



# Session 7: Workshop/discussion on direct & representative participation?

role of workers  
– share experiences  
(i.e., not research necessarily)

# Inspiration from Clara:


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**RESEARCH ARTICLE**

AMERICAN JOURNAL  
OF  
INDUSTRIAL MEDICINE **WILEY**

## **Delegation and consultation on operational and tactical issues: Any difference in their potentialities for a healthier psychosocial work environment?**

Clara Llorens-Serrano MSoc<sup>1,2,3</sup>  | Sergio Salas-Nicás PhD<sup>3</sup>  |  
Albert Navarro-Giné PhD<sup>3,4</sup>  | Salvador Moncada Lluís PhD<sup>2</sup>

# definitions

## **Direct Participation:**

**Delegation:** “managers let workers be involved in decisions”

**Consultation:** “management encourages workers to make their opinions known but reserves the capacity to accept or reject them”

## **Scope:**

“**operational** issues (i.e., job or task-related topics, pertaining to concrete job performance)”

“**tactical** issues (i.e., technology, work organization, or productive system design)”

**Results:** The use of direct participation was either associated consistently with a healthier psychosocial work environment (mostly in manual occupations, which presented twice as many positive associations as nonmanual occupations, and of greater strength, mostly in the *control* and *social support* dimensions) or there were no significant associations (mostly among nonmanual occupations and in relation to *work pace*). More frequent and stronger associations were observed when consultation and delegation were used in combination. If used separately, consultation achieved better results among manual occupations and delegation among nonmanual occupations. Direct participation topics were not important for results in manual occupations whereas results were better on tactical (vs. operational) issues in nonmanual occupations.

**Conclusions:** Direct participation does not change power structure, but it may be a useful intervention at the company level to reduce work-related psychosocial exposures and associated diseases among workers in manual occupations, and consequently for decreasing occupational exposures and health inequalities.

<https://onlinelibrary.wiley.com/doi/pdf/10.1002/ajim.23414>

Direct Participation vs. non-Direct Participation



Delegation vs. Consultation vs. Delegation & Consultation



Non-Manual

Manual



Tactical

# Approaches to addressing workplace H&S:

- Neo-liberal perspectives on individual responsibilities and freedoms – **ignoring the social dimensions/responsibilities** -> **“responsibilization”**
- COVID: enforcing **masking** (individual responsibility) but not **ventilation** (organization/social responsibility)
- **Lax enforcement** of regulations and directives (unions taking the employer to court to enforce COVID directives)

**Technical-legal approach** – obsessive rule following behaviour

**Knowledge activist approach** – problem-solving and mobilization

A Hall, A Forrest, A Sears and N Carlan, “Making a Difference: Knowledge Activism and Worker Representation in Joint OHS Committees.” *Industrial Relations*, Summer 2006, Vol. 61 Issue 3, pp. 408-436


<https://www.erudit.org/en/journals/ri/2006-v61-n3-ri1448/014184ar.pdf>



A Labour / Occupational Health Clinics  
for Ontario Workers Inc /  
Academic Research Collaboration  
<https://socialsciences.mcmaster.ca/labour-ohcow-academic-research-collaboration-loarc>

Research Article

# Identifying knowledge activism in worker health and safety representation: A cluster analysis

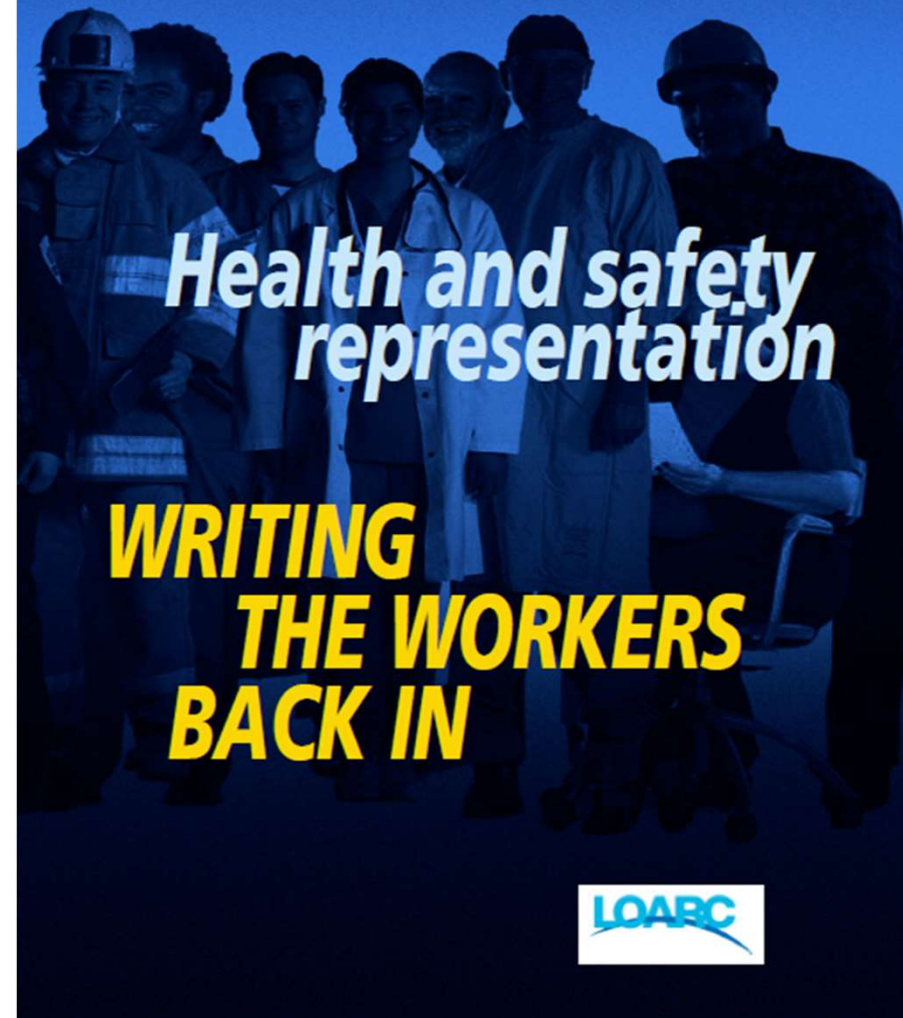
Alan Hall , John Oudyk, Andrew King, Syed Naqvi,  
Wayne Lewchuk

First published: 25 August 2015 [Full publication history](#)

DOI: [10.1002/ajim.22520](https://doi.org/10.1002/ajim.22520) [View/save citation](#)

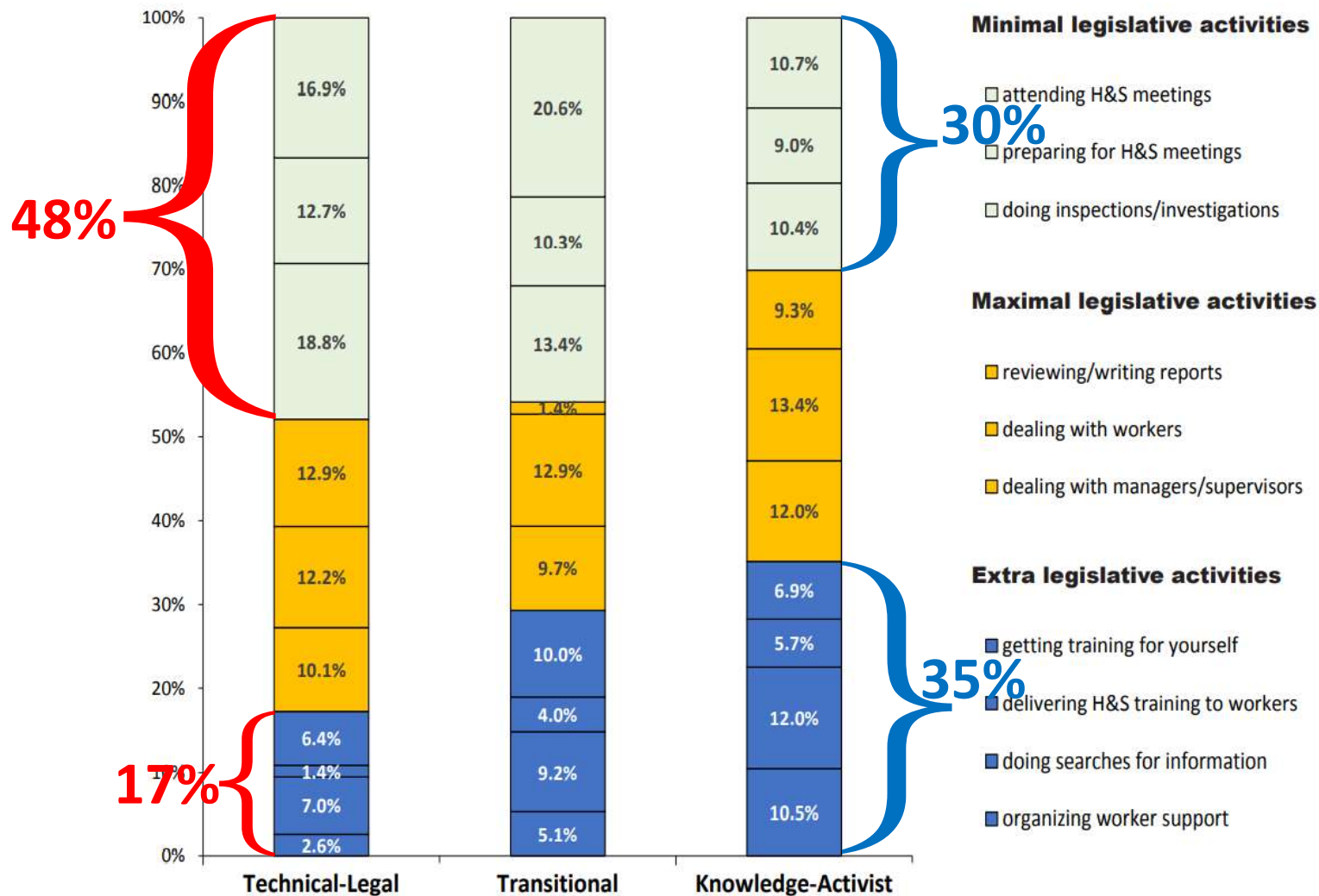
<https://onlinelibrary.wiley.com/doi/10.1002/ajim.22520>

<https://loarc.mcmaster.ca/documents/2016-loarc-workers-guide-1-170609.pdf>



# What do you spend your time on?

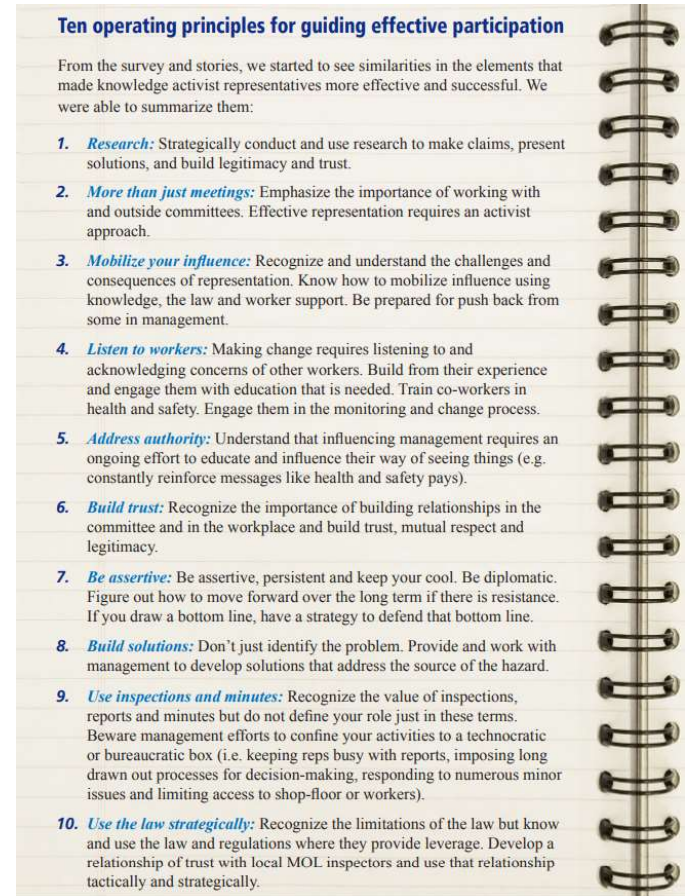
## Proportion of Time Spent on Health and Safety Representation Tasks





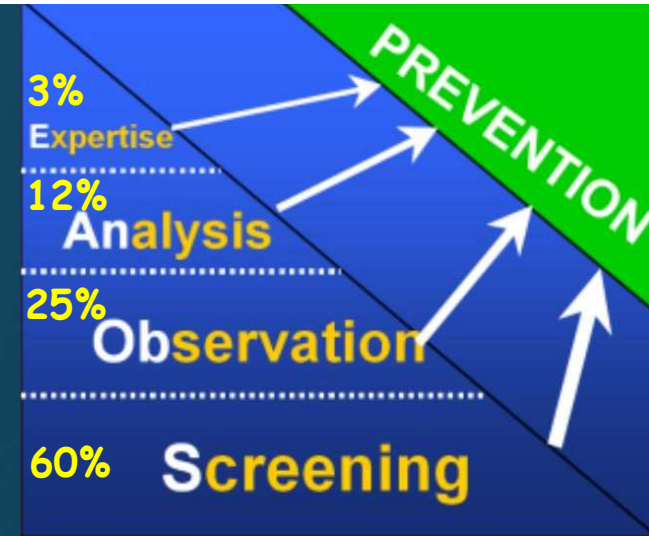
# 10 Operating Principles:

1. *Research*
2. *More than just meetings*
3. *Mobilize your influence*
4. *Listen to workers*
5. *Address authority*
6. *Build trust*
7. *Be assertive*
8. *Build solutions*
9. *Use inspections & minutes*
10. *Use the law strategically*



# SOBANE:

Who's qualified to identify hazards?


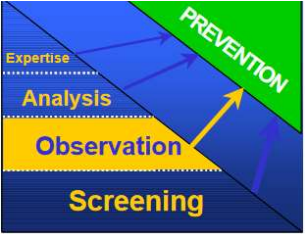
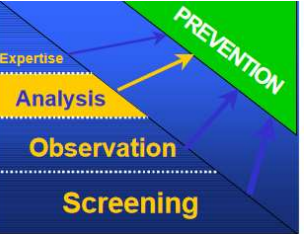
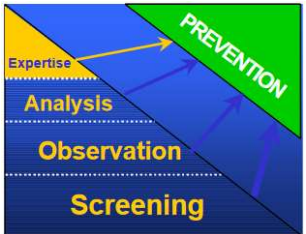


Screening: is when workers identify hazards based on their firsthand experience

OBservation: is qualitatively organized investigations using checklists

ANalysis: is the quantitative evaluation traditionally associated with H&S professionals

Expertise: is the outside help that is needed to solve a particularly difficult problem

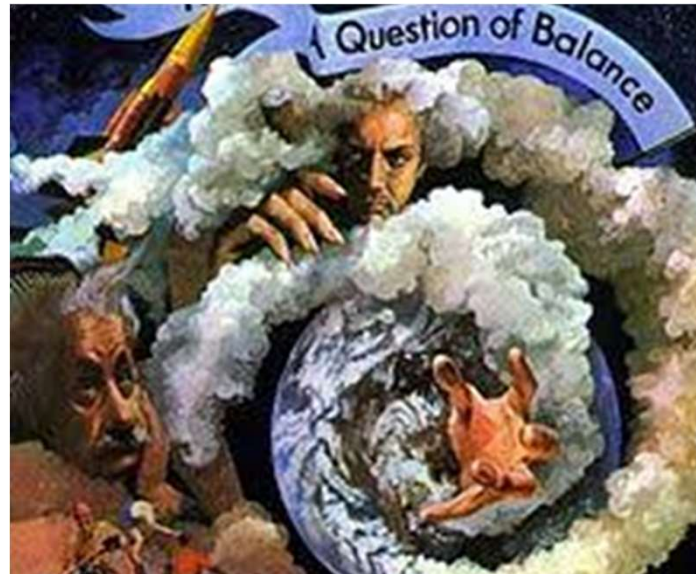
				
<b>When?</b>	All cases	If problem	In difficult cases	In complex cases
<b>How?</b>	Simple observations	Qualitative observations	Quantitative measurements	Specialized measurements
<b>Cost?</b>	Very low (20 minutes)	Low (2 hours)	Average (2 days)	High (2 weeks)
<b>By whom?</b>	Workers	Worker reps (H&S) supervisors	OH practitioners (Erg, Hyg, H&S)	Experts
<b>Qualifications: knowledge of working conditions</b>	Very high	High	Average	Low
<b>Qualifications: technical expertise &amp; equipment</b>	Low	Average	High	Very high

<https://link.springer.com/article/10.1007/s00420-004-0524-3>

# Approaches to Problems:

## Problem finder

- always on the lookout for a new problem
- collects information (e.g., internet)
- unwilling to accept responsibility for solution
- victim mentality



## Problem solver

- likes to fix problems
- doesn't need too much information (just the essentials)
- may deny a problem exists if it can't be fixed
- "git-R-done" attitude

# Welcome to StressAssess

A survey of the psychosocial factors  
in your workplace



Demographic



Physical



Psychosocial



Personal



Workplace



Health and  
Well-being



Violence and  
Bullying


Based on the Copenhagen Psychosocial Questionnaire (COPSOQ) and  
customized to address concerns within the Canadian workplace.

Web-App: [www.StressAssess.ca](http://www.StressAssess.ca)

# The Five Step Approach




# mini-MIT



Occupational Health Clinics  
for Ontario Workers

**Psychosocial Health and Safety**

## Preventing Mental Harm in the Workplace




## Five Step Approach



- 1. LEARN** – Familiarize yourself with the basics; deepen your understanding, share your awareness; identify resources
- 2. ORGANIZE** – You can't do it alone, get support/buy-in, establish a working group
- 3. ASSESS** – Select tool(s); implement, do it carefully and well; consider the results and pick your key issues
- 4. CHANGE** – Consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supports; implement, do it carefully and well
- 5. EVALUATE** – Give it some time, then use tool(s) (the same as before?) to re-assess the situation; find out what seemed to work and what did we learn; identify strengths, gaps, new questions and start the cycle again

### Not Enough Attention on Work

"most stress management interventions tend to occur at the level of the individual ... efforts to address the needs of the individual are less likely to succeed over time if stressful conditions in the workplace remain unaltered."

S. Cottrell, Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment. (2001) Journal of Psychiatric and Mental Health Nursing 8:157-164

## Real Life



**Lucy's Story**  
Community Nursing Agency

In 2012 a community nursing organization with approximately 110 employees, in a medium-sized city in Ontario, found itself embarking on a journey to improve worker mental health and psychological health and safety.

The nurses were experiencing high work demands (reduced limit of 30 minutes maximum per patient, including driving time), working at a fast pace (and chastised if too slow), threats of discipline (two employees fired), micro-monitoring (call in at start and end of every patient visit), experiencing driving hazards (weather and extensive traffic), forced overtime most days (11 hours became common rather than the normal 7), mandatory rather than negotiated holiday work, multi-level bullying and harassment, and increased pressure to report and blame each other for errors or omissions.

The agency was experiencing – nurse resignations (some even before orientation completion), difficulty in recruiting, increased absenteeism, substantive overtime payout, and negative workplace culture. Lucy was the local union president in the workplace.

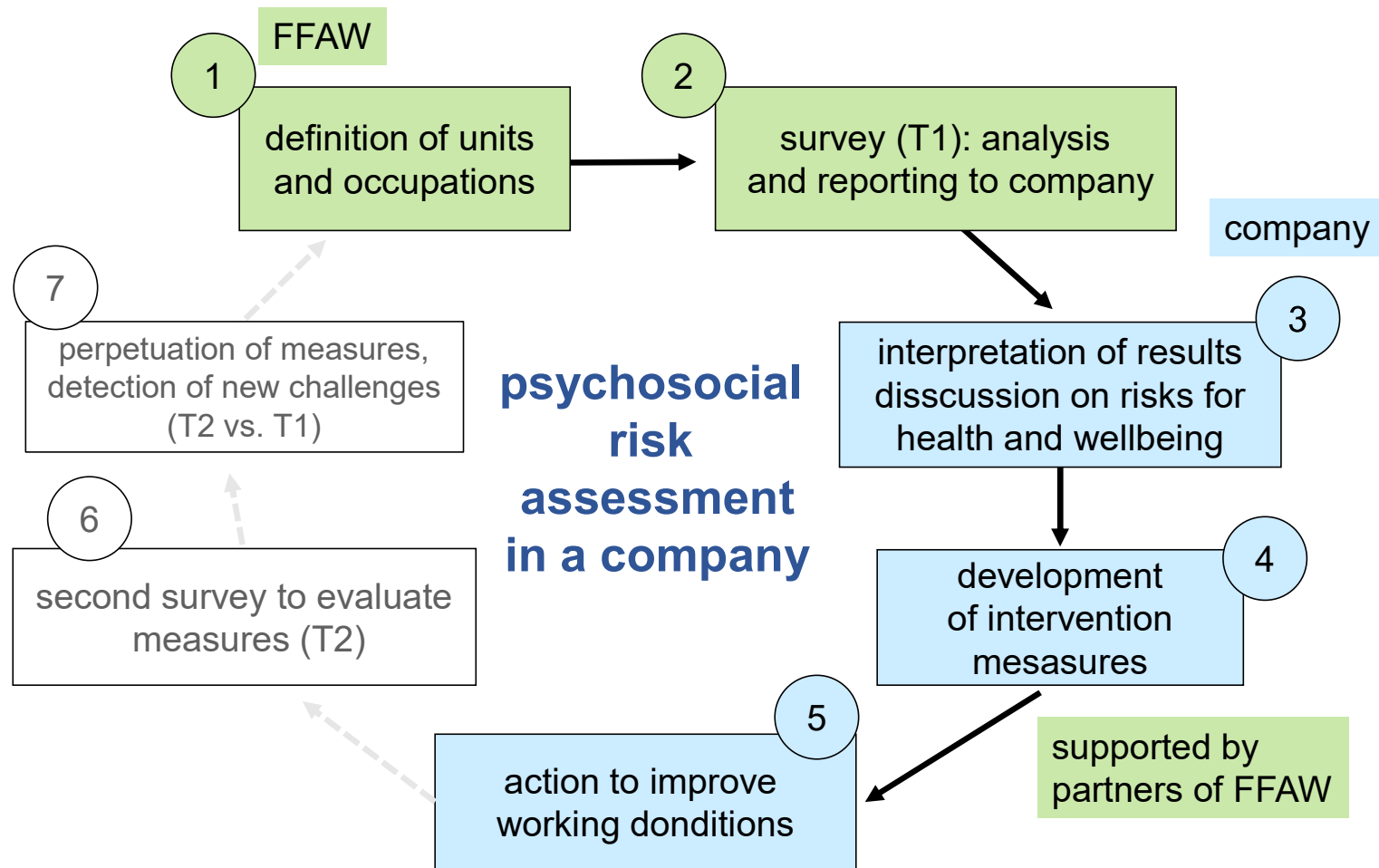


**Stephen's Story**  
Small Non-profit

Stephen's workplace is a small non-profit (27 people at the time of the survey) that is dedicated to providing social, mental and healthcare supports for people living on the street. They operate out of a downtown storefront in a large metropolitan city. Stephen is the Worker Representative on the Joint Health and Safety Committee (JHSC). He takes his position very seriously and his employer is very supportive.

During a health & safety orientation session, a new worker joining the organization pointed out to Stephen that there was no content in the H&S program dealing with psychosocial hazards.

Note: These two stories continue throughout the guide to help support the concept being presented.





# The Importance of ‘Being in Relationship’

- As a professional be aware of your need to “always” be efficient
- There’s value in being present and willing to listen purely for the sake of listening
- Get creative in how you frame failure, impacts and successes
  - Assets & Strengths
  - Opportunities vs. Threats
- Finally, consider how your interventions interface with accessibility, equity and diversity

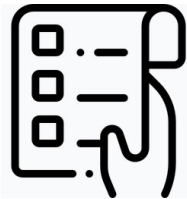
## 1. Initiation stage

- leadership (command & control/support & direct
- committee (bureaucratic response to practice standard/regulatory requirements
- ground swell (led by union/activist in response to concerns
- learn & organize, level of “buy-in”/readiness



## 2. Selection of instrument

- different underlying perspectives
- different vocabularies/ languages
- prescribed choice, incentives, exposure



## 3. Engagement

- endorsements/support
- participation (% response rate)



## 4. Analysis

- internal/external comparisons
- correlations
- fixed measures



## 5. Digestion & brain-storming

- interpretation of analysis
- prioritizing factors
- soliciting ideas for change
- selling recommendations

## 6. Making change happen

- level of intervention:
  - a) individual
  - b) group
  - c) organization
  - d) sectoral
  - e) societal
- stage of prevention:
  - 1° primary
  - 2° secondary
  - 3° tertiary
- evaluation of intervention



## Questions:

1. Based on your experience, what works and what doesn't **at each stage of the journey**?
2. How can outsiders (consultants, advisors, observers) contribute to the journey?
3. How can they obstruct the dialogue?