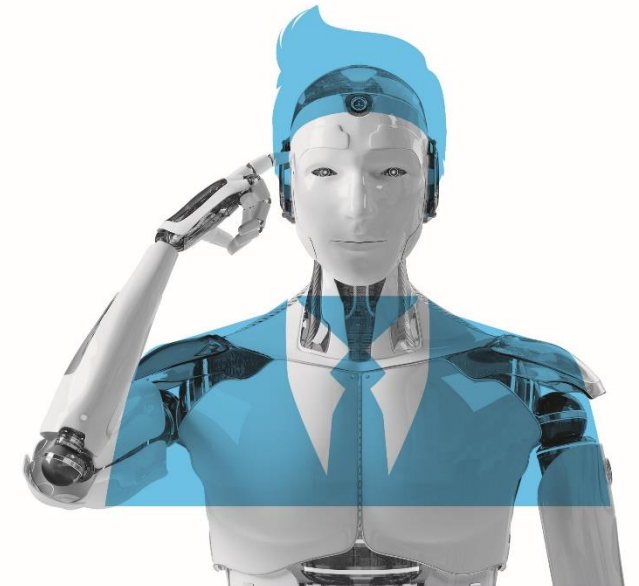


Human factors and behavioural safety

How to get the best out of your workers

26 October 2022

Catherine Henney



“Human Factors”?

What do you
consider this term to
mean?



Not a new concept...

HSG48



HSG48 (Second edition)
Published 1999

'Reducing Error And Influencing Behaviour' examines human factors and how they can affect workplace health and safety.

This study looks at:

- The general impact of human error and behaviour;
- How workers' physical and mental health can be affected by these and other factors;
- Practical ideas on how to identify, assess and control risks arising from such issues; and
- Case studies detailing how various organisations have approached these challenges.

Especially suitable for managers, health and safety professionals and employee representatives.

Major disasters involving “human factors/ failures”

- King’s Cross Fire (1987): *cleanliness of escalators*
- Clapham Junction (1988): *working practices/hours*
- Herald of Free Enterprise (1987): *“disease of sloppiness”*
- Piper Alpha (1988): *poor maintenance management*
- Chernobyl (1986): *deliberate violations of procedure*

Over the last 18 months...

Who has followed 100% of Covid-19 rules?

Safety Assurance

Getting behind the Greens



Question 1:

What does good safety management look like to you?

Question 2:

Do we aim for safety or resilience?



Effective Compliance

"Accident Free"

Organisation safety is the presence of safeguards

NOT

The absence of accidents



Question 3:

Are mistakes intentional?





Our work is not inherently safe

People create safety in practice

Workers are a solution to harness, not a problem to fix



Good safety management

Antecedents, behaviours and consequences



People do what they do because of what happens to them when they do it.

Question 4:

How do we communicate our safety expectations?

Communication

Different Methods Available

- Producing a Written Procedure
- Training out the Changes
- Toolbox talks
- Management / Supervisor Discussions





The impact of warnings...

Do we comply with warnings?

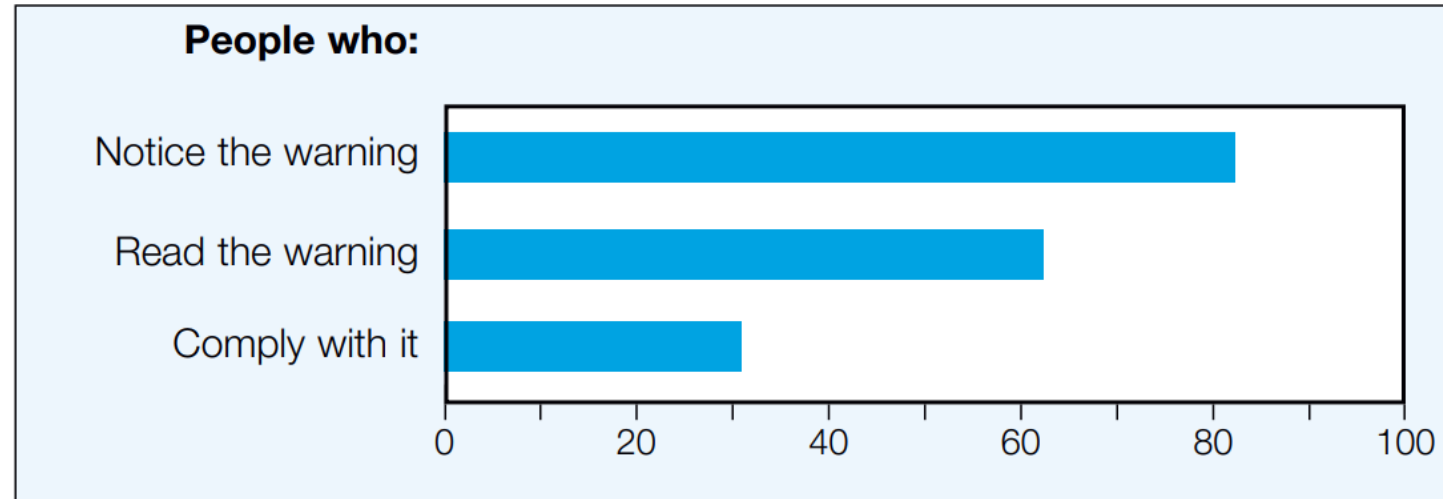
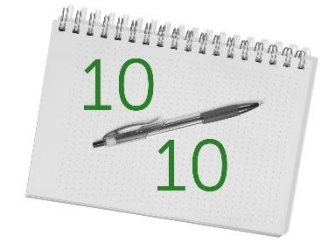
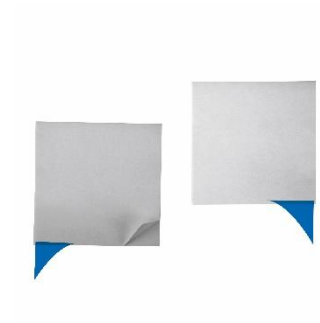
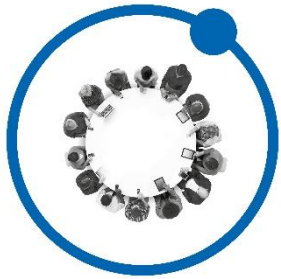


Figure 4 Complying with written warnings

As can be seen in Figure 4, while most people will notice a written warning, only half will actually read it and only a third will comply with the instructions. This shows that we cannot rely on a warning to produce the response we want.



Safety Messaging

Carrot vs Stick

- “Worst case scenario”
- Examples of “bad”
- Scare tactics
- Threat of consequence
- Safety successes
- Examples of good
- Incentivising
- Rewarding

The science of safety messaging

Do scare tactics really work in changing safety behaviours?

Nestler & Egloff (2010 & 2012)

- The theory of cognitive avoidance
- Different perceptions of the same message: some are more risk averse than others
- negative “top down” messaging can lead to disassociation
- Personal ability to contribute/ change – *“the risk is always going to be there, there is nothing I can do”*
- *“Be safe or die” vs “Be safe and achieve more”*





ENHANCE

WHY SCARE TACTICS FALL FLAT

Does the effect of 'horror movie' safety messaging eventually wear off, to the point where the viewer becomes desensitised? **Paul Verrico** and **Catherine Henney** look at the evidence.

SCAREMONGERING

SCIENTIFIC STUDIES ON THREAT MESSAGING TEND TO SUGGEST THEIR EFFECTIVENESS HAS BEEN INCONSISTENT

For years, safety professionals have often used the 'scary movie' approach to deliver hard-hitting messages about safety, trying to frighten leaders and employees alike into adopting an almost submissive approach to safety compliance: 'Obey, or face these horrific consequences' or 'This company wasn't paying attention and look what happened to them.'

Sometimes hard-hitting messages are necessary. Health warnings on cigarette packets led to graphic pictures of lung cancer and heart disease. Many would undoubtedly have been put off smoking. Yet many others would argue this has had no impact on long-addicted smokers (Pasquereau et al, 2022; Guignard et al, 2018) or young smokers (Moan and Rise, 2006) – those whose habit has become so ingrained that a nasty photo and scary words aren't enough to help them stop (Clayton et al, 2017; Leshner et al, 2010; 2009).

As safety professionals, many of us will have seen the powerful impact safety incidents can have on organisations and employees after the event, particularly where serious injury or a fatality has occurred. The hardest lessons are often learned having paid witness to injury and loss of life. Often those incidents are used in training – a scary movie to learn lessons.

The science of safety messaging

Health and safety practitioners are often asked to help deliver messages to boards of directors, executives and senior stakeholders who may not have daily awareness of the reality of health and safety within their organisation. A meeting might include suggesting they 'really want to scare the board/the managing director/the chief operational officer' or 'weave in that they can go to prison if they have an incident'.

In many respects this is an easy brief. But the reality is that it rarely achieves the desired aim – particularly if this is the only tactic used. It can be quite difficult to explain to prospective clients that it is highly unlikely anyone would, in fact, go to prison if things went wrong. GB Health and Safety Executive (HSE) enforcement statistics show that just 2% of the 185 convictions secured for health and safety offences resulted in immediate custody (HSE, 2021). In addition, a scaremongering approach usually fails to lead to the right sort of engagement and leadership that an organisation really needs.

We all agree that encouraging individuals to adopt safe behaviours is one of the most important goals of health and safety messaging. However, scientific studies on threat messaging tend to suggest 'their effectiveness has been inconsistent' (Nestler and Egloff, 2012).

Cognitive avoidance

The extended parallel process model (EPPM) explains when and why threat appeals designed to scare people into healthy behaviour are effective. Integral to the EPPM is that the success of a threat appeal depends upon the level of threat and the perceived efficacy of the proposed solution. The EPPM predicts that an individual will change their behaviour when a threat is relevant, meaning it is severe and applicable to the individual, and the solution is perceived to be effective. When the threat is irrelevant or the solution is ineffective, an individual is not motivated to change their behaviour. Importantly, the EPPM recognises that there will be variations in individuals' perceptions of threats and solutions, which will affect whether or not they choose to adopt a proposed behaviour change. Therefore, two people shown a threatening health and safety message and solution may respond completely differently. We can relate this back to those health warnings on cigarette packages: social smokers in their early 20s may today perceive the threat of lung cancer and the pictures on the packet to be a sufficient risk to encourage them to change

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Managing Safety

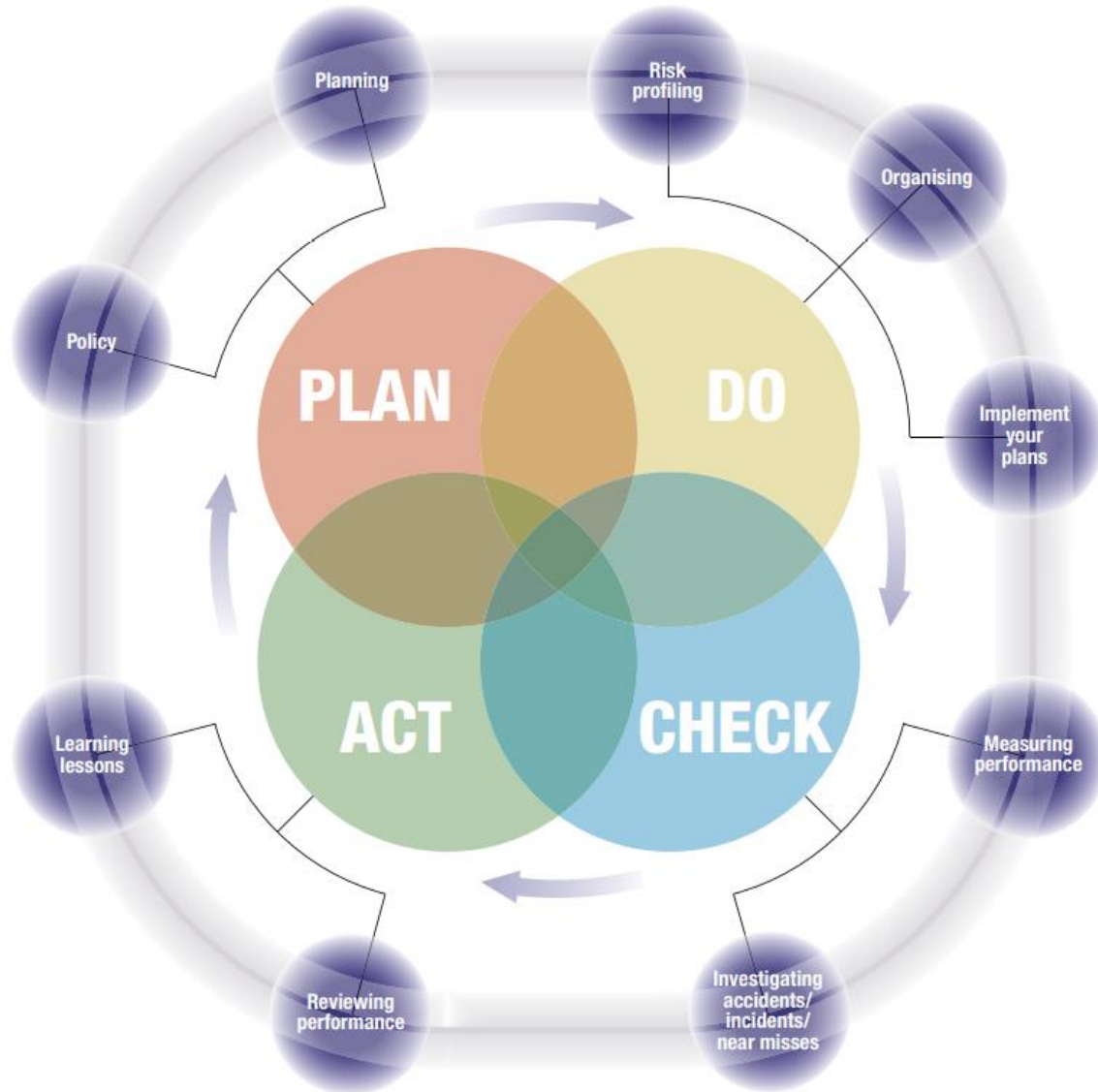
Concluding Remarks



- Safety is the presence of safeguards, and not the lack of incidents
- Think about resilience as well as safety
- Workers provide the solution to all of the above

Communication

Leadership Expectations



Leading health and safety at work

Actions for directors, board members, business owners and organisations of all sizes



This is a web-friendly version of leaflet INDG417(rev1), published 06/13

Introduction

This guidance sets out an agenda for the effective leadership of health and safety. It is designed for use by all directors, governors, trustees, officers and their equivalents in the private, public and third sectors. It applies to organisations of all sizes.*

Protecting the health and safety of employees or members of the public who may be affected by your activities is an essential part of risk management and must be led by the board.

Failure to include health and safety as a key business risk in board decisions can have catastrophic results. Many high-profile safety cases over the years have been rooted in failures of leadership.

Health and safety law places duties on organisations and employers, and directors can be personally liable when these duties are breached: members of the board have both collective and individual responsibility for health and safety.

By following this guidance, you will help your organisation find the best ways to lead and promote health and safety, and therefore meet its legal obligations.

The starting points are the following essential principles. These principles are intended to underpin the actions in this guidance and so lead to good health and safety performance.

Essential principles

- Strong and active leadership from the top:
 - visible, active commitment from the board;
 - establishing effective 'downward' communication systems and management structures;
 - integration of good health and safety management with business decisions.
- Worker involvement:
 - engaging the workforce in the promotion and achievement of safe and healthy conditions;
 - effective 'upward' communication;
 - providing high-quality training.
- Assessment and review:
 - identifying and managing health and safety risks;
 - accessing (and following) competent advice;
 - monitoring, reporting and reviewing performance.

* The Health and Safety Executive (HSE) has further advice on leadership for small businesses and major hazard industries – see 'Key resources' section.

Plan

Do

Check

Act



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