages of having a culturally diverse workforce in small enterprises?' In particular, do workers from different cultures or different points of views enhance the way workplace health and safety is approached and solutions are developed? In the ensuing discussion, it was noted that the skill, expertise and craftsmanship of the workers often transcended language and cultural barriers and that good health and safety practices were likely to be reliant on the commitment of employer and their ability to provide a healthy and safe working environment for their workers. It was also argued that small businesses can provide an environment in which the constraints of cultural diversity, such as miscommunication, can be more readily overcome compared to larger organisations and where cultural differences can enhance the competitiveness of the business.

- *Issues around managing OHS in small, culturally diverse businesses*

However, a number of issues around how best to managing OHS in culturally diverse settings were raised. The first issue identified by Mr Meeuwsen was that in culturally diverse workplaces there are *different approaches* to managing workplace injuries and illness, namely 'a compensation approach' versus 'a prevention approach'. The affect of a compensation approach is that the focus is not on preventing the work-related injury or illness but instead institutionalising compensation payments for either working in hazardous conditions or for being injured at work. For example, in

many Eastern Europe countries, there was generally a compensation culture while Northern European countries generally have a prevention culture. Australian and New Zealand provide other examples where up until the 1980s workers and employers accommodated this compensation culture, by including dirt money or hazard money as part of a suite of entitlements.

The second issue raised by Prof Harris was the patchy or *absence of worker representation and participation* in small culturally diverse businesses. For example, in the UK and the other Northern European countries, OHS legislation is premised on tripartite dialogue. However, this tripartite arrangement has been weakened given that trade union membership and density is low in the small business sector. Dr McDonnell observed that this is compounded by the fact that within the small business sector, establishing worker representation is difficult particularly amongst workers with little or no experience or culture of worker representation, such as young workers and/or migrant workers. Moreover, Mr Meeuwsen commented that for Eastern European workers, workplace committees and worker representatives are still associated with the previous Communist regime and therefore many are cautious of such are mechanisms.

Dr McDonnell also noted that the issue of facilitating worker representatives has become more problematic in the last 15-20 years as there is a disturbing trend towards anti-unionism and hostility towards employee empowerment. This situation is juxtaposed with a growing number of workers experiencing job insecurity and who in turn are often afraid to speak out against their employer. It was also noted that it is increasingly difficult to get workers, particularly younger workers, to participate in any decision-making process at work. Further, as jobs have become more intensified and workers are required to work longer and harder, there is a reluctance to take on added responsibilities, including those involving OHS. On the other hand, employers, who are required to comply with the regulations pertaining to health and safety representatives and committees, are in a difficult position if they cannot find volunteers to take on these OHS duties.

The third issue raised by Dr Gravel was how best to *inculcate migrant employers and employees* from developing nations into the higher employment standards of the developed nations? Canadian and New Zealand evidence shows that most migrant employers from developing countries fail to accept the need for stringent OHS standards of their adopted developing country. Based on recent interview data it was noted that migrant employers from developing countries thought that the Canadian OHS regulations were too generous. It was also stated that there are a number of studies which show that often migrant employers tend to employ migrant workers from the same developing country or cultural ethnicity, both parties sharing the same experiences of sub-standard working conditions.

For migrant workers on the other hand, working in hazardous conditions with the possibility of being injured was seen as a utility to advancing their career aspirations. That is, migrant workers, many of whom are often skilled and tertiary qualified, have

aspirations of getting out of their low skilled, low paid jobs into better employment and use workers' compensation and rehabilitation to facilitate their re-training in order to achieve better employment and gain some of the social status they had previously in their country of origin. However, in some Canadian provinces, such as British Columbia, the rehabilitation provisions under workers' compensation schemes have been severely curtailed, thus making it more difficult for migrant workers to obtain workers' compensation.

In France, Dr Martin noted that integrating new migrants into French society and in particular acquainting them with the French rule of law was also an issue in France. As with other countries, most migrant workers in France were over-qualified for their jobs and were more than capable to carry out the tasks required. Interview data indicate that most migrants saw their current low skilled job as a way of getting established in France and in particular establishing a French work record as a way of advancing their careers. Dr Martin stated that findings from a recent study also concurred with Canadian experiences in that there are contrasting perceptions and practices of OHS between new migrants and non-migrants. Therefore, Dr Martin argued attention needs to be given to developing a broad spectrum strategy that aids that integration of migrant workers into the European Union's OHS practices and standards.

Ms Jordan provided a useful example of the advantages of cultural diversity and how integrating a large migrant population into a small market town, namely Gort, (which on the West Coast of Eire or Ireland), can have benefits for the both migrants and local residents alike. The example of Gort illustrates how a migrants and locals can integrate, adapt and accommodate each other. Driven by the need to have a ready supply of skilled, experienced meat processing workers, the Gort meat industry began hiring Brazilian workers. The arrangement between the Gort meat industry and Brazilians has been very successful on a number of levels. First, as the Brazilian meat industry was more sophisticated in some areas than the Gort meat industry, the Brazilian workforce introduced a number of initiatives, including OHS initiatives. For example, in Brazil the workers were accustomed to starting their working day by doing physical lumbering up exercises in order to reduce the incidence of musculoskeletal disorders and continued this practice when they arrived in Gort. Seeing the benefits of this Brazilian practice, the management introduced this initiative throughout the Gort meat industry. Second, the Brazilian workforce injected much need extra spending into the local economy. Third, some of the Brazilian workers started up new businesses which again helped the Gort economy. Finally, there was an amicable cultural exchange in which the locals began to learn Portuguese and the migrants learnt English and the Gaelic.

Research Gaps and Proposed Future Directions

- *Epistemological and ethical issues:* A great deal of the discussion was centred around the need to identify a suite of effective methodologies to apply to this area of research in which the participants are difficult to reach, the employers are often hostile to intrusion, and the workforce is typically contingent, mobile and can be hidden. It was argued that implicit in the methodologies of cultural studies is that as soon as one endeavours to investigate culture, inevitably you change that which you are investigating. That is, by investigating the OHS culture of so-called 'invisible workers', they are no longer invisible and instead their status is changed to 'visible' (albeit vulnerable) workers.

Moreover, it was recognised that there are numerous ethical implications for the participants of the study that need to be resolved prior to launching into fieldwork. For example, if one sees a worker not wearing protective clothing or being exposed to workplace hazards, the question is: 'what should be done to inform the employer and/or the regulatory authorities?' And by doing so the researcher is in effect influencing the data. Also by alerting the employer to his/her lack of compliance, the employer may no longer want you in their workplace. Nonetheless, it was argued that these workers are an important group and as such the community has an obligation to ensure that the health and safety of these workers are not put in jeopardy.

There were a number of useful suggestions on how best to overcome the methodological issues:

- *Ethnographies:* Dr Gravel stated that ethnographies have been used successfully to elicit data on the topic, although it depends on the type of industry and the relationship the researcher develops with those in the industry. For example, an ethnographic approach has been used to investigate OHS amongst migrant workers in the French construction industry in which the small business is difficult to locate and track and their workforce is often mobile.
- *Longitudinal research:* Prof Harris, Dr Gravel, Dr Laird and Dr Shulruf argued that research into how to manage OHS in culturally diverse small businesses necessitates longitudinal, quasi-experimental methodologies, rather than the orthodox health research methodologies of interventions and randomised control studies. That is, given that the subjects are geographically scattered, often mobile and difficult to reach, innovative methodological approaches are required.
- *Public health policy agenda:* Prof Harris commented that there has been little discussion between the different government agencies and non-government organisations (NGOs) that have an interest in the health and welfare of migrant workers on how best serve the migrant community in terms of their health and safety. In particular, she argued that there is a need to establish a coherent policy agenda that

identifies the OHS issues facing migrant labour and to develop intervention and preventative strategies. It was also noted that there has been scant research on the policy implications of managing OHS in small, culturally diverse businesses. Questions concerning the type and level of government resources necessary to reach those in this sector need to be addressed.

- *How OHS is perceived:* There was a great deal of comment that while we assume that that we all share the same views and perceptions of what minimum OHS standards should be, there are in fact a wide variety of views, many of which are shaped by our culture and ethnicity. Therefore, Mr Kahumbi argued that it is important to first begin with research on the different ways OHS is perceived and then identify what are the influences that change the individual perceptions of OHS.
- *Interventions:* Most of the attention in the literature has been on de-constructing, defining and explaining what is meant by 'cultural diversity'. However, what is needed now is to develop and evaluate effective interventions for small, culturally diverse workplaces. That is, to create simulations that capture the different elements of diversity, such as differences in communication and behaviour, whereby interventions can be introduced and evaluated. Given that this is not an easy task, Mr Meeuwse and Dr Shulruf encouraged inter-cultural, international collaboration.
- *The health of migrant workers:* It was also argued that typically there has been an emphasis on safety rather than health in the OHS literature, which in turn has meant that the psycho-social stress of the migrant worker has been generally overlooked. Moreover, Dr Shulruf noted while there is some clinical evidence that migrant workers' life expectancy is shorter, migrant workers often are 'invisible' in terms of being undetectable by government health statistics. There is, therefore a utility of including both the safety and health of migrant workers.
- *Highlight positive exemplars:* Ms Groen asked for more research into identifying exemplars of small culturally diverse businesses successfully managing OHS. In particular, there is a need for research into what the ingredients of good OHS practices are and how good OHS standards are achieved and maintained within the context of small culturally diverse businesses. It was noted that there is a tendency in the literature to focus on the poor performing small businesses and problems associated with cultural diversity while overlooking those culturally diverse small businesses that treat diversity as a useful asset to overcome OHS issues. Prof Legg added that one way to advance this stream of research would be to identify where established, successful acculturation has occurred within a small business and examine the effects of that on the OHS of the small business.
- *Workforce engagement:* Prof Harris noted that efforts should be made to engage employees in the processes on how to best manage OHS in small culturally diverse businesses. It was noted that one of the traditional mechanisms used to engage the workforce in OHS was training and that the link between workforce engagement, training and how to best manage OHS in small culturally diverse businesses could be

investigated. Prof Harris also argued for more tripartite attention be given to developing a coherent policy agenda in the link between workforce engagement and managing OHS in a culturally diverse working environment.

- *Research on linkages:* Ms Clusel argued that we still know very little on the linkages between organisational culture, safety culture and cultural diversity. In addition, Ms Roloff also commented that increasingly small businesses operate within a global environment in terms of both in its business functions and its culturally diverse workforce and therefore more research needs to be undertaken in this area. In particular, research could look at the similarities or differences between the various small sub-contracting businesses within the supply chain in terms of their safety culture, their use of culturally diverse workforces and the way OHS is managed across different regions.
- *Worker Participation:* Prof Legg noted that while worker participation is a key ingredient to successful OHS practices and policies, little is understood in terms of how worker participation is viewed by different cultural groups and how it is managed within diverse workforces.
- *Employment relationships:* Mr Twinomugisha stated that while the focus is on creating harmonious relationships between workers, research also needs to be undertaken on the conflict between the ethnically different employees and the role employers have in managing this conflict. In particular, there is a need to link the research on discrimination and bullying with work-related injuries and illnesses.
- *Indigenous workers:* Prof Legg noted that while much of the discussion has been on vulnerable, *migrant workers* in contingent, precarious work, in some countries indigenous workers are also over-represented in hazardous, precarious employment in the small business sector and *ipso facto* are over-represented in the workers' compensation claims. Therefore, indigenous workers may also need to be included in the general research area of OHS of vulnerable workers in the small business sector.

Summary

It was concluded that we continue to foster an international collaborative research agenda in this area and in particular continue to identify both extant research and areas that require further investigation. It was also agreed that we shall endeavour to meet again in the UK in 2010 (see Health & Safety Issues Related to Precarious Working & Vulnerable Workers, Middlesex University, Tuesday 8 June, 2010) and New Zealand in 2011.