

HEALTH, SAFETY AND WELFARE



THE OBJECTIVES OF THIS CHAPTER ARE TO:

- 1 DEFINE THE TERMS HEALTH, SAFETY AND WELFARE AND THE ROLE THEY PLAY IN HRM
- 2 EXPLAIN THE FRAMEWORK OF CRIMINAL LAW IN THE HEALTH AND SAFETY FIELD AND ITS ENFORCEMENT
- 3 ASSESS THE INCREASED ROLE PLAYED BY THE CIVIL LAW IN HEALTH AND SAFETY MANAGEMENT, PARTICULARLY IN RESPECT OF STRESS AT WORK
- 4 OUTLINE THE MAJOR METHODS AVAILABLE TO IMPROVE EMOTIONAL WELFARE AMONG STAFF
- 5 IDENTIFY THE MAJOR PROCESSES USED TO PREVENT PHYSICAL INJURIES FROM OCCURRING IN THE WORKPLACE
- 6 DESCRIBE THE ROLE THAT CAN BE PLAYED BY AN OCCUPATIONAL HEALTH FUNCTION

There is always a conflict between the needs of the employer to push for increased output and efficiency and the needs of the employee to be protected from the hazards of the workplace. In the mid-nineteenth century these tensions centred almost entirely on the long hours and heavy physical demands of the factory system. In the opening years of the twenty-first century the tensions are more varied and more subtle, but concern about them remains as great, being expressed by employers, employees, trade unions, government agencies and campaign groups.

Increasingly, aspects of protection are being provided by statute, much new legislation having a European origin. The most recent major addition is the body of measures contained in the Working Time Regulations 1998 which aim to reduce the number of hours we work each week, while also guaranteeing everyone a minimum period of paid holiday each year. In addition some aspects result from the initiatives of managements, employees and their representatives. No matter what the source of the initiative or the nature of the concern, the human resource manager is often the focus of whatever action has to be taken.

DEFINITIONS OF HEALTH, SAFETY AND WELFARE

The dictionary defines 'welfare' as 'well-being', so health and safety are strictly aspects of employee welfare, which have been separately identified as being significant areas of welfare provision for some time. There are two primary areas of benefit to the individual from the provision of welfare facilities, physical benefits and emotional/psychological benefits. Physical benefits stem primarily from measures to improve health and safety, as well as from the provision of paid holidays, reduced working hours and suchlike. Emotional welfare stems chiefly from any provisions made to improve mental health, for example, counselling, improved communications, or anything involving the 'human relations' needs of people at work. These benefits are, however, highly interrelated, and most welfare activities would potentially have both physical and emotional benefits. It can also be argued that employers provide for the material and intellectual welfare of their employees, in the material provisions of sick pay and pensions, and in the intellectual benefits that come from the provision of satisfying work and appropriate training and development. However, since these aspects are covered elsewhere in this book, we shall concentrate on physical and emotional welfare in this chapter.

HRM AND HEALTH, SAFETY AND WELFARE

The development of health, safety and welfare provision is to a large extent inter-related with the development of human resource management itself. As mentioned in Chapter 1, one of the early influences on the development of the profession was the growth of industrial welfare workers at the beginning of the twentieth century. Enlightened employers gradually began to improve working conditions for employees and the industrial welfare worker was often concerned in implementing these changes. Much of this work was carried out voluntarily by employers, although not necessarily from altruistic motives alone. Another influence was that of the 'human relations school', in particular the work of Elton Mayo at the Hawthorne plant of the Western Electric Company. Here there was an employee counselling programme, which operated from 1936 to 1955. It was found that such a programme was

beneficial for both the mental health of the employees and their work. Other aspects of welfare provision, particularly in respect of safety, such as limitations on the hours of work of children, were enshrined in the law from as early as the 1840s and these again have become identified with the human resource function.

Our research shows that in 41 per cent of those firms with a safety officer, this person comes within the ambit of the human resource function. In those firms without a health and safety officer the human resource department has a primary responsibility for health and safety. As health and safety legislation has become more pervasive, in particular since the Health and Safety at Work etc. Act 1974, and the surge of regulations stemming from it (many resulting from the need to harmonise health and safety regulation throughout the EU), the human resource department has taken on the role of advising managers on the organisation's legal obligations.

The importance of health, safety and welfare from the employees' point of view is clear because their lives and futures are at risk. Health and safety has thus been given increasing emphasis by the trade unions in recent years and has been covered more extensively in the media. A convincing business case for addressing these issues has been articulated in the human resource management press, while the Health and Safety Executive campaigns vigorously to raise awareness of its validity among employers.

The business case is based on three propositions:

- 1 Illness and injury which is work related leads to avoidable absence.
- 2 Serious injury and illness can lead to litigation and substantial compensation being paid out by employing organisations.
- 3 A poor reputation for safety and welfare makes it harder for an organisation to recruit, retain and motivate its staff.

The number of serious injuries sustained at work by UK employees fluctuates substantially each year. The level has dropped since the 1970s with the fall in manufacturing employment, but the total number remains much higher than it should be. In the year to April 2003, for example, 226 people lost their lives in the UK as a result of accidents sustained at work, mostly as result of falls and motor vehicle accidents. It is further estimated that 6,000 people die each year from cancers caused by working conditions (HSE 2003). In addition, over a million people are reported by the Health and Safety Executive to suffer from some form of work-related illness each year. In 2001/02 40.1 million working days were lost in the UK due to injuries and illnesses sustained at work, a third of these being due to stress, depression or anxiety (IRS 2003). The total annual cost to employers runs to several billion pounds a year, including the costs associated with the early retirement of around 30,000 employees forced to give up work on grounds of ill health. If the number of incidents were reduced by only a small percentage, employers would thus save a considerable amount of money and trouble.

The reason that the numbers remain so high is the continual conflict between health, safety and welfare considerations and other business priorities. Leach (1995) reports a line manager who had previously been a safety officer as saying: 'I think in general managers don't see [health and safety issues] as important as . . . other issues that they would deal with disciplinary on. I mean you do take short cuts, I do myself. I mean I am not practising a lot of what I used to preach, there's no doubt about it. Managers know it is a part of their job, but I don't think they personally see [health and safety offences] as an offence as such.'

ACTIVITY 22.1

How convincing do you find the business case for the maintenance of a high level of health and safety? What additional arguments, other than those outlined here, could be deployed either for or against its validity in different workplaces?

**HEALTH AND SAFETY LAW**

In the area of health and safety legislative intervention has existed continuously for well over a century, longer than for any other matter we consider. Prior to 1974 the principal statutes were the Factories Act 1961, the Offices, Shops and Railway Premises Act 1963 and the Fire Precautions Act 1971. These three Acts, along with others relating to specific industries, were all brought up to date by the Health and Safety at Work etc. Act 1974 which remains the major statute governing the law in this area. In addition there are a host of health and safety regulations primarily extending the Health and Safety Act to expand specific areas of the legislation, the most significant of which are the Control of Substances Hazardous to Health (COSHH) Regulations 1988 and the series of ‘daughter directives’ issued by the EU concerning matters such as noise control, the manual handling of heavy loads, use of visual display units (VDUs) and use of carcinogens and biological agents. In addition there are specific sets of regulations covering matters such as violence at work, fire precautions, ventilation, the provision of sanitary facilities, safety signs and noise at work. In 1998 a major new piece of legislation came into UK law in the form of the Working Time Regulations which also have an EU origin. Many of the regulations are supplemented by Health and Safety Commission codes of practice which are not themselves legally enforceable, but which define the standard against which the authorities judge employers’ actions.

The reason that EU directives have increased so rapidly in this area is that the Single European Act 1987 added another article to the Treaty of Rome. This allowed health and safety directives to be accepted by a qualified majority vote as a move towards harmonising EU health and safety legislation.

Health and safety law can be neatly divided into two halves, representing its criminal and civil spheres. The first is based in statute and is policed both by the Health and Safety Executive and by local authority inspectorates. The second relies on the common law and allows individuals who have suffered injury as a result of their work to seek damages against their employers. The former is intended to be preventative, while the latter aims to compensate individuals who become ill as a result of their work.

Criminal law

Health and safety inspectors potentially wield a great deal of power, but their approach is to give advice and to issue warnings except where they judge that there is a high risk of personal injury. They visit premises without giving notice beforehand in order to inspect equipment and make sure that the appropriate monitoring

procedures are in place. They have a general right to enter premises, to collect whatever information they require and to remove samples or pieces of equipment for analysis.

Where they are unhappy with what they find, inspectors issue **improvement notices** setting out recommended improvements and requiring these to be put in place by a set date. In the case of more serious lapses, where substantial risk to health is identified, the inspectors issue **prohibition notices** which prevent employers from using particular pieces of equipment until better safety arrangements are established. Breach of one of these statutory notices is a criminal offence, as is giving false information to an inspector. Over a thousand prosecutions are brought each year for non-compliance with a Health and Safety Executive Order, leading to fines of up to £20,000. Prosecutions are also brought after injuries have been sustained where it can be shown that management knew of risks and had not acted to deal with them. Where fatalities result and an employer is found guilty of committing corporate manslaughter, fines of several hundred thousand pounds are levied. Moreover, in some cases custodial sentences have been given to controlling directors held to have been individually liable. A well-publicised case occurred in 1994 when the manager of an adventure company based at Lyme Bay was given a three-year prison sentence and fined £60,000 following the deaths of four teenagers. In recent years the government has come under pressure following rail accidents to create a new more clearly drawn offence of ‘corporate killing’. This would extend criminal responsibility beyond directors to anyone acting in ‘a management role’ and could lead to their disqualification from such work.

The Health and Safety at Work etc. Act 1974 is the source of most health and safety law in the UK, under which more detailed sets of regulations are periodically issued. Its main purposes are as follows:

- to secure the health, safety and welfare of people at work;
- to protect the public from risks arising from workplace activities;
- to control the use and storage of dangerous substances;
- to control potentially dangerous environmental emissions.

The Act places all employers under a general duty ‘to ensure, as far as is reasonably practicable, the health, safety and welfare at work’ of all workers. In addition there are specific requirements to maintain plant and equipment, to provide safe systems of working, to provide a safe and healthy working environment, to consult with trade union safety representatives, to maintain an accident reporting book and to post on a noticeboard a copy of the main provisions contained in the 1974 Act. Where hazardous substances or equipment are in use, there is a further requirement to train people properly in their use and to have safe arrangements for their ‘handling, transport and storage’. Where more than five workers are employed, employers are expected to have a written health and safety policy which must be kept up to date and made available to all staff.

In the case law, judges have interpreted the phrase ‘as far as is reasonably practicable’ relatively narrowly. Employers are expected to undertake formal risk assessments and to compare the level of risk against the costs involved in making a workplace safer. Wherever there is risk identified improvements must be made unless it would be unreasonable, for example on grounds of excessive cost, to expect an employer to do so.

The management of the organisation carries the prime responsibility for implementing the policy it has laid down; it also has a responsibility under the Act for operating the plant and equipment in the premises safely and meeting all the Act's requirements whether these are specified in the policy statement or not. A duty is also placed on employees while they are at work to take reasonable care for the safety of themselves and others, as well as their health, which appears a more difficult type of responsibility for the individual to exercise. The employee is, therefore, legally bound to comply with the safety rules and instructions that the employer promulgates and can be prosecuted for failing to do so. Employers are also fully empowered to dismiss on the grounds of misconduct employees who refuse to obey safety rules, especially if the possibility of such a dismissal is explicit in the disciplinary procedure.

WINDOW ON PRACTICE

An employee who refused to wear safety goggles for a particular process was warned of possible dismissal because the safety committee had decreed that goggles or similar protection were necessary. His refusal was based on the fact that he had done the job previously without such protection and did not see that it was now necessary. He was dismissed and the tribunal did not allow his claim of unfair dismissal (*Mortimer v. V.L. Churchill* (1979)).

Under the 1974 Act recognised trade unions have the right to appoint safety representatives who have specific duties and with whom managers are obliged to consult. Their role is to investigate complaints from staff about health and safety matters, to carry out their own inspections, to liaise with HSE inspectors and to attend meetings of health and safety committees. Managers are not permitted to prevent a representative from carrying out an inspection, but may be present during the process. Safety representatives are legally entitled to reasonable paid time off work to carry out their duties and to undertake necessary training, as well as to have facilities such as a noticeboard, telephone access, secure filing and photocopying. In 1993 new legislation gave safety representatives protection from victimisation, while case law has determined that managers cannot decide who is appointed to the role or for how long they remain in post.

The First Aid Regulations 1981 place employers under a general duty to provide adequate first aid equipment and facilities. The accompanying code of practice sets out what should be kept in a first aid box and what supplementary equipment is required in different types of workplace. In low-risk environments it is recommended that there should be one person with first aid training for every 50–100 employees, rather more being needed in high-risk workplaces such as construction sites and chemical plants.

The Control of Substances Hazardous to Health (COSHH) Regulations 1988 comprise 19 regulations and four approved codes of practice. The purpose of the legislation is to protect all employees who work with any substances hazardous to their health, by placing a requirement on their employer regarding the way in which and extent to which such substances are handled, used and controlled. The regulations

apply to all workplaces, irrespective of size and nature of work. They therefore apply equally to a hotel as to a chemical plant, and in firms of a handful of employees as well as major PLCs. The regulations place a responsibility for good environmental hygiene not only on the employer, but on employees too. All substances are included, except for asbestos, lead, materials producing ionising radiations and substances underground, all of which have their own legislation (*see* Riddell 1989). The regulations require employers to focus on five major aspects of occupation in respect of hazardous substances. These are:

- 1 Assessing the risk of substances used, and identifying what precautions are needed. This initial assessment of substances already in use, and those that are intended for use is a major undertaking in terms of both the number of substances used and the competency of the assessor. Cherrie and Faulkner (1989) report that one employer in their survey used over 25,000 different substances!
- 2 Introducing appropriate measures to control or prevent the risk. These may include: removing the substance, by changing the processes used, substituting the substance or controlling the substance where this is practical. Examples include totally or partially enclosing the process, increasing ventilation and instituting safer systems of work and handling procedures.
- 3 Ensuring that control measures are used, that procedures are observed and that equipment involved is regularly maintained. Where necessary, exposure of employees to the substance should be monitored. This particularly applies where there could be serious health hazards were the measures to fail or be suboptimal. Records of monitoring should be made and retained.
- 4 Health surveillance. Where there is a known adverse effect of a particular substance, regular surveillance of the employees involved can identify problems at an early stage. When this is carried out, records should be kept and these should be accessible to employees.
- 5 Employees need to be informed and trained regarding the risks arising from their work and the precautions that they need to take.

The Management of Health and Safety at Work Regulations 1992 implemented the EU's Framework and Temporary Workers Directives. The Framework Directive is an umbrella directive, in a similar way that the Health and Safety at Work Act is an umbrella act. Additional rules known as 'daughter directives' covering specific areas have been issued within the framework of this directive. The following examples apply to workplaces generally. Others apply to specific industries such as construction, mining and chemicals.

- The Workplace (Health, Safety and Welfare) Regulations 1992 set out minimum design requirements, including provision of rest and no-smoking areas.
- The Provision and Use of Work Equipment Regulations 1992 set minimum standards for the safe use of machines and equipment.
- The Personal Protective Equipment at Work Regulations 1992 require employers to provide appropriate protective equipment, and workers to use this correctly.
- The Manual Handling Operations Regulations 1992 require employers to reduce the risk of injury by providing lifting equipment where appropriate and training in lifting.

- The Health and Safety (Display Screen Equipment) Regulations 1992 require employers to provide free eye tests, glasses where appropriate, regular breaks, appropriate training and organisation of equipment to reduce strain.
- The Protection of Pregnant Workers Directive 1994 was implemented in 1994 via a range of UK Acts and regulations. The major measures are now incorporated into the Employment Relations Act 1999. The most important element is that requiring employers to offer alternative work to a pregnant employee or to one who has recently given birth where there are identifiable health and safety risks.

The Health and Safety (Consultation with Employees) Regulations 1996 require employers to consult collectively with their employees about health and safety matters irrespective of whether a trade union is recognised. Consultation is defined as discussing issues with employee representatives, listening to their views and taking these into account when decisions are being made which have health and safety implications. Where trade unions are recognised the regulations require that their representatives are consulted. In situations where there are no recognised unions the employer must consult with employees as individuals directly or must make arrangements for employees to elect health and safety representatives. Elected representatives have the same rights to paid time off for training and to information disclosure as trade union appointed safety representatives.

The Working Time Regulations 1998 comprise the most significant recent addition to UK health and safety law. Like the other legislative instruments described above, they are enforced by officers of the Health and Safety Executive, but complaints can also be taken directly to employment tribunals by individuals whose employers deny them the various rights set out in the regulations.

The law on working time originates in the EU's Working Time Directive 1993. This was agreed by the Council of Ministers via qualified majority voting, with the UK government voting against. Moves were subsequently made to challenge the legality of its imposition in the UK on the grounds that it was essentially a social issue, and thus inapplicable in the UK, and not about health and safety at all. Predictably the government's case was turned down by the European Court of Justice, leading to the rather hurried introduction of the new regulations in October 1998.

As of 2004 the basic entitlements are as follows. They apply to all workers whether or not they work under a contract of employment:

- a working week limited to a maximum of 48 hours;
- four weeks' paid annual leave per year (in addition to bank holidays);
- a limitation on night working to eight hours in any one 24-hour period;
- eleven hours' rest in any one 24-hour period;
- an uninterrupted break of 24 hours in any one seven-day period;
- a 20-minute rest break in any shift of six hours or more;
- regular free health assessments to establish fitness for night working.

There are more restrictive, additional regulations relating to those aged between 16 and 18, while other groups such as transport workers, junior doctors and people who determine their own working time are excluded from the 48-hour week. Further complexity derives from the way the regulations permit more than 48 hours to be worked in some weeks and more than eight hours on some nights provided that the

average number of hours worked over a 17-week period does not breach these limits. Individuals can agree with their employers in writing that they are excluded from the right to the 48-hour maximum working week, but all must be permitted to opt back into the scheme with reasonable notice if they so wish.

The regulations set out the basic rights, but they also allow for locally agreed variation on detailed matters through the mechanism of **workplace agreements**. Where trade unions are recognised, these can be drawn up and agreed through existing collective bargaining machinery. Where unions are not recognised a workplace agreement can be established in one of two ways:

- 1 The employer can draw up the text before asking employees to sign their approval. Once over half of the employees' signatures in a workplace are obtained, the agreement becomes valid.
- 2 The employer can arrange for representatives of employees to be elected to negotiate on behalf of everyone. An existing health and safety committee, provided it is properly elected, can fulfil this function.

It is likely that the EU will seek to tighten these regulations in future years. It is generally agreed that they have had no substantial impact on the UK's 'long hours culture' in their first years of operation because so many people either opt out or remain unaware of their rights under the regulations. Further restrictions will thus be necessary if the directive's health and safety objectives are to be met. At the time of writing (2004) the EU is reviewing the operation of its Working Time Directive and is considered likely to require the UK to give stronger effect to its principles. This could well lead to the end of opt-out arrangements and many of the other exemptions that mean some professions are not covered by parts of the regulations.

ACTIVITY 22.2

Devise a health and safety policy for your organisation. Include information about:

- 1 General policy on health and safety.
- 2 Specific hazards and how they are to be dealt with.
- 3 Management responsibility for safety.
- 4 How the policy is to be implemented.

Or:

Obtain the Health and Safety Policy from any organisation and assess the policy in the light of these four points.



Civil law

While distinct in origin and nature from the criminal sanctions, civil cases relating to health and safety are often brought alongside criminal proceedings in connection with the same incident. When someone is seriously injured or suffers ill health

as a direct result of their work the health and safety authorities will bring a criminal prosecution, while the injured party will sue for damages in the civil courts. Most claims are brought under the law of contract (*see* Chapter 5), the injured party alleging that their employer breached its implied duty of care or its duty to provide safe systems of working. It is also possible in certain circumstances to sue for damages under the law of tort by claiming that an employer is guilty of negligence or of breaching its statutory duty.

Whatever the nature of the claim, the courts have to be satisfied that the employer failed to act reasonably and that the injury or illness was sustained ‘during the course of employment’. Central here, as in the criminal law, are the notions of foreseeability and risk assessment. Cases often hinge on what the employer knew at the time the injury was sustained and whether or not reasonable precautions in the form of training or the provision of equipment had been taken. Employers can thus defend themselves effectively by satisfying the court that little else could have been done by any reasonable employer to prevent the accident from occurring. Importantly the principle of vicarious liability applies in this field, as in sexual harassment (*see* Chapter 23). This means that the employer is legally liable for the negligent actions of employees when they are at work. If one employee causes another to become injured, the claim is therefore brought against the employer and not the fellow employee who was responsible.

There are a number of defences open to employers which can result in no award being made or in reduced damages. These include situations in which an accident was not foreseeable (for example if someone was struck by a piece of masonry during exceptionally heavy winds), where the employee voluntarily assumed a risk despite being warned of possible danger, and where an injury which originated outside the workplace was worsened as a result of working. Most significant of all are situations where the employee is found to have contributed to their own injury in some way. This can happen where illnesses derive from lapses of concentration, professional misjudgement or simply stupid behaviour in the face of dangerous conditions. An example is the extraordinary case of *Jones v. Lionite Specialities (Cardiff) Ltd* (1961) where an employee fell into a tank of noxious liquid and died. The court held that he was wholly to blame as he had put himself at risk in order to take big whiffs of the liquid’s vapour ‘to which he had taken a liking’.

MANAGING STRESS AND EMOTIONAL WELFARE

Workplace stress is the welfare topic which has received the most coverage in recent years. It is also a source of litigation which has led to particularly high amounts of damages being paid to those who have sustained illnesses brought on directly as a result of work-related strain. An out-of-court settlement worth £175,000 was agreed following the High Court ruling in the landmark case of *Walker v. Northumberland County Council* (1995). Here a social work manager who had returned to work following a nervous breakdown was given inadequate support and an increased workload leading to a further breakdown. The court held that this amounted to a breach of the implied duty of care, because the second illness had been clearly foreseeable. In *Ingram v. Worcester County Council* (2000), a settlement of £203,000 was reached after a warden responsible for the regulation of travellers’ sites suffered a single breakdown after having been subjected to physical and verbal abuse from

site residents. The fact that he had been undermined in his efforts by senior council officials and had suffered 'prolonged and unremitting stress' led to the finding that the duty of care had been breached (*see* IRS 2000a, p. 4).

In recent years there have been fewer successful personal injury claims based on stress and lower amounts of damages awarded to victorious applicants. This trend follows guidance given by the Court of Appeal in four linked cases heard in February 2002. The Court overturned the judgments of lower courts in three of the cases and reduced the damages that had been awarded in the fourth. They made the following important points in their judgment:

- Employers are not obliged to make searching enquiries to establish whether an individual is at risk.
- Employees who stay in stressful jobs voluntarily are responsible for their own fate if they subsequently suffer stress-based illnesses.
- There must be indications of impending harm arising from workload in order for an employer to take action.
- The employer is only in breach where the risk is foreseeable 'bearing in mind the size of the risk, the gravity of the harm, the costs of preventing it and the justification of running the risk'.
- There are no occupations which should be regarded as intrinsically dangerous to mental health.
- Employers who offer confidential counselling services with access to treatment are unlikely to be found in breach.
- The illness must clearly be caused by breach of duty and not just by occupational stress.
- Damages must be reduced to take account of pre-existing disorders or the chance that the claimant would have fallen ill anyway.

Thanks to these rulings, employers were able to take a tougher line on stress-related absences and the management of these issues for much of 2002 and 2003. However, the respite was short-lived because in 2003 the Health and Safety Executive announced that its inspectors would soon be adding stress-related illnesses to their list of checks when visiting employer premises and that the first improvement notices concerning stressful working environments had been served. The Executive's guidance makes it clear that employers are now expected to treat stress like any other health hazard, and that there is consequently 'a legal duty to take reasonable care to ensure that health is not placed at risk through excessive and sustained levels of stress arising from the way people deal with each other at their work or from the day-to-day demands placed on their workforce' (Willey 2003, p. 414).

Stress at work is not a new idea, although it was originally viewed in terms of executive stress (*see* Levinson 1964), and seen only to apply to those in senior management positions. The literature on the subject of stress at work is large (for example, Cooper and Marshall 1980; Palmer 1989; Nykodym and George 1989; Roney and Cooper 1997; Jex 1998; Macdonald 1999). It is defined by Ganster and Murphy (2000) as a form of 'strain' provoked in response to situational demands labelled 'stressors' which occur 'when jobs are simultaneously high in demands and low in control':

Stressors generally mean environmental factors that cause the individual to muster a coping response because they pose threat or harm. In the work domain examples of such stressors are high workloads, requirements for working fast and meeting strict deadlines, conflicting demands and interruption . . . Problems are seen to arise when exposure to such demands is chronic and elicits a strong enough pattern of responses to strain the individual's physical and mental resources. (Ganster and Murphy 2000, p. 36)

According to Willey (2003, p. 413) the incidence of chronic stress is often seen as a 'by-product' of management initiatives adopted in many countries, including the UK, in the past twenty years. These include layering, downsizing, the intensification of work, increased monitoring of staff, moves towards greater flexibility at work and competitive tendering. Each has placed increased burdens on staff groups who have had to accept lower job security, greater levels of responsibility and longer hours of work. The inability to reconcile such demands with family life is a further cause of strain. The results are twofold:

- adverse health conditions (such as heart disease, high blood pressure, ulcers, depression and panic attacks);
- behavioural consequences (such as insomnia, anxiety, poor concentration and increased consumption of alcohol, tobacco and other substances).

Both can lead to increased rates of absence, high staff turnover, low levels of job satisfaction and the sustenance of a low-trust employee relations environment.

Stress and its consequences are often caused by a combination of strains originating in and outside work. A person who is normally able to cope well with the demands of a stressful job may cease to do so when home-based problems come to the fore, the major culprits being bereavement, debt and marital breakdown. There is thus a good business case for employers to provide formal mechanisms for emotional support, quite aside from the strong ethical case. The following are examples of available approaches.

Someone to talk to/someone to advise

A person to talk to could be the individual's manager, or the human resource manager, but it is often more usefully someone who is distinct from the work itself. Occupational health nurses, welfare officers or specialised counsellors are the sort of people well placed to deal with this area. There are two benefits that come from this, the first being advice and practical assistance. This would be relevant, for example, if the individual had financial problems, and the organisation was prepared to offer some temporary assistance. Alternatively, the individual could be advised of alternative sources of help, or referred, with agreement, to the appropriate agency for treatment. The second benefit to be gained is that of having someone just listen to the individual's problem without judging it, in other words, counselling. De Board (1983) suggests that the types of work-related problems that employees may need to be counselled on are: technical incompetence, underwork, overwork, uncertainty about the future and relationships at work. Counselling aims to provide a supportive atmosphere to help people to find their own solution to a problem.

Reorganisation of work

This is a preventive measure involving reorganisation of those aspects of work that are believed to be affecting the mental health of employees. This may include changes that could be grouped as 'organisational development', such as job rotation and autonomous work-groups. Eva and Oswald (1981) suggest greater control over the speed and intensity of work, an increase in the quality of work and a reduction in unsocial hours. Individually based training and development programmes would also be relevant here. Specifically for the executive, there is growing use of the 'managerial sabbatical'. Some American companies have begun to give a year off after a certain number of years' service in order to prevent 'executive burnout'. In the UK, the John Lewis Partnership has a programme allowing six months away from work.

Positive health programmes

Positive health programmes display a variety of different approaches aimed at relieving and preventing stress and associated problems, and promoting healthy lifestyles. There is increasing activity in terms of healthy eating and no-smoking campaigns and support, together with the provision of resources for physical activity. Corporate wellness programmes have been in place for a longer period in the USA, where the prime motivation was the reduction of medical costs (most employers covering these costs as a benefit for their employees). In the UK the programmes are more often seen as an employee benefit in themselves, with the hope that providing them will also encourage higher productivity and reduce absence levels. However, Mills (1996) argues that although there is a weak positive relationship between healthier lifestyles and the bottom line, there is little evidence that health promotion programmes are actually working. He argues that only a small number of employees are affected by such programmes and that these are likely to be those who already have healthier lifestyles. Mills suggests that blue-collar employees, who have the least control over their working lives, also tend to have less healthy lifestyles and are more resistant to health promotions. He suggests that all three factors are interrelated and connected in a complex manner with employee motivation. If Mills is right, this presents a challenge to organisations and suggests at the very least that they should evaluate positive health programmes as well as investigating the impact of the prevailing management style.

Some approaches to corporate wellness include the use of yoga and meditation. Others, such as 'autogenic training', are based on these principles, but are presented in a new guise. Autogenic training is developed through exercises in body awareness and physical relaxation which lead to passive concentration. It is argued that the ability to achieve this breaks through the vicious circle of excessive stress, and that as well as the many mental benefits, there are benefits to the body including relief of somatic symptoms of anxiety, and the reduction of cardiovascular risk factors (Carruthers 1982). Another approach is 'chemo feedback', which is geared towards the connection between stress and coronary heart disease, high blood pressure and strokes. Chemo feedback (Positive Health Centre 1985) is designed as an early warning system to pick up signs of unfavourable stress. The signs are picked up from the completion of a computerised questionnaire together with a blood test. This approach, like others such as the Occupational Stress Indicator (*see* IRS 2000b, pp. 13–16), is being offered as a 'stress-audit' tool for use on a company-wide basis.

MANAGING PHYSICAL WELFARE

There are a number of ways in which managerial responsibility can be discharged to implement the organisation's health and safety policy statement and to ensure compliance with legal requirements.

Making the work safe

Making the work safe is mainly in the realm of the designer and production engineer. It is also a more general management responsibility to ensure that any older equipment and machinery that is used is appropriately modified to make it safe, or removed. The provision of necessary safety wear is also a managerial responsibility – for example, making sure goggles and ear protectors are available.

Enabling employees to work safely

Whereas making the work safe is completely a management responsibility, the individual employee may contribute by his or her own negligence, working unsafely in a safe situation. The task of managers is twofold; first, the employee must know what to do; second, this knowledge must be translated into action: the employee must comply with the safe working procedures that are laid down. To meet the first part of the obligation management needs to be scrupulous in communication of drills and instructions and the analysis of working situations to decide what the drills should be. That is a much bigger and more difficult activity than can be implied in a single sentence, but the second part of getting compliance is more difficult and more important. Employee failure to comply with clear drills does not absolve the employer and the management. When an explosion leaves the factory in ruins it is of little value for the factory manager to shake his head and say: 'I told them not to do it.' We examine the way to obtain compliance shortly, in the course of our discussion about training and other methods of persuasion.

In larger organisations the initiative on safe working will be led by the professionals within the management team. They are the safety officer, the medical officer, the nursing staff and the safety representatives. Although there is no legal obligation to appoint a safety officer, more and more organisations are making such appointments. One reason is to provide emphasis and focus for safety matters. The appointment suggests that the management means business, but the appointment itself is not enough. It has to be fitted into the management structure with lines of reporting and accountability which will enable the safety officer to be effective and which will prevent other members of management becoming uncertain of their own responsibilities – perhaps to the point of thinking that they no longer exist. Ideally, the safety officers operate on two fronts: making the work safe and ensuring safe working, although this may require an ability to talk constructively on engineering issues with engineers as well as being able to handle training and some industrial-relations-type arguments.

The medical officer (if one is appointed) will almost certainly be the only medically qualified person and can therefore introduce to the thinking on health and safety discussions a perspective and a range of knowledge that is both unique and relevant. Second, the medical officer will probably carry more social status than the managers dealing with health and safety matters and he or she will be detached from the

management in their eyes and his or her own. Doctors have their own ethical code, which is different from that of the managers. They are authoritative advisers to management on making the work safe and can be authoritative advisers to employees on working safely. They are invaluable members of the safety committee and potentially important features of training programmes. Occupational nurses also deal directly with working safely and often play a part in safety training, as well as symbolising care in the face of hazard.

Safety training and other methods of persuasion

Safety training has three major purposes: (1) employees should be told about and understand the nature of the hazards at the place of work; (2) employees need to be made aware of the safety rules and procedures; and (3) they need to be persuaded to comply with them. The first of these is the most important, because employees sometimes tend to modify the rules to suit their own convenience. Trainers cannot, of course, condone the short cut without implying a general flexibility in the rules, but they need to be aware of how employees will probably respond. In some areas the use of short cuts by skilled employees does not always mean they are working less safely, but there are many areas where compliance with the rules is critical, for example, the wearing of safety goggles.

Safety training needs to be carried out in three settings: at induction, on the job and in refresher courses. A variety of different training techniques can be employed, including lectures, discussions, films, role playing and slides. These methods are sometimes supplemented by poster or other safety awareness campaigns and communications, and disciplinary action for breaches of the safety rules. Management example in sticking to the safety rules no matter what the tempo of production can also set a good example.

Research by Pirani and Reynolds (1976) indicated that the response to a variety of methods of safety persuasion – poster campaigns, film shows, fear techniques, discussion groups, role playing and disciplinary action – was very good in the short term (over two weeks) but after four months the initial improvement had virtually disappeared for all methods except role playing. From this it can be concluded that: first, a management initiative on safety will produce gratifying results in the obeying of rules, but a fresh initiative will be needed at regular and frequent intervals to keep it effective; and, second, the technique of role playing appears to produce results that are longer lasting.

WINDOW ON PRACTICE

Health and safety and the use of contractors

As large firms increasingly contract out their operations the Health and Safety Commission is paying greater attention to this area, and Frank Davis, the Chair of the Commission warned: 'No firm – whatever the industrial sector – can afford to be complacent about the activities of contractors' (speaking at the Royal Society for Prevention of Accidents Congress, May 1996).

Lucas Industries (who subcontract a range of activities, some high risk), as part of a major reorganisation, reviewed their health, safety and environment systems in order to improve their performance. They concluded that current systems were reactive, not auditable or integrated with other systems, lacked clear ownership, were too dependent on internal specialists and did not address concerns about high-risk activities.

Their new approach seeks to rectify these problems. They developed a questionnaire for contractors to complete, relating to health and safety issues and they assessed this against what they could reasonably expect from a contractor of that size in that business. This enabled Lucas to take the initiative by assessing the risk and then discussing this assessment with the contractor. Where necessary, contractors were given encouragement and help to improve. Only those contractors who were already operating at the appropriate level, or who would improve to this level, would be on the Lucas Register of Contractors. Contractors were invited to attend a half-day awareness raising workshop based on the questionnaire topics and focused on risk assessment. A newly designed Contractors Registration Form was implemented to be completed jointly by the contractor and Lucas. This covers such issues as the task, materials, substances and equipment used, services needed, work environment and conditions and site hazards. Via this form the contractors and Lucas agree and record controls and precautions and safe systems of work. Where possible these forms are displayed where the work is carried out in order to make the risk assessment visible.

OCCUPATIONAL HEALTH DEPARTMENTS

Occupational health and welfare is a broad area which includes both physical and emotional well-being. The medical officer, occupational health nurse and welfare officer all have a contribution to make here. In a broader sense so do the dentist, chiropodist and other professionals when they are employed by the organisation. The provision of these broader welfare facilities is often found in large organisations located away from centres of population, especially in industrial plants, where the necessity of at least an occupational health nurse can be clearly seen.

In terms of physical care the sorts of facility that can be provided are:

- 1 Emergency treatment, beyond immediate first aid, of injuries sustained at work.
- 2 Medical, dental and other facilities, which employees can use and which can be more easily fitted into the working day than making appointments with outside professionals.
- 3 Immediate advice on medical and related matters, especially those connected with work.
- 4 Monitoring of accidents and illnesses to identify hazards and danger points, and formulating ideas to combat these in conjunction with the safety officer.
- 5 On-site medical examinations for those joining the organisation.

- 6 Regular medical examinations for employees.
- 7 Input into health and safety training courses.
- 8 Regular screening services (e.g. cervical cancer screening).

SUMMARY PROPOSITIONS

- 22.1 Occupational welfare is the 'well-being' of people at work, encompassing occupational health and safety.
- 22.2 The history of human resource management is interrelated with the development of welfare. Many HR managers find this association a disadvantage when trying to develop the authority and status of personnel management.
- 22.3 The legal framework for health and safety includes both the criminal and civil law. The former is policed by health and safety inspectors; the latter provides a vehicle for those who suffer illness or injury as a result of their work to claim damages.
- 22.4 The Health and Safety at Work etc. Act 1974 is a major piece of UK legislation in this field. The efforts of the EU to ensure harmonisation of health and safety resulted in a major surge of new legislation in the 1990s.
- 22.5 The period since the 1980s has seen increasing interest in occupational health and welfare, particularly related to stress, alcoholism and counselling.

GENERAL DISCUSSION TOPICS

- 1 'Good health is good business.' Discuss.
- 2 To what extent and by what processes can organisations reduce stress for employees who are members of dual-career families?
- 3 How can an organisation utilise training and development to foster a culture that is receptive to health and safety?

FURTHER READING

Boyd, C. (2003) *Human Resource Management and Occupational Health and Safety*. London: Routledge

This is a thorough critical study looking at the various ways that HR managers can and should contribute to health, safety and welfare. This book contains case studies focusing on the airline, call-centre and nuclear power industries.

Ganster, D.C. and Murphy, L. (2000) 'Workplace Interventions to Prevent Stress-Related Illness: Lessons from Research and Practice', in C. Cooper and E. Locke (eds) *Industrial and Organizational Psychology: Linking Theory with Practice*. Oxford: Blackwell

These authors provide an excellent summary of research and effective practice on the subject of stress-related illnesses. They conclude by suggesting a best practice approach to stress prevention.

Stranks, J. (2001a) *A Manager's Guide to Health and Safety at Work*, 6th edn. London: Kogan Page

Stranks, J. (2001b) *Health and Safety Law*, 4th edn. London: Prentice Hall

Jeremy Stranks is the most prolific writer on health and safety issues. He has written dozens of handbooks explaining the law and setting out the most recent guidance on reducing ill health and injuries in the workplace. Two of the most recent editions of his handbooks are listed above.

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- Willey, B. (2003) *Employment Law in Context*, 2nd edn. London: Financial Times/Prentice Hall.

LEGAL CASES

- Ingram v. Worcester County Council* (2000) (in IRS 2000c).
- Jones v. Lionite Specialities (Cardiff) Ltd* (1961) 105SJ 1082.
- Mortimer v. V.L. Churchill* (1979).
- Walker v. Northumberland County Council* [1995] 1 All ER 737; [1995] IRLR 35.

An extensive range of additional materials, including multiple choice questions, answers to questions and links to useful websites can be found on the Human Resource Management Companion Website at www.pearsoned.co.uk/torrington.

