

Voluntarism in occupational health and safety: a reply to Farlow

Elizabeth A. Mullen*

1. Introduction

The serious allegations made by Farlow as to the integrity of this study cannot be allowed to go by without comment. The study and general criticisms which relate to the sample, choice of variables and the findings are briefly dealt with. The main comments in this reply are directed at the 3 more specific issues which appear to be the real concern of the Federation, namely, worker participation, trade union input and interpretation of the aims of the Code of Practice for health and representatives and health and safety committees (1987).

2. The study

This research project, carried out in 1988, was based on a well documented and well respected study carried out in the United Kingdom by Beaumont and Leopold (1982). This study found that larger firms in high risk industries, covered by larger trade unions, were more likely to voluntarily set up management structures and health and safety programmes to deal with risk. These frequently included participative structures in the form of worker representative and joint worker management committees. Such firms were also found to be quick to respond to legislative reform.

The sample

The sampling method was appropriate for the hypothesis for the study (Mullen, 1990, p.131) and the size of the sample was adequate according to standard empirical design. The response rate was much higher (at 66 percent) than can normally be expected in population surveys of this type. The respondents were shown to be representative of the population (Mullen, 1990, p.132-3).

The fact that the sample was selected on a different basis from that of the Department of Labour was acknowledged (Mullen 1990, p.140). However, it was possible to demonstrate that for those firms who acknowledged receipt of a Code of Practice the findings with regard to adoption rates and numbers of firms with health and safety committees and representatives were very similar to those found by the Department of Labour.

Choice of variables

The variables from the work of Beaumont and Leopold (1982) provided the basic framework for this study. Variables were also selected from elements of the work carried

* Department of Management, University of Otago.

out by a range of other researchers, theorists and experts in the field, these including (amongst others), Campbell (1987), Kjellstrom (1983), McIntosh and Gurdon (1986) and Walters (1987). The study was designed to identify whether firms in New Zealand responded to risk, proposals for legislative change and trade union influence in a similar way to firms in other countries.

The adoption of a Code of Practice, and therefore structures for worker participation, was included as one of the variables relating to "good" health and safety practices. The main hypothesis was that larger firms who had a wide range of practices such as a senior member of staff responsible for health and safety, policies and procedures for dealing with risk, training which included health and safety and negotiated clauses in awards and agreements, would show a greater propensity to adopt a Code of Practice and initiate participative structures. These practices might be moderated by industry risk, the level of inspection and the activities of trade unions.

Findings

The size of the firm was, as expected, a major indicator for the presence of a wider range of health and safety practices. However, the finding that the presence and range of practices was not related to industry risk, the level of inspection nor the existence of negotiated clauses in awards and agreements was both unexpected, and of concern.

No clear relationship was found in this study between the size of the main trade union representing the workforce and the size of the firm, nor with the presence and range of structures and practices to deal with risk. Trade unions were, however, able to encourage a proportion of firms to adopt a code of practice although they had little or no opportunity for direct participation in the firm and little general influence apart from the negotiation of clauses into awards and agreements. Clauses in awards and agreements had little effect on organizational practices.

There are a number of factors which may have precluded a more significant or direct role for trade unions. These include our "unique" highly centralized system of industrial relations, the economic climate of the late 1980s and the determination of New Zealand employers to keep trade unions out of the workplace (Business Roundtable, 1989 and 1990).

3. Specific issues

This last paragraph brings us closer to what appear to be the specific issues the Federation wishes to address. The first 2 relate to the possibility of a mandatory requirement for the participation of workers in the management of workplace health and safety a specific role for trade unions in any new legislation. The third area is over the interpretation of the aims of the Advisory Committee on Occupational Safety and Health (ACOSH) when introducing the Code of Practice, and whether this was envisaged as a precursor for legislative reform. These issues are dealt with in turn.

Worker participation in health and safety

No reference was made at any point in the report on this study to the replacement of existing regulations and codes of practice for health and safety by worker participation, this would clearly be absurd. Worker participation can only be seen as an additional, and by the evidence from other countries, an essential mechanism to specific regulations in the management of occupational health and safety if an improvement in the rate of injury and ill health is to be achieved.

The existence and level of participative schemes for health and safety in New Zealand firms both prior to an in response to the Code of Practice was acknowledged. The frequencies for employee representatives and committees were set out in table 5 (Mullen, 1990, p.136). This clearly showed that a fair proportion of those firms employing 50 or more people had representatives and committees. Indeed, in those firms employing 100 or more people 44 percent had representatives and 55.4 percent had committees. It should be noted, however, that firms of this size form only a tiny proportion of the firms in New Zealand. And again, the presence of participative structures was related to size and not to risk.

The Federation insists that participation may be counterproductive to "good" health and safety practices by giving authority and responsibility to non-management personnel without corresponding accountability. If this is so, one must speculate as to why a significant proportion of our largest firms do in fact initiate such programmes. There was no evidence in the study that this was as a result of pressure from trade unions, but a spontaneous effort on the part of employers to adopt participation as one of a range of "good" practices.

The influence of trade unions

The finding from the study was that trade unions in New Zealand were not accorded a direct role in the management of workplace health and safety. This should not be taken as an indication that trade unions are therefore unnecessary. Evidence from past research, and particularly a recently published study from the United States (Weil, 1991), suggests that implementation of occupational health and safety regulations is more likely to be effective (i.e. lead to a reduction in injury and ill health) in unionized establishments. Unionized workers are more likely to be well informed about workplace risk, and the combination of employee participation in the management of occupational health and safety and complementary union health and safety structures encourages worse performing employers to improve their practices and ensures more accurate inspection and enforcement.

The fear that workers and unions might misuse their power and target particular employers and/or use health and safety to force the employer's hand on other unrelated issues which were under dispute, has not been borne out. Smith (1986, p.47), again in the United States, found that complaints were not linked with collective bargaining disputes and there was strong evidence that complaints correlated with serious violations and not at all with trivial ones.

The purpose of the Code of Practice

The foreword of the Code of Practice (1987, p.1) stated that ACOSH, of which the Employers' Federation was a member, was of the firm view that occupational health and safety could best be promoted by a system which facilitated the *joint* participation of workers and management in promoting and maintaining working conditions and work practices. This view is in keeping with those of many other researchers in this area (there are a few exceptions, see Brook, 1990, p.145-147). It is also in keeping with the findings of reviews of health and safety legislation in other countries and the subsequent nature of new legislation in countries such as the United Kingdom, the United States, Canada and Australia and most European Community countries.

The notion that there were no plans to embody the provisions of the Code in new legislation does not stand up to scrutiny. It was clear that based on ACOSH's review of the extent of adoption of the provisions of the voluntary Code of Practice further action would be considered (Department of Labour, 1987, p.1). This was later evidenced by the

Public Discussion Paper for Occupational Safety and Health Reform issued in June 1988 and the Occupational Safety and Health Bill introduced in 1990.

4. Conclusion

The Employers' Federation has little to fear. The research study discussed here, along with the vast body of research done by others in this area, will almost certainly have little or no influence on the decisions of the select committee when it meets to review the Occupational Health and Safety Bill later this year. There is no explicit role for trade unions under the provisions of the Occupational Safety and Health Bill (1990). The likelihood of health and safety representatives and committees remaining a mandatory element is remote. The mechanisms for enforcing this section appear weak and will almost certainly disappear in the interests of "freedom of choice for the individual" enshrined in the Employment Contracts Act 1991.

References

- Beaumont, P.B. and Leopold, J.W. (1982) A failure in voluntarism: the case of joint health and safety committees in Britain. *New Zealand journal of industrial relations* 7(2):61-75.
- Brook, P. (1990) *Freedom at work: the case for reforming labour law in New Zealand*. Auckland, Oxford University Press.
- Business Roundtable (1989) Industrial democracy: a case for regulation or deregulation. *Submission to the Committee of Enquiry into Industrial Democracy*. Unpublished.
- Business Roundtable (1990) *Submission to the Labour select committee on the Occupational Safety and Health Bill*. Unpublished.
- Campbell, I.B. (1987) *Legislating for workplace hazards in New Zealand: overseas experience and our present and future needs*. Palmerston North, Massey University.
- Department of Labour (1987) *Code of Practice for health and safety representatives and health and safety committees*. Wellington.
- Kjellstrom, T. (1983) Some crucial issues concerning the safety provided by occupational health standards. *New Zealand journal of industrial relations* 8(2):135-145.
- McIntosh, B. and Gurdon, M.A. (1986) Factors influencing health and safety performance in New Zealand. *The journal of industrial relations* 28(4):521-533.
- Mullen, E.A. (1990) Voluntarism in occupational health and safety: the New Zealand response. *New Zealand journal of industrial relations* 15(2):129-143.
- Smith, R.S. (1986) Greasing the squeaky wheel: the relative productivity of OSHA complaint inspections. *Industrial and labour relations review* 40(1):35-47.
- Walters, D. (1987) Health and safety and trade union workplace organisation: a case study in the printing industry. *Industrial relations journal* 18(1):40-49.
- Weil, D. (1991) OSHA: The role of labor unions. *Industrial relations* 30(1):20-36.