

Insight aims to provide useful information, links and tips in the areas of Risk Management, Work Health and Safety, Business Continuity Management, and other areas relating to management systems and corporate governance.

Workplace Culture (Part 2)

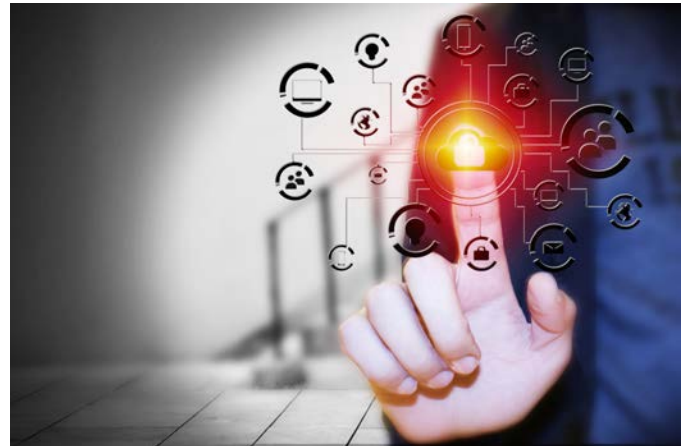
In [Part 1](#) of our article on Workplace Culture, we explored a key contributor to a positive workplace culture, that being worker engagement. We also discussed that whilst the drivers for this vary from individual to individual, a commonality exists between a worker's level of engagement and how strongly their personal *values* aligned with those of the organisation, and how *valued* they felt their work is by the organisation. Workers who don't feel valued or whose personal values don't align with that of their employer are less likely to care about contributing to its success, which, in greater numbers, leads to a poor workplace culture where short-cuts are taken, absenteeism increases, individuals put themselves first and unsafe behaviours are accepted.

So how can organisations foster worker engagement, particularly in relation to health and safety, and move towards a positive workplace culture?

1. Understand Your Workforce

How do you know or measure how engaged your workers are? The short answer is – you ask them! The longer answer is you could conduct a survey of your workers, asking them what is important to them, why they come to work, how they would rate the workplace culture, and if they feel valued at work. Culture surveys are best done anonymously where individuals feel they can provide honest responses without fear of identification or retribution.

Armed with their employees' responses, an organisation can then dissect and identify common themes, areas of positive performance and opportunities for improvement. Importantly, these results must be shared with workers, so everybody is clear where the organisation sits culturally. From here, specific action plans can be developed aimed at addressing areas of concern and desired improvement. Finally, the conducting of a culture survey is something that should be repeated, usually at two or three year intervals, to determine if the results (that is, the culture) are improving or not.



2. Consultation

Whilst there are legal duties on employers to consult with workers on matters affecting health and safety, consultation is also a positive mechanism for engaging with workers. It has been long proven that workers who contribute to how tasks are performed (and performed safely), feel respected, valued and are more likely to own and follow the process; and, are more engaged at work.

3. Leadership and the Importance of Managers and Supervisors

Typically, the Manager or Supervisor of a team sets the tone for the accepted behaviours of the team. Whether it be allowing short-cuts to occur or not, enforcing safety rules or not, or prioritising production over safety versus putting safety first, the role of the Manager or Supervisor is critical in determining team and workplace culture. In essence, they **are** the organisation to their team. Theirs is the role through which the organisation's standards, policies and procedures are applied and enforced.....or not.

To this end, the Manager and Supervisor role is a *leadership* role. It is therefore crucial that individuals in these roles have not just the technical knowledge of the work tasks being performed, but also the "soft" skills that form the basis of good leadership. These include how to have difficult conversations with workers about their behaviours, having the courage to stop work where needed, role-modelling

expected behaviours and prioritising health and safety over production.

Senior and more experienced team members can also play a positive role. Demonstrating those same soft skills, they can also be leaders in the workplace whom junior and less experienced workers look up to and respect, and can play a key role in shaping and influencing the team and workplace culture. A positive workplace culture cannot rely on just having good Managers and Supervisors, it must also have good leaders.

4. Reward and Recognition

If you asked, most people would say that a token bonus or reward is nice, but it doesn't drive them to work harder, act safer or become more engaged at work. But they would say a simple thank you or some other form of recognition from the boss is a very welcome appreciation and contributor to a positive culture. This recognition says to the worker (and others) that their work efforts and contributions are valued by the organisation. And as we stated in the introduction, there is a link between a worker's engagement level and how *valued* they feel their work is by the organisation. Having a program within your organisation that recognises positive and safe worker behaviours is one of the foundations to a more positive workplace culture. Rewards are good. Recognition is better.

Quantifying workplace culture is challenging but not impossible. There are clear links that worker consultation, participation, engagement, values and recognition, and the influence of effective leadership from Supervisors and experienced team members, contributes significantly to the setting of standards and a positive workplace culture. One where people feel valued, and where their attitudes, beliefs and contributions are embraced; and ultimately, one where people want to come to work each day.

Please [contact QRMC](#) for information or assistance.

When will we get serious about Asbestos?

Late last year my mother died of mesothelioma, inhaling the asbestos fibres from cutting fibro sheeting in the early 50s when she helped to build her family's 'new' fibro workers cottage at Redland Bay. She then lived in the cottage, with the cut fibro ends exposed and 'unsealed' for a further 8 years.

Her breathing wasn't noticeably impacted until her 60s and obviously there was no treatment. In her last 12 months, the results from inhaling the fibres some 70 years earlier were debilitating.

And while asbestos occurs naturally, it has been a little eye-opening to see that it has been used by people since day dot:

- The Egyptian pharaohs were wrapped in asbestos cloth to protect their bodies from deterioration.
- Around 400 years BC, historical texts have the Greeks using asbestos shrouds to wrap their dead before their bodies were tossed onto the funeral pyre, to prevent their ashes from being mixed with those of the fire itself.
- King Charlemagne of France had a tablecloth made of asbestos to prevent it from burning during the accidental fires that frequently occurred during feasts and celebrations.
- Knights of the First Crusade used a catapult to fling flaming bags of pitch and tar wrapped in asbestos bags over city walls during their sieges.
- In 1280, Marco Polo wrote about clothing made by the Mongolians from a "fabric which would not burn" and he visited an asbestos mine in China.

Equally the diseases stemming from the mining and processing of asbestos, and the devastating outcome, have been identified for thousands of years. The Roman historian Pliny the Elder (who lived between 61 & 112AD), wrote of a "disease of slaves," inflicting the slave workforce involved in the mining and processing of asbestos. He described the use of a thin membrane from the bladder of a goat or lamb used by the slave miners as an early respirator in an attempt to protect them from inhaling the harmful fibres.



Flash forward a thousand or so years to 1897 when an Austrian doctor attributed pulmonary troubles in one of his patients to the inhalation of asbestos dust, and an 1898 report regarding the asbestos manufacturing process in England which cited "widespread damage and injury of the lungs, due to the dusty surrounding of the asbestos mill." In 1906, the first documented death of an asbestos worker from pulmonary failure was recorded in London, with the autopsy of the 33-year-old victim revealing large amounts of asbestos fibres in his lungs. Reports of worker deaths from "fibrosis" in asbestos plants in Italy and France echoed studies from the U.S. and suggested that asbestos workers were dying unnaturally young.

Despite constant health warnings, asbestos mining and manufacturing boomed throughout the 20th century due primarily to the marketing and promotion of this cost-effective 'miracle-product' with a thousand uses. Global demand increased after World War II as economies and countries struggled to rebuild using this cheap mass-produced 'construction material'.

In Australia, asbestos cement materials were first manufactured in the 1920s and were commonly used in the manufacture of building materials. Asbestos was a favourable material for our post-war construction boom. Fibro sheets were durable, heat resistant, fireproof, cheap, and easily accessible. Back then it was a government approved construction product used on military bases, railways, government and council buildings throughout Australia.

Surprisingly, even with all the health warnings, the world demand for asbestos peaked in 1977 with 4.8 million metric tons per year produced (<https://www.asbestos.com/asbestos/history/>) ... and so here we are, over 30 years on from the world's peak demand, and there have been enormous numbers of deaths internationally and within Australia attributed to the asbestos fibres. But what is frustrating is that there are still instances today where Asbestos Containing Materials (ACM) is being poorly managed in workplaces.

Yes, there are thousands of sites and workplaces with ACM legacy issues that need to be managed, but over the last 12 months I have seen examples of suspected asbestos tagged with the industry standard stickers but not maintained; others tagged with faded post-it notes; and others not identified at all. And from what we saw when the new Queensland Government Executive Building was constructed in 2016, ACM is still being manufactured in China and other countries, and there is still the potential for it to be imported from overseas, so this needs to be monitored as well.

Australia had policies in place that say 'enough is enough' in relation to Asbestos, but this often doesn't translate to prioritising and managing the issue at site-level. So, while there is ACM being poorly managed in workplaces, and the chance that it may be imported from overseas, there is also the likelihood that the next generation will be exposed and succumb years later to this debilitating illness.

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Please [contact QRMC](#) for more information.