

The psychosocial work environment and certified occupational health and safety management systems in the public sector – experience from two Danish municipalities

Peter HASLE¹, Pernille HOHNEN², Anne Helbo JESPERSEN^{1,3}, Christian Uhrenholt MADSEN¹

¹Centre for Industrial Production, Department of Business and Management, Aalborg University, Denmark, ²Department of Culture and Global Studies, Aalborg University, Denmark, and ³Bureau Veritas Denmark

Abstract. Certified occupational health and safety management (OHSM) systems are expected to cover the psychosocial work environment. We studied certified OHSM systems implemented in two medium-sized to large Danish municipalities. The cases show that the process of adopting OHSM systems from their traditional base in manufacturing to a public sector with a focus on the psychosocial work environment is difficult and complex. The management system seems to help maintaining systematic OHS activities but the actors are still searching for ways to fit the systems to the peculiarities of the psychosocial work environment in the public sector.

Keywords. Audit, OHSAS 18001, standards, elderly care

1. Introduction

Certified occupational health and safety management (OHSM) systems are spreading both in its traditional application field in manufacturing industry and also in new sectors such as service and in the public sector. The dominating standard for OHSM systems is OHSAS 18001 which has been adopted as a national standard in many industrialised countries. These systems build on the safety management tradition (Frick & Wren, 2000) and on the principles in the ISO 9001 and 14001 standards (Hohnen, Hasle, Jespersen, & Madsen, 2014) with risk assessment and problem solution according to the Plan-Do-Check-Act (PDCA) circle as the main elements. The impact of certified OHSM systems on the work environment is debated in the literature (Hasle & Zwetsloot, 2011; Frick et al., 2000; Hohnen & Hasle, 2011; Blewett & O'Keeffe, 2011; Frick, 2011). It has on one hand been pointed out that certified OHSM systems are voluntary thus securing a stronger commitment compared to legal regulation and at the same time securing a systematic control of the work environment. On the other hand the systems have also been criticized for being dominated by bureaucratic paperwork with little influence on real life work environment (Blewett & O'Keeffe, 2011; Shaw & Blewett, 2000). One possible conclusion can be that although OHSM systems influence the understanding of the work environment (Hohnen & Hasle, 2011; Hohnen et al., 2014), it is also a rather open system, and the impact will mainly be determined by the local practice (Hasle & Zwetsloot, 2011; Hasle & Kristensen, 2010).

Certified OHSM systems have mainly been applied in the manufacturing industry with a focus on preventing accident risk and risk in the physical work environment. During the last decade or two the work environment has received increased attention in

other sectors in the society. This is in particular the case for the public sector where, among others, work in child and elderly care expose employees to serious physical and psychosocial hazards. Municipalities and other public sector organizations have therefore searched for effective ways to control these hazards. One possibility has been to introduce certified OHS systems, and a number of Danish municipalities have selected to implement such systems, although it is a quite different context when compared to the manufacturing industry. The organizational and management setup in a municipality is marked by direct influence from politicians and a large number of decentralized institutions (schools, day care centres, elderly care centres). The work environment is also quite different from manufacturing industry. The main problems are related to psychosocial factors and exposure to the musculoskeletal system. Especially the psychosocial work environment is ambiguous and difficult to standardize. It is dependent on the experience for the individual employees and has to do with almost all aspects of management and organization of work. It is therefore not evident how OHS systems can be transformed to the public sector and fitted to control the psychosocial work environment (Leka, Jain, Widerszal-Bazyl, Zolnierczyk-Zreda, & Zwetsloot, 2011; Hohnen et al., 2014). There are few empirical studies of how certified OHS systems relate to the psychosocial work environment, and that is in particularly the case for municipalities and other public organizations. The aim of this paper is to study how the transformation of OHS to the public sector takes place in practice and how the systems relate to the psychosocial work environment. We do that by studying the local practices developed in two municipalities with a certified OHS system.

2. Material and methods

The study is carried out in two medium-size to large Danish municipalities. Data collection includes observation of internal and external audits, interviews with internal and external auditors and system responsible in the municipalities. In addition case studies were carried out in two schools and two elderly care centres for the elderly which had been subject to internal and external audits. The case studies included observation of audits and selected work practices as well as interviews with local managers, OHS reps and employees. Notes are taken from observations, informational interviews are summarized while content interviews are transcribed. The analysis has focused on establishing the relation between the activities required by the OHS system and the local practice at three levels: 1) the system itself; 2) audits; and 3) local workplace practices. This analysis has been the point of departure for an assessment of whether the relevant problems have been addressed and solved.

3. Results

3.1 *The management system in the two municipalities*

The results show that the two municipalities have chosen partly different strategies for the implementation of the OHS system. But the general setup is rather similar. Both municipalities have a central unit with OHS professionals responsible for the administration of the system. A number of policies and procedures have been issued which local workplaces are expected to implement. The main elements are regular risk assessments (in Denmark called workplace assessment (Jensen, 2002)) which should be followed by a PDCA solution of identified problems. In addition, all risks and solutions must be recorded, and the employees informed. The municipalities also organize internal audits and are subject to visits by external auditors.

However, the two municipalities have to some extent chosen to implement partly different strategies. Municipality A emphasizes centralized rather detailed procedures which should be followed by everyone and reported in a central database programme in order to prove that the procedures have been followed. The system is to some extent living its own life with a weak linkage to central strategies and the collaborative system. The system could resemble the systems found in many larger manufacturing enterprises. Municipality B has chosen fewer centralized procedures and less central reporting and control. Even to an extent where the external auditors have recommended more formalized guidelines and control. The system is closely linked to central strategies and the collaborative system, and key decisions about the system are discussed in the OHS committee.

3.2 Internal and external audits

Audits play a crucial role in securing quality and sustaining the local OHSM system. Each workplace in the two municipalities is subject to one internal audit during a period of three years and one external audit during six years. The key instruments for auditors are issuing non-conformity (requiring a written confirmation of compliance) and observations. Both municipalities give priority to what they called value-added audits. They emphasize that audits should not just check system compliance but also give inspiration to local workplaces for improvement of their activities. The municipalities have organized a group of internal auditors (Jespersen, Hasle, Hohnen, & Madsen, 2014) which consist both of OHS professionals and of experienced local managers and OHS representatives. The auditors receive a short training course in audits and are invited to various training seminars on the work environment. The agenda for the internal audits are generally quite open. Sometimes there can be special priority issues such as the psychosocial work environment. Observation of the audit practices and an interview with the auditors indicate that individual audits are carried out quite differently sometimes with a relatively narrow focus on compliance with policies and procedures and sometimes with a focus on the problems the local workplace are inclined to discuss. The auditors express some uncertainty as to their role and the qualifications needed for carrying out internal audits.

The external auditors from the auditing bureau are much more systematic in their approach. The audits follow a standard agenda. There is an initial meeting with the local manager and the OHS rep which will go through the local organization of the management system. It is followed by interviews with employees without presence of management. Then follows an inspection tour round the workplace, and the audit is completed with a final meeting with the management and the OHS rep. It includes a final round of questions from the auditor based on observations and interviews and feedback from the auditor pin pointing non-conformity and observations. The observations of audits and interviews with the auditors revealed that the actual priority to the psychosocial work environment varied from one auditor to another and that they generally considered the psychosocial work environment a difficult issue. Whereas it is relatively simple to establish whether requirements for written procedures are fulfilled and measures to control the physical environment are in place, it is difficult to assess issues in the psychosocial work environment which can differ from one person to another and which do not have any recognized standards. Examples can be work speed, the level of stress and management practice which are important issues for employee health but difficult to assess. While it is clear that auditors do pay attention to the psychosocial work environment, it is in the end difficult for them to conclude in non-conformity and to some extent also observations. In many cases the psychosocial work environment is therefore included in the vocal feedback but only to a limited extent in the audit reports, even though the auditors were able to

identify and clarify important problems which were not recognized by the workplaces (see example from an elderly care centre in case 1 below).

Case 1: Avoiding violence in elderly care

Some of the residents suffered from dementia and could be challenging and even violent. The procedure was therefore to make a workplace assessment for each individual resident in order to figure out how to relate to the resident and avoid violence. The workplace assessment was supposed to be accessible in paper in each unit, and the inspection during the audit indicated that the assessment did not include the relevant details about relations to the residents with a challenging behaviour. The manager and the OHS rep explained that they have chosen to include it in the individual care plan which was the daily tool for the staff. However, an inspection of the care plan for a potentially challenging resident indicated that they wrote day to day messages about for instance how the resident has slept, but the more general approach to the person was not included. The auditors interview with the local staff showed that some employees had found ways to relate with the particular person without problems whereas others often encountered problems. It was evident that experience was not shared and that there was a clear potential for improved prevention of violence. In the self-understanding of the workplace they believed that they actually did share the experience. The auditor also revealed that the split between a workplace assessment on paper and the care plan in an electronic version was unsuitable. The discussion with the auditor made known to the manager and the OHS rep that they had a problem which required attention. However, in the audit report this important finding was only mentioned as an improvement notice among several others, where the non-conformity focussed on securing availability of updated paper versions of the workplace assessment.

3.3 Local workplace practices

For the local workplaces it is difficult to assess the impact of the OHSM system as the activities of the system to a large extent are carried out along with many other activities, and it is difficult to distinguish the particular system impact. Generally, the workplaces seem to accept the management system and the audits as an operational task, but the attitude towards the system varies. Some workplaces follow more or less policies and procedures as expected whereas others have a more relaxed approach and have developed more or less parallel systems (see example in case 2)

Case 2: Paper work and practice in elderly care centre

The manager explained at the interview that they expected an external audit in September, and she and the OHS rep had therefore decided to use a day in August in order to fix all the paperwork. In that way she expected that they would pass the audit without any non-conformity notices. The subsequent external audit concluded just as she expected without non-conformity notices. The manager also explained that they gave high priority to the psychosocial work environment but they use quite different methods which did not fit into the system. They emphasized improvement of the social relations based on the Enneagram typology of personalities. They tested all employees and thereby they considered it possible to adjust behaviour to accommodate the needs of each individual. The visit and interview seemed to confirm that the workplace had achieved a pleasant atmosphere and satisfied employees.

All workplaces carried out the basic workplace assessment and implemented various follow up activities. The local managers involved the OHS rep (and often also the shop steward) in these activities, and work environment and especially issues related to the psychosocial work environment were discussed at staff meeting. It is, though, also activities which could be expected to be carried out in most other municipalities without a certified OHSM system.

Even though the workplaces (local manager and OHS rep) generally accepted the system they also tended to question how useful it was. They expressed a certain ambivalence as they on one hand wanted to indicate that they cared for the work environment, and on the other hand they asked questions about the 'need for all the paperwork' as it was often expressed. In municipality A with the more centralized approach for which the IT-portal played a key role, some workplaces also complained that the IT was

difficult to access and navigate.

4. Discussion and conclusion

The Danish legislation as well as legislation in most other European countries include requirements for a basic OHSM system (Walters (ed), 2002) which include requirements for workplace (risk) assessment and the establishment of an OHS organization with elected OHS representatives. The basic OHS activities carried out in the studied workplaces are therefore also required by Danish legislation. A certified OHSM system is a voluntary superstructure, and the formalized certification scheme adds on top of the legal requirements. In short, three additional elements can be pinpointed (See also Hohnen et al., 2014): 1) more detailed and systematic risk assessment, preparation of action plans and evaluation of impact, 2) stronger demands for formalization and documentation of the activities, and 3) internal and external audits.

It can be expected that as time passes management systems tend to be routinized and lose interest among the stakeholders. Legal requirements for workplace assessment is subject to a similar fate, and the results from the case studies seems to indicate that the certified OHSM system in the two municipalities helps to maintain systematic OHS activities at a certain and relatively high level. But we have also identified examples of short cuts because local stakeholders consider that they use too much resources for maintaining the system. Especially the documentation part – on paper or in electronic version – seems to be subject to dissatisfaction and short cuts.

Audits play a crucial role. They continuously remind workplaces about the need to give priority to the management system, and they have the potential as described in case 1 to open up learning possibilities at the local workplaces. However, due the ambiguous nature of the psychosocial work environment the external auditors are reluctant to use the full palette of tools. They tend to focus on the management activities such as documentation of workplace assessment and action plans whereas the actual work environment get less attention. The psychosocial work environment is rarely subject to non-conformity and observation, but is left as non-binding proposals. There is therefore a risk of audits conveying a message, telling that the psychosocial work environment is not so important after all, and audits can as a result shape the understanding of the work environment in such a way that it is easier to audit but also an understanding which does not necessarily cover all the most important psychosocial work environment problems (Hohnen & Hasle, 2011).

The internal audits also constitute a potentially important tool, but the results seem to indicate that the municipalities lack proper methods for audits and a subsequent upgrading in qualification (Jespersen et al., 2014). If these methods are developed, it is likely that the internal audits can play a stronger role in securing a stronger impact from the OHSM system on the psychosocial work environment.

In conclusion the transformation of certified OHSM systems from manufacturing to a public sector is a process which still is not concluded. The municipalities lack methods and understandings which can effectively address the psychosocial work environment. We found it difficult to assess to what extent and how the OHSM system has an impact on the psychosocial work environment, but the results also point towards several possibilities for improvement of the application of the management system. We therefore call for more research. This future research should both focus on creating better understandings of the relations between OHSM and the psychosocial work environment and on development of strategies and methods which can enhance the impact of OHSM systems.

References

- Blewett, V. & O'Keeffe, V. (2011). Weighing the pig never made it heavier: Auditing OHS, social auditing as verification of process in Australia. *Safety Science*, 49, 1014-1021.
- Frick, K. (2011). Worker influence on voluntary OHS management systems - A review of its ends and means. *Safety Science*, 49, 974-987.
- Frick, K., Jensen, P. L., Quinlan, M., Wilthagen, T., & (eds) (2000). *Systematic Occupational Health and Safety Management - Perspectives on an International Development*. Oxford: Pergamon.
- Frick, K. & Wren, J. (2000). Reviewing Occupational Safety and Health Management. In K.Frick, P. L. Jensen, & T. Wilthagen (Eds.), *Systematic Occupational Health and Safety Management* (pp. 17-42). Oxford: Pergamon.
- Hasle, P. & Kristensen, P. H. (2010). Arbejdsmiljøledelse i fremtiden. In P.Hohnen & R. S. Rocha (Eds.), *Ledelse af arbejdsmiljø - Certificering i praksis* (pp. 149-158). Copenhagen: Nyt Teknisk Forlag.
- Hasle, P. & Zwetsloot, G. I. J. M. (2011). Editorial: Occupational Health and Safety Management Systems: Issues and challenges. *Safety Science*, 49, 961-963.
- Hohnen, P. & Hasle, P. (2011). Making work environment auditable - A 'critical case' study of certified occupational health and safety management systems in Denmark. *Safety Science*, 49, 1022-1029.
- Hohnen, P., Hasle, P., Jespersen, A. H., & Madsen, C. U. (2014). *Hard work in soft regulation. A discussion of the social mechanisms in OHS management standards and possible dilemmas i the regulation of psychosocial work environment* Aalborg University.
- Jensen, P. L. (2002). Assessing assessment: The Danish experience of worker participation in risk assessment. *Economic and Industrial Democracy*, 23, 201-228.
- Jespersen, A. H., Hasle, P., Hohnen, P., & Madsen, C. U. (2014). Audit of psychosocial risk management systems: Between tacit knowledge and standardization. In *ODAM - Organizational Design and Management* Copenhagen.
- Leka, S., Jain, A., Widerszal-Bazyl, M., Zolnierczyk-Zreda, D., & Zwetsloot, G. I. J. M. (2011). Developing a standard for psychosocial risk management: PAS 1010. *Safety Science*, 49, 1047-1057.
- Shaw, A. & Blewett, V. (2000). What works? The strategies which help to integrate OHS management within business development and the role of the outsider. In K.Frick, P. L. Jensen, M. Quinlan, & T. Wilthagen (Eds.), *Systematic Occupational Health and Safety Management Systems* (pp. 457-474). Oxford: Pergamon, Elsevier Science.
- Walters, D. & (ed) (2002). *Regulating Health and Safety Management in the European Union*. Brussels: P.IE.-Peter Lang.