Humanising work health and safety management

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**Start of Transcript**

## Dr Miller: So good morning Robert.

### Dr Long: Good morning.

## Dr Miller: I’d like to thank you on behalf of Safe Work Australia for agreeing to be part of the 2016 Virtual Seminar Series.

### Dr Long: Good to be here.

## Dr Miller: So Robert, one of the first questions I wanted to ask you, is thinking about some of the most common work health and safety challenges in Australian organisations, and ones that workers face, what’s your advice on how some of these challenges might be met?

### Dr Long: I really think that the risk and safety industry is currently in kind of a hiatus.

So I look at the industry now and think that in many ways it’s plagued by its own constructs, the things it’s normalised and made culturally normal, to the exclusion of I think a number of things which a transdisciplinary approach could bring into the sector and help it mature.

### I wouldn’t call the curriculum or preparation of safety people even in the league of say law education, nursing, community services such work – any of those human services I think.

## Dr Miller: So what do we need to do to improve the quality of the professional advice that businesses have on health and safety then to get it closer to those professionals of…

### Dr Long: I really think without a reform of the curriculum, so Certificate IVs, diplomas and degrees, I think safety will be constantly disappointing itself. Because when you get out actually into the job and you’re walking on site and you’re doing the safety work, it’s essentially helping profession, or it should be helping profession. At the moment it’s a mechanical counting activity. So if you talk to most safety people in the field about what they do, it’s just astounding how much time is in front of a computer doing computer work, checking boxes, ticking off lists, reframing documents. And even when you look at the training, it’s remarkably mechanical, not human in what’s done.

## Dr Miller: So is that hence your particular interest in looking at the social psychology of health and safety, and looking at a more …

### Dr Long: Yeah absolutely. I have 10/12 other people with me who are flat out being requested in organisations to come inside and put a bit of human life back into what they’re doing. And people just do not want to be treated like objects. They do not want to be treated like numbers. I guess people are screaming out for safety to be humanised.

## Dr Miller: As a leading author in the field of the social psychology of risk, how does that approach complement the existing approaches to health and safety like engineering or human factors?

### Dr Long: At this stage I don’t see a great deal of connection between engineering systems and human factors, or human factors and the social psychology of risk. I think it might come, but the whole idea of a transdisciplinary approach to risk and safety hasn’t really started yet.

### Mostly we keep to our disciplines. Engineering knows all about engineering. Why should I listen to a social psychologist? A lawyer knows about the law. Why should I listen to, you know, a biologist scientist or something?

So I think we’ve created these enclaves and these little fortresses, and until there’s greater transdisciplinary conversation, I think safety will remain immature and lacking sophistication for quite some time.

## Dr Miller: Could I ask you first to talk for the audience about what is the social psychology of risk?

### Dr Long: Well the social psychology of risk has a tradition that came out of – without being too academic – out of the Frankfurt School, the work of Habermas and through into things like the study of semiotics, the study of semiology.

## Dr Miller: And actually for our audience who perhaps aren’t – can you just put some of those in common language for us?

### Dr Long: Semiotics is the study of signs, symbols and significance, and how socially we are affected by those signs and symbols.

## Dr Miller: So that’s the application for workplaces, is thinking how…

### Dr Long: There are hundreds of these social psychological dynamics at work which work in what we might call the collective unconscious. So we do things together collectively and unconsciously that don’t involve conscious decision making, that affect everything from buying a house to how we watch a football game.

## Dr Miller: Or decisions we make about what’s safe or not.

### Dr Long: That’s correct. I hear all this stuff out in the safety sector – safety is a choice you make, it’s all about some rational decision – and I hear all this stuff, and I just think you can’t be serious. And so I started looking at the assumptions behind this mechanistic rationalistic discipline called safety, and was just amazed at how naïve it was in its knowledge of what makes a human being and what makes a society, what is an organisation.

### I mean we think differently just in this room gathering round a table. We could change the way we socially make decisions together as a group here. If I put a sparkling ball, some dim lights and a bit of music in the background and we took the tables away…

## Dr Miller: So by changing the context you’ve changed…

### Dr Long: We change the social arrangement. You change the associated decision making. Go to a church, it changes. Go to a wedding, it changes. Go to a funeral, it changes. We’re affected socially.

### We’re social beings, and until we understand this sociality of being, we’ll continue to think that human beings are some sort of behaviourist mechanistic choice decision process that’s affected by inputs and outputs. It’s far from that.

## Dr Miller: How does that directly apply to health and safety, and how can we harness that knowledge that you’re referring to, that groups operate…

### Dr Long: I don’t think it’s something that the word harness is really suitable for. I think it’s something you more tackle. Any time you try to understand the nature of how humans live and breathe and work together socially, it steps out of the realms of mechanistic predictability.

### So I would say that the discipline of risk and safety is more of a wicked problem. It’s more intractable, it’s more paradoxical, because it’s about humans. The moment you think you can make a human do a certain thing and act in a certain way, you’re moving them from being a human into a robot. Well good, just go make robots. If you want the freedom and the innovation and creativity which comes from being a social human being, you have to accept some of the paradoxical things that are part in the nature of that. So our freedom to move in certain ways in our lives which makes life worth living doesn’t match this mechanical thing that says all risk is wrong, we should be risk averse and whatever. The truth of the fact is our lives are enriched by the risks we take, and we all take risks every day and it makes life worth living.

So social psychology would bring quite a different approach to the way risk and safety currently thinks, which has been commanded a great deal by traditions of engineering, science and regulation. Most of the lawyers I know don’t think like safety people think they think either. Most lawyers have a great deal of training in critical thinking and understand dimensions of social politics. As a profession I think there’s not enough transdisciplinary engagement with lawyers outside of this restrictive paradigm either.

## Dr Miller: I might take you to how bias affects decisions people make at work, including their judgments of risk. I wondered if for this audience you could give some examples of some of the most important biases you see, and how they might be seen in a workplace.

### Dr Long: Well even if you jump on Wikipedia there’s over 300 cognitive biases within just that list on Wikipedia. I’ll just give you a couple.

### A common bias is one called affect bias. Whether you like it or not, we are affected by the last thing we saw.

### So for example all of a sudden let’s say on Saturday you buy a car and it’s a red Corolla. The strange thing is, as you drive out of the showroom all of a sudden you see all the red Corollas. And you didn’t see them two days ago, but now you’re seeing them. Everyone has that experience. That’s called affect bias.

## Dr Miller: So it might be that if you’ve experienced a risk you’ll notice it more?

### Dr Long: I do experiments with people, because social psychology is about experiments, and most of it’s learned through experiments. So we divide this room in half, we put you in two different rooms, and I might show you accidents with horse riding for half an hour. And we know that people die in horse riding accidents and it’s very sad. I could show another group horrific car accidents.

### In a ranking exercise, those who’ve seen the horse riding videos and accidents will now overrate the risk with horse riding in comparison to driving in their car, and they’ll happily accept the risk of driving their car going home, except the risk of being killed in driving their car going home is much, much higher than horse riding. But we’re affected by what we see and do, and it’s even more so if we’re collected together. So you individually are affected, but through other things like group things, I can actually sway your elevation or devaluation of risk simply by the presence of others.

Now that’s just one bias. Affect. When you think about it, there are 300. Wow. And they’re unconscious.

## Dr Miller: So in that instance, basically say if people were doing a risk assessment, they might over-estimate a risk that they’ve…

### Dr Long: Or underestimate the risk, absolutely.

## Dr Miller: What are some of the other ones that you think are really critical for us in the health and safety industry to be thinking about?

### Dr Long: One of the most popular activities which I think if I could get rid of them I would, is the concept of a risk matrix. It’s a mechanistic process that actually stops people from thinking, and it reduces conversation about risk. And everyone says you’ve got to have one that sits there right in the middle, and I shifted the colour from red to yellow, and you think whacko, the risk is now managed. That in itself is a form of bias as well. The whole concept that through – I’m going to use the word again – through a semiotic or through a symbol or an image you can sway the way a person works.

## Dr Miller: So because I’ve arbitrarily shifted it from a yellow to a red…

### Dr Long: It affects you psychologically.

## Dr Miller: …I may feel more comfort than actually objectively I should.

### Dr Long: Yes, absolutely. Another one. Representative bias or representation bias. We can be affected by the way things are either represented to us or the way we represent them to someone else. We can be affected by the absence of something else as well. So this is not just about information, it’s also about what Norrtranders calls exformation.

## Dr Miller: And what’s that?

### Dr Long: Well exformation is what’s not included. We come in and we talk about what we see, not about what we don’t see, what we hear and not about what we don’t hear. And if you look very carefully through the way safety is portrayed and the language of safety, I could list now for you 100 words that are not spoken in the culture.

### I had a friend who’s quite high up in a tier one building company. They’re an international building company, and they actually were doing their strategic planning day like you would all do, and they had a fight in their strategic planning day because they were the only person in the room who wanted to include the word ‘people’ in their vision statement for safety. Everyone wanted the word ‘people’ left out. The word ‘hazards’ were in there, the word ‘risks’ were in there, but not the word ‘people’. So apparently a vision for safety has nothing to do with people. So exformation and information is very important.

### Now heuristics and cognitive bias are actually connected greatly.

## Dr Miller: And just for the listeners, can you talk about heuristics?

### Dr Long: Heuristics are unconscious kind of mental shortcuts we use. They’re not physical shortcuts, they’re mental shortcuts. We use them all the time to make ourselves efficient. So even if you go shopping, you would probably exercise at least half a dozen to a dozen mental shortcuts you’ve learned over shopping over the last 20 years. They’re heuristics.

## Dr Miller: So from a safety point of view, are you challenging us that we need to understand some of those, when people are looking at workplace issues, that we know what might not be obvious, and the shortcuts in decision making that people are making that may be correct or may be incorrect?

### Dr Long: Yes, except I don’t think we can draw some of these things – because I think what safety tries to do is get social psychological stuff and then pull them back into a mechanistic framework.

### I don’t know if you’ve interviewed David Borys at all, but David was responsible for getting the concept of heuristics into the risk management standard framework. If you look at HB327, which is the handbook on how to communicate and consult about risk, heuristics is page 567.

## Dr Miller: So what I’m hearing you give us as a challenge of health and safety professionals, is that we need to look outside the traditional disciplines that we’ve looked at.

## But some practical tips on how can we – this stuff will be quite challenging for most people to understand. How can they translate some of these learnings that you’re talking about into every day workplace practices that would make us think about risk in a more balanced way?

### Dr Long: Most of what I do when I come into organisations is help them with skills, skill development. I think we have lots of the skills which we need to exercise, but they’re not exercised.

## Dr Miller: So are you saying to first start with an awareness?

### Dr Long: Yes. You start with an awareness, but then I would say to an organisation “You know what? You have a walk around checklist where you walk around your site. Great. But leave it in your pocket. You don’t need it. All you need is an open question. So if you just ask some open questions and just start to listen to people in a simple conversation where you truly engage, you might actually get somewhere”. If you go out with a checklist, it shapes the whole way you are, it pushes you in the linear way it tries to make you.

## Dr Miller: So what are some of the open questions you should challenge us to ask in a workplace? If I’m a leader and I want to walk around my workplace and truly understand what’s going on…

### Dr Long: Openness is a disposition and a mental attitude and a world view. That’s very scary for a lot of people, because it empowers the other person. The word that really dominates the risk and safety issues is the word control. We talk about controls, the hierarchy of control, control, control. When you actually leave the security of that control and you actually value another person, you say “Peta, what are you doing today? Tell me about your work. I’m really interested. Just step me through what you’re doing”.

### In the safety I talk about JSAs and safe work method statements. I often talk about a visual JSA, a verbal JSA and a written JSA. And I just think we’re absolutely bogged down in written JSAs and have next to no idea of how to conduct a verbal or a visual JSA. Why is it that we’ve moved into this box? One open question. “Step me through what you’re going to be doing for the rest of the day. I’m all ears”. And then listen, and you will hear in that listening what you think about risk, where your fears are, the kinds of things that are frustrating you at the moment. They’re the things where later that accident might come from, but we’re not listening for them. We get through a checklist and we say “Okay, have you done your checklist? So I’m doing my checklist. Have you done your checklist?” So I’m checking a checklist.

## Dr Miller: So be more comfortable with open questions and storytelling?

### Dr Long: Yep. That’s just one skill. Understanding also that social arrangements affect decision making, and some of that becomes habituated. So for example I was in a mine the other day, and the manager asked me if I could help him work through some of the issues they had in the mine. And I just hung around for a day and listened to how they spoke, what was in their language, what was not in their language. And I heard a small meeting where about 20 people discussed a possible incident that could have occurred, and in a whole hour of conversation not one person asked have we learned something? What have we learnt? It was always what can we do? What’s wrong, who to blame, how to fix it. No one asked what we can learn. I’m thinking that’s a whole hour of conversation, and yet the very question I would want to start with wasn’t even asked. So again it’s another skill, but these are human skills. These are social skills.

### If you really want to engage with people and connect with people in the way they see risk, in the way they manage their own safety, you’ve got to start listening, you’ve got to start empowering them, you’ve got to start moving away from very, very restricted models of what it is to be human.

## Dr Miller: You’ve set us some very significant challenges there, but the message I’m hearing is communicate openly and storytelling will take that away.

### Dr Long: There’s a lot we can do.

## Dr Miller: Safe Work Australia members have set Safe Work Australia and Australia a challenge to become better at health and safety. Thinking about some practical steps, what do you think that we should be…

### Dr Long: For Safe Work Australia?

## Dr Miller: So what can Safe Work Australia do to support workplaces to improve their own health and safety?

### Dr Long: There are two things I think. The first one is evidence based practice is terribly important.

### There is a real disconnect between theory and practice. Research into a range of different things is not trickling into the safety industry yet. The ones I mentioned before are – Dr John Green, Professor Sidney Dekker – they’re starting to have an effect. Actually I know of a tier one building company, they’ve had a great affect in, and they are doing some amazing practical things. So I won’t advertise who that is, except if people want to contact John Green or Sidney Dekker I’m sure they’ll find out more. There’s lots on the internet about that.

## Dr Miller: So the challenge you’re saying is that we need to help translate empirical research and theory into practical application.

### Dr Long: Yep. It’s the only way to take away the myths.

## Dr Miller: And I’m going to ask you though what are some of the myths then that you’re referring to?

### Dr Long: I mean even the concept that causality is linear is a myth. You know, there are people learning all these incident investigation programs that are out there, and the fundamental assumption of them is that that causality is linear. To be honest, most of the stuff that we experience – causality is chaotic. It’s not linear. Life isn’t like that.

### Back to the initial point I made about a transdisciplinary approach, there are disciplines outside of the current safety space that have a great deal of value to add. They’re not being engaged.

## Dr Miller: And what are some of those Robert?

### Dr Long: Well mostly things in a social science area.

## Dr Miller: So I’m going to loop you back to something you said at the beginning of the conversation about safety, the challenge for safety professionals is to move outside their own disciplines during their training. So is that a final challenge that you’d be setting us all?

### Dr Long: Yes. I would have a careful look at the curriculum, and I would argue for some major reforms in the curriculum.

## Dr Miller: To make people look at other disciplines and the evidence that they can bring.

### Dr Long: Just go to any curriculum anywhere in risk and safety, University degree, diploma, whatever it is, and just do a little mathematical exercise and ask yourself how much of the time is committed to a mechanistic discipline rather than a social science or a humanistic discipline or a humanistic focus. And yet the moment a safety person leaves that training and gets out into the workforce, 99 percent of what they do is trying to engage with people. And they get frustrated because they don’t know how to do it well.

## Dr Miller: So it comes back to the communication. I’m going to open it to our visitors in the room.

## Ms Pryor: So Rob bringing your psychology approach how do we get these people, who you quite rightly say are in their silos, to actually get to be open minded and talk to each other? And then as you quite reasonably say, how do we draw out the strengths of all of those to something that’s integrated and not lose the good things but put the other things aside? I really like your comment about we’ve got to be evidence based and we’ve got to look to the research. I see part of the problem is these people do their research, but they only do their research in their area they’re interested in. Have you got any suggestions about – at this level of the people that are…

### Dr Long: How do we develop collective coherence? How can we even begin the conversation with each other?

### I look a little bit below that and say we’re not even talking within the industry about culture as a form of collective unconscious, which is what culture works like. We all fit within a culture. We do a whole bunch of things which we don’t even think about. It’s how we belong.

### And then I am asking – and I’ve already done this – I’ve looked at the collective unconscious in these various traditions, and part of those things are the obstacles that stop them from talking with each other. So if your assumption is that a human being is an object or a human being is a machine and it’s just a sum of inputs and outputs, why would you talk to somebody who says social relationships drive decision making, particularly when your training is so restricted.

This is why I’m calling for reform in the curriculum of the way we teach people risk and safety. Why are we pushing these people out into the field who are so lacking in skills in human engagement, conversation and skill development? Why are we doing this when the very foundation of what they do when they get out is helping people in their risk and safety? They’re facilitators of others’ risk and safety, and yet we’re not giving them the skills for it because the curriculum doesn’t prepare them for it.

## Dr Miller: So health and safety professionals need to be expert communicators?

### Dr Long: Well you look at the level of time applied to the fundamentals of communication in any qualification, and it’s like five percent if you’re lucky. The Act though requires – 30 percent of the Act is dedicated to communication and consultation. Thirty percent of the risk management standards are dedicated to communication and consultation. So I would suggest that people like Safe Work Australia should take the lead in division and say you know, let’s get a transdisciplinary approach.

## Dr Miller: You’ve got Yvonne in the room.

## Ms Noordhuis: I’ve got a project actually that’s running where we’re working with the engineering associate of deans to actually influence curriculum in terms of it’s not about adding on an extra module of health and safety, and it’s about actually critical thinking. It’s about approaching it from a different way. But I found what was interesting in how you’ve brought this forward is talking about health and safety professionals and how they need to be more developed in terms of their lateral thinking, critical thinking and things like that, which within itself is an issue, because we’re defining health and safety as a profession yet again. So we’re almost creating another layer…

### Dr Long: It’s been legalised as a profession.

## Ms Noordhuis: We should be integrating the thinking throughout all the professions so that it’s an upskilling of all professions, rather than it being – unfortunately now it’s becoming this elitist sort of area where it’s like this is the latest trend. People want people to understand health and safety, and so companies look at professionals to come in to solve that problem. And rather than it being an integrated solution…

### Dr Long: Yeah. Well I’m working with an organisation at the moment trying to get rid of their health and safety sector in their – it’s a big tier one company. I want to move it in with project management. The courage to do that is unbelievable, and the critical thinking required to do that is also high level, particularly when we actually have regulated and legislated this person called a safety advisor. So if you have an organisation with more than 20 people, you’ll have one of these people in there. I guess the moment you regulate and legislate this silo, how do you undo it?

## Dr Miller: So I’m just going to invite Pam to ask a closing question, and then…

## Ms Pryor: Yes, just to close the loop. I suppose I’ve just got to put in a closing comment that I agree with what you’ve been saying about the need for change, the need for change in the activity if you like, whether it’s a profession or not. There’s a need for change in the way they’re educated, and we also have a need for integration with the other professions. But I think I’ve still got to argue for there is a specialist advisory role, and we need to change what that advice is and the education for that advice. But I think one of the other conflicting things is that we find from when we look at people’s education in occupational health and safety and then they go into the workplace, they’re saying that – even with what they’re being educated now – is that they’re being pushed in to do things which they don’t feel are the priority things that they should be doing.

### Dr Long: Absolutely.

## Ms Pryor: And whether it comes back to skilling them in being persuasive, communicative or whatever, but if they say we’ve had this training and we should be doing these things in relation to promoting safety but we are being pushed to PPE procedures, documentation, because that’s where the company says “I want to cover my backside,” we’ve got a mismatch at all levels.

### Dr Long: Massive. Couldn’t agree more. So I think the call to go back to education has really got to be the – it’s an urgent discussion. We’ve got to go back to saying why are we pushing people out this way? So most work health and safety training is within a health faculty at a University or health science – usually within health science. It’s a good start.

### But I mean the health faculty is probably the best way to get a launch into a transdisciplinary approach. Some of the best safety officers I know, safety advisors I know, started in the nursing profession, started in the communications profession.

## Dr Miller: So Robert thank you very much for your time and your engaging and sometimes controversial and challenging responses.

### Dr Long: Great.

## Dr Miller: And for more information about Robert and the work he does, look for his bio and resources on our website.

### Dr Long: Great. Thank you.

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**[End of Transcript]**