

# Leadership and Occupational Safety and Health (OSH): An Expert analysis

Edited by: Dietmar Elsler, EU-OSHA, supported by Julia Flintrop, EU-OSHA

Authors: Simon Kaluza (Federal Institute for Occupational Safety and Health - BAuA, Germany), Angelika Hauke (Institut für Arbeitsschutz der Deutschen Gesetzlichen Unfallversicherung (IFA) (Institute for Occupational Safety and Health of the German Social Accident Insurance), Annick Starren (TNO, Netherlands), Linda Drupsteen (TNO, Netherlands), Nikki Bell (HSL, United Kingdom)

Members of the Topic Centre on Occupational Safety and Health

Europe Direct is a service to help you find answers  
to your questions about the European Union

Freephone number (\*):

**00 800 6 7 8 9 10 11**

(\*) Certain mobile telephone operators do not allow access to 00 800 numbers, or these calls may be billed.

More information on the European Union is available on the Internet (<http://europa.eu>).

Cataloguing data can be found on the cover of this publication.

Luxembourg: Publications Office of the European Union, 2012

ISBN: 978-92-9191-836-2

doi:10.2802/15578

© European Agency for Safety and Health at Work, 2012

Reproduction is authorised provided the source is acknowledged.

## Table of contents

Executive Summary .....	5
1. Introduction and literature review .....	11
1.1. Background .....	11
1.2. Leadership and OSH .....	12
2. Analysis of case studies .....	23
2.1. Background and methodology .....	23
2.2. Case study criteria .....	23
3. Conclusions and recommendations .....	35
3.1. Conclusions .....	35
3.2. Top quality OSH leadership: recommendations for leaders.....	38
4. References .....	41
5. Case study abstracts .....	45
Case study 1 - All for one – one for all (Austria) .....	45
Case study 2 - Backing healthy backs (Germany) .....	46
Case study 3 - Better health prevention – better work performances (Romania) .....	47
Case study 4 - Common health policy (Poland) .....	48
Case study 5 - Road safety (France).....	49
Case study 6 - Everybody for safety (Romania).....	50
Case study 7 - Involving employees in improving health and safety (Czech Republic) .....	51
Case study 8 - Leadership and safety culture (Belgium).....	52
Case study 9 - Leadership prevention management (Spain) .....	53
Case study 10 - A European-wide standard for safety performance in an offshore drilling company (Netherlands).....	54
Case study 11 - OSH Leadership (United Kingdom).....	55
Case study 12 - Participative management: a fundamental tool for a motivational wellbeing policy (Belgium).....	56
Case study 13 - Promoting safety performance in a high hazard industry (United Kingdom).....	57
Case study 14 - Safety culture: a global perspective (Luxembourg).....	58
Case study 15 - Supervising a variety of background cultures on site (Netherlands).....	59
Case study 16 - Co-ordination and support for unit leaders: a new approach to handle the burden of sickness absence at work (Finland).....	60

## List of tables

Table 1: Mean scores found for dimensions of societal culture (as is) in the Germanic Europe cluster and the Eastern Europe cluster.....	16
Table 2: Overview of case studies .....	22
Table 3: Relationship between activities and achievements.....	22
Table 4: Comparison of guiding principles from the literature and success factors in the case studies .....	35



## Executive Summary

In EU legislation as well as in scientific literature ever more attention is being paid to the important role of leadership in the improvement of Occupational Safety and Health (OSH).

Improving the safety behaviour of employees requires understanding of the good leadership practices that can help promote better OSH behaviours among employees. This report considers what are necessary corporate leadership factors on which success depends. It does so through a review of the existing literature on OSH leadership, and by analysing the results of 16 case studies from companies across the EU

### Literature review: what research tells us about leadership and OSH

The literature tells us that merely introducing new requirements on workers to work more safely is of limited value on its own.

Rather, research suggests that lasting and continuing improvements in OSH will only be brought about by fundamental change in an organisation – the creation of a prevention culture which shows that the organisation places the highest values on OSH in the workplace.

Such far-reaching cultural change can only be brought about if they are genuinely led and driven by the organisation's leaders. Thus, leaders' attitudes and behaviours regarding safety and health promotion are arguably of greater importance than structures, processes and systems.

### Guiding principles for OSH leadership

Five broad guiding principles for OSH leadership may be identified from previous research:

1. Leaders must **take seriously their responsibility** for the establishment of a **positive prevention culture**. This will require them to employ a repertoire of leadership styles which can take account of the cultural context, say in different groups or nations, including the emotional intelligence necessary effect changes in culture and in behaviours.
2. Leaders should be seen to **prioritise OSH policies** above other corporate objectives, and **apply them consistently** across the organisation and over time.
3. OSH measures can only deliver to their full potential if they have the **unequivocal commitment of an organisation's board and senior management**. High-level management, not just line management or specialists, must be **directly involved** in implementing OSH policies.
4. Good, regular, multi-level **communication** is vital to the delivery of improvements in OSH. Leaders should set out to cultivate an **open atmosphere** in which all can express their experience, views and ideas about OSH and which encourages **collaboration between stakeholders**, both internal and external, around delivery of a shared OSH vision.
5. Leaders should show they **value their employees**, and promote active **worker participation** in the development and implementation of OSH measures.

### Learning from the case studies

#### *Topics and objectives*

Most of the companies considered in the case studies (13 out of the 16) were concerned about reducing incidents, accidents or occupational diseases. Concerns about absenteeism or long-term sick absence were a factor in eight of those cases.

Five cases were concerned with risk management. Other specific OSH topics included practical issues such as road safety and working with loads or at height, but also included staying healthy in the job, managing stress and showing respect for employees.

The objectives of the activities undertaken within the companies can be grouped into three categories – accidents and diseases, training and managerial issues.

In the first category, most companies were aiming to reduce the number of accidents and/or injuries. Four companies were aiming to achieve no accidents at all, and one aiming for no serious accidents. The reduction of muscular-skeletal disorders was an objective in two cases, and two focused on reducing sickness absence.

Training objectives were predominantly focused on awareness-raising, alongside specific training needs and the creation of a learning environment.

The key management objective was to improve overall OSH performance, but cases also mentioned improving communication, improving the safety culture and involving workers, alongside other specific objectives.

### ***Activities for improving leadership in OSH***

The most common activities undertaken in relation to improving OSH included the establishment of safety and health units or working groups, and the availability of experts (mentioned in seven cases), training employees (10 cases), involving workers (8), involving management or the employer (6) and improving communication, using meetings or written materials (7).

Other common innovations included the adoption of new policies or strategies and carrying out workplace risk assessments or safety visits, each mentioned in four case studies.

### ***Achievements***

The case studies show some outstanding achievements. At least 30 separate positive outcomes were reported to have resulted. Most prominent was a reduction in the number of accidents (reported in 11 of the 16 cases, while another company reported a reduction to no accidents at all). A reduction in sick leave and an improvement in working conditions were each reported in five cases, while higher productivity and increased awareness of the importance of OSH to business success were claimed in four cases each.

Practical improvements to the delivery of OSH were also claimed, with three companies in each case saying that communications had improved, better training had been provided, and workers had become involved in OSH management.

Overall, the achievements reported go far wider than merely reducing the number of accidents, touching also on ‘softer’ benefits, such as feelings of personal wellbeing and job satisfaction, and economic benefits to the company, for example reduced costs.

### ***The types of activities that deliver achievements***

According to this report’s analysis of the case studies, all activities undertaken were strongly correlated with a reduction of accidents and sick leave.

Correlations were also found between all types of activity and improvements in **human relations** in the workplace, with providing training, promoting cooperation, improving communication (in general) and health promotion having the strongest correlations.

None of the activities was so clearly linked to the achievement of improvements in the working environment, but health promotion activities showed the greatest correlation.

Economic benefits were strongly associated with the introduction of general communication activities and health promotion, and showed only a slightly weaker association with specific communications activities and the establishment of measurement systems.

Overall, a conclusion can be drawn that the most effective types of activity are general communications activity and health promotion measures, which correlate strongly to three out of the

four categories of achievements: reducing accidents and sick leave, delivering economic benefits and improvement human relations.

### **Success factors**

The case studies suggest that leadership and management factors have the most impact on whether OSH measures succeed or fail.

In particular, OSH measures appear to stand the best chance of success where leaders communicate their vision clearly across the organisation, involve others in developing appropriate measures into which all can buy, foster a true safety culture, ensure policies are applied fully and consistently, and are actively involved in 'walking the talk' on safety and health and so acting as role models to others.

Management need to be able to demonstrate genuine, public and continuing commitment to safety. They must ensure openness and trust in the workplace, and the absence of a blame culture. Managers must be ready to make use of safety expertise, as well as to listen to the views of their own workers and recognise their knowledge and understanding of the practicalities of OSH in the workplace.

Among other success factors, the following appear to be significant:

- *Management systems*, including the adoption of OSH policies and goals, consistently across the company, the promotion of a safety culture, the allocation of sufficient resources to safety measures, analysis and review of safety performance, and recognition of achievements.
- *Employee factors*, including the active involvement of workers in OSH measures, including through formal participation schemes, by ensuring they understand and take ownership of the measures, and by promoting good team spirit and cooperation.
- *Communication and collaboration*. Success was widely attributed to clear communication across the organisation, cooperation with internal and external stakeholders, and reporting, knowledge-sharing and feedback.
- *Organisational aspects*, including the transformation of OSH activities into everyday practice, awareness-raising by means of action taken, taking concrete steps to create safer workplaces, and making learning appropriate to those for whom it is intended.
- *Other factors* mentioned in the case studies include the introduction of a tidier, cleaner workplace, the launch of a bonus system, and the involvement of families in OSH activities.

### **Innovative approaches**

Innovative approaches were found throughout the case studies, and some examples are given below.

To demonstrate top-level leadership, in one company each board director was given responsibility for one aspect of OSH, and provided advice and support to the relevant dedicated teams within the workforce. In a number of others, senior managers started undertaking safety tours of the workplace and engaging with employees.

One company combined new measures with a rebranding of the company itself, to transform its image in the marketplace.

New styles of management were introduced including, in one company, participative approaches which involved showing respect, involving workers, communicating and listening, and an emphasis on personal development.

One company worked with its health insurance in the framework of an economic incentive scheme that rewarded specific prevention activities, such as to develop training and ergonomic measures. The collaboration with the health insurance lead to improve the safety and health of the employees and reduced the incidence of sick leave. Another company worked with employees on sick leave to prepare them for return to work, including exploring ways of lightening their workload.

Several companies sought to promote employees' direct involvement in the promotion of OSH. One involved them in undertaking observation rounds, while another created several teams of workers who investigated an area of business and suggested OSH improvements, before the teams were rotated and each area rechecked by a new team.

A number of companies introduced award schemes to reward good safety behaviours. One unusual approach was in the company which gave a 'bad practice award' to workers who ignored OSH standards, with the aim of raising their awareness. Several companies ran competitions for good safety ideas, and one even involved employees' children.

### **Stakeholders**

The delivery of OSH improvements across the case study companies required considerable cooperation and partnership between a large number of internal and external stakeholders, whether individuals at all levels, different departments or separate organisations. The success of OSH activity depends in part upon the quality of the cooperation and partnership which can be secured.

Internal stakeholders included directors and top management, those directly involved in OSH management and safety advice, a range of welfare professionals, project leaders and supervisors, and internal departments from human resources to communications and marketing.

External stakeholders included those able to support the development of OSH initiatives, including national institutes or universities, specialist advisers, auditors, service providers, clients, contractors, investors and trades unions. In many countries accident and health insurance companies play a key role in prevention. In addition to support companies with information, consultation and inspection, they can also provide economic incentives in form of reduced insurance premiums for specific prevention activities or better OSH performance.

Large companies tend to rely more on internal resources, particularly from dedicated OSH departments, whereas smaller enterprises may need to seek more external advice and support.

### **Transferability**

The case studies provide many examples of specific ways in which well-led initiatives can improve safety behaviour and promote a prevention culture.

In principle, the approaches identified could work in other companies, if tailored to meet the needs, frameworks and other circumstances of individual companies, though some individual measures are directly applicable only in particular industries, or in small or large organisations.

Of key importance in seeking to transfer success is ensuring the commitment of management and all other employees concerned. OSH performance is significantly higher in companies where management are genuinely committed and where worker participation is encouraged.

Cultural differences also need to be taken into account when considering the transferability of successful approaches. Research has shown that in the European Union considerable differences exist between the corporate cultures of Member States, resulting e.g. in different leadership styles.

### **Recommendations**

Recommendations for improving OSH leadership are made and explored in further detail in Chapter 4. In short, leaders should:

- *take seriously their responsibility for safety and health;*
- *lead by example;*
- *seek to introduce a safety culture;*
- *secure the commitment of the board and senior management;*
- *ensure the visible involvement of senior management;*



- *ensure that policies are applied consistently;*
- *provide sufficient resources for OSH;*
- *learn from the good practice of others;*
- *implement measures which are appropriate to the specific circumstances;*
- *ensure regular risk assessments are carried out;*
- *ensure worker participation;*
- *ensure continual, open communication about OSH;*
- *promote collaboration;*
- *provide adequate training;*
- *ensure access to the expertise and skills the company requires;*
- *implement regular monitoring, analysis and review;*
- *incentivise, recognise and reward safe behaviour.*



## 1. Introduction and literature review

Managing Occupational Health and Safety (OSH) effectively is a key element in running a successful business. Managers have a legal and moral duty to safeguard the health and safety of those who work for them, and the exercise of these duties needs to be seen as central to the role of leadership.

Managers have a pivotal role in ensuring that OSH policies and practices are given sufficient weight within their organisations. Research shows that the way in which safety and health is led and integrated into an organisation can impact significantly on wellbeing at work, including addressing problems of worker absence through ill-health (EU-OSHA, 2012).

This report considers how these important responsibilities can better be promoted among business leaders, and explores practical steps that can be taken to improve the management of OSH.

Chapter 1 outlines the legal and policy framework concerning the responsibilities of employers in securing OSH, and considers what the literature has to say about the role of leadership and what constitutes good and bad leadership in the field of OSH.

Chapter 2 considers the evidence of 16 case studies from 12 European countries, to obtain practical lessons for the improvement of leadership in OSH.

Chapter 3 draws together conclusions from this analysis, and makes recommendations for how to promote effective OSH leadership.

### 1.1. Background

- Responsibilities of employers

The legal and policy framework places responsibility for ensuring OSH clearly on the employer. Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (Council Directive, 1989) defines this responsibility in Article 5: “The employer shall have a duty to ensure the safety and health of workers in every aspect related to the work”. The employer may enlist “competent external services or persons”, but “this shall not discharge him from his responsibilities in this area”. Article 6 states that: “within the context of his responsibilities, the employer shall take the measures necessary for the safety and health protection of workers, including prevention of occupational risks and provision of information and training, as well as provision of the necessary organization and means”. Employers must also have regard to the right of workers to be involved in the management of safety and health at work, established by Article 11 of the directive.

The directive sets minimum requirements, and Member States must enact these through national laws and regulations, with the result that there is considerable variation in the way in which the provisions have been implemented across the EU.

The European Community Strategy for Improving Quality and Productivity at Work (COM, 2007) emphasized the need to promote within businesses the management of safety and health at work. The strategy set out “to encourage changes in the behaviour of workers and to encourage their employers to adopt health-focused approaches”.

- What is ‘leadership’?

Many definitions of ‘leadership’ exist in the literature (Yukl, 1989). In organisational psychology it is mostly defined as a group phenomenon (including interaction between two or more people) and an intentional social exertion of influence, which aims at attaining objectives by communication processes (von Rosenstiel, 2006; Steiger, 2003).

Leadership is more than a micro-organisational phenomenon. It goes beyond direct, dyadic relationships between leaders and subordinates; rather, it takes place at all levels of an organisation. It can occur in indirect as well as direct forms. It includes the efforts of the management to reach both short-term and long-term objectives (Gordon & Yukl, 2004). Self-leadership also plays an important

role in organisations, as employees are required to take responsibility for their own productivity (Bramming et al., 2009).

For several decades, researchers have investigated what constitutes effective leader behaviours, what are the pertinent personal characteristics of leaders, and what leader behaviours best suit particular contexts and conditions. Overall, effective leadership has been shown to strengthen employee commitment to the organisation and to improve the work climate, enhance innovation and increase productivity (Bel, 2010; Bramming et al., 2009).

- How can effective leadership promote OSH?

According to Broadbent, the safety behaviour of employees has two aspects: 'safety compliance' and 'safety participation' (Broadbent, 2004). Safety compliance concerns what employees are required to do to stay safe in the workplace (such as adhering to standard procedures or wearing protective clothing). Safety participation refers to actions to help develop a safer environment more generally (for example, participating in voluntary meetings about safety, or helping others to stay safe).

Leaders can have a positive influence on encouraging and supporting safe and healthy behaviour amongst employees (O'Dea & Flin, 2001). Improving the safety behaviour of employees is an ambitious leadership goal. Centrally, it depends upon establishing a positive prevention culture, in order to build a labour force that is intrinsically motivated about OSH. This is considered below.

## 1.2. Leadership and OSH

### 1.2.1. *Promoting a positive safety culture and climate*

Recent research in accident prevention has shown that compliance with safety and health regulation has only a minor effect on reducing accident rates. The main merit of regulation has been seen as that of putting safety and health on the agenda and reminding employers of their responsibility to keep employees safe and healthy (Walker, 2010). Once companies have implemented a safety and health system that ensures compliance with regulations, they can find it difficult to drive down accident rates still further. Walker (2010) says that: '... 80 to 90% of accidents are due to unsafe acts by individuals or groups, rather than unsafe conditions.' So leadership in OSH has to go further than merely enforcing compliance with regulations.

Scientists agree that a significant reduction in accident rates can only be achieved by creating a safety culture which leads to a shift in the attitudes of both leaders and employees, improving their safety behaviour. Leaders who encourage safety participation (in addition to safety compliance), by creating a safety culture in which employees are continuously engaged in safeguarding their own safety and that of others, are more likely to achieve a reduction in accident rates (Broadbent, 2004).

The UK Health and Safety Commission has described 'safety culture' in this way:

"... the product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation's management ... organisations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures' (HSE, 1993).

Safety culture is regarded as one aspect of the more general concept of 'organisational culture' (see Cooper, 2000). It therefore applies at the organisational level. In contrast, the linked concept of 'safety climate' focuses on employee perceptions of the behaviours "that get rewarded and supported" with regard to safety (Zohar, 2010). Gonzalez-Roma et al. (1999, cited by Flin et al., 2000) say that safety climate refers to "the workforce's perceptions of the organisational [safety] atmosphere". Yule (2003) stresses that the concept of safety climate does not necessarily apply to the entire organisation; rather, it reflects the atmosphere regarding safety among small groups or individuals within organisations. As safety climate involves the workforce's "day-to-day perceptions towards the working environment, working practices, organizational policies, and management" it is regarded as less stable and more

influenced by situational factors than is safety culture. It can also be perceived differently by different individuals or groups of employees (Yule, 2003; Zohar, 2010).

Zohar (2010) observes that, in practice, safety is only one priority among others in working life. It is only possible to assess how important safety is considered to be within a company if it is first weighted against other priorities. How this appears to employees is important to their perception of the safety climate, depending upon “the alignment between espoused and enacted priorities ... because it is only the enacted policies that provide reliable information regarding the kinds of behaviour likely to be rewarded and supported”.

Zohar (2010) also points out that safety policies, procedures and practices can be interpreted differently at different hierarchical levels in an organisation. The perceived safety climate can therefore depend upon an individual’s position within a company (Zohar, 2010). As individuals tend to check their own perceptions with others around them, verifying or adjusting them accordingly, the safety climate becomes a shared perception among employees. It is also affected by what leaders say and do, within “a social learning process in which group members repeatedly observe and exchange information with their leaders...”.

There is a positive correlation between attitudes and behaviours displayed by leaders and the development of a safety culture and safety climate (see HSE, 2005). This accords with social exchange theory, which argues that ‘followers’ who enjoy high-quality relationships with leaders reciprocate the relationship by behaving in ways which the leaders appear to value. Hofmann, Morgeson, and Gerrass (2003) found that employees in high risk professions behaved more safely in organisations where the leaders demonstrated they valued such behaviour than in work environments in which the safety climate was not so positive.

Both safety culture and safety climate are measurable concepts. Denison recommends measuring safety culture primarily by qualitative methods, only supplementing findings through quantitative measures (cited by Yule, 2003). In contrast, the safety climate can be assessed by quantitative measures alone, such as the Nordic questionnaire (NOSACQ-50).

Guldenmund (2007) puts forward the model of “the organisational triangle” which distinguishes three forces that impact upon the safety behaviour of employees in an organisational context: *culture* (the organisation’s underlying convictions), *structure* (where power and responsibilities lie and how they flow through the organisation) and *processes* (how things are done). Culture, structure and processes are dynamically interrelated. For example, if an organisation believes that risk assessments are too expensive, fewer workers will be employed to carry them out; the organisation’s *culture* is reflected in its *structure*. If, however, there is a department which places a high priority on safety and carries out risk assessments rigorously, these *processes* will act to influence the *culture* towards greater safety. This is in line with Erickson (2000), who emphasises that organisational structure determines the value of safety in an organisation by “the placement of safety on the organizational chart” (Erickson, 2000).

To summarise:

- A significant reduction in accident rates can more efficiently be achieved by creating a positive safety culture and safety climate in an organisation, than by relying solely on compliance with safety and health regulations.
- Safety climate and culture have been shown to have a profound positive impact on employees’ attitudes to OSH and their safety behaviours.
- The behaviour of leaders can significantly contribute to the establishment of a positive safety culture and safety climate, and can impact on the ability of employees to take ownership of their own safety and that of others.

## 1.2.2. Leadership styles

For at least six decades, researchers have tried to disclose the secret of effective leadership, undertaking countless studies and developing various models of leadership styles. For much of this period it was thought that certain leadership behaviours were universally applicable and effective in all kinds of situations. Recent research, on the other hand, supports a more contextual view of leadership,

arguing that certain behaviours work in some situations but not in others; leadership behaviours must therefore be flexible and tailored to the situation (Gordon & Yukl, 2004).

Researchers have also pondered whether what was in the past considered as effective leadership would work in today's business environments. Allio (2009) points out that tyranny, autocracy, and coercion are no longer acceptable, and that leaders are nowadays expected to collaborate rather than merely exert power. Effective leaders are therefore now more likely to exhibit personality traits and skills including emotional and social intelligence, empathy, convincing communication, personal integrity, systems thinking and situational awareness (Allio, 2009; Gordon, 2004). A participative approach and the readiness to involve employees are also becoming ever more important in the leadership skill set.

Kerfoot (2009) states that leaders should form part of the social identity of a group, arguing that they are particularly successful if they belong to the group and are prototypic for the group, which allows them to "lead from within". They can do so if they are aware of the basic beliefs of the group, and can use this knowledge to guard against coercion and avoid resistance.

The general consensus is that the most successful leaders have mastered a range of different leadership styles from which they choose the most appropriate for a given situation. The following paragraphs outline a selection of prominent models of such leadership styles.

- Level 5 leadership

Jim Collins and his team discovered 'Level 5 leadership' in a research project which started in 1996. The project aimed to answer the question: "Can a good company become a great company and, if so, how?" (Collins, 2001). The team looked at the leadership skills of the leaders of companies which had been transformed from 'good' companies to 'great' companies and had sustained the improvement. They compared this to other leaders, from companies that had experienced the same transformation but were not able to sustain the improvement. They assigned the leadership skills they found to five layers of a pyramid, to develop a model of five types or levels of leaders:

- *Level 1* leaders are characterised as "highly capable individuals" who make "productive contributions through talent, knowledge, skills, and good work habits".
- *Level 2* leaders are "contributing team members...to the achievements of group objectives" who work "effectively with others in a group setting".
- *Level 3* leaders are "competent managers" who organise "people and resources towards the effective and efficient pursuit of predetermined objectives".
- *Level 4* leaders are "effective leaders" who catalyse "commitment to and vigorous pursuit of a clear and compelling vision" and stimulate "the group to high performance standards".
- *Level 5* leaders, who are those able to build sustained greatness in an organisation, are characterised by "a paradoxical combination of personal humility plus professional will" (Collins, 2001).

It is perhaps a surprising conclusion that the difference between those leaders who achieve sustained change and those whose organisations do not maintain improvements that are won lies in the possession of qualities of personal humility and professional will, in addition to the skills present at other levels.

- Emotional intelligence

Different concepts of emotional intelligence exist. The most prominent was developed by Daniel Goleman in the mid-1990s. Goleman suggested that emotional intelligence is based on four key abilities (self-awareness, self-management, social awareness and social skill) and that it helps us to effectively manage ourselves as well as our relationships.

Goleman (2000) reports a study conducted by Hay/McBer, a consulting firm that suggested that effective leadership is based on six leadership styles (see below), which are linked to the four key

abilities of emotional intelligence. Additionally, four of the six leadership styles lead to an improved work climate:

1. *The Coercive Style*: This style should only be applied in a few situations as it is characterised by powerful top-down decisions and mostly has a negative impact on the workplace climate. It may only be appropriate in a crisis or where it is essential to give a strong signal of change to employees.
2. *The Authoritative Style*: This style works best in situations where a new vision is needed and in which a company has to move in a clear direction. Authoritative style is able to capture people and it shows them “how their work fits into a larger vision for the organization” (Goleman, 2000). It positively impacts upon workers’ commitment to the organisation and the work climate.
3. *The Affiliative Style*: This style works best to establish emotional bonds, as it prioritises the individual and values employees’ emotions over tasks and goals. This results in fierce loyalty and an improved climate. It can be used to motivate employees in stressful situations, or to (re-)establish harmony within a team.
4. *The Democratic Style*: This style makes use of participation to reach a consensus, for example where a shared decision needs to be made. Leaders of this style ask subordinates for their input and views. It positively impacts upon the work climate and supports trust, respect and commitment. It is, however, time-consuming. The democratic style works well if the leader needs fresh ideas or is uncertain about a decision and wants to ask competent subordinates for advice.
5. *The Pace-setting Style*: A leader of this style performs to very high standards and pushes the employees to do the same, by working ever harder. This approach tends to fail except in highly self-motivated and competent teams that need little direction. The work climate is negatively affected as poor performers are highlighted, employees are given little guidance, and they feel overwhelmed or mistrusted. Self-regulation, commitment and initiative vanish.
6. *The Coaching Style*: This style is appropriate for human resource development, to develop long-term strengths and improve the performance of employees. Leaders give support, instruction and feedback and enable employees to learn and develop their skills. Leaders who apply the coaching style favour challenging assignments. The effect of this style is very positive on climate and performance.

In practice, a range of leadership styles is needed by the effective leader, and Goleman (2000) recommends leaders to expand their leadership style repertoire if they notice a lack of variety in their own styles. This supposes that the leader is aware of the underlying emotional intelligence components helpful and can recognise them in him/herself; a 360-degree feedback exercise from colleagues can help raise that awareness.

The use of emotional intelligence can be valuable in the delivery of OSH in several ways. It can help prevent workplace bullying (Sheehan, 1999). It can improve the work environment and the performance of groups, including their performance in safeguarding OSH (Urch, Druskat and Wolff, 2001). Jeffries (2011) identifies emotional intelligence as an intrinsic driver for safe behaviour, since individuals “will consider consequences for themselves and others before acting” and will therefore develop a more favourable attitude towards safety. Geller (no date) considers two aspects of emotional intelligence to be of value in the development of safer organisations: *intrapersonal intelligence* (which enables safety professionals to continue to stay positive and committed in spite of setbacks or lack of commitment elsewhere in the organisation) and *interpersonal intelligence* (which supports the use of communication skills to encourage safer behaviour in others).

- Transformational leadership

Transformational leadership is characterised by four leadership behaviours:

1. *Idealised influence*: Leaders behave as role models, displaying principles of high moral and ethical behaviour. They are admired and trusted by their followers.
2. *Inspirational motivation*: Leaders inspire followers by communicating their vision clearly. They set challenging tasks and are clear about their expectations. They are optimistic that goals will be

achieved. Those who work for such leaders take encouragement and believe in themselves. They are committed to the objectives the leaders set, are motivated to meet their expectations, share their vision, and engage fully.

3. *Intellectual stimulation*: Leaders challenge the creativity and sense of innovation among followers. Challenging situations are presented as opportunities to learn.
4. *Individualised consideration*: Leaders pay attention to the needs of their followers. They support their personal development through coaching and mentoring, and by setting challenges. They seek to empower their followers (Bass & Riggio, 2006).

Research has shown an association between transformational leadership and safety compliance and safety participation (Clarke & Ward, 2006; Zohar, 2000; both cited by Inness et al., 2010). Inness et al. (2010) conclude: "Generalized transformational leadership is an ongoing leadership style and can be used by supervisors to achieve a number of interpersonal and organizational goals, including encouraging employees to take extra measures to make the work environment safe".

### 1.2.3. **Cross-cultural differences in leadership styles**

Hofstede (1984), looking at how cultures differ between societies and nations, defines culture as: "collective programming of the mind which distinguishes the members of one human group from another. [...] Culture, in this sense, includes systems of values...". In a comprehensive socio-cultural study which was conducted between 1968 and 1972 in forty countries, he identified four main characteristics (or 'dimensions') by which societies or nations can be distinguished and ordered:

1. *Power distance*: "the extent to which the less powerful members of institutions and organizations accept that power is distributed unequally" (Hofstede and Bond, 1984).
2. *Uncertainty avoidance*: "the degree to which people in a country prefer structured over unstructured situations" (Ardichvili and Kuchinke, 2002).
3. *Individualism*: "the degree to which people prefer to act as individuals rather than [collectively] as group members" (Ardichvili and Kuchinke, 2002).
4. *Masculinity*: "the degree to which such 'masculine' values as assertiveness, competition, and success are emphasized as opposed to such values as quality of life, warm personal relationships [caring for others], and service" (Ardichvili and Kuchinke, 2002).

Later, Hofstede added a fifth dimension which he called 'long-term orientation', mainly to cover characteristics of Asian cultures. Ardichvili and Kuchinke (2002) define long-term orientation as "the degree to which people's actions are driven by long-term goals and results, rather than the short-term results and the need for immediate gratification".

As the behaviour of organisations and people will differ according to their cultural background, leadership styles must be appropriate to relevant cultural backgrounds. Leaders of multi-national organisations, and especially those who manage multi-national teams, need to be aware of cultural differences and be able to adopt the most appropriate leadership style depending on the cultural background of those who follow them (Reilly and Karounos, no date). Emotional intelligence can be a valuable social skill in this regard, as Reilly and Karounos point out.

#### ▪ Culture and leadership in different countries: GLOBE

GLOBE (Global Leadership and Organisational Behaviour Effectiveness) was a research programme that examined the interrelationship between leader behaviour and organisational and societal culture in 61 nations. The nations were assigned to ten cultural 'clusters'.

Thousands of middle managers from the food processing sector, finance and telecommunication took part in the survey. They were asked to rate the current state of their national societal culture against nine dimensions: performance orientation, future orientation, assertiveness, power distance, humane orientation, institutional collectivism, in-group collectivism, uncertainty avoidance, and gender egalitarianism (House et al., 2002). They were then asked to give a second score to each dimension,



according to what they would like the situation in society to be (“should be”). The 7-point Likert scale was used for each rating (1 = low to 7 = high).

Szabo et al. (2002) reports findings for the Germanic Europe cluster containing the countries Germany, Austria, Switzerland and the Netherlands. Bakacsi et al. (2002) reported findings from the Eastern Europe cluster containing Albania, Georgia, Greece, Hungary, Kazakhstan, Poland, Russia and Slovenia.

**Table 1: Mean scores found for dimensions of societal culture (as is) in the Germanic Europe cluster and the Eastern Europe cluster**

Dimensions of societal culture	Mean scores	
	Germanic Europe cluster	Eastern Europe cluster
Uncertainty avoidance	5.12	3.57
Power distance	4.95	5.25
Assertiveness	4.55	3.51
Performance orientation	4.41	3.71
Future orientation	4.40	3.37
Group and family collectivism	4.21	5.53
Institutional collectivism	4.03	4.08
Humane orientation	3.55	3.84
Gender egalitarianism	3.14	3.84

Scores > 4.5 were regarded as high, scores < 3.5 as low. sources: Szabo et al., 2002, Bakacsi et al., 2002

Table 1 shows that the values for uncertainty avoidance, assertiveness, performance orientation and future orientation are higher in the Germanic Europe cluster than in the Eastern Europe cluster. In contrast values for power distance, group and family collectivism, institutional collectivism, humane orientation and gender egalitarianism are higher in the Eastern Europe cluster than in the Germanic Europe cluster. In line with that Gupta et al. (2002 cited by Szabo et al., 2002) compared the results from the Germanic Europe cluster with those from the other nine clusters and concluded: “Germanic Europe shows higher practices of performance orientation, uncertainty avoidance, future orientation, and assertiveness than many other clusters ... [and] relatively low levels of institutional collectivism, group and family collectivism, gender egalitarianism, and humane orientation”.

Regarding the Eastern Europe cluster, Bakacsi et al. (2002) concluded that: “the cluster is distinguished as tolerating uncertainty, highly group orientated, hierarchical, and gender egalitarian ... [and] is ... dominated by hierarchical managerial practices.” Managers in this cluster wanted their nations to be more performance orientated, future orientated and humane and are in favour of lower power distance, more gender egalitarianism and more structure in the sense of higher uncertainty avoidance.

Those participating in the survey were also asked to rate six different attributes which might contribute to or inhibit outstanding leadership: charisma, team-orientation, participation, humane orientation, autonomous leadership, and self-protective leadership.

The managers from the Germanic and Eastern Europe cluster rated the attributes in the same order. However, the top-scoring attributes of charisma, participation and team-orientation were valued even more highly in the Germanic Europe cluster.

Szabo et al. (2002) concluded that whereas charisma is seen as an important factor for outstanding leadership all over the world, participation and team-orientation are rather specific for the Germanic Europe, Anglo and Nordic Europe clusters. In the Eastern Europe cluster, humane orientation, autonomous leadership and self-protective leadership were slightly higher rated than in the Germanic Europe cluster.

According to Bakacsi et al. (2002), the Eastern Europe cluster is less homogenous than the Germanic Europe cluster. For instance, team-orientation is not regarded as a contributing factor to outstanding leadership in Greece (3.12), Georgian managers, more than others, appreciate humane-oriented leadership style (5.61) and Hungarian managers are marked out as disliking an autonomous leadership style (3.23). Russian (4.67) and Albanian (4.51) managers are the least positive about the attribute of participation among their leaders.

Elsler (2006) considered how these results could impact upon OSH. He concluded that due to the strong hierarchical structures in companies of the Eastern Europe cluster, employees readily follow the objectives of their leaders and can thus rather be motivated for OSH by classical leadership styles involving clear objectives and extrinsic incentives, rather than by means of participation. Participative leadership style seems more promising in the Germanic Europe cluster, as hierarchies are flatter and employees act more self-dependently.

- Other research

Mockaitis (2005) surveyed employees in Poland, Lithuania and Estonia, asking them to rate their culture against Hofstede's 'dimensions' (see above) and the attributes they preferred in their leaders.

Out of the three countries, respondents in Poland gave the highest ratings to power distance and uncertainty avoidance. In line with this, the respondents found supervision and control more acceptable as leadership styles, and had the most positive view of authority, commitment and loyalty.

Estonian respondents stood out as preferring leaders to act intuitively rather than stick to facts-based decisions, and also preferred a relation-oriented leadership style rather than a task-based style. They were more in favour of a democratic/participative leadership style, and were more ready to believe than their Polish counterparts that showing initiative is beneficial for individual and organisational success.

Mockaitis concluded that different leadership styles work better or less well depending on the cultural background of employees. For instance, Estonians work best with democratic leaders who build relationships on trust and interdependence. They like superior-subordinate relationships to be relatively informal, and they want to be able to give their opinions and take the initiative. They are therefore more in favour of participation, though reaching consensus will take longer than in Lithuania or Poland. In contrast, Poles will accept higher levels of supervision and prefer leaders who take decisions and tell employees what is required. Lithuanians prefer a persuasive or consultative leader and participative decision-making more than Poles but less than Estonians. Lithuanian leaders are expected to exert more control than in Estonia, with more formal relationships between superiors and subordinates.

#### **1.2.4. Leadership factors which can help secure safe behaviour**

It is now commonly accepted that OSH can help companies achieve a competitive edge. It is therefore in the interests of leaders to adopt approaches which promote safe behaviour in the workforce. As well as employing leadership styles appropriate to different situations and cultures, as considered above, there are concrete steps which leaders can take to improve safety behaviour in others. The scientific literature identifies some key factors, and these are outlined below.

- Commitment of the board and senior managers

It is essential that the board and senior managers are committed to OSH (Erickson, 2000). Without such commitment, failure will follow. Commitment is demonstrated by the value that employees can see their senior managers assign to safety. Safety should be prioritised over other competing goals. Leaders need to be visible at the worksite and authentic in their safety behaviour. They need to act as role models who consistently live the corporate safety policy and lead by example (O'Dea & Flin, 2001). They should allocate sufficient manpower and financial resources to safety, safety and health training and support to employees. They should provide and use sufficient opportunities to communicate safety messages (HSE, 2005).

Broadbent (2004) stresses the importance of sending the right signals to employees, and emphasises that time spent for safety “is the strongest signal of commitment from busy managers with little time to spare”. Commitment to safety is also shown in managers’ passion to advocate it to others. If leaders can generate enthusiasm for OSH among employees, it can help them implement their vision and shape a new culture (Bel, 2010). Erickson (2000) states that the safety performance of employees is higher if “there is a congruence between management’s values and those of the employees...”. She also stresses the importance of establishing a common safety language. Kerfoot (2009) says that such a language, to be effective, needs to fit the social identity of the group.

- Consistent approach to OSH policy

Leaders at all levels must act consistently and in a coordinated way regarding the implementation of OSH policy (Gordon & Yukl, 2004). Top management can only implement major changes if they are supported by leaders at lower levels. The power and impact of a single leader will not be sufficient to profoundly change the OSH performance of the organisation (Bel, 2010).

- Valuing and caring for employees

Research has shown that safety performance is influenced by the way subordinates are treated, and whether they feel that managers and those responsible for safety genuinely care for them. Valued employees have high morale and greater commitment to the organisation, and exhibit safer behaviour. If management takes its safety obligations to employees seriously, employees are more likely to do the same (Erickson, 2008; Erickson, 2000).

- Openness to talk about safety and health

Employees should be encouraged to talk openly about safety and health concerns, and the corporate culture must support this by fostering top-down, bottom-up and horizontal lines of communication (HSE, 2005). Employees should be invited to share their concerns, draw attention to near misses and suggest innovative ideas for addressing safety and health at work. Management should respond to the points they raise (Erickson, 2000).

O'Dea and Flin (2001) stress the importance of an open door policy. They recommend a constant reciprocal communication with the workforce and particularly advocate listening to employees. Employees should feel they are in a trusted relationship with management and that their ideas are taken on board. If employees do not perceive this trust, they may be inhibited from speaking out, which can damage their psychological wellbeing, creativity and productivity and hinder the development of a positive work climate (Perlow and Williams, 2003). Innovative ideas and fruitful new approaches can also be lost to the organisation if employees are scared of expressing them.

- Participation of employees

Traditional safety programmes (including risk assessment, regulatory compliance and safety audits) are limited in their effect to influence safety performance and safety behaviour. Research has shown that their impact can be improved if employees are involved in decision-making.

Employees can be encouraged to take ownership of safety if they are given responsibility for specific areas of safety. They should also be encouraged to highlight any concerns they have about safety

decisions that affect them, and management should show they are interested in employees' views and should take those concerns on board (Erickson, 2000; HSE, 2005; O'Dea & Flin, 2001).

Worker participation involves management and worker working together on safety activities and regular informal exchange between management and employees on safety issues. If employees are given more responsibility for OSH and take on its challenges, they can find their work more interesting and motivating (Herzberg, 2003). The key advantage of involving employees in OSH decision making is, according to Erickson (2000), that "problems can be solved more quickly, more people provide input into decisions, and employees are less likely to feel alienated from those who make decisions that affect their lives." (Erickson, 2000).

- **Proactive responsibility for safety**

O'Dea and Flin (2001) highlight proactivity as an important factor in improving safety leadership (O'Dea and Flin, 2001). As already discussed, this includes encouraging employees to report accidents or near misses, which must then be analysed in depth and tackled by management. Openness depends on employees not being blamed for injuries or accidents, even if they were caused by human error. Thus HSE (2005) recommends organisations "to move from a blame culture to a just culture ... and to demonstrate care and concern towards employees" (HSE, 2005). Such a trusting atmosphere can uncover latent causes of injuries/accidents, such as inadequate systems, besides human error (Erickson, 2000). Management should also take opportunities to praise good safety performance, to encourage repeated good practice (Erickson, 2000).

### **1.2.5. OSH survey of managers and workers' representatives – ESENER**

In spring 2009 the European Agency for Safety and Health at Work (EU-OSHA) conducted a survey on emerging risks, the European Survey of Enterprises on New and Emerging Risks ([ESENER](http://www.esener.eu), <http://www.esener.eu>). Managers and workers' representatives were asked how safety and health were dealt with in their companies.

The survey was conducted in 31 countries (27 EU member states plus Croatia, Turkey, Norway and Switzerland). A total of 28,649 managers and/or employers and 7,226 workers' representatives who had specific designated responsibility for the safety and health of workers (Health and Safety Representatives) were interviewed.

ESENER aimed in part to evaluate the commitment of management to OSH (EU-OSHA, 2010). Some of the results can help our understanding of the factors which are important in improving OSH culture and practices in companies, and these are outlined below.

- **OSH policies, plans and systems**

A documented OSH policy, action plan or established management system existed in 76% of companies surveyed, with high variance between countries. Companies with such measures in place were also more likely to have formal employee representation. Larger establishments were more likely to have such policies and plans in place than smaller ones, and the larger the establishment, the higher was the impact of the documented policies. However, the existence of policies at a company level does not guarantee effective OSH management.

- **Management involvement**

The involvement of management (both high-level and line management) was another indicator of commitment to OSH management. In approximately 40% of all interviewed enterprises, OSH issues were raised in high-level management meetings, but 15% of all enterprises said that OSH issues were never raised in management meetings.

How aware managers were in OSH matters also correlated with employee representation, in that such matters were more likely to be raised in management meetings if employees were directly involved in

OSH policy and practice. Overall, three-quarters of managers interviewed rated line manager involvement to be either high or very high.

Line manager involvement is a key factor in the effective implementation of OSH practices and the development of a positive safety culture. It does not, however, substitute for commitment to OSH from the top-level management. The development of a positive safety culture in the workplace depends on the clear communication of management commitment, in an open, two-way information flow between top managers and employees.

- Worker involvement

The involvement of workers in the management of OSH is another crucial factor for the performance of a company. This involvement may be achieved through general workplace employee representation (such as work councils or trades union representatives) or through designated health and safety representatives and/or councils.

In the ESENER survey, 67% of establishments had specific OSH employee representation measures in place. Health and safety representatives existed in 64% of all establishments with ten or more employees, and 28% of the companies had health and safety committees. In large and medium-sized companies, health and safety committees and health and safety representatives were usually both in place.

A significant minority (9%) of worker representatives interviewed reported 'poor cooperation from the management'. In establishments with 250 or more employees, this proportion rose to 15%. It was lower in smaller establishments (20–49 employees = 8%; 10–19 employees = 6%).

The opinions of OSH representatives and management did not always coincide: 11% of OSH representatives and 13% of managers stated that controversies 'often' occurred ('at least sometimes': 28% / 37%). However, a clear majority (61%) of representatives stated that such controversies hardly ever happened.

Most worker OSH representatives (91%) said they were provided with the information they needed to carry out their OSH duties. Only 8% felt insufficiently informed. Over 80% regularly received information on the number and type of work-related accidents, changes made to equipment or the work environment, and changes in the work organisation, while 59% reported receiving information on absenteeism rates and sickness.



## 2. Analysis of case studies

### 2.1. Background and methodology

In 2009, the Topic Centre Occupational Safety and Health (TC OSH) of the European Agency for Safety and Health at Work (EU-OSHA) collected case studies on leadership and OSH from companies across the EU. The analysis in this chapter is based on that collection of good practice examples<sup>1</sup>, and abstracts from the cases studied are provided in Chapter 5.

To analyse these, we have adopted the following 12 criteria, which enable us to account for the action taken in each case study and make comparisons between the companies' experiences:

1. Information on the company
2. Safety topics and issues being addressed
3. Objectives of the activity
4. What was done
5. What was achieved
6. Appraisal system and incentives
7. Evaluation of activities
8. Obstacles to success
9. Success factors
10. Innovative approaches
11. Stakeholders, cooperation and partnership
12. Transferability.

A summary of our findings in relation to each criterion in turn is set out in subsections 3.2.1 to 3.2.12 below. These subsections condense the main findings with the aim of identifying potentially fruitful approaches to OSH and to stimulate better OSH leadership.

A case number (1 to 16) was assigned to each case study in order to facilitate the description of the results, and these are used in the descriptions and tables which follow.

### 2.2. Case study criteria

#### 2.2.1. Information on the companies

Sixteen case studies from 12 EU countries were analysed (see Table 2). Six were involved in manufacturing (category C in the Statistical Classification of Economic Activities in the European Community – the NACE code), three were involved in electricity, gas, steam and air conditioning supply (NACE D), three in construction (F), and one each in transporting and storage (H), information and communication (J) and human health and social work activities (Q). One company fell into two NACE categories – manufacturing (C) and administrative and support service activities (N).

The size of the companies ranged from six in case 2 to more than 96,500 employees in case 4. In some cases, however, the actions studied relate to part of a company only (for example, the action in case 4 affected only 290 employees). Allowing for this, we effectively looked at OSH leadership in four small and medium-sized enterprises (up to 250 employees: cases 1, 2, 7 and 8) and 11 large companies (over 250 employees). Case 15 did not record the number of employees.

---

<sup>1</sup> The case studies are available in full at the EU-OSHA database of good practice examples: <http://osha.europa.eu/en/practical-solutions/case-studies>

**Table 2: Overview of case studies**

Case no.	Title	Country	NACE code	Number of employees
1	All for one – one for all	Austria	F – Construction	23 employees, national company
2	Backing healthy backs	Germany	F – Construction	6 employees, national company
3	Better health prevention – Better work performances	Romania	C – Manufacturing	Over 700 employees, national company
4	Common health policy	Poland	C – Manufacturing	290 employees, international company (total 96,500 employees)
5	Road safety	France	H – Transporting and storage	5,300 employees, international company
6	Everybody for safety	Romania	D – Electricity, gas, steam and air conditioning supply	5,000 employees, international company
7	Involving employees in improving safety and health	Czech Republic	C – Manufacturing	Medium sized enterprise, national company
8	Leadership and safety culture	Belgium	C – Manufacturing	50 employees
9	Leadership prevention management	Spain	C – Manufacturing	1,300 employees, international company
10	A Europe-wide standard for safety performance in an offshore drilling company	Netherlands	F – Construction	Several hundred employees, international company
11	OSH Leadership	United Kingdom	C – Manufacturing	1,000 employees + 1,100 contractors, national company
12	Participative management: a fundamental tool for a motivational wellbeing policy	Belgium	C – Manufacturing N – Administrative and support service activities	More than 2,200 employees, international company
13	Promoting safety performance in a high hazard industry	United Kingdom	D – Electricity, gas, steam and air conditioning supply	17,000 employees, international company
14	Safety culture: a global perspective	Luxembourg	J – Information and communication	400 in this plant (36,000 employees in total), international company
15	Supervising a variety of background cultures on site	Netherlands	D – Electricity, gas, steam and air conditioning supply	5,600 employees, National company
16	Coordination and support for unit leaders: a new approach to handling the burden of sickness absence at work	Finland	Q – Human health and social work activities	465 employees, national company



### **2.2.2. Safety topics and issues being addressed**

We looked at the topics and issues which companies in the case studies were tackling. Most often (in 13 out of the 16 cases) the concern was round *incidents, accidents or occupational diseases*. Five cases were concerned with *risk management*. Other *specific topics* were the issue in individual companies.

Where incidents, accidents or diseases were a key issue, most (8) were concerned with accidents or injuries which had taken place in the workplace. The next most common issue (3) was absenteeism or long-term sick absence.

Risk management topics included managing general health risks or high risks and the improvement of safety performance, but also included a basic need for workplace risk management (case 3).

Specific OSH topics included practical issues such as road safety and working with loads or at height, but also included staying healthy in the job, managing stress and showing respect for employees.

#### **Example case 1: All for one – one for all (Austria)**

Safety at work is an important issue for the company's management at Marchl: A safety and health management system was implemented and certified by AUVA, the Austrian social accident insurance body, in 2005. With the introduction of the management system, technical and organisational safety standards have already been significantly improved.

But that was not enough for the Marchl management: 'Fortunately we did not suffer from serious accidents for many years', says Tanja Luttenberger, one of the executive partners. 'Perhaps this was why we realised a tendency that smaller accidents, like cuts, burns or crushes, were still occurring' Steps were therefore taken to reduce the occurrence of smaller safety and health incidents.

#### **Example case 2: Backing healthy backs (Germany)**

Klaus Brandenburg is a master craftsman for parquet reclining and runs a business with six employees. Laying flooring is heavy work. In particular, lifting and moving carpets and furniture is strenuous for workers' backs, but is often underestimated by them as a health risk. Indeed, it can be a point of professional pride to 'be strong and fit' enough to lift heavy loads.

Things changed when one of his workers became seriously ill. A slipped vertebral disk in the lower back sent the colleague firstly on sick leave, and then through rehabilitation. A situation like this can easily turn into a struggle for survival for a small enterprise. Deadlines are missed, contract penalties are incurred and unsatisfied clients go elsewhere. For the injured worker, it could mean the end of his professional career.

### **2.2.3. Objectives of the activity**

In all but four of the case studies, the OSH activities considered were strategic and continuing, arising at the employers' initiative. In cases 12, 15 and 16, activities were temporary only, and in cases 14 and 16 they were urgent ad hoc responses to issues.

The objectives of the activities undertaken within the companies can be grouped into three categories – incidents, accidents and diseases, training and managerial issues.

In the first category, most companies were aiming to reduce the number of accidents and/or injuries. Four companies were aiming to achieve no accidents at all, and one aiming for no serious accidents. The reduction of muscular-skeletal disorders was an objective in two cases, and two focused on reducing sickness absence.

Training objectives were predominantly focused on awareness-raising, alongside specific training needs and the creation of a learning environment.

The key management objective was to improve overall OSH performance, but cases also mentioned improving communication, improving the safety culture and involving workers, alongside other specific objectives.

#### **2.2.4. What was done**

The most common activities undertaken in relation to improving OSH included the establishment of safety and health units or working groups, and the availability of experts (mentioned in seven cases), training employees (10 cases), involving workers (8), involving management or the employer (6) and improving communication, using meetings or written materials (7).

Other common innovations included the adoption of new policies or strategies and carrying out workplace risk assessments or safety visits, each mentioned in four case studies.

#### **Example case 14: Safety culture – a global perspective (Luxembourg)**

The implementation of a safety culture has been part of Avery Dennison's global health policy for many years. With the support of the board of directors, health at work has become one of the core values of the company. There has been a change management process at all organisational levels and the development of a safety culture with the visible support and involvement of top and middle management. Management has defined and implemented a safety policy that focuses on the prevention of accidents and on norms and values concerning health at work. A single safety standard applies at all levels, including top management and the board of directors, underpinned by education and practical training. The board of directors, the corporate EHS leadership team and the direct managers have made aware that it is their responsibility to set an example. The company also involves clients and subcontractors, who are regularly invited to participate in the training at no cost to them.

#### **2.2.5. What was achieved**

- Achievements reported in the case studies

At least 30 separate positive outcomes were reported to have resulted from the activity across the 16 case studies. Most prominent among the achievements claimed was a reduction in the number of accidents (reported in 11 of the 16 cases, while another company reported no accidents at all). A reduction in sick leave and an improvement in working conditions were each reported in five cases, while higher productivity and increased awareness of the importance of OSH to business success were claimed in four cases each.

Practical improvements to the delivery of OSH were also claimed, with three companies in each case saying that communications had improved, better training had been provided, and workers had become involved in OSH management.

Overall, the achievements reported go far wider than merely reducing the number of accidents, touching also on 'softer' benefits, such as feelings of personal wellbeing and job satisfaction, and economic benefits to the company, for example reduced costs.

- What type of activities appear to drive which achievements?

To draw some conclusions on the types of activities which appear to deliver particular outcomes, we undertook an analysis of the intersections between different types of activities and different reported achievements. Broad categories of activities and achievements are mapped against each other in Table 33, with the cases which reported each listed.

The associations between each type of activity and each category of outcome were assessed by calculating the percentage of cases, at each intersection of the table, in which the particular activity had been present alongside the reported achievement.

For example, training was an activity undertaken in 13 of the case studies. In 11 of those cases, a reduction in accidents, incidents or sick leave was reported. So the intersection between the activity of training and achievements around accidents, incidents and sick leave is scored as 85% (11/13).

In Table 3 we have marked in bold all percentages above 75%, highlighting the relationships which appear to demonstrate the strongest correlations between activities and achievements.

**Table 3: Relationship between activities and achievements**

Activities	Achievements			
	Reduction in accidents, incidents and sick leave (cases 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16)	Improvement to the working environment (cases 1, 2, 3, 4, 5, 6, 10)	Economic benefits (cases 1, 3, 4, 5, 6, 7, 10, 11, 16)	Improvements in human relations (cases 1, 2, 3, 4, 5, 6, 8, 11, 12, 13, 15, 16)
<b>General OSH activities</b> (cases 1, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)	85%	38%	54%	69%
<b>Training</b> (cases 1, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16)	85%	38%	54%	77%
<b>Promoting cooperation between OSH stakeholders</b> (cases 1, 3, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16)	92%	33%	58%	75%
<b>General communication</b> (cases 4, 5, 6, 7, 8, 10, 11, 13)	88%	50%	75%	75%
<b>Specific communication</b> (cases 1, 4, 5, 6, 7, 8, 9, 10, 11, 13, 16)	91%	45%	73%	73%
<b>Health promotion</b> (cases 1, 3, 4, 6, 10, 11, 12, 13)	100%	63%	75%	88%
<b>Establishment of measurement systems</b> (cases 5, 6, 7, 8, 10, 11, 13)	86%	43%	71%	71%

According to this analysis, **all** activities undertaken were strongly related with a reduction of **accidents, incidents and sick leave**.

There are also relationships between all types of activity and improvements in **human relations** in the workplace, with providing training, promoting cooperation, improving communication (in general) and health promotion having the strongest intersections.

None of the activities was so clearly linked to the achievement of improvements in the **working environment**. Health promotion activities showed the greatest connection, being associated with such achievements in 63% of the cases where such activities were undertaken.

**Economic benefits** were strongly associated with the introduction of general communication activities and health promotion, and showed only a slightly weaker association with specific communications activities and the establishment of measurement systems.

Overall, a conclusion could be drawn that the most effective types of activity are **general communications** activity and **health promotion** measures, which relate strongly to three out of the four categories of achievements: reducing accidents and sick leave, delivering economic benefits and improvement human relations.

However, the findings indicated in the table should be used with caution. The table groups both actions and achievements and therefore only gives a general indication of the types of activities which are associated with types of outcomes. More specific conclusions – for example, that accidents (as opposed to, say, sick leave) can be reduced by a particular type of communication – cannot safely be drawn.

### **2.2.6. Appraisal systems and incentives**

Alongside introducing enhanced OSH policies and practices, some companies implemented appraisal systems to assess how well employees were safeguarding their safety and health, and those of others, and provided incentives for them to improve their OSH behaviour.

Among the measures implemented in the case studies were reward systems geared around safety performance (for example, bonuses for managers, teams or individuals), specific health benefits (such as free or subsidised provision of health care or fitness facilities), financial inducements to stop smoking or avoid sick leave, and public recognition of good safety performance.

#### **Example case 2: Backing healthy backs (Germany)**

In collaboration with IKK Nordrhein which is the health insurance of many trade businesses by tradition, the parquet reclining company started a project for healthy backs for his workers. The project combined health promotion and technical prevention measures. A special financial incentives programme of IKK Nordrhein also allowed employer and workers to gain a bonus on their health insurance premiums at IKK.

#### **Example case 3: Better health prevention – Better work performances (Romania)**

This company depends on the availability of its skilled personnel to operate sophisticated equipment. By providing free dental care for all staff, senior management hoped to bring about a reduction in sick leave.

#### **Example case 13: Promoting safety performance in a high hazard industry (United Kingdom)**

All employees receive a quarterly internal newsletter, which in addition to business and OSH updates includes congratulations and thanks to employees who have made significant contributions to safety and health.

### **2.2.7. Evaluation of activities**

It is of crucial importance that companies put in place adequate measures to evaluate the effectiveness of actions taken to improve OSH. Keeping processes are supervised and reviewed can also lead to further improvements in performance.

Surprisingly, however, in four of the case studies no means of evaluation was introduced alongside the implemented activity.

The remaining 12 companies employed a range of internal evaluation techniques, including active monitoring (three examples), audits (two examples), site visits, interviews and surveys, and an employee fitness test.

Some external evaluation had clearly also taken place, since five companies were subsequently given awards for their OSH activities.

### **Example case 2: Backing healthy backs (Germany)**

All the company's workers undertook a fitness test, which revealed that in general they had strong abdominal muscles but weak back muscles. A professional trainer was employed to give the workers an exercise programme designed to strengthen their backs. Evaluation of the effectiveness of this initiative took the form of repeat fitness test after 12 weeks. This showed that workers' back muscles had indeed become stronger. A further fitness test was carried out after one year, to ensure progress was maintained.

### **2.2.8. Obstacles to success**

We looked at the case studies for examples of obstacles to the success of OSH measures. However, in 13 of 16 cases we could find no adequate information about such obstacles.

The only obstacles that were cited (in the remaining three cases) concerned attitudes to the measures, among with either management or the workforce. Managers may not take their responsibilities seriously, or workers may not observe the implemented measures unless they are continually supervised. Contractors may have different mindsets to the companies they work for, and be less amenable to changing their safety behaviours.

In reality, if attitudes are holding back progress on OSH, this should not be seen as an obstacle but as a shortcoming in the OSH measures themselves. An important part of any OSH improvement activity is the way in which the measures are communicated and stakeholders are encouraged and incentivised to buy into them. This points again to the key role of the leader: to effect the development of a genuinely shared culture and values which underpin a safer and healthier organisation.

### **2.2.9. Success factors**

The case studies mentioned various factors which had helped the successful achievement of the objectives being pursued. The wide range of success factors can be briefly outlined within the following categories:

- *Leadership qualities*

These include, for instance, management's genuine, public and continuing commitment to safety; their active involvement in OSH activity and ability to act as role models; the absence of a blame culture; openness and trust in the workplace; making use of safety expertise; and readiness to listen to workers' views.

- *Management systems*

These include the adoption of OSH policies and goals, consistently across the company; the promotion of a safety culture; the allocation of sufficient resources to safety measures; analysis and review of safety performance; and recognition of achievements.

- *Employee factors*

For instance, the active involvement of workers in OSH measures, including through formal participation schemes; their understanding and ownership of the measures; and good team spirit and cooperation.

- *Communication and collaboration*

Success was attributed to clear communication across the organisation; cooperation with internal and external stakeholders; and reporting, knowledge-sharing and feedback.

- *Organisational aspects*

Among factors mentioned in the case studies were the transformation of OSH activities into everyday practice; awareness-raising by means of action taken; taking concrete steps to create safer workplaces; and making learning appropriate to those for whom it is intended.

- *Other factors*

Some further specific success factors cited in the cases were the introduction of a tidier, cleaner workplace; the launch of a bonus system; and the involvement of families in OSH activities.

From the success factors cited in the case studies, it would appear that leadership and management factors have the most impact on whether OSH measures succeed or fail.

In particular, OSH measures appear to stand the best chance of success where leaders communicate their vision clearly across the organisation, involve others in developing appropriate measures into which all can buy, foster a true safety culture, ensure policies are applied fully and consistently, and are actively involved in 'walking the talk' on safety and health.

## **2.2.10. Innovative approaches**

Innovative approaches can be found throughout the case studies. They are summarised in the subsections below, with references to the relevant case studies in Appendix B.

- *Management approaches*

At a *company level*, OSH activities have been linked to rebranding to improve a company's image (case 12). Another chose to focus on the environmental aspects of safety (5).

*Structurally*, in one company, each board director was given responsibility for one aspect of OSH (11 – see example below). In another (10), all supervisors were assessed to ensure they had appropriate skills to exercise their responsibilities.

Innovative *evaluation* activities include evaluating contracts and safety experiences from the past (15) and comparing the performance of new and old processes (16).

*New styles of management* have been introduced, including participative approaches which involve showing respect, involving workers, communicating and listening, and an emphasis on personal development (12), and supplementing a top-down approach with a bottom-up approach to OSH, recognising employees' expertise (13).

Innovative *incentives* include benefits secured through a health insurance company, that reward companies financially if they go beyond the legal minimum standards in prevention (2).

### **Example case 2: Backing healthy backs (Germany)**

In collaboration with IKK Nordrhein health insurance, the parquet reclining company started a project for healthy backs for his workers. The project combined health promotion and technical prevention measures. A special financial incentives programme of IKK Nordrhein also allowed employer and workers to gain a bonus on their health insurance premiums at IKK.

### **Example case 11: OSH leadership (United Kingdom)**

Historically, within British Sugar UK the whole Board was responsible for adopting the company's general policy on safety and health. A single Board member, the Operations Director, had direct overall responsibility for safety and health. Now the Board's responsibilities have changed, in line with a Health and Safety Management Model: each director has responsibility for one aspect of OSH and monitors and provides guidance to the relevant safety standard team.

- Employee-focussed approaches

Innovations concerning employees include providing free dental care for all staff (see example case 3 above), a stop smoking programme (4), and the involvement of employees in risk assessments, observation rounds and safety workshops (14).

- Approaches focussed on specific groups

Companies have sought to include contractors in their OSH activities (4), and have assessed the ability of contractors and sub-contractors to manage risks (15) including in the selection process for new projects (15). Safety issues have approached in different ways in relation to foreign contractors, to ensure they are understood and assimilated with the contractors' own cultural perspectives (15). In the example below, a specific programme was introduced for workers over 40 years of age.

#### **Example case 4: Common health policy (Poland)**

A programme for workers over 40 years of age was established in this company. On top of the medical examinations introduced for all employees, to ensure effective monitoring of their health, staff in this age group were given the option of undergoing more thorough health checks.

- Approaches to risk management

New approaches have included rotating the teams checking safety and health, so that different areas of the business are checked and rechecked by different teams over time (1), safety tours by a member of senior management and/or the OSH advisor (3 and 6), sharing experience between workers in different locations (6), and a system of 'last minute risk analysis' (see example below).

#### **Example case 8: Leadership and safety culture (Belgium)**

Recognising that theoretical risk assessments may not fully align with practical issues in the workplace, this company introduced 'last minute risk analysis', carried out by technicians before starting any new task. This enables them to detect and evaluate any risks on site that were not previously dealt with in risk analyses or in the licensing of the activity.

- Approaches to information

New sources of information introduced include stickers on tool boxes and work equipment to provide a daily reminder to all workers on how to lift loads correctly (2), posters, leaflets, brochures and databases for all employees (4), the launch of a pocket-guide by video conference (6), and a raft of coordinated communications initiatives (13).

- Training and support

Training of various kinds was introduced in many of the case study companies (for example, 4 and 12). The company in case 10 implemented a five-day Health and Safety and Environment awareness course, off-site briefings and workshops and an annual safety leadership workshop.. In case 16, training was delivered by tutors in small working groups. E-learning was used in case 5.

Among other kinds of support, one company (16) worked with employees on sick leave to prepare them for return to work, including exploring ways of lightening their workload.

There were also examples of employees being encouraged to support each other, as in case 2 where one worker each month was nominated as 'the back commissioner', providing advice to colleagues on preventing back injuries, and in the participative management example below:

### **Example case 12: Participative management: a fundamental tool for a motivational wellbeing policy (Belgium)**

The Human Resources (HR) Manager believed in the learning capacities of every employee. His belief was that each employee could perform different tasks. As a result, some of the tasks of line management were transferred to employees. Selected employees acted as intermediaries between the supervisors and their colleagues. They assisted the supervisor with the execution of some of his specific tasks, by acting as advisors.

#### ▪ Award schemes

A number of companies introduced award schemes, as exemplified below. In case 8, awards flowed from audit activity. An unusual approach was found in case 2, where a 'bad practice award' was given to workers who ignored the standards, with the aim of raising their awareness (case 2)

### **Example case 6: Everybody for safety (Romania)**

A series of contests was run in this company, as part of the policy of continuing OSH improvements. These included::

- 'Think Smartly, Work Safe', where workers contributed suggestions for workplace safety improvements. Prizes were awarded for the best proposals.
- The 'Best Team' competition awarded a €20,000 prize for the team which was judged to have done most to adopt safer behaviour at work.
- 'We Are the Energy' was a contest for employees' children on energy and safe behaviour in everyday life. It used films and other presentations with the aim of encouraging safe behaviour from an early age.

## **2.2.11. Stakeholders, cooperation and partnership**

The delivery of OSH improvements across the case study companies required considerable cooperation and partnership between a large number of internal and external stakeholders, whether individuals at all levels, different departments or separate organisations. The success of OSH activity depends in part upon the quality of the cooperation and partnership which can be secured.

It is worth noting that large companies (such as that in case 12) tend to rely more on internal resources, particularly from dedicated OSH departments, whereas smaller enterprises (as in case 2) may need to seek more external advice and support.

#### ▪ Internal stakeholders

Directors, management and employees at all levels were involved in delivering OSH improvements in the case study companies.

Key internal stakeholders included those directly responsible for OSH, including relevant central departments (as in cases 5, 9 and 12), safety specialist and managers (cases 3, 4, 10, 11, 12 and 14), prevention and other advisors (8 and 12), quality officers and safety training supervisors (10).

A range of welfare professionals was involved, including occupational physicians (3 and 4), nurses (3 and 16), psychologists and occupational welfare coordinators (16).



Particular management roles which had a part to play included project coordinators or leaders (15 and 16) and supervisors (including contract supervisors) (7, 8, 10 and 15).

Others listed as internal stakeholders included communications officers (10), marketing, sustainable development and purchasing departments (5) and human resources (5 and 12).

- External stakeholders

External stakeholders included those able to support the development of OSH initiatives, including national institutes or universities (4, 11, 13, 14 and 16), specialists, including safety engineers (1), professional advisors (13), experts or consultants (5, 11, 13 and 15) and auditors (4).

Service providers which supported the OSH activity included health insurance companies (2), rehabilitation and training centres (2), training institutions (5), fitness clubs (4) therapists (4) and fire rescue and hygiene services companies (7). In many countries accident and health insurance companies play a key role in prevention. In addition to support companies with information, consultation and inspection, they can also provide economic incentives in form of reduced insurance premiums for specific prevention activities or better OSH performance.

Both clients and contractors were specifically cited as stakeholders in case 14 and investors in case 12. Trades unions were identified in cases 5 and 6 and labour inspectorates in case 7.

### **Example case 5: Road safety (France)**

A road safety working group was established, involving several departments in the company, with the job of analysing information about road safety and using them to determine objectives and priorities for action. The departments involved are Health and Safety, Purchasing, Human Resources/Training, Marketing/Sustainable Development and the Legal and Insurance Departments. All measures recommended by the group are directly communicated to management, and members of the management committee attend some of the group's meetings.

## **2.2.12. Transferability**

The case studies provide many examples of specific ways in which well-led initiatives can improve safety behaviour and promote a safety culture.

In principle, the approaches identified could work in other companies, if tailored to meet the needs, frameworks and other circumstances of individual companies, though some individual measures are directly applicable only in particular industries, or in small or large organisations.

Of key importance in seeking to transfer success is ensuring the commitment of management and all other employees concerned. Analysis of ESENER has shown that OSH performance is significantly higher in companies where management are genuinely committed and where worker participation is encouraged. Other studies and reports have endorsed these as key success factors, as explored in the literature review in Chapter 2.

In some cases, additional resources like financial resources (cases 1, 2, 6 and 11) and staff resources (3 and 16) need to be put in place.

Cultural differences also need to be taken into account when considering the transferability of successful approaches. Research has shown that in the European Union considerable differences exist between the corporate cultures of Member States, resulting e.g. in different leadership styles.



## 3. Conclusions and recommendations

### 3.1. Conclusions

Employers have a duty to take exercise leadership in order to secure high standards of OSH in their organisations. As well as delivering benefits of fewer accidents, injuries and illnesses, good OSH practices can also improve the general wellbeing of employees and their job satisfaction, and can lead to higher productivity and a higher quality output. Good OSH therefore needs to be recognised as of core economic and social importance to every enterprise.

The literature review and case studies we explored provide some principles and examples for successful OSH leadership.

#### ▪ The literature review

Research shows that effective leaders can have a positive influence on safe and healthy behaviour of their subordinates. A reading of the literature, including the results of ESENER (EU-OSHA, 2010), suggests the following five guiding principles for good leadership in OSH:

- Leaders must **take seriously their responsibility** for the establishment of a positive safety **culture and safety climate**. This will require them to employ, a repertoire of leadership styles which can take account of the cultural context, say in different groups or nations, including the emotional intelligence necessary effect changes in culture and in behaviours.
- Leaders should be seen to **prioritise OSH policies** above other corporate objectives, and **apply them consistently** across the organisation and over time.
- OSH measures can only deliver to their full potential if they have the **unequivocal commitment of an organisation's board and senior management**. High-level management, not just line management or specialists, must be **directly involved** in implementing OSH policies.
- Good, regular, multi-level **communication** is vital to the delivery of improvements in OSH. Leaders should set out to cultivate an **open atmosphere** in which all can express their experience, views and ideas about OSH and which encourages **collaboration between stakeholders**, both internal and external, around delivery of a shared OSH vision.
- Leaders should show they **value their employees**, and promote active **worker participation** in the development and implementation of OSH measures.

#### ▪ Analysis of the case studies

As explored in Chapter 3, the case studies provide many concrete examples of how the guiding principles for OSH suggested above have been implemented in practice.

The case studies focused on activity related to the prevention of injuries, accidents and absenteeism, and in some cases improvements in risk management. However, the objectives of companies varied, and a wide range of different activities was undertaken. Among the most common types of activities were:

- establishing safety and health units;
- pulling together working groups and experts;
- training employees;
- involving workers in developing and implementing measures;
- ensuring the visible involvement of senior management; and
- improving communication, through the exchange of information in meetings and the provision of materials.

The achievements claimed for the measures which were implemented went broader than merely securing a reduction in the number of accidents, touching additionally on:

- a reduction in the incidence of sick leave;
- better working conditions;
- higher productivity; and
- the increased awareness of workers about OSH and its importance to the success of the business.

It is difficult to draw firm conclusions from these few case studies as to which activities are most successful in driving improvements in OSH. However, it is clear that activities of all kinds seem to bring about a reduction of accidents, incidents and sick leave. Training, improving collaboration between OSH stakeholders, general communications activity and health promotion correlated across these case studies with achievements concerning human relations. Health promotion activities appeared to be related to improvements in the work environment. Communications and health promotion activities were both strongly correlated to economic benefits to the business.

- Comparing the literature and the case studies

The case studies provide real-life examples of how the five guiding principles for OSH leadership suggested by the literature have been put into practice, and show ample practical evidence in support of those theoretical principles. This is demonstrated briefly in Table 4, which maps the success factors cited in the case studies against the five principles.

**Table 4: Comparison of guiding principles from the literature and success factors in the case studies**

Literature: principles	Case studies: success factors
1. Responsibility taken seriously for creating a prevention culture	management is role model / management really acts in the way they speak (cases 6 and 15) creation of a safety and health culture in the company (cases 4, 8, 9 and 10) effective implication / efficient OSH management of the prevention policy by the company's top management (cases 4 and 6) behavioural change is a long-term rather than a quick process (case 10) knowledge that behaviour is a decisive factor for safety (case 8) management who selected their supervisors not only in relation to quality but also on safety aspects (case 15) certification of core areas of management systems (case 7) connection of safety to the operational processes (case 15) transformation into everyday practice (cases 1, 2 and 12) awareness-raising by action (case 11) taking concrete actions to improve workplaces (case 6) relevant topics for participants (case 16) Problem-Based Learning (case 16)
2. OSH policies prioritised and applied consistently	same policies and standards in every country / every plant (cases 4, 9 and 10) agenda / goal / policy setting (cases 5 and 14) appropriate investments in safety and health (cases 2 and 3) innovative methods in OSH knowledge training (case 6)

Literature: principles	Case studies: success factors
3. Commitment of the board and/or senior managers	commitment of the management / employer (cases 1, 2, 3, 6, 9, 10, 11, 12 and 13) commitment of the owners / investors (case 12) safety as key priority / importance of safety (cases 9, 11 and 13) good leadership (cases 8, 11 and 14) responsibility for one OSH aspect for every board member (case 11) involvement of the management in site visits, toolbox meetings, extensive training courses (cases 5, 8 and 14)
4. Communication, openness and stakeholder collaboration	analysis of incidents and accidents (cases 6, 8 and 11) openness and trust (case 12) communication across the organisation (cases 8, 11, 13 and 14) cooperation of OSH stakeholders (cases 3 and 16) working together, team spirit and cooperation (cases 1, 2 and 10) better / increased reporting (cases 10 and 13) cooperation with external parties (case 7) better tracking of processes (case 13) continual and constant bottom-up feedback on safety (case 11)
5. Valuing workers / worker participation	motivation of employees / valuing employees (cases 6 and 12) involvement of workers / worker's participation (cases 4, 5, 6, 7, 11, 12, 14 and 16) consideration of workers' ideas for improvements (case 1) acceptance by the employees (case 2) workers' awareness for the internal success and their job security (case 1) better understanding of the implemented measures (case 1) confrontation with typical risks in the different work areas (case 1) OSH activities that involve also children and family of employees (case 6) Safety Award Scheme (case 11) do not blame workers (case 8)

From this it can be seen that all the guiding principles we have suggested, from our reading of the literature, are directly related to numerous practical success factors identified across the case studies.

This overview of success factors shows the far-reaching impact good leadership has on the management of OSH. It is worth noting that factors concerning organisational aspects of OSH activity seemed to play a relatively minor role in these case studies, whereas improved communication and all factors concerning employees and management working together around a shared vision appeared to be invaluable.

## 3.2. Top quality OSH leadership: recommendations for leaders

### **Leaders should take seriously their responsibility for safety and health**

The safeguarding of the safety and health of employees and other stakeholders is not just a legal requirement. It is also a moral duty, and it is crucial to business success. Accidents, injuries and sick leave undermine quality, productivity, competitiveness and company image, as well as impacting on the wellbeing of individuals, job satisfaction and corporate spirit. No leader can afford to leave safety and health to others.

### **Leaders should lead by example**

Leadership qualities, behaviours and attitudes are as important as systems and procedures. Managers should display leadership by, for example, following all health and safety procedures themselves, and never being seen to cut corners. They should take personal responsibility and show that safety matters, acting as a role model for others and challenging their employees to take ownership of safety issues.

### **Leaders should seek to introduce a safety culture**

It is not enough to introduce new safety requirements on employees. Leaders need to effect genuine cultural change through a change management process which results in the creation of a genuine safety culture. Safety needs to be embedded in everyday business, in the workplace culture and in the company's corporate social responsibility policies.

### **Leaders should secure the commitment of the board and senior management**

Active leadership by the board should start with the adoption of a comprehensive and integrated safety and health policy and the governance structures to support it. Board commitment and responsibility can be further underpinned by assigning specific OSH responsibilities to individual directors, and by always including safety and health issues on agendas. This commitment needs to be made visible to the workforce, to underline the central importance of OSH.

### **Leaders should ensure the visible involvement of senior management**

Senior management and other top stakeholders (for example, owners or investors) should undertake site visits and inspections, and attend toolbox meetings and training courses. They should use workplace visits to engage with staff about health and safety concerns, giving employees an opportunity not only to identify problems but also to propose solutions.

### **Leaders should ensure that policies are applied consistently**

The OSH policies and measures adopted by the business should be applied consistently, whether over time or in different parts of the business. Implementation should not just happen 'when it suits', 'when there's time' or 'when it can be afforded'. Workers should be able to see the genuine continuing commitment of their leaders to the OSH policies, to encourage them also to be committed. However, policies must be able to change in the light of experience, changes in circumstances and review.

### **Leaders should provide sufficient resources for OSH**

Investments in OSH – in terms of both money and management time – pay off. The cost of poor OSH leadership can be considerable – whether in sick leave, investigations, lost production, liabilities or the introduction of new preventative measures. Good leadership, with the resources to back it, can

strengthen a company's reputation, enhance customer, contractor and employee loyalty, increase productivity and win new business.

### **Leaders should learn from the good practice of others**

There are many good examples of high quality and innovative OSH leadership, including in the case studies of which abstracts are included in Appendix B. More information about these can be found on the EU-OSHA website. Leaders should seek to replicate good practice from these and other sources.

### **Leaders should implement measures which are appropriate to the specific circumstances**

Not all good examples are transferable. Measures adopted should always be suited to the particular circumstances of the business, the issue and the cultural context, and should be based on a clear assessment of the need and the objective of the activities. Leaders should always consider the safety and health implications of introducing new processes, new ways of working or working with new people or groups. OSH policies and practices should be seen as dynamic, adapting and evolving over time. They should never be considered something rigid or bureaucratic.

### **Leaders should ensure regular risk assessments are carried out**

Risk assessments should be carried out regularly and in an effective way by people with the required knowledge and expertise, involving the workers concerned. Where necessary, training should be provided in the use of risk assessments. The results of risk assessments should be analysed thoroughly and appropriate action implemented.

### **Leaders should ensure worker participation**

Going beyond the legal requirement to consult workers on OSH matters, leaders should actively engage with them and provide the mechanisms by which they can become involved in the decision-making process. Workers will often have the clearest view of the risks they face and may be able to suggest simple and cost-effective solutions. Actively involving workers and empowering them to tackle safety issues can also increase staff morale and job satisfaction.

### **Leaders should ensure continual, open communication about OSH**

Clear communication has emerged from this report as one of the most powerful tools for effecting improvements in OSH. As well as being concerned with the top-down communication of OSH policies, changes and improvements, it should also include upward communication from workers to management, and a dialogue between all parts of the business. A culture of openness should encourage employees at all levels to speak their mind on safety issues without fear.

### **Leaders should promote collaboration**

Safeguarding safety needs to be everybody's responsibility, working together collaboratively. Workers and management should work together to address risks. Workers should help and advise each other. All relevant parts of the business should be drawn in. And collaboration with and by external stakeholders – from contractors to service providers – should also be fostered.

### **Leaders should provide adequate training**

Training is of vital importance for driving improvements in OSH performance, in the development of a safety culture, in helping individuals and teams to manage specific risks, and in equipping people at all levels with the knowledge and skills they need to carry out their responsibilities for safety and health.

Sufficient resources should be put into training, and senior management should be ready to free up enough of their own time to undertake necessary training alongside those at more junior levels.

### **Leaders should ensure access to the expertise and skills the company requires**

Companies should value and support their internal experts and those with responsibility for supervising safe behaviour. Leaders should employ quality assurance methods to ensure that those put in positions of responsibility are well-fitted for the role. Leaders of smaller enterprises need to be prepared to draw on external expertise and support.

### **Leaders should implement regular monitoring, analysis and review**

Monitoring and review of policies and procedures is a vital element in ensuring a safe and healthy workplace in practice. Measurable performance targets should be set and progress monitored against them. Incidents and accidents should be analysed and the results shared with management. The performance of current and past practices should be compared. Findings should be openly reported and the review process transparent to workers and other key stakeholders.

### **Leaders should incentivise, recognise and reward safe behaviour**

Leaders should give consideration to performance on safety and health in staff appraisals, and when making management appointments. The development of a safety culture should be linked to the personal development of individuals in the company. Direct incentives including competitions, awards and bonuses can be introduced, both to stimulate the generation of good safety ideas and to reward safe behaviour. The company's safety and health performance should be recorded in its Annual Report, and noteworthy achievements by individuals and teams recognised and celebrated in corporate communications.



## 4. References

- Allio, R.J. (2009). 'Leadership – the five big ideas', *Strategy and Leadership*, Vol. 37, No 2, 2009, pp. 4–12.
- Ardichvili, A. & Kuchinke, K.P. (2002). 'Leadership styles and cultural values among managers and subordinates: a comparative study of four countries of the former Soviet Union, Germany and the US', *Human Resource Development International*, Vol. 5, No 1, 2002, pp. 99–117.
- Bakacsi, G., Sándor, T., András, K. & Viktor, I. (2002). 'Eastern Europe cluster: tradition and transition', *Journal of World Business*, Vol. 37, 2002, pp. 69-80.
- Bass, B.M. & Riggio, R.E. (2006). *Transformational leadership* (second edition), Lawrence Erlbaum Associates, Inc., Mahwah, New Jersey, 2006.
- Bel, R. (2010). 'Leadership and innovation: learning from the best', *Global Business and Organizational Excellence*, Vol. 29, No 2, 2010, pp. 47–60. doi:10.1002/joe.20308.
- Bramming, P., Raastrup Kristensen, A. & Pedersen, M. (2009). 'The entry of self-leadership into work environment research', *Working Environment Challenges for the Future. Seminar Proceedings. Internal Expert Seminar*, Danish Working Environment Authority; Partnership for European Research in Occupational Safety and Health (PEROSH), Copenhagen, 24-25 September 2009, pp. 53–56.
- Broadbent, D.G. (2004). *Maximising safety performance via leadership behaviour*. Retrieved 18 April 2012, from: [http://www.transformationalsafety.com/documents/Maximising\\_Safety\\_Performance\\_via\\_Leadership\\_NP.pdf](http://www.transformationalsafety.com/documents/Maximising_Safety_Performance_via_Leadership_NP.pdf)
- Collins, J. (2001). *Level 5 leadership: the Triumph of humility and fierce resolve*. Retrieved 21 April 2011, from: [http://www.hr-newcorp.com/articles/Level5%20Leadership\\_Jim%20Collins.pdf](http://www.hr-newcorp.com/articles/Level5%20Leadership_Jim%20Collins.pdf).
- COM – Commission of the European Communities (2007). *Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work*. Retrieved 26 April 2011, from: [http://eurlex.europa.eu/smartapi/cgi/sga\\_doc?smartapi!celexplus!prod!DocNumber&lg=en&type\\_doc=COMfinal&an\\_doc=2007&nu\\_doc=62](http://eurlex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexplus!prod!DocNumber&lg=en&type_doc=COMfinal&an_doc=2007&nu_doc=62).
- Cooper, M.D. (2000). 'Towards a model of safety culture', *Safety Science*, Vol. 36, No 2, 2000, pp. 111–136.
- Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. Retrieved 26 April 2011, from: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31989L0391:EN:HTML>
- Elsler, D. (2006). 'Interkulturelle Aspekte der steigenden Arbeitsmigration zwischen Ost- und Westeuropa und deren Auswirkungen auf den Arbeits- und Gesundheitsschutz', *Innovation für Arbeit und Organisation Gesellschaft für Arbeitswissenschaft*, Gesellschaft für Arbeitswissenschaft (Ed.), Gfa-Press, Dortmund, 2006, pp. 267–270.
- Erickson, J.A. (2000). *Corporate culture: the key to safety performance*. Retrieved 21 April 2011, from: [http://ehstoday.com/news/ehs\\_imp\\_33155/](http://ehstoday.com/news/ehs_imp_33155/).
- EU-OSHA , European Agency for Safety and Health at Work (2010) *European survey of enterprises on new and emerging risks – managing safety and health at work*,. Available at: [http://osha.europa.eu/en/publications/reports/esener1\\_osh\\_management](http://osha.europa.eu/en/publications/reports/esener1_osh_management)
- EU-OSHA, European Agency for Safety and Health at Work (2011). *European survey of enterprises on new and emerging risks – ESENER. Methodology*, Retrieved 26 April 2011, from: <http://osha.europa.eu/en/riskobservatory/enterprise-survey/methodology-1>
- EU-OSHA, European Agency for Safety and Health at Work (2012). *Health promotion among young workers: a summary of good practice cases*. Available at: <http://osha.europa.eu/en/publications/factsheets/101/view>

- Flin, R., Mearns, K., O'Connor, P. & Bryden, R. (2000). 'Measuring safety climate: identifying the common features', *Safety Science*, Vol. 34, pp. 177–192.
- Geller, E.S. (1996). *The value of emotional intelligence*. Retrieved 7 July 2011, from: <http://www.safetyperformance.com/TheValueofEmotionalIntelligence.pdf>
- Goleman, D. (2000). *Leadership that gets results*. Retrieved 18 April 2012, from: <http://academy.clevelandclinic.org/Portals/40/HBRLeadershipGetsResults.pdf>
- Gordon, A. & Yukl, G. (2004). 'The future leadership research: challenges and opportunities', *German Journal of Human Resource Research*, Vol. 18, No 3, 2004, pp. 359–365.
- Guldenmund, F.W. (2007). 'The use of questionnaires in safety culture research – an evaluation', *Safety Science*, Vol. 45, No 6, 2007, pp. 723–743.
- Herzberg, F. (2003). 'One more time: how do you motivate employees?', *Harvard Business Review*, (January) 2003, pp. 20–31.
- Hofmann, D.A. & Morgeson, F.P. (1999). 'Safety-related behaviour as a social exchange: the role of perceived organizational support and leader-member exchange', *Journal of Applied Psychology*, Vol. 84, No 2, 1999, pp. 286–296.
- Hofmann, D.A., Morgeson, F.P. & Gerras, S.J. (2003). 'Climate as moderator of the relationship between leader-member exchange and content specific citizenship: safety climate as an example', *Journal of Applied Psychology*, Vol. 88, No 1, 2003, pp. 170–178.
- Hofstede, G. (1984). *Culture's consequences. International differences in work-related values*, Sage Publications, Newsbury Park, 1984, p. 21.
- Hofstede, G. & Bond, M.H. (1984). 'Hofstede's culture dimensions: an independent validation using Rokeach's value survey', *Journal of Cross-Cultural Psychology*, Vol. 15, No 4, 1984, pp. 417–433.
- House, R., Javidan, M., Hanges, P. & Dorfman, P. (2002). 'Understanding cultures and implicit leadership theories across the globe: an introduction to project GLOBE', *Journal of World Business*, Vol. 37, 2002, pp. 3–10.
- HSC (1993). *ACSNI Study Group on Human Factors. Third report: Organising for safety*, Health and Safety Commission, HSE Books, London, 1993.
- HSE (2005). *A review of safety culture and safety climate literature for the development of the safety culture inspection toolkit: Research Report 367*, Health and Safety Executive. Retrieved 26 April 2011, from: <http://www.hse.gov.uk/research/rrpdf/rr367.pdf>
- Inness, M., Turner, N., Barling, J. & Stride, C.B. (2010). 'Transformational leadership and employee safety performance: a within-person, between-jobs design', *Journal of Occupational Health Psychology*, Vol. 15, No 3, 2010, pp. 279–290. doi:10.1037/a0019380.
- Jeffries, F.L. (2011). *Predicting safety related attitudes in the workplace: the influence of moral maturity and emotional intelligence*. Retrieved 7 July 2011, from: <http://www.ibam.com/pubs/jbam/articles/vol12/no3/4%20-%20Predicting%20Safety%20Related%20Attitudes%20in%20the%20Workplace%20The%20Influence%20of%20Moral%20Maturity%20and%20Emotional%20Intelligence.pdf>
- Kerfoot, K.M. (2009). 'Leadership: social identity and guiding from within', *Medsurg Nursing*, Vol. 18, No 3, 2009, pp. 200–202.
- Mockaitis, A.I. (2005). 'A cross-cultural study of leadership attitudes in three Baltic Sea region countries', *International Journal of Leadership Studies*, Vol. 1, No 1, 2005, pp. 44–63.
- O'Dea, A. & Flin, R. (2001). 'Site managers and safety leadership in the offshore oil and gas industry', *Safety Science*, Vol. 37, 2001, pp. 39–57.
- Parent-Thirion, A., Fernández Macías, E., Hurley, J. & Vermeylen, G. (2006). *Fourth European working conditions survey*, Eurofound, Dublin, 2006, Available at: <http://www.eurofound.europa.eu/pubdocs/2006/98/en/2/ef0698en.pdf>

- Perlow, L. & Williams, S. (2003). 'Tötet Schweigen ihr Unternehmen?', *Harvard Business Manager*, Vol. 8, 2003, pp. 56–65.
- Reilly, A.H. & Karounos, T.J. (2009). 'Exploring the link between emotional intelligence and cross-cultural leadership effectiveness', *Journal of International Business and Cultural Studies*, Retrieved 7 March 2012, from: <http://www.aabri.com/manuscripts/08134.pdf>
- Rosenstiel, L. von (2006). 'Führung', in Schuler, H. (Ed.), *Lehrbuch der Personalpsychologie* (second edition), Hogrefe, Göttingen, 2006, pp. 353–384.
- Sheehan, M. (1999). 'Workplace bullying: responding with some emotional intelligence', *International Journal of Manpower*, Vol. 20, No 1/2, 1999, pp. 57–69.
- Szabo, E., Brodbeck, F.C., Den Hartog, D.N., Reber, G., Weibler, J. & Wunderer, R. (2002). 'The Germanic Europe cluster: where employees have a voice', *Journal of World Business*, Vol. 37, 2002, pp. 55–68.
- Steiger, T. (2003). 'Das Rollenkonzept der Führung', in Steiger, T. & Lippman, E. (Eds.), *Handbuch Angewandte Psychologie für Führungskräfte. Führungskompetenz und Führungswissen* (second edition), Vol. 1, Springer, Berlin Heidelberg New York, 2003, pp. 43–73.
- Urch Druskat, V. & Wolff, S.B. (2001). 'Building the emotional intelligence of groups', *Harvard Business Review*, 2001. Retrieved 7 July 2011, from: <http://academy.clevelandclinic.org/Portals/40/HBRBuilding%20EI%20of%20Team.pdf>
- Walker, K. (2010). 'Advances in accident prevention', *Steel Times International*, 2010, pp.38–39. Available at: <http://www.steelfolk.co.uk/Safety.pdf>
- Yukl, G. (1989). 'Managerial leadership: a review of theory and research', *Journal of Management*, Vol. 15, No 2, 1989, pp. 251–289.
- Yule, S. (2003). *Senior management influence on safety performance in the UK and US energy sectors*. Doctoral thesis, University of Aberdeen, Scotland. Retrieved 26 April 2011, from: [http://www.efcog.org/wg/ism\\_pmi/docs/Safety\\_Culture/Feb08/safety\\_culture\\_and\\_safety\\_climate\\_a\\_review\\_of\\_the\\_literature.pdf](http://www.efcog.org/wg/ism_pmi/docs/Safety_Culture/Feb08/safety_culture_and_safety_climate_a_review_of_the_literature.pdf)
- Zohar, D. (2010). 'Thirty years of safety climate research: reflections and future directions', *Accident Analysis and Prevention*, Vol. 42, No 5, 2010, pp. 1517–1522. doi:10.1016/j.aap.2009.12.019.



## 5. Case study abstracts

### Case study 1 - All for one – one for all (Austria)

<http://osha.europa.eu/data/case-studies/all-for-one-2013-one-for-all/view>

#### The issue

Marchl is a small family-owned business specialising in steel construction. Currently 23 workers build car ports, staircases, handrails, roof constructions, garage doors, fences and conservatories. Marchl is also a maintenance service provider and is contracted by bigger companies for such work.

Safety at work is an important issue for Marchl's management. A safety and health management system had been implemented and certified by AUVA, the Austrian social accident insurance body. Its introduction led to a significant improvement in technical and organisational safety performance. However, smaller accidents like cuts, burns or crushes were still occurring and management wanted to see a reduction in these smaller accidents.

#### The action

The *All for one – one for all* project brought together all employees and management in safety at work activities. Employees participated by taking on new safety tasks while management implemented safety and health measures.

Several moderated safety and health groups were established, covering each risk area. They were given two months to identify dangerous situations at work that could lead to accidents, to propose solutions and to assess their effectiveness. After two months the groups were rotated so that the improvements were re-checked by another group. This method also ensured that every worker was confronted with typical risks across different work areas and that everybody could better understand the implemented measures.

The project team subsequently decided to tackle the organisation and tidiness of the company in the same way.

#### The results

- There were fewer small accidents or near misses.
- There was better awareness of safety and health issues throughout the company.
- The number of days lost through sick leave reduced.
- Workers were better motivated and exhibited a better team spirit.
- There was an improvement in the company's productivity, arising from the use of new equipment and better organisation

## Case study 2 - Backing healthy backs (Germany)

<http://osha.europa.eu/data/case-studies/backing-healthy-backs/view>

### The issue

Fußboden Brandenburg is a flooring fitting company with six employees. Laying carpet, parquet or laminate flooring is heavy work. The manual lifting and moving of flooring and furniture is strenuous on the backs of the workers, but this is often underestimated by them as a health risk. On the contrary, for the artisan workers it is still a point of professional honour to be seen to be strong and fit even when the going gets tough.

For small enterprises like this, sick leave can easily affect their performance and threaten their very survival. Deadlines can be missed, they face the prospect of contractual penalties, and dissatisfied clients can look for other suppliers. Musculoskeletal disorders in particular can cause employees to be absent from work for long periods.

### The action

In collaboration with IKK Nordrhein, the health insurance provider for many trade businesses in Germany, the owner of Fußboden Brandenburg, Klaus Brandenburg, started a project to promote healthy backs among his workers. The project combined health promotion and technical prevention measures. A special financial incentives programme of IKK Nordrhein also allowed employer and workers to gain a bonus on their health insurance premiums at IKK. In the framework of third economic incentive scheme specific prevention activities, such as to developing training and ergonomic measures, were rewarded financially by IKK. The collaboration with the health insurance lead to improve the safety and health of the employees and reduced the incidence of sick leave.

Specialists from IKK Nordrhein developed a back pain prevention programme. The workers were trained in better manual handling of loads and in respecting their individual limits, to avoid overstraining their backs. In a nearby rehabilitation and training centre (RehAktiv) the workers underwent a specially-designed training programme to learn exercises which they could perform for a few minutes each day. Klaus Brandenburg not only initiated but supported the project actively and keeps it still running.

### The results

- Performing back exercises has become routine among the workers.
- A before / after comparison showed that the training has had a positive impact for every worker.
- Since the start of the interventions and the training five years ago, the workers at Fußboden Brandenburg have not missed a single day because of back ache or muscular complaints.

## Case study 3 - Better health prevention – better work performances (Romania)

<http://osha.europa.eu/data/case-studies/better-health-prevention-better-work-performance-at-popeci/view>

### The issue

S.C. POPECI UTILAJ GREU is a large company working in the field of machine building and heavy equipment manufacture for a broad range of industrial sectors. At present, it has over 700 employees. This case study relates to the company's senior management policy and practical measures to promote continuous improvement of its occupational safety and health (OSH) performance.

### The action

The company's senior management drew up an improved general OSH policy and introduced new targeted preventive measures to complement it.

As a first step, a permanent health care unit was set up within the company. Modern medical equipment was purchased and an occupational medicine physician was hired. This provided a continuous health monitoring system for all employees.

Regular controls and detection devices were introduced to detect the release of harmful substances, especially in the welding, sanding and painting sections. The old ventilation system was replaced by modern installations in order to eliminate or reduce the risks to workers.

An OSH advisor was hired to collaborate closely with senior management and the company's OSH Committee and to provide high quality OSH and environmental assistance and advice.

The prevention plan envisaged improved communication and regular consultation of employees during the roll-out of OSH improvements. Senior management ensured the necessary funding to make sure this happened.

### The results

- The safety of workplaces has improved.
- The safety of workers is better supervised.
- Workers have higher job satisfaction.
- There has been a reduction in absenteeism.
- The company has seen an increase in productivity and improved financial results
- The company's image in the marketplace is enhanced.

## Case study 4 - Common health policy (Poland)

<http://osha.europa.eu/data/case-studies/common-health-policy-at-alstom/view>

### The issue

The ALSTOM foundry in Elblag covers 65,927m<sup>2</sup> and has a 290-strong workforce. The main products manufactured in the foundry are steel castings (weighing up to 70 tonnes) and nodular iron castings (weighing between 15 and 48 tonnes).

The range of work carried out at the site is of a very varied nature, covering technology design and process simulation, pattern-making, moulding, melting and pouring, shakeout and cleaning, lay-out and NDT (Non-Destructive Testing) measures, heat treatment, welding, machining, painting and shipment. Such a diverse range of activities results in a multiplicity of hazards and risks, including working at height, lifting operations, manual handling, splinters, dust and noise. Management wanted to reduce resultant losses.

### The action

Management implemented long-term investments to undertake wholesale change in the company's Environmental Health and Safety (EHS) system. As a result, in 2002 the company implemented a certificated safety and health management system based on the Occupational Health and Safety Advisory Services (OHSAS) 18001 standard. Subsequently, a programme was developed specifically for ALSTOM, aimed at improving safety and health performance: the ALSTOM EHS Road Map. Among the practical measures introduced are the establishment of a Common Health Policy, risk assessment, monitoring of near-miss incidents and other irregularities, and preventative activities.

### The results

- The annual number of accidents has been reducing since activity started in 2004.
- In 2009 there were no work accidents.
- There are fewer near misses and events which result in lost productivity.
- Absenteeism has reduced.
-



## Case study 5 - Road safety (France)

<http://osha.europa.eu/data/case-studies/tnt-express-france/view>

### The issue

TNT Express France is part of the global TNT group. The company is the leader in France for express deliveries to businesses and a major player in domestic deliveries (350,000 packages and letters handled daily). In 2001, the company committed to make road risk prevention a priority within the business.

### The action

Rather than merely drawing up a prevention plan for road risks, TNT incorporate road risk prevention into its global Health-Safety-Environment (HSE) prevention policy, thus underscoring the company's resolve to prioritise it. Senior management oversaw the road risk prevention policy by the means of a road safety working group.

In October 2009, Eric Jacquemet, CEO of TNT Express France, personally committed to continue the efforts pursued for eight years at TNT to reduce road accidents and to protect the company's employees.

The primary measure implemented by this plan is a training and assistance programme for drivers. A five-year training plan – the Good Driving Itinerary – is routinely recommended to all TNT drivers. It combines classroom training on road risks, driving manoeuvres and environmentally conscious driving, with road practice, involving simulated driving tests and a road training course.

### The results

- Since 2001, the risk that an employee will have an accident involving bodily injury over the course of their careers has reduced.
- TNT Express France is the largest French company to have achieved the Investor in People (IiP) certification, an internationally recognised status awarded to companies that incorporate training and professional development programmes for each employee into their management policy.

## Case study 6 - Everybody for safety (Romania)

<http://osha.europa.eu/data/case-studies/everybody-for-safety-at-enel-romania/view>

### The issue

In Romania, Enel is the most important private company in the electric power sector, with over 5,000 employees. This case study refers to the measures the management at Enel implemented in order to improve health and safety within the whole company.

### The action

The company's leadership took a broad-based approach to safety, adopting an OSH policy, implementing a high quality OSH management system and setting high standards regarding all OSH issues at every level in the company, with a "zero accidents" goal. Management sought to raise workers' awareness on workplace health and safety, but also included Enel's contractors and its customers in a global approach to safe and healthy working and living conditions.

To this end, the company leadership initiated and developed a number of significant actions that aimed at changing the working culture within the company from two sides. First of all, the environment and the organisation were targeted. In parallel, workers were consulted and different activities were undertaken to include them in the culture changing process, such as a contest to generate ideas for improving OSH, and a manual for workers was prepared, showing right and wrong working behaviours.

### The results

- There was a reduction in accidents and injuries at work.
- Training hours per employee reached impressive levels.
- Awareness of OSH issues increased among both staff and contractors
- Workers were more ready to discuss OSH, suggest improvements and become involved in decision-making.
-

## Case study 7 - Involving employees in improving health and safety (Czech Republic)

<http://osha.europa.eu/data/case-studies/kovokon-popovice-ltd/view>

### **The issue**

Kokovon was founded in 1990, starting as a small company and growing steadily over the years. From the very beginning it specialised in serial production of precise metal components. The company has invested in the technological modernisation of its facilities and works in partnership with high profile customers. In 1998 KOVOKON Popovice Ltd was established by combining the operations of four independent entrepreneurs, a father and his three sons. The company is now a medium sized enterprise. From 2002 onwards, the company has paid special attention to improving safety at work, the work environment and the health of employees, with the dual aims of preventing accidents and reducing costs (and so gaining a competitive advantage).

### **The action**

Led by management, action included robotising the workplace, introducing a 5 steps programme for managing health and safety, and working towards certification under Investors in People (an international standard in the area of human resources) and the European Foundation for Quality Management.

### **The results**

- The number of accidents at work has been reduced
- OHSAS 18001 Certification was attained.
- The company also won the Investors in People Award and the National Award for Quality.

## Case study 8 - Leadership and safety culture (Belgium)

<http://osha.europa.eu/data/case-studies/leadership-and-safety-culture-at-spie-belgium/view>

### The issue

Total Refinery Antwerp contracted SPIE Belgium to execute mechanical and piping maintenance work within a multi-year outsourcing contract that included both preventive and remedial interventions. In the initial phase of the contract it rapidly became obvious that this kind of cooperation would require an alignment of business and safety culture between the two partners, since they were rather different.

### The action

A number of actions were undertaken within SPIE Belgium to align its culture, both on an organisational level as well as in terms of the shop floor users, by focusing on the behavioural component within the safety culture. It was realised that employee behaviour could only be changed by implementing employee involvement, improving communication, promoting a learning culture and effective leadership by managers. Considerable attention was focused on motivating employees to work autonomously and responsibly. This was done through training and by encouraging employees to perform a risk analysis before starting a task. The alignment of corporate cultures was achieved by means of intense (largely informal) consultation with a prevention advisor permanently stationed at the wharf.

### The results

- The relationship between the two companies was improved.
- No accidents occurred after they had agreed on which best practices to apply.

## Case study 9 - Leadership prevention management (Spain)

<http://osha.europa.eu/data/case-studies/leadership-prevention-management-at-henkel-iberica/view>

### The issue

Henkel is a German company which established itself in Spain in 1960. Currently, Henkel Ibérica has a permanent workforce of 1,300 employees. At Henkel Ibérica prevention is seen as everyone's responsibility. Measures were therefore integrated at all hierarchical levels within the company.

### The action

At Henkel the acronym SHE – Safety, Health and Environment – is permanently present at the corporate level. The company has set out SHE standards that are binding in every company site throughout the world, and compliance with them is periodically audited by the central SHE auditing department.

Henkel's vision and values form the basis of a series of codes of conduct that guide day to day actions. One of them is the Code of Teamwork and Leadership. It highlights behaviour principles for both management and staff. They are part of Henkel's corporate culture. A good leader consistently applies these guidelines, demonstrates them daily and can be judged by them.

### The results

- Henkel Ibérica has experienced a radical reduction in work accident occurrences over the past fifteen years.
- From a position where 97 accidents resulted in lost time in 1996, by 2009 only 6 accidents did so.

## Case study 10 - A European-wide standard for safety performance in an offshore drilling company (Netherlands)

<http://osha.europa.eu/data/case-studies/a-european-wide-standard-for-safety/view>

### The issue

Noble is a leading offshore drilling contractor for the oil and gas industry that has used a safety management system to engage in good practice over the last ten years. This system promotes management commitment and management visibility in facilitating good safety and health practices in its offshore rigs. Specifically, Noble feels that managers who have a broad understanding of business will be better able to promote and sustain good working practices.

The organisation's goals are to ensure that all rigs maintain a safe, competent and productive workforce, without incidents; to maintain high performance and productivity levels; not to harm the environment; and to be the preferred choice of clients.

### The action

The organisation employs several systems to enhance its leadership and overall safety programmes. It uses a Competency Assurance System under the full commitment and support of senior management, which requires all employees to participate actively in the programme.

Training is diverse and includes Supervisor Competency Assurance System, to ensure that all supervisors have skills that are incorporated into a competency profile; a five-day Health and Safety Environment awareness 'Green Hand' course, which focuses on the offshore environment; and a Safety Leadership Workshop (SLW) that emphasises communication and decision-making among other factors. Supervisors, safety engineers and senior management are visible, and even when not working on a site they make frequent visits.

One of the most successful programmes is the "check" personal mini assessment. Employees have to assess any task before starting it by filling out a card asking the most important questions regarding the safety of the action.

The employees have daily meetings and are provided with regular information on safety procedures. In addition all employees are provided with healthy eating options in the workplace.

### The results

- Since the introduction of the SLW in Noble in 1998, the total recordable incident rate has reduced by 71 per cent and its lost time incident rate by 83 per cent.
- Currently, 500,000 "check" cards are filled in each year in Noble's European Union (EU) division.

## Case study 11 - OSH Leadership (United Kingdom)

<http://osha.europa.eu/data/case-studies/osh-leadership-refined-at-british-sugar/view>

### The issue

British Sugar is the leading supplier of sugar to the UK market, producing over 1 million tonnes each year. It employs around 1,000 employees and 1,100 contractors. Sugar production remains at the core of its operations, but using a highly integrated approach to manufacturing, the company aims to transform all of its raw materials into sustainable products, from sugar to animal feed, electricity and tomatoes, at four processing plants. Despite having a good safety record and winning recognition from RoSPA and the British Safety Council, a number of significant incidents in 2003 prompted a full scale review of the company's safety management system.

### The action

Previously the Board had the responsibility of devising the health and safety policy and its aims. Following a review, a new business model was created which ensured the Board received feedback on how well the policies were being implemented and followed.

This was achieved in a number of ways. First, by creating safety standards teams led by factory and senior managers. These teams are responsible for formulating and reviewing procedures for a specific area of safety, have a professional safety manager to support and advise them, and also have access to external safety consultants. This approach has given more ownership of safety procedures to the people who are responsible for implementing them.

Secondly, board directors have undertaken the Institution of Occupational Safety and Health Directing Safety course and now sponsor a safety standard team each. This involves offering advice and support to their teams. Directors also carry out behavioural audits across the company. These allow managers at all levels to observe what the site staff and contractors are doing on the ground, to provide and receive feedback, to talk to the people facing potential hazards, and through this to modify their behaviours. These behavioural audits have assisted the company to reduce its injury rates and review and modify its policies.

### The results

- British Sugar UK has seen a 60% fall in injuries since implementing the programme.
- There has also been a 75% drop in RIDDOR accidents (that is, those covered by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

## Case study 12 - Participative management: a fundamental tool for a motivational wellbeing policy (Belgium)

<http://osha.europa.eu/data/case-studies/participative-managment-a-fundamental-tool-for-a-motivational-well-being-policy/view>

### The issue

A thorough investigation of accidents at TVH (Group & Thermote Vanhalst) revealed that more than half of the accidents or injuries related to the back, neck and/or shoulders. These injuries were mainly due to the way loads were transported and handled. TVH's OSH policy statement of TVH says that "A healthy employee is a good worker." TVH wanted to get to a situation in which all employees would work in a safe and healthy way.

### The action

In order to reduce the current number of accidents, 12 company employees were specifically trained as lifting instructors. The employees considered to be most capable of motivating others were chosen for this by management. They faced the same common ergonomic problems in the workplace every day as other employees. On their suggestion, each employee faced with the same issues subsequently received lifting training, including exercises and practical examples. The lifting instructors also arranged to meet with management every two months, to discuss possible improvements.

### The results

- The implementation of a participative management system brought about a change in culture, involving a close relationship between the HR Manager, HSE advisor (Health, Safety and Environment Advisor), supervisors, lifting instructors and employees.
- The collaboration between these parties led in turn to improvements in health and safety at work.



## Case study 13 - Promoting safety performance in a high hazard industry (United Kingdom)

<http://osha.europa.eu/data/case-studies/promoting-safety-performance-in-a-high-hazard-industry/view>

### **The issue**

The Networks Division of Babcock International Group operates in the high voltage power transmission, distribution and telecommunications industry. This industry faces a number of hazards, such as working with electricity and working at height. Babcock wanted to improve the safety culture and performance across the organisation.

### **The action**

The Managing Director and senior managers implemented a number of initiatives to demonstrate their commitment to OSH and lead by example. Improvements were made to incident and near miss reporting, and employees were engaged in safety issues, including by providing feedback to management.

To improve the cascading of safety updates and progress reports, the Safety Health and Environment Quality and Safety Director used a number of communication channels, including the intranet, emails, a quarterly internal magazine, bulletin boards, posters and tool box talks.

### **The results**

- The changes brought about significant improvements in safety performance, including a reduction in reportable incidents.
- The company's efforts have been recognised by a number of awards, including the Royal Society for the Prevention of Accidents' Gold Award for Occupational Safety in 2009 and 2010, and an International Safety Award for Health and Safety from the British Safety Council in 2009.

## Case study 14 - Safety culture: a global perspective (Luxembourg)

<http://osha.europa.eu/data/case-studies/safety-culture-a-global-approach-supported-by-the-hierarchy/view>

### **The issue**

After striving for further improvements in both engineering and safety and health management systems, Avery Dennison concluded that it had reached the limits of what was possible. To achieve more, Avery Dennison recognised that there needed to be a change in workplace culture and people's habits.

### **The action**

The development of a safety culture started with the publication of the company's Environment, Health and Safety Charter in 2004. Success depended upon a change of management process at all organisational levels, and the visible active involvement and support of top management. Education and practical training and good communication were also vital components.

The implementation of a new culture was only possible by ensuring a high degree of involvement from the workforce. To secure this, horizontal consultative bodies and safety observation rounds were established.

### **The results**

- Since 2004, the company has seen the average number of accidents each year reduce from 7 to 1.
- No days are currently being lost as a result of incidents, while in 2004 the average lost each year was 90.

## Case study 15 - Supervising a variety of background cultures on site (Netherlands)

<http://osha.europa.eu/data/case-studies/supervising-a-variety-of-background-cultures-on-site-2/view>

### The issue

Essent is the largest energy company and the leading producer of sustainable energy in the Netherlands. Essent strives to provide energy using the most affordable, reliable and sustainable means possible. Essent is modernising its plant in Maasbracht with new gas turbines. This is a unique and complex project for Essent, in which a lot of contractors are working together. This presents challenges regarding safety and health.

### The action

Essent recruited new supervisors to improve business operations and OSH management of all employees involved in the project. The contractor selection process was also improved using a 7 step model. At the same time Total Safety Awareness training for managers was introduced to promote the highest level of safety. Main elements of the training were supervision, behaviour and commitment. The main objective of the training was to reduce accidents and incidents.

### The results

- Observed accidents, incidents, and risky behaviour are now being monitored by determining a 'risk score', a figure between 0 and 10 calculated by reference to the time of observation, the number of people concerned, and the number and severity of the unsafe actions.

## Case study 16 - Co-ordination and support for unit leaders: a new approach to handle the burden of sickness absence at work (Finland)

<http://osha.europa.eu/data/case-studies/coordination-and-support-for-managers/view>

### The issue

Both short and long-term sickness absence levels have been steadily increasing in the Home Care Department of the Health Centre of the City of Helsinki over the last few years. These absences have negatively affected the provision of the day-to-day customer services of the home care teams as well as their productivity levels.

### The action

In order to address these negative outcomes, the Home Care Department implemented a two-year (2009–2010) development project in one of its home care areas in Helsinki. The intervention involved a co-ordinator (an occupational nurse) supporting unit leaders in their daily leadership challenges. She encouraged the unit leaders to engage with employees on short-term or long-term sickness absence, using models created by the Occupational Health Unit of the City of Helsinki. In addition, the unit leaders attended seven educational days and took part in case working groups that used Problem Based Learning (PBL).

### The results

- The casework done within the PBL groups was a good way to apply a structured model to process challenging situations in the management of occupational well-being and to benefit from peer support and the knowledge of work colleagues.
- The feedback collected after each of the training days has been very positive.

**The European Agency for Safety and Health at Work (EU-OSHA)** contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1996 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU-27 Member States and beyond.

**European Agency for Safety and Health at Work**

Gran Vía 33, 48009 Bilbao, Spain

Tel. +34 944794360

Fax +34 944794383

E-mail: [information@osha.europa.eu](mailto:information@osha.europa.eu)

<http://osha.europa.eu>

