



The New Zealand Council of Trade Unions survey of Health and Safety Representatives was completed by 1,204 people who have been trained as health and safety representatives (“reps”) with the CTU. An invitation to complete the survey was emailed to 12,000 such people.

Summary Points

- Unrealistic expectations, deadlines, taking short cuts to complete a job and fatigue have been identified as key factors that cause illness and injury at work.
- 13% of reps report bullying by managers when they have attempted to raise health and safety issues at work.
- Reps perform a wide range of tasks but are often not given adequate time during their work hours to undertake their role effectively.
- Too often reps are not elected and are appointed. This does nothing to foster positive democratic workplace relationships.
- Many reps have received the statutory minimum amount of training and long gaps have then ensued. Reps require on-going training to feel more confident in their role.
- Very few Hazard Notices are issued suggesting the power to issue Hazard Notices is not abused by reps.

The reps

This survey had one of the largest response rates of any survey that the CTU has conducted. Of the 1,204 reps who responded:

- There are equal numbers of male and female health and safety reps responded.
- Health and Safety reps, who are also union members, are more experienced in the role than non-union members. 52% of union members who are also reps have been in the role more than 3 years compared with only 36% of non-union members.
- 61% of union members were nominated and elected by fellow workers whereas only 24% of non-union members were selected in this way.
- Contractors, labour hire and casual workers were under-represented and management and professionals are over-represented.
- Similarly, 54% of union members said they felt “very confident” in their role whereas only 35% of non-union members felt very confident.

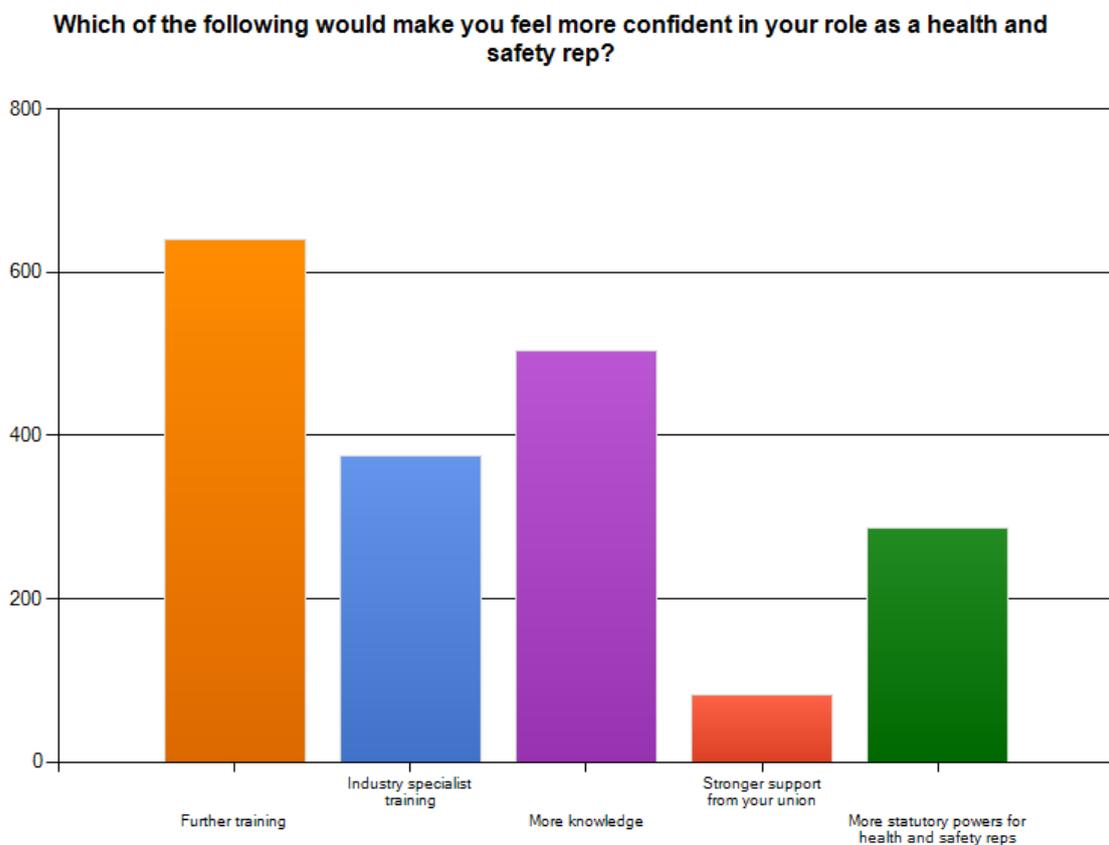
Results

Among those who responded, the reps surveyed are mostly experienced in their role as 63% had been in the role for more than 3 years.¹

As noted in our submission, effectiveness of employee participation depends on a number of conditions including demonstrable senior management commitment to a participative approach and effective autonomous worker representation. The majority of the reps had been elected to the role either after nominating themselves or being nominated by another worker. However nearly 40%, or slightly more than 400 representatives, said that they had been appointed by an employer or manager without an election, some said they did the job because no one else would do it and others because 'it is in my job description'. This indicates that a high proportion of representatives who are not strictly 'representative' in a democratic sense.

Most reps feel confident carrying out their role. However a quarter of people surveyed simply felt ok about it. Further training was identified as the way to increase confidence by 60% of those surveyed: see Figure One.

Figure One:

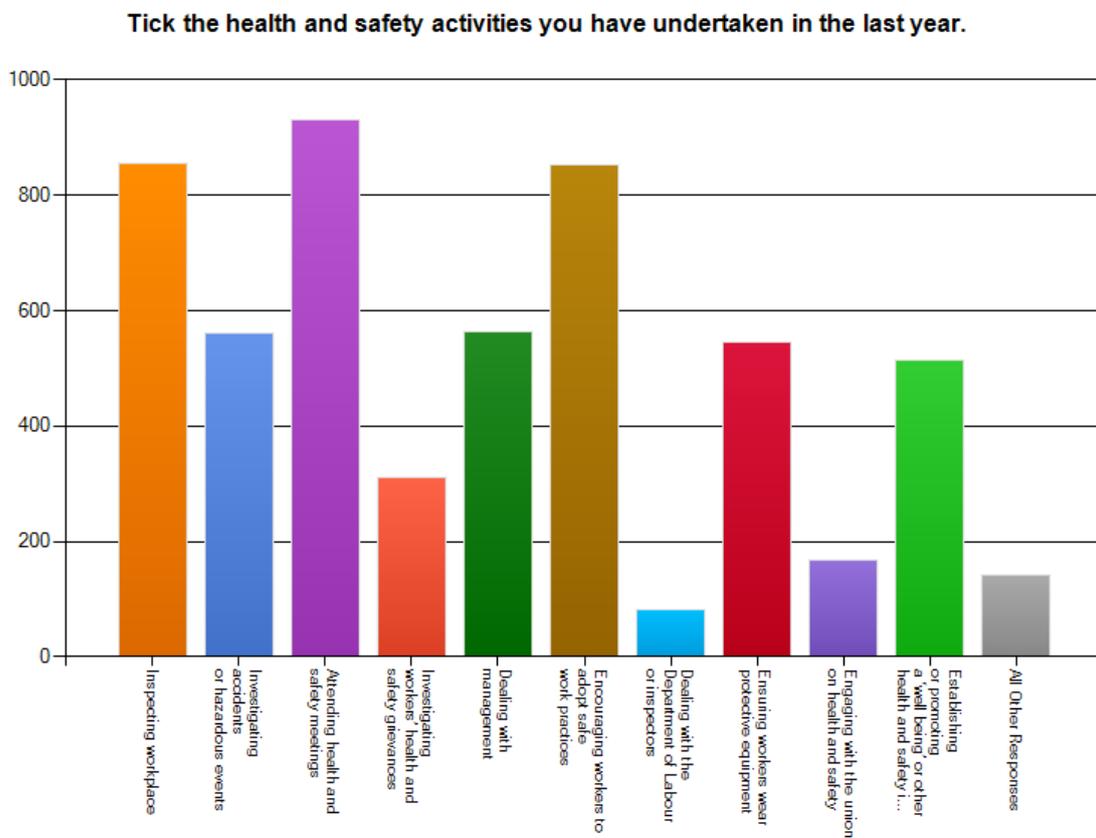


¹ 11% did not respond to this question

If health and safety were treated as an integral part of the employer’s business, it would be expected that representatives would be given time off from their normal duties to perform their health and safety role. Time is essential to effectively perform the role. However less than half of reps said they get time off from their normal work duties to perform the role and a disturbingly large proportion, 21%, said they did not get time off, 33.5% said that they ‘sometimes’ get time off.

38.9% of reps spend less than 30 minutes per week on their role with the rest spending 30 minutes to 2 hours. Meetings form a large part of the work of the rep with investigations and encouraging workers to wear protective equipment being important undertakings: see Figure Two.

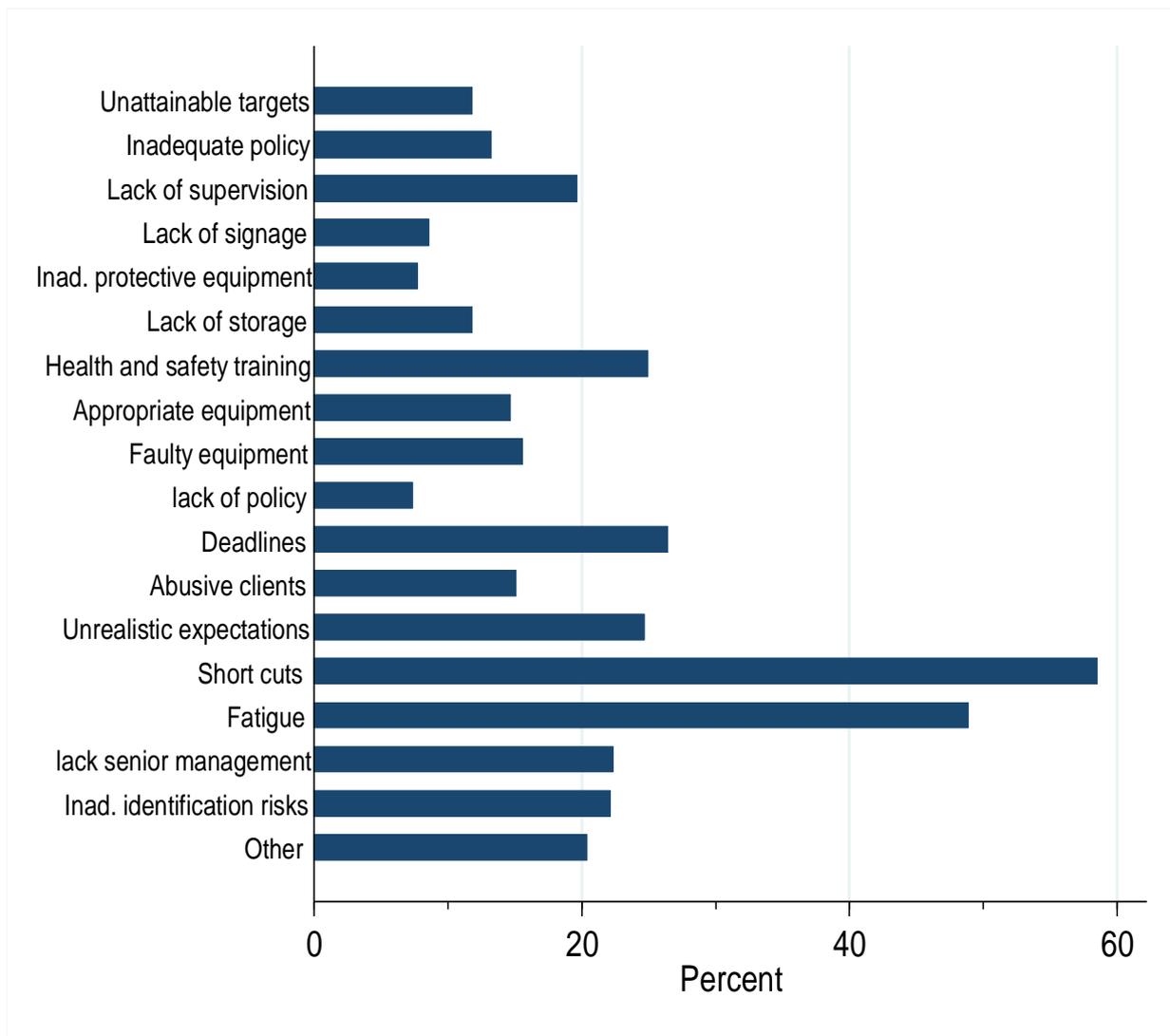
Figure Two:



When given options, most reps identified taking short cuts to complete a job and fatigue or working long hours as contributing to illness and injury at work: see Figure Three and the quotes at the end of this report.

Figure Three

**In your opinion, which of the following have contributed to injury or illness at your workplace?
(tick as many as applicable)**

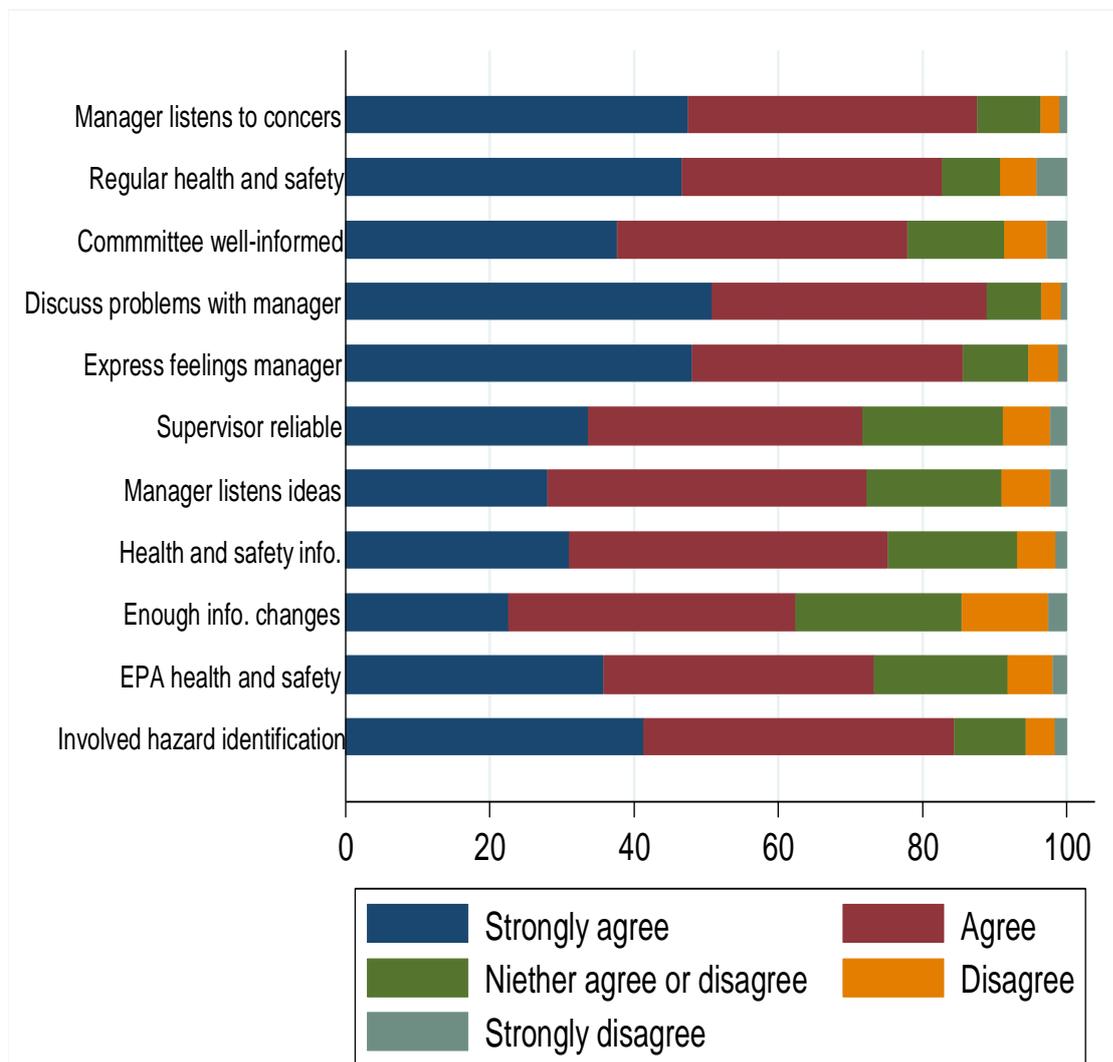


There is a relatively equal spread of reps trained at levels one, two and three but most received their last training more than 4 years ago. Only 27% of reps had received their last training less than 2 years ago. 71% undertook training of two days in duration which indicates that they have completed the statutory requirement under the HSE Act to issue Hazard Notices. Union training was the most common course, however many people listed the CTU training as a separate category to 'union training' per se. Nearly 20% of health and safety training was undertaken by employers which could indicate a lack of independence in terms of empowerment to issue Hazard Notices.

No further training had been received by over half of the reps. Those who had received more training, had been trained for more than two days and mostly this training had been provided by their employer. When people said that they were unable to attend a training course it was mainly due to being too busy at work. Most reps communicate with managers with relative ease. However a few have great difficulty: see Figure Four.

Figure Four:

How strongly do you agree with the following statements?



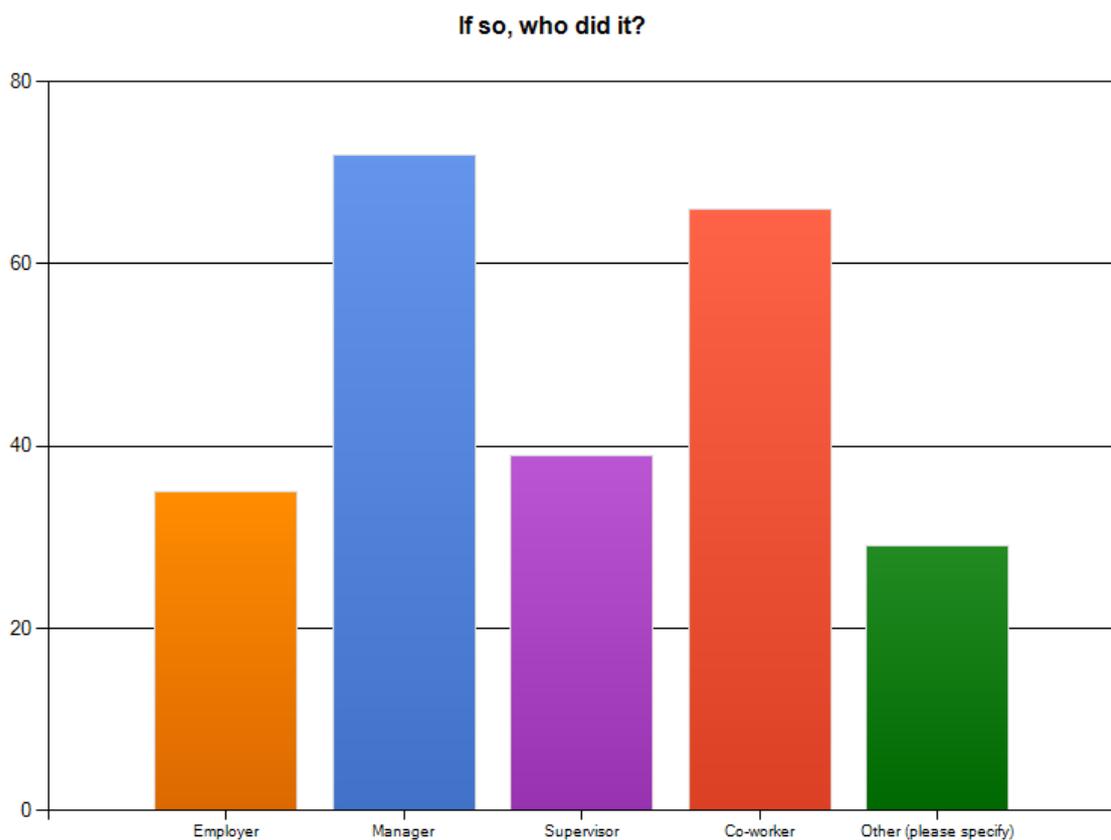
Most reps have not issued a Hazard Notice (72%). However 287 people had issued notices and when they did, they had more often than not issued 3 or more notices. Where a rep had issued a Hazard Notice, 77% of the time the issue was resolved to the rep's satisfaction. It is extremely rare that a Labour Inspector was involved after the issuing of the notice. There were only 20 times where this has happened.

68% of union members have issued at least one hazard notice compared with 32% of non-union members. 74% who had issued a hazard notice said that the matters referred to in the notice were not resolved to their satisfaction compared with 24% of the non-union members.

Reps need to be able to carry out their role without personal disadvantage, but 158 reps had been victimised, harassed or discriminated against for raising a health and safety issue. Of those reps 87.5% had experienced this from a person in authority like a manager, supervisor or employer, but 39.5% of the time it was from a co-worker. See Figure Five.

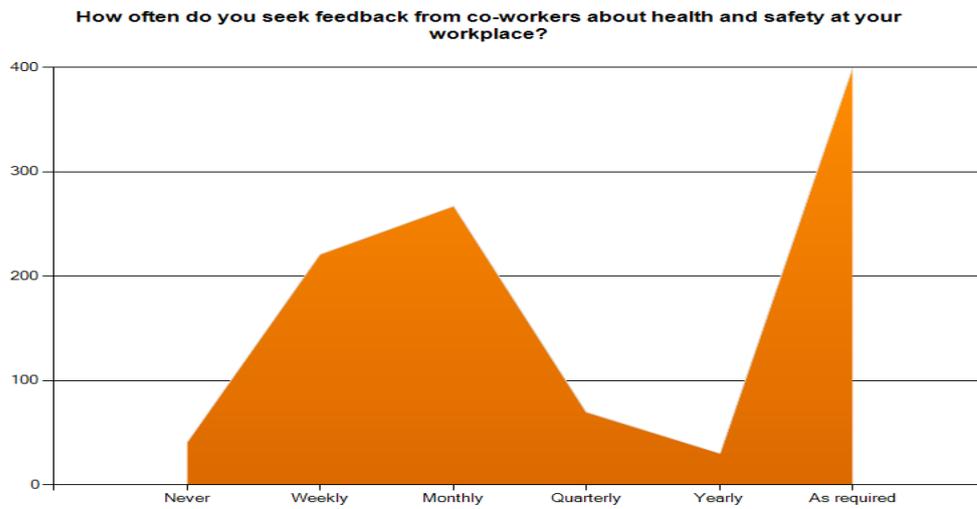
Figure Five:

Have you been bullied, victimized, harassed or discriminated against for raising a health and safety issue?



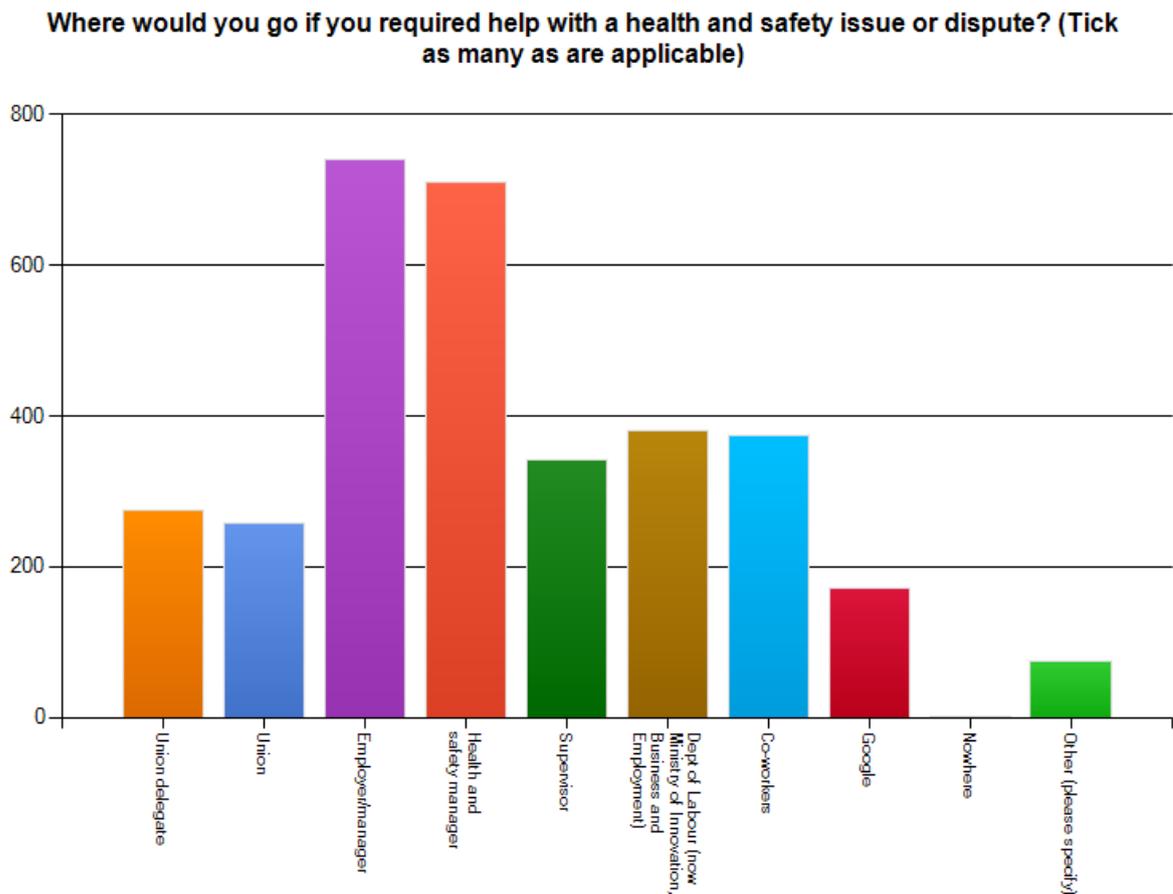
The largest group of reps seeks feedback from co-workers about health and safety 'as required'. However, the combined results of seeking feedback regularly (monthly and weekly) shows that regular feedback is obtained more often than ad hoc feedback: see Figure Six.

Figure Six:



When help is required most reps will turn to their manager, but half of those surveyed went to their union delegate or union. See Figure Seven.

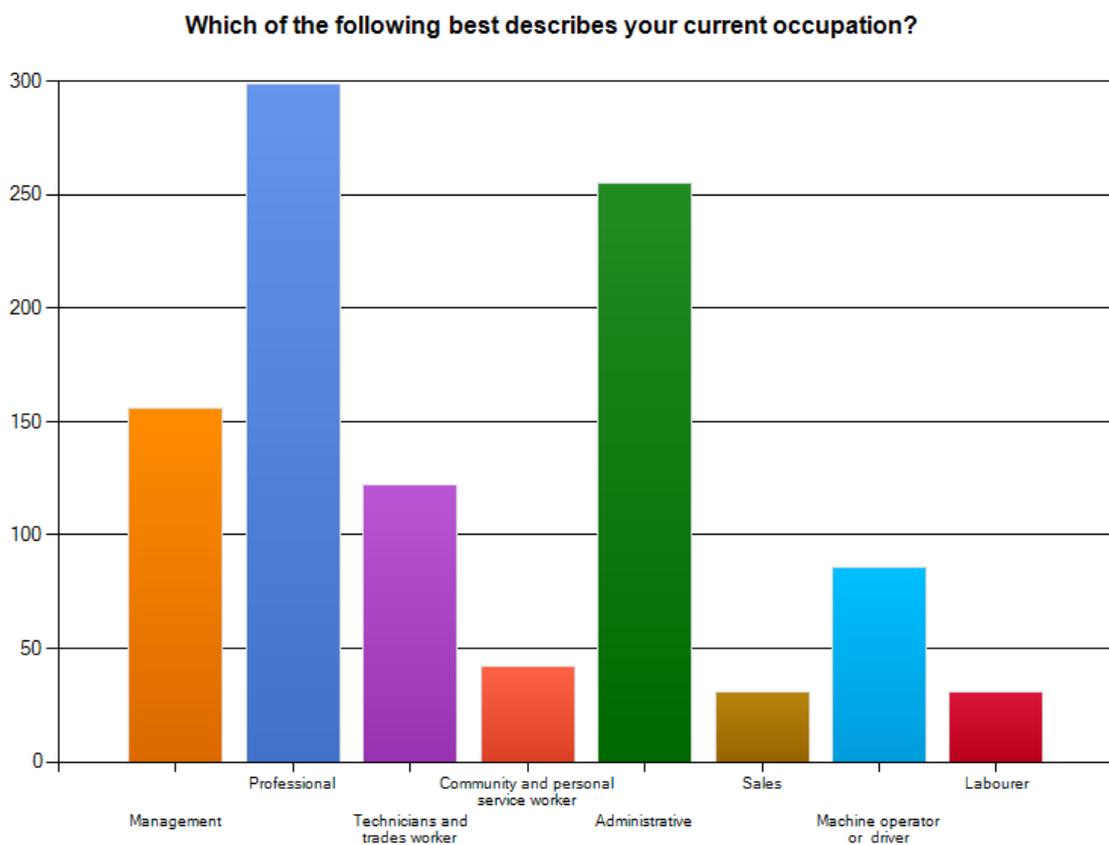
Figure Seven:



The gender split of health and safety reps who completed the survey is half male and half female of whom 735 were born in New Zealand. Most health and safety reps work fulltime (91%) and are permanent (98%) staff. Most reps have a regular daytime schedule (74%). The majority of the co-workers of the reps are fixed-term employees, however 30% were casual, labour hire, contractor or subcontractors.

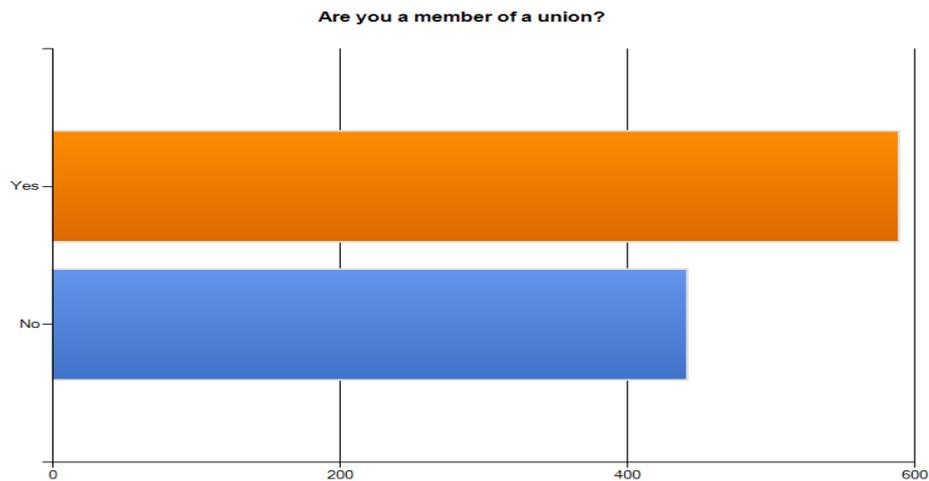
Most of the reps who returned the survey were either professionals, management or administrative workers, and only 30 were labourers and 87 machine operators and drivers. This perhaps suggests that access to a computer at work made it more likely that a survey would be completed. See Figure Eight.

Figure Eight:



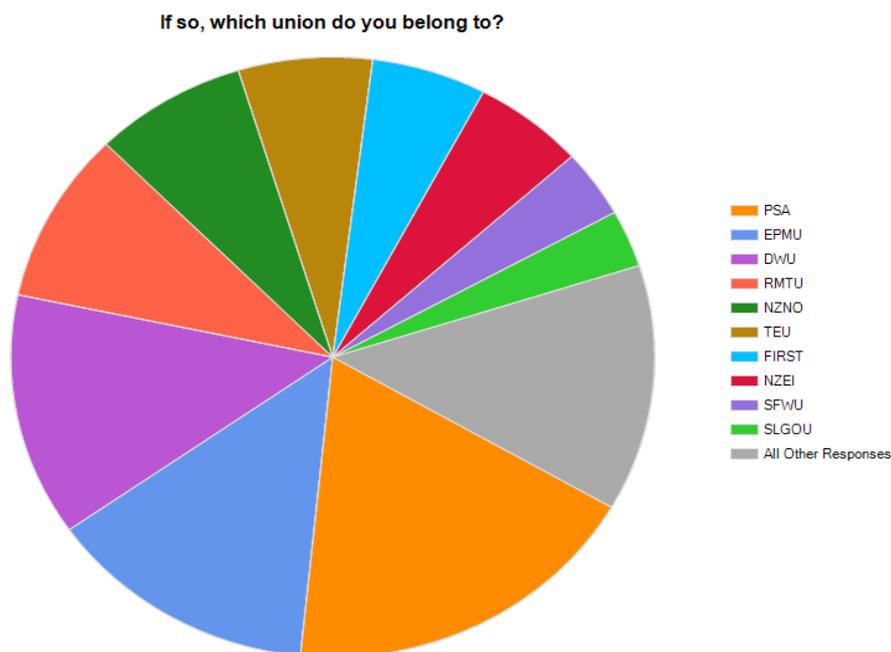
Union membership is high among surveyed health and safety reps (compared to the proportion in the New Zealand workforce). As Figure Nine shows, 57.1% are members of unions. However consultation with unions could improve as two thirds of responding reps did not consult with their union about health and safety.

Figure Nine:



Of those who are members of unions many surveyed reps were from the NZ Police Association and the NZ Medical Lab workers union. Others are identified in Figure Ten.

Figure Ten:



In an additional question, respondents were given the opportunity to have their say about the cause of injury. The full results are available on the CTU website, an indicative selection is below.

Question: In your opinion, what is the cause of the majority of incidents causing injury or illness in your workplace?

“Lack of staff to do the job. Working undermanned. Bad weather. Trying to get the job done in short time. Staff willing to come to work when they are unwell. Lack of sick leave and annual leave.”

“Pressure from management to do unsafe jobs.”

“People trying to 'make do' without or with substandard equipment so as not to cause a bother. Especially those in a trainee role. Stress caused by unfairness and negative management attitudes towards some people.”

“Profit and more profit – There is no reason or incentive for companies to comply to H&S – Whistle blowers are ridiculed and eventually leave the company.”

“Not all near misses or incidents are reported as they either don't get followed up or depending on who you are you get disciplined or it is swept under the carpet. Companies are more concerned about stats as the staff see it and when it comes down to getting something fixed it takes too long but yet we get told there is no price on health and safety.”

“Men not trained for the job, unskilled labour working in a dangerous work Place, lack of, or no, on-site training, no safety gear supplied, lack of safety knowledge from company, excessive work hours, dead line pushed too hard forcing accidents.”

“In my opinion putting unnecessary pressure on staff to complete tasks with haste which in some cases temporarily puts safe practices aside just to get the job done. All of our staff members are aware of the dangers and hazards in their place of work but now and then you will get injury from a staff member and I would ask them what happened and all they would say is: "Just being too quick".”

“Production focussed mindsets from both workers and management. Complacency.”

“Body stressing and contractors who are trying to complete projects in a shorter timeframe.”

“Fatigue with having to meet deadlines and not being allowed to work overtime to meet those deadlines. Not taking micro breaks from computers because of those deadlines.”

“Contractors not having systems in place to audit their work sites, safety equipment ie power leads not having electrical compliance tags, harness not inspected. Expect the principal to monitor and police H&S, only responding when an issue is raised. Pressure to complete work in the shortest time possible.. Management not taking health and safety seriously, will have all the paper work in place to meet but take the time to develop a culture of safety at the coal face. Trying to complete a job in the cheapest way possible, particularly contractors tendering, building safety into the job will increase the price submitted. Lack of commitment to identify and control hazards.

“Mistakes, unworkable work practices, that can't be used if work is to be done, but as long as the work gets done, management is happy. The moment an incident occurs these unworkable rules are used to discipline those involved.

“Familiarity within work environments, tools not up to standard for task, management unwilling to listen to staff "at the coal face", companies balk at H&S initiatives as soon as the word money is used, workers being too lazy to contribute to H&S policies, people sitting in offices making decisions and rules surrounding a workplace they have never been to - thereby endangering staff.”

“Employers increasing the workload on individual employees by not employing the correct number of people to do a job safely. Rushing and lack of proper training are the leading causes in my opinion. These are generally the result of management cost-cutting measures.”

“People's attitude towards health and safety, it's made out to be a tick box exercise until someone gets hurt then the finger-pointing and potshots start about how H&S is a joke and load of crap.”

“A desire to please the management, so people work long hours, work at the weekend, ignore H&S guidance in the belief that is what the company wants. It isn't.”

“Staff failing to take personal responsibility. Staff failing to say 'no'. This could be through fear?”

“Management not understanding the processes - we actually go through. Putting a bandaid on instead of actually knowing the root cause of the problem or incident. Also management just paying lip service to the processes and not actually understanding the way things actually work on the shop floor.

“Long hours of work - night shift seven days a week.”

“Inside work, pressure to get jobs done on a minimal amount of time. Wages are tight and employers need to make good return to keep job security.

Management not enforcing take five. Not actively engaging reps to take part in inspections, management not actively enforcing safety inspection findings because they know there are not the resources to make short term improvements.

“Accidents, lack of support by management for team leaders when "shortcuts" are being taken or bad work practices are being performed. Illness ... coercion by management on workers to come to work when ill by implying someone is not "pulling their weight" or threatening to require a medical certificate for what is an illness that only requires bed rest and over-the-counter medication to get better ie influenza or colds

“Rotation shift work. It's a proven fact that night shift upsets the body big time. Tiredness would be the biggest thing we keep an serious eye on.”

“Being over-confident, lack of skilled workers/ leaders/ people frightened to stand up to the boss, drug/alcohol testing means accidents go unreported.”

“Too many shortcuts being taken to meet production deadlines.”

“Stress. Workers do not think of consequences of their actions when under duress and stress. They take risks with equipment from time restraints put on them.

“Pressure to get work completed with lack of appropriate tools and staff.”

“Negative and "she'll be right" attitudes to safety. Some people think that near miss reporting is a negative thing where it clearly isn't.”

“Poor support from management who generally ignore Health and Safety.”

“Stress due to shift work.”

Subtly being pushed by managers and supervisors to hurry on tasks and breakdowns to minimise downtime. Staff are constantly rushing instead of planning jobs for themselves. We work 24/7 shifts therefore more care is needed at night.

“Apathy - most workers think it will happen to someone else. Not reporting repeat incidences, then finally someone else suffers a worse fate. Contractors taking short cuts (not following permit to work). People who are charged with the responsibility to follow the permit to work but they just fill it in as a paper exercise.

“Under-staffing - overworked staff who struggle to get annual leave and 4 days off per fortnight, lack of adequate protective equipment, lack of sleep due to lack of staff and having to work 7 or 8 sleep overs in a fortnight. We constantly struggle to get adequate supplies of protective equipment and are now 'rationed' so we don't use too much as it is costly!

“Fatigue and stress, particularly as fewer and fewer workers are required to do more and more work.”

“Most accidents I have been involved with are management's refusal to listen to the serious requests of staff and reps. We have a H&S policy and procedure that are token and a commitment which is really only "risk minimisation" or "butt-covering" rather than a real concern for safety.”

“Tired staff, not rotated in jobs enough. Too long in one area doing the same movements all the time, pain and strain injuries.”

“Safety is seen as a means that middle management can use to victimise employees who are prepared to use their system to try and ensure that everyone has a level playing field to when it comes to their approach to the way tasks are done in a safe and productive manner. Because of inconsistent recording of safety there is now a growing group who believe, if nothing is said, there will be no repercussions and therefore no ongoing victimisation of themselves and other like-minded employees.”

“Middle managers and supervisors being so keen to show senior management that they are meeting productivity targets that they sideline H&S whenever they can get away with it and pressurise employees to work unsafely or they turn a blind eye to unsafe practices because it would slow down production or cost money if they were to make the necessary changes to keep people safe. Senior management are generally unaware that this is going on as they rely upon the supervisors and middle managers for accurate information. It's all ok until there is an accident or incident and then the supervisors and middle managers duck for cover and try to blame the employee rather than take responsibility for allowing or encouraging unsafe behaviours or processes.”

“Our work environment is cramped and we have many people working in a limited space which causes injuries. Shortage of staff creates more pressure to complete the mountain of work. Management make the staff feel like they are clumsy fools when we report an injury so some do not get reported and as a result continuous repetitive movement creates a even worse problem.

“Employees failing to follow instructions and their training, taking shortcuts or ignoring obvious hazards, being pressured to work and safely, failing to speak up or report a trivial accident and hazards, poor literacy and understanding. Employers failing to have adequate health and safety systems or focusing on compliance (paper-based) rather than the actual performance, poor educational and lack of understanding of obligations and failure or reluctance to find out what is required (number 8 wire mentality) failure to maintain knowledge of current industry best practice or standards, do not deliberately set out to have unsafe workplaces but allow commercial and other pressures to override, ultimately cannot see it is important, little chance of being caught and although concerned about levels of fines ultimately these are imposed on their companies rather than themselves personally.”

“People not evaluating the potential risk before undertaking a task. The time to evaluate (and keep safe) must be factored into each job.”

”Also giving staff confidence to say “no” to situations they feel maybe dangerous.”

“Overwork, unreasonable deadlines, stress.”

“Staff in the job a long time not understanding the times have changed. Not realising that we all need to assess work situations to keep staff aware of hazards or potential hazards. Getting middle management to buy in to H&S. Upper management is now awesome.”

“An imbalance in the focus on productive work vs safe work leading to deliberate short cutting of safe practice and poor judgement as a result of high workplace stress. Many of the reporting documents are too clumsy and time-consuming for workers even those with good literacy, they appear to be more about covering the boss's arse than keeping workers safe.”

“Unrealistic performance expectations from employers coupled with lack of focus on H&S in favour of production, or employee productivity.”

“Lack of foresight or awareness of what could happen by not following the correct procedure. People are more concerned with getting the job done than with getting the job done safely.”

“Bad practice through urgency. Outsiders to the workplace. Lack of money in a household causing minor sickness to be tolerated by staff and brought to the workplace.”