4.1 How to Improve Worker Participation

Best Practice Guidelines:
Effective Worker Participation in Hazard Assessments
Alberta Workers' Health Centre, December 2015

About the Alberta Workers' Health Centre:
The Alberta Workers' Health Centre is a registered charitable, non-profit organization that supports all workers, unionized and non-unionized, who need assistance to help make their workplaces healthier and safer. Since 1983 it has done this through programs of education and training; research and information; assessment and support for workers across Alberta.

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This module will continue to explore barriers to worker participation. It will primarily focus on training and the limits of training.

The temptation in hazard elimination and control is to focus down on improving outcomes by improving worker training.

This has been the focus in occupations and industries where the consequences of failing to deal with specific hazards can be very high-cost in terms of human health, loss of life and public relations.

Crew Resource Management (CRM) training is the darling of the airline industry and has moved into other sectors such as rail transportation and health care. CRM training is perhaps the most extreme example of the failed promises of training by itself in improving workplace health and safety. The failings of CRM training shows us again that we need to eliminate the hazard instead of trying to manage the hazard by trying to adapt our human behavior to that hazard.

Lessons from the airlines and health care

There are strengths and limits of CRM or other behavior-based strategies that focus on making sure the 'culture of safety' and the 'climate of safety' are reinforced and practiced.

Evaluations of the strategy do report some success and offer insights into some of the barriers to worker participation as well as specific training practices that can lead to a reduction in those barriers.

Limits to Training

Results: Findings indicate that CRM training generally produced positive reactions from trainees; however, the impact of training on learning and behavioral changes suggest mixed results across and within domains. Furthermore, and as was found by Salas, Burke, et al. in 2001, we cannot ascertain whether CRM has had an impact on the organization's bottom line (i.e., safety). (Source: Eduardo Salas, Katherine A. Wilson, and C. Shawn Burke, University of Central Florida, Orlando, Florida, and Dennis C. Wightman, Army Research Institute, Fort Rucker, Alabama, 2006

From California Guide References/Resources:
Labor Occupational Health Program, University of California, Berkeley

Little evidence of success where it counts – improved safety

Unfortunately, there is little evidence that these intensive training practices actually result in improved safety despite decades of implementation in the airline and aerospace industries, including the US military, and increasing implementation in another 'high-consequence' sector – health care.

Should we not bother with training?

The literature on worker training doesn't separate out the difference between training workers to manage crisis situations, such as when a hazard presents itself, and training workers to identify potential hazards.

It can be suggested that any training that encourages active, positive and informed participation in the workplace by workers will assist in the identification of potential hazards.

A System and Culture of Employee Involvement in Identifying Hazards and Solutions for Hazard Control

Employees have extensive experience with the hazards in their workplace and can help determine which hazards are of greatest concern as well as suggest ideas for addressing these hazards.

Employees are more likely to act safely when they have contributed to identifying and addressing the hazards in their workplace.

To the extent that those hazards are then eliminated or controlled through more effective and reliable means than worker behavior, programs which train workers, supervisors and others to recognize and reduce barriers to worker participation should be encouraged.

Barriers to worker willingness to participate

There is a difference between having policies in place and having an effective program.

A 'roadmap' of policy and flow diagrams illustrating how the hazard assessment process should take place and a set of forms indicating who was there, the hazards that they identified and the measures for eliminating or controlling those

hazards is not the same as the affected workers understanding the hazards and addressing them.

The First Step: Do the hazard assessment
Second Step: Remove or reduce the barriers to worker participation

Our research identified several barriers to worker participation in the processes of hazard identification, elimination and control (Barnetson). These are related to:

- Fear-based silence
- Employer created silence
- Pace of work and compensation schemes
- Precarious work and worker vulnerability
- Discrimination and harassment (particularly gender)

The previous module covered some of these barriers. Here we will focus on turning fear-based and employer-created silence into constructive and positive participation.

Visible Management Commitment to Health and Safety

Effective health and safety programs are active, living programs with an ongoing involvement by both management and employees. Research shows that effective programs include the following components:
- Ensuring that all levels of management lead by example.
- Actively encouraging employees to report health and safety problems or concerns.
- Actively soliciting employee input on how to address hazards.
- Following up on concerns that are reported.
- Following up when employees do not follow safety rules and procedures to find out why and to provide additional training.
- Providing a fair system to ensure safety rules are followed.

From California Guide References/Resources: Labor Occupational
Health Program, University of California, Berkeley

Fear-based silence and employer – created silence

According to our research, silence is a component of three of the four main strategies workers use when faced with unsafe work. These strategies are:

- leaving the workplace
- expressing their concern (voice)
- waiting for something to change (patience)
- ignoring the hazard (neglect)

> "Although some empirical studies show positive outcome after team training, there is little to suggest that these programs and processes actually improve patient safety and outcome."
>
> Eswar Sundar, MD, Sugantha Sundar, MD, John Pawlowski, MD, PhD, Richard Blum, MD, David Feinstein, MD, Stephen Pratt, MD

Of these four, only the action of expressing concern is a useful strategy for a worker facing unsafe work. This is what we want to encourage, and we want to encourage this voice to be constructive and positive.

We want the strategies of waiting, ignoring or leaving to be turned into a strategy of constructive and positive participation.

Best Practices

In training

Train supervisors and workers to recognize interpersonal barriers to worker participation and engagement. You don't have to do extensive team building exercises. You just need to teach and model behavior that encourages respectful listening, questioning and problem solving.

At the workplace, as part of hazard assessment process

Best Practice Example: Hazard assessments should not be used for disciplinary purposes or deflect liability: hazard assessments are the responsibility of the employer, not the worker.

Best Practice Example: Actions speak louder than words.

- If you are in a position of authority, acting on concerns raised is the best way to encourage more discussion and engagement in the hazard assessment process.

- Encourage discussion and divergence of opinion. New workers have fresh eyes on a workplace. They may identify hazards and solutions that had not been previously considered.

- Expect some disagreement from co-workers but encourage an inclusive, supportive, non-aggressive approach to problem solving.

- The term 'bullying' is one that we hear too frequently when we talk with workers about their workplaces. The term can be a 'shorthand' for a perceived lack of respect in the workplace.

- The features of bullying may be present in our workplaces, even if we don't want to label it as such.

> "So what can be said about the findings from the medical community? Overall, it appears that there is only partial support for training's effectiveness. Whereas reactions to training were positive, *transfer of the learned behaviors to the job were somewhat less concrete.*" (emphasis added)

Best Practice to combat employer created silence: When hazards are identified, employers must both take action and communicate the results of that action. These behaviors are required to prevent worker cynicism and withdrawal.

Seek new Solutions

- We often get stuck in ways that are no longer the best option. A previously identified hazard may have led to the best or most 'reasonably practical' solution at that moment in time. Technological or organizational change may have made other, better, solutions now more practical than before.

- Solutions which address a hazard in one area or work process may help you to find solutions for other, larger problems or problems in other areas or work processes.

> "Culturally, we struggle. If I were your co-worker and I saw you doing something stupid – it is sort of like an old boys club – if I was you doing something stupid I'd say 'What are you doing?' I think that if a new worker said that, the crew would be saying 'What are you doing? Shut up.' A lot of pressure falls on people who raise issues."
> (interview 13) p 16 Barnetson

Several themes emerged that were supported in the report-back session:

1. There is a strong connection between worker safety and patient safety. The participants of the focus groups expressed a deep commitment to providing safe patient care, and recognized that elements of the environment that jeopardize their safety also put patients at risk.

2. Communication across and within departments and disciplines often leaves much to be desired. Specifically, the participants mentioned the need for respectful two-way communication that includes a feedback loop. They acknowledged that the vast majority of hospital personnel need to develop better communication skills, and that care would be enhanced if better communication systems were in place.

3. Training is a critical element to improve worker and patient safety. Participants cited the need for "skills training," particularly for new hires and for managers, as well as the need for opportunities to learn to work more effectively in groups and teams.

4. Feeling valued and respected was another common theme. The participants requested that their contributions be acknowledged, and that they have the opportunity to do the work for which they have been trained. They wish to be seen as "more than just an FTE."

When asked to identify low-cost suggestions, workers provided the following:

1. Be respectful: Respect each other; common courtesy includes greeting people; respect belongings (theft in hospital); do what you are supposed to do (maintain privacy, wash hands, etc.).

2. Get everybody to the table: Workers have information, and also need information; problem solving requires everyone to participate—all involved departments, workers, administration, supervisors, doctors, and nurses.

Exploring Front-Line Hospital Workers' Contributions To Patient And Worker Safety
Rosemary Kelly Sokas, Patricia Cloonan, Barbara I. Braun

Best Practice Tips and Tools for Engaging and Learning

We have adapted some best practices from the world of adult education in health and safety and community social justice to the workplace.

They should be seen as tips to follow for making the best of a situation where you want workers to be as engaged and as interested as they can be.

Best Practices in Learning (adapted from a variety of public domain sources)

Learn by Doing
People retain knowledge and skills if they have immediate and repeated opportunities to practice what is learned.

Informal Atmosphere
Learning increases in an atmosphere that is the least reminiscent of any formal schooling.

Variety of Methods
Research has demonstrated that learning proceeds most quickly when information reaches the learner through more than one sensory channel. We use methods directed at the visual, auditory and kinesthetic channels.

Guidance Not Grades
Provide honest individualized feedback, not grades.

No Tricks, Traps or Red Herrings
'Cleverly' tricking participants to highlight their lack of knowledge hinders and may prevent learning. Participants come to resent the instructor and become suspicious of participating in the learning process.

Learning by Layering
Layer the information – basic information first, followed by exercises and experiences to use and practice applying the information. Set cognitive hooks in the mind so that you can identify issues, recognize critical information in life-like situations. Memorization and regurgitation are not effective for retention of key information and practices in real-life situations.

Learning How to Learn
A key skill is learning how to improve your ability to learn. There are a variety of learning styles. Teach people to become aware of their own learning style. Use that knowledge to improve learning ability.

The Principles of Adult Education: A Checklist

(Material adapted from Teaching About Job Hazards, Nina Wallerstein and Harriet Rubenstein, American Public Health Association, 1993.)

General Principles

NOTE: For all of the following principles please consider the barriers to participation faced by vulnerable workers as examined in all aspects of these Guidelines. Addressing those barriers should be your first consideration. Keeping those barriers in mind, there may be ways of increasing the effectiveness of your training.

The best training programs take advantage of the following characteristics of adult learners:

- Adults are self-motivated.
- Adults expect to gain information that has immediate application to their lives.
- Adults learn best when they are actively engaged.
- Adult learning activities are most effective when they are designed to allow students to develop both technical knowledge and general skills.
- Adults learn best when they have time to interact, not only with the instructor but also with each other.
- Adults learn best when asked to share each other's personal experiences at work and elsewhere.

Assess the Learning Environment and Needs

1. Does the learning environment encourage active participation?
   - How are the chairs, tables, and other learning stations arranged in the classroom?
   - How does this arrangement encourage or inhibit participation and interaction?
   - Can the arrangement be changed easily to allow different kinds of interaction?
   - Is the climate of the classroom sufficiently comfortable to allow learning?
   - Is the environment accessible to a diversity of learners?

2. Does the social environment or atmosphere in the learning environment encourage people to participate?
   - Are warm-up activities or "ice breakers" needed to put people at ease?
   - Do trainers allow participants to say things in their own words, or do they translate what is said into other words or jargon?
   - Are participants encouraged to listen carefully to each other?
   - Are they encouraged to respect different points of view?
   - Are they encouraged to use humor and is the humor appropriate?

3. People learn in different ways. Do the learning activities in the training program provide participants with an opportunity to do each of the following?

- Listen
- Look at visuals
- Ask questions
- Read
- Write
- Practice with equipment (if applicable)
- Discuss critical issues
- Identify problems
- Plan actions
- Try out strategies in participatory ways

4. Does the program effectively promote participatory learning activities?

- Is enough time allotted for participant interaction?
- Have the instructors developed workable and effective interactive activities?
- Does the physical environment encourage interaction?
- Does the atmosphere in the classroom encourage interaction?
- Are the learning activities sensitive to cultural differences among the participants?
- Does the training engage participants in critical thinking and analysis about the subject being covered?

5. How effectively do the lectures in the program encourage participation?

- Are they combined with a participatory exercise?
- Are they brief?
- Are they well organized?
- Are audio-visual aids incorporated in the lecture?
- Does the lecturer rely too heavily on his or her notes?
- Was there enough time for questions and comments from others?
- Does the lecturer promote challenging questions about the content being delivered?

6. How effective are the participatory activities used in the program?

- Are the purposes of the activities clearly specified?
- Are the tasks that people are expected to complete clearly described?
- Are participants given enough information to complete the expected tasks?
- Is the information accompanying the activity clearly presented and easily understood?
- Is the information presented relevant to the task?
- Are participants given enough time to perform the expected tasks?
- Are participants given enough time to share what they have learned from the tasks with each other?

- Are the participants given a clear summary of the main points they were expected to learn in the activity?

7. How effectively do the case studies and role-playing activities in the program encourage participation?

- Is the situation being discussed familiar to the participants?
- Does the situation evoke strong feelings in the participants?
- Does the situation lead to an in-depth analysis of the problem?
- Does the situation encourage people to consider a range of possible strategies for dealing with the problem?
- Are people provided with enough information to participate in the activity in a meaningful way?

8. Are people provided with too much information?

9. How effectively does the organization of the program encourage participation?

- Are discussion groups small enough to ensure participation? (No more than 4 to 6 people.)
- Is the ratio of discussion groups to instructors small enough? (A single instructor cannot effectively supervise more than three or four groups).
- Is there enough room to enable each group to talk amongst itself with out disruption?
- Does each group have its own moderator and notetaker?
- Does the responsibility for leading and recording the discussion rotate among those willing to do the job?
- Are the groups supplied with guidelines about how to lead and report their discussions?
- Do the activities make allowances for anyone in the group who may have problems reading and writing?

10. Is the program sensitive to literacy differences?

- Do the trainers check privately with anyone having reading and writing difficulties?
- Is reading aloud or writing in front of the group only voluntary and never mandatory?
- Are all instructions and other required material read aloud?
- Do the materials incorporate enough visual aids and props?
- Do the trainers repeat out loud anything they write on a board or flip chart?
- Are evaluations conducted to assure that the trainees comprehend the training material?

11. Do audio-visual aids used by the training program encourage participation?

- Do the instructors write an on-going record of what is being discussed on the board or flip charts?
- Are participants encouraged to challenge the record if they consider it inaccurate?
- Are approaches utilizing integrated instructional technologies effective in eliciting participation?

Consider who you are talking with - Specific populations to consider

For all of the following groups of workers, consider the barriers to participation faced by vulnerable workers as examined in all aspects of these Guidelines. Keeping those in mind there may be ways of increasing the effectiveness of your training. Training provides an opportunity for feedback to inform future training and improve participation from a diversity of workers.

1. Non-English speaking. A person's verbal ability often tends to exceed his or her literacy levels. For best results, trainers should communicate in the native language of the participants and should provide materials in the participants' primary language. If the trainer does not speak the trainees' primary language, interpreters may be used. However, be sure to use a translator with trusted credentials. It is not advisable to use one worker as a translator for the others. Employ approaches similar to those used for low-literacy audiences.

2. Limited English proficiency. Materials used with those who have limited English proficiency should be easy to understand or written in languages other than English. Favor those materials or curricula that encourage interaction, student input, and critical thinking. (Szudy and Gonzalez Arroyo). Consider using pictograms, visuals, and demonstrations or other methods that are non-verbal to convey information. Employ approaches similar to those used for low-literacy audiences.

3. Contingent workers, day laborers and temporary workers. Employ approaches similar to those used for low-literacy or non-English speaking audiences. This will ensure maximum communication of the training content with minimum language interference. Favor visual and verbal methods over written text.

4. Young workers. Workers who are high school or college age and recent additions to the workforce require additional guidance. They may be fully able to intellectually comprehend training information, but they lack the experience that time in the workforce provides. Additional emphasis should be placed on safety and health precautions, experiential exercises and demonstrations that exhibit the inherent danger that lurks in the workplace.