

Leading indicators of occupational health and safety: A report on a survey of Australian Education Union (Victorian Branch) members

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With regard to the IWH-OPM and the Organizational Performance Metric-Monash University (OPM-MU):

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List of Definitions

Several terms used in this report may be unfamiliar to some readers so we provide a list below.

Term	Definition
Acquiescent silence	Employee silence in relation to the passive withholding of relevant ideas due to submission and resignation. "Acquiescent silence represents disengaged behaviour shown by employees who have given up hope for improvement and are not willing to exert the effort to speak up, get involved, or attempt to change the situation." ¹ (p351).
Emotional burnout	The degree of psychological fatigue and exhaustion that is perceived by the person as related to his/her work. ² (p197).
Emotional labour	"Emotional labour involves consciously working to present emotions that enable a person's job to be performed effectively, and sometimes requires a person to suppress their inner emotions in order to do this." ³ (p272).
Influence at work	The influence at work scale assesses the extent to which respondents are able to control aspects of their work such as the type of tasks performed, the amount of work undertaken and with whom they collaborate.
Leading indicators of occupational health and safety (OHS)	"Measure actions, behaviors and processes, the things people actually do for safety, and not simply the safety-related failures typically tracked by trailing [lagging] measures." ⁴ (p29). Leading indicators of OHS are measures of the predictors, or root causes, of OHS performance in a workplace. ⁵
Near misses	"Any unplanned incidents that occurred at the workplace which, although not resulting in any injury or disease, had the potential to do so." ⁶ (p6).
OHS leadership	"... the process of interaction between leaders and followers, through which leaders could exert their influence on followers to achieve organizational safety goals under the circumstances of organizational and individual factors." ⁷ (p28).
Pastoral care	Pastoral care is a multi-faceted construct that has been suggested to encompass several broad areas including health and wellbeing, resilience, academic care, and social capital. ⁸ Pastoral care has been described as "...a community that provides a strong sense of well-being, belonging and security, students (and staff) are given every opportunity to be affirmed in their dignity and worth, confirmed in their personhood, and assisted to grow to their full potential." ⁹ (p2). In this survey, respondents were provided with an example for pastoral care: looking after students with personal difficulties.
Quiescent silence	Employee silence in relation to the active withholding of relevant information in order to protect oneself, based on the fear that the consequences of speaking up could be personally unpleasant. ¹ (p351).
Remoteness classifications	"The Remoteness Structure of the Australian Statistical Geography Standard (ASGS) ... divides each state and territory into several regions on the basis of their relative access to services." ¹⁰ (p4). The remoteness scores range from 0 (high accessibility to services centres) to 15 (high remoteness from services centres). The remoteness index results in several remoteness categories: <ul style="list-style-type: none"> • major city (e.g., Melbourne, Geelong), • inner regional (e.g., Ballarat, Bendigo),

Term	Definition
	<ul style="list-style-type: none"> • outer regional (e.g., Horsham, Bairnsdale), • remote (e.g., Cowangie, Bonang); and • very remote (none in Victoria).¹⁰
Reported hazard	Any activity, procedure, plant, process, substance, situation or any other circumstance that could cause, or contribute to causing, a major incident which has been reported by a worker to management. ¹¹
Reported incidents	Occurrences of injury/disease which were reported to management by workers. ⁶
Safety climate	<p>There are numerous definitions of safety climate. Some examples are:</p> <p>"A specific form of organizational climate, which describes individual perceptions of the value of safety in the work environment."¹² (p100).</p> <p>Factors that have been identified as being important components of safety climate include: management values (e.g. management concern for employee well-being), management and organizational practices (e.g. adequacy of training, provision of safety equipment, quality of safety management systems), communication, and employee involvement in workplace health and safety¹³.</p> <p>For a review of safety climate definitions, see: http://www.iscrr.com.au/reports-pubs/research-reports/safety-culture-and-safety-climate-sys-review.pdf</p>
Safety compliance	<p>"Core safety activities that need to be carried out by individuals to maintain workplace safety."¹³ (p.947).</p> <p>Examples of safety compliance activities could include but are not limited to lockout procedures and wearing personal protective equipment.¹⁴</p>
Safety control	"Safety control is a person's perception of the ability or opportunity to manage work situations to avoid injuries and accidents." ¹⁵ (p427).
Safety motivation	"An individual's willingness to exert effort to enact safety behaviours and the valence associated with those behaviours. Individuals should be motivated to comply with safe working practices and to participate in safety activities if they perceive that there is a positive safety climate in the workplace." ¹³ (p947).
Safety participation	"Behaviours such as participating in voluntary safety activities or attending safety meetings. These behaviours may not directly contribute to workplace safety, but they do help to develop an environment that supports safety." ¹⁴ (p349).
Supervisor support for safety	The role of supervisors in helping employees to improve and maintain their health. The role the supervisor plays to ensure that employee health is not endangered by work, that health rules are enforced, that health and safety issues can be discussed with supervisors and the sympathy afforded by supervisors for health problems. ¹⁶
Total incidents	Total incidents refers to the sum of all OHS incidents: incidents reported to management, incidents not reported to management and near misses.
Unreported incidents	A safety incident that was not reported to any company official. ¹⁷
Work overload	<p>Workload generally refers to the sheer volume of work required of an employee. Workload can be measured in terms of number of hours worked, level of production, or even the mental demands of the work being performed.¹⁸</p> <p>High workload or work overload is likely to be reflected by increased work hours, and also to contribute to feelings of strain and exhaustion.¹⁹</p>

Executive Summary

Background and aims

This report presents results of a **Union OHS Survey** conducted with the members of the Australian Education Union (AEU) Victorian branch in July and August 2014 by a Monash University research team. The work is part of a large research project that is being conducted by Monash University in partnership with WorkSafe Victoria, the Institute for Safety, Compensation and Recovery Research (ISCRR) and Safe Work Australia.

Nationally and internationally, government and industry stakeholders have a keen interest to identify and develop leading indicators of occupational health and safety (OHS). The **Union OHS Survey** has emerged in this environment, and offers an invaluable opportunity for industry stakeholders to take a leading and proactive role in the development of future tools and approaches. The participation by members of the Victorian branch of the AEU in this research is an important contribution to the development of a simple and practical tool for Australian workplaces.

In 2012, the Monash research team conducted preliminary research that identified and piloted a tool that was developed in Canada to measure OHS leading indicators (the 'Institute for Work and Health Organizational Performance Metric or 'IWH-OPM').²⁰ Since then, the research team has conducted several scale survey studies with a view to validating an adapted version of the IWH-OPM in the Australian context. This adapted version is known as the Organizational Performance Metric-Monash University (OPM-MU). The research project will test the OPM-MU and lead to the development of a practical tool to be used for predictive purposes or as a benchmarking tool. Several Australian employers and unions are participating in this research project.

The aim of this report is to present the AEU with an overview of their members' views of OHS, safety behaviours and other elements of work-related views and experiences (e.g. work overload) and self-reported OHS outcomes. The report presents analysis of union members' perceptions of OHS; their safety behaviours within the workplace; OHS outcomes and experience of injury; the association between these measures and self-reported OHS outcomes; and respondent comments on OHS at their workplace and suggestions for improving OHS.

Research method

AEU (Victorian branch) members were invited to participate in an online **Union OHS Survey** in July and August, 2014. The survey targeted all registered members of the AEU. Overall, 48,047 members had the opportunity to participate in the survey; responses were received from 4,750 members: 1,944 working in primary schools (41 percent), 1,609 in secondary schools (34 percent), 428 in special schools (9 percent), 352 in early childhood education (7 percent), 324 in TAFE (7 percent), 66 in Disability Services Centres (1 percent) and 27 in Adult Migrant Education Services (1 percent). This resulted in an overall 10 percent response rate.

The survey contained several sections where respondents were asked to provide information about their role in their respective workplaces, their experience of OHS incidents in the past 12 months, their perceptions, attitudes and behaviours, and other issues related to OHS in their workplaces such as exposure to risk in the workplace. Respondents were also invited to offer additional comments and suggestions about OHS at their workplace.

Major findings

Analyses of the survey results from the AEU Victorian branch members revealed the following:

1) **The OPM-MU is a reliable measure of OHS leading indicators.** Scores on the OPM-MU can range from a low score of 8 to the highest possible score of 40. A higher score on the OPM-MU indicates that OHS leading indicators are present to a greater extent in the workplace. As the OPM-MU is a leading indicator, it does not assess the number of OHS incidents that have occurred in a workplace. Instead, the OPM-MU provides a measure of employees' aggregate perceptions regarding the value of and emphasis given to OHS in their workplace. An example item from the OPM-MU is "Everyone at this workplace values OHS improvement in this workplace". Workplaces with higher scores on the OPM-MU, therefore, are perceived to be more actively engaged in practices that could reduce the likelihood of OHS incidents. Conversely, workplaces that obtain lower scores on the OPM-MU are perceived to be minimally engaged in initiatives that may reduce the potential of OHS incidents.

- ▶ The OPM-MU measures individuals' views of the 'safety potential' of a workplace.
- ▶ Higher OPM-MU scores indicate that individuals are more likely to agree that their workplace has features that should lead to prevention of work-related illnesses and injuries.
- ▶ The OPM-MU could be used as an initial 'flag' of leading indicators of OHS in a workplace.

2) **Average scores attributed to workplaces on OHS leading indicators by respondents in the public education sector are relatively low.** The mean score for the OPM-MU across all respondents was 27.2 (SD = 6.7); however, average scores varied across subgroups within the public education sector, with some groups reporting higher levels of OHS than others. For example, the average score from respondents in senior management roles (e.g. principals, senior educators, directors) was 29.2 (SD = 6.2), which is higher than the average OPM-MU score in the sample overall. This pattern of results is comparable to a recent study we conducted with union members from the Australian Nursing and Midwifery Federation (Victorian Branch), where we found the average OPM-MU score for the whole sample was 27.4 (SD = 6.7) and average OPM-MU score for respondents in more senior roles was slightly higher (M = 30.6, SD = 5.6).

The OPM-MU across type of job, workplace and employment status. Respondents working in primary schools and special schools tended to rate their workplaces higher than other AEU members, whereas respondents working within the TAFE sector reported the lowest scores on OHS leading indicators.

Respondents who were principals and assistant principals tended, on average, to score their workplaces higher on OHS leading indicators, as measured by the OPM-MU, compared to respondents in other workplace roles. Respondents who reported their main role as co-educators, senior educators, instructors and teachers scored their workplaces lowest on the OPM-MU.

- ▶ Compared with workplaces in several other industries, workplaces in the public education sector were given relatively low ratings on leading indicators of OHS.
- ▶ Groups working in public education have varying views of the OHS leading indicators in their workplaces; while this is perhaps not surprising it indicates that it is valuable to compare the different groups.

- 3) **OHS, safety behaviour and other experiences.** Respondents reported on a wide range of experiences within the workplace. Respondents tended to rate aspects of safety that they had control over at higher levels, such as their own safety compliance or participation, compared to elements of OHS where they have less control, (e.g. safety climate, supervisor support for OHS). While ratings of leading indicators of OHS and safety climate were similar across AEU member groups, respondents from the Adult Migrant Education Services, secondary schools and TAFE rated their workplaces lower than the other groups. Only slight differences between groups were observed for safety behaviours (e.g. compliance and participation).

Respondents reported high levels of work overload and moderate levels of emotional labour and work-related burnout. There was a tendency for those in early childhood education to report the highest levels of work overload and lowest levels of emotional labour. On average, respondents from TAFE reported the highest levels of work-related burnout and respondents from secondary schools the lowest.

Respondents also reported moderate levels of influence over their work, employee silence and intention to leave. Respondents from early childhood education, primary and special schools reported the highest levels of influence at work and the lowest levels of employee silence (employees withholding information that might be useful to the organisation due to fears of the consequences for them or the belief that views are not valued by management). Conversely, respondents from Adult Migrant Education Services (AMES), Disability Services Centres and TAFE reported, on average, lower levels of influence at work and higher levels of employee silence.

- ▶ A range of OHS-related areas were investigated in this report. Issues that stand out in particular are:
 - ▶ respondents reported moderate to high levels in areas often related to stress: work overload, emotional labour and work-related burnout; and
 - ▶ among the AEU members, respondents from AMES, Disability Services Centres and TAFE were, on average, less likely to feel they had influence over their work and less likely to speak up about OHS issues.

- 4) **Workplace context.** Respondents tended to report that they faced a small degree or moderate degree of workplace risk. The likelihood of employees becoming injured in the course of their specific jobs was generally rated as very unlikely or somewhat likely. Respondents were also asked about how safe they felt at work; most respondents reported that they felt safe or very safe at work.
- The number of hazards reported varied across member types.
- ▶ While workplaces were generally viewed as safe, respondents from Disability Services Centres and special schools reported more hazards than did other AEU member groups.
- 5) **Self-reported OHS incidents.** Overall, 51 percent of respondents reported that they had experienced an OHS incident (workplace-related injury or illness) in the past year. Respondents working in Disability Services Centres reported that they were involved in more incidents, on average, than the other AEU member groups and this was particularly evident for near misses. Respondents working in Adult Migrant Education Services were involved in fewer incidents of all types, compared to all the other AEU member groups.
- 6) **Types of workplace injury and illness.** Respondents reported that stress or other mental health issues, illness (e.g. virus) and chronic joint or muscular conditions were the most likely workplace illness and injuries they experienced. Stress and other mental health issues were reported to have had the greatest impact on respondents who had experienced a workplace injury or illness compared to other types or incidents.
- ▶ Many respondents who reported experiencing a workplace illness or injury reported that exposure to stress was the main cause. Exposure to stress was generally seen to arise from three issues:
 - ▶ work pressure;
 - ▶ increasing or changing workload; and
 - ▶ demands of pastoral care (e.g., looking after students with personal difficulties).
- 7) **Leading indicators of OHS are associated with self-reported OHS incidents.** Higher levels of leading indicators (as measured by the OPM-MU and safety climate) were associated with fewer:
- ▶ OHS incidents that were reported to management;
 - ▶ OHS incidents that were not reported to management; and
 - ▶ near misses (i.e., situations that could have caused an injury but did not).
- Workplaces that were seen as having higher 'safety potential' also had fewer OHS incidents and near-misses.

- ▶ There was a positive association between the workplace being viewed as safe (in terms of leading indicators) and safer experiences of work (that is, fewer work-related illnesses and injuries).
- 8) **Leading indicators of OHS are associated with employee behaviours.** Respondents who rated their workplaces higher on leading indicators of OHS, as measured by the OPM-MU and safety climate, tended to report that they:
- ▶ have greater levels of safety motivation; and
 - ▶ behave more safely in the workplace.
- 9) **Work overload, emotional labour and work-related burnout are associated with self-reported OHS incidents.** Respondents who had greater levels of risk as measured by work-related burnout, emotional labour-surface acting (i.e. displaying emotions that are not felt) and work overload tended to report more:
- ▶ OHS incidents that were reported to management;
 - ▶ OHS incidents that were not reported to management; and
 - ▶ near misses (i.e. situations that could have caused an injury but did not).
- 10) **Influence at work, employee silence and intention to leave are associated with self-reported OHS incidents.** Respondents who had greater levels of influence in the workplace (i.e. influence in the amount of work assigned) tended to report fewer:
- ▶ OHS incidents that were reported to management;
 - ▶ OHS incidents that were not reported to management; and
 - ▶ near misses (i.e. situations that could have caused an injury but did not).

Conversely, respondents who reported greater levels of silence in the workplace (i.e. not speaking up about OHS for fear of negative consequences) were more likely to report more:

- ▶ OHS incidents that were reported to management;
- ▶ OHS incidents that were not reported to management; and
- ▶ near misses (i.e. situations that could have caused an injury but did not).

11) **Additional comments about OHS from AEU members.** Respondents' comments about OHS were grouped into the ten broad categories that comprise the leading indicators' concept. The predominant concerns evident in respondents' comments were related to:

- ▶ risk management;
- ▶ OHS resources; and
- ▶ OHS systems.

More than half of comments from respondents were about risk management in the workplace. The three most cited concerns within this broader category were:

- ▶ bullying, harassment and violence from and by students, parents or colleagues;
- ▶ workload; and
- ▶ stress or mental health issues.

12) **Suggestions for OHS improvements from AEU members.** Member suggestions to improve their OHS were grouped into ten categories. The suggestions that arose most frequently were in the categories of:

- ▶ OHS training and resources;
- ▶ Workload; and
- ▶ Risk management.

Introduction

This report presents results of the **Occupational Health and Safety (OHS) Survey** conducted with AEU (Victorian branch) members in July and August 2014 by a Monash University research team. The survey is part of a larger research project that is being conducted in partnership with WorkSafe Victoria, the Institute for Safety, Compensation and Recovery Research and SafeWork Australia.

Nationally and internationally, industry stakeholders have a keen interest in identifying and developing leading indicators of occupational health and safety (OHS). Concurrently in Australia, regulators are gearing up to include leading indicators in the suite of modern regulatory tools. The research project has emerged in this environment, and offers an invaluable opportunity for industry to take a leading and proactive role in the development of future tools and approaches.

In 2012, the Monash research team conducted preliminary research that identified and piloted a tool that was developed in Canada to measure OHS leading indicators (the 'Institute for Work and Health Organizational Performance Metric' or 'IWH-OPM'). As a result of follow up survey results, the research team has since developed and initiated validation of an adapted version of the IWH-OPM for the Australian context. The adapted version is known as the Organizational Performance Metric-Monash University (OPM-MU). In 2013-14, the Monash team conducted the **OHS Survey**, important research that tested the OPM-MU and led to the development of a practical tool to be used for predictive purposes or as a benchmarking tool. The aim of this report is to provide an analysis of AEU (Victorian branch) members' perspectives of OHS in their workplaces.

What are OHS leading indicators?

OHS encompasses the psychosocial, physical and physiological conditions of an organisation's workforce. Leading indicators of OHS performance can be defined as measures of the positive steps that organisations and individuals take that may prevent an OHS incident from occurring. Baker and colleagues define leading indicators as: "*A metric that attempts to measure some variable that is believed to be an indicator or precursor of future safety performance*".²¹ In other words, leading indicators can be said to measure the 'safety potential' of a workplace. Leading indicators are the key to a proactive approach to OHS and the measurement and monitoring of OHS performance. Leading indicators are by definition measures of the predictors, or root causes, of OHS performance.^{5,22} Leading indicators can provide effective early warnings, by enabling risks or risk increases to be detected and mitigated, before an OHS incident occurs or a hazardous state is reached. OHS leading indicators may occur at a broad, macro-level (e.g., presence of OHS policy), and/or the more specific level (e.g., number of hazards identified each month). Macro-level indicators may be able to be applied across workplace and industry contexts in order to benchmark and obtain a broad, comparable overview of OHS. These may be complemented by more specific and sensitive micro-level indicators that allow for a more fine-grained understanding of OHS

performance in a particular work context or organisation. There is recognised value in both macro- and micro-level indicators of OHS performance.

Table 1: Leading Indicators of Occupational Health and Safety

OHS Leading Indicators	
OHS systems (policies, procedures, practices).	These systems refer to workplace policies, processes and practices designed to control and monitor OHS, and are implemented and maintained by managers and in work groups. ²³
Management commitment and leadership	As with any organisational initiative, management commitment is key to OHS. ^{24,25} This includes managers at all levels, from board and senior executive levels to front-line supervisors. Effective commitment is demonstrated in active engagement in areas such as information gathering about OHS, building trust so all employees view managers as committed to OHS, managers' behaviour demonstrating that they are OHS role models; and managers demonstrating that OHS is a high priority across the organisation.
OHS training, interventions, information, tools and resources	Along with the resourcing of OHS with suitably qualified OHS specialist expertise, the provision of OHS training, information, tools and resources are key leading indicators of OHS performance. ²⁴ This includes preparedness to act and having a response plan in place.
Workplace OHS inspections and audits	A phrase often attributed to management scholar Peter Drucker: is " <i>What gets measured, gets managed.</i> " An important implication of this is that the conduct of an audit or inspection may not in itself be adequate as a leading indicator of OHS performance. Inspections and audits should be designed to provide appropriate and comprehensive information. ²⁶ Appropriate and timely corrective action should be taken to address issues identified in audits or inspections.
Consultation and communication about OHS	This refers to regular, formal and informal communication and consultation about OHS. ²⁷ Employee surveys may be one way of gathering information from employees regarding their perceptions of OHS.
Prioritisation of OHS	The tendency for safety to be traded off against productivity has been discussed at length by OHS academics. ²⁸ Rather than view safety and productivity as competing goals, OHS embedded in the organisation as a high priority alongside efficiency and productivity can be viewed as a leading indicator of OHS performance.
OHS empowerment and employee involvement in decision making	It is widely understood that employee involvement in decision making will lead to 'ownership' of their behaviour and positive outcomes, such as safety behaviour. ²⁹ Several researchers have investigated the role of empowerment and engagement in OHS and found that empowerment of workers and supervisors to make decisions with regard to OHS (e.g., to stop work that is unsafe) is a leading indicator of OHS performance. ³⁰
OHS accountability	A workplace culture that emphasises a sense of shared responsibility and accountability for OHS, by actively applying scrutiny and transparency in reporting, is likely to influence behaviour in the workplace. ⁵
Positive feedback and recognition for OHS	It is suggested that high performance on OHS will be reinforced by positive feedback and recognition for past performance. Such recognition should not, however, include rewards that might lead to under-reporting of incidents or injuries. ³¹
Risk management	This refers to the integration of risk management with the management of OHS; ³² aspects of risk management include risk assessment, control, inspection and maintenance. ³³ Risks may be associated with psychosocial, physical and/or physiological dimensions of OHS.

Despite the apparent value of leading indicators, there has been very little development of academic research that focuses on the measurement of leading indicators.²⁴ This may be at least partly explained by the perceived difficulty of measuring leading indicators.

The information provided in Table 1 is a summary of the domains of the OHS leading indicators identified in the current literature. This list of the dimensions or domains of leading indicators may not be exhaustive. Further, it is important to recognise that each domain is complex and detailed. Research conducted to date indicates that the OPM-MU shows promise as a simple and practical measure of leading indicators in the Australian context. The OHS Survey is an important step in the validation of the OPM-MU.

OHS lagging indicators

As discussed above, OHS leading indicators can be thought of as precursors to harm, or inputs that provide guidance on how to improve future OHS performance. In contrast, OHS lagging indicators are measures of harm that measure events or outcomes that have already happened;³³ lagging indicators are outputs and provide a measure of past performance.³⁴

While lagging indicators are valid measures of past OHS performance, their validity as predictors of future OHS performance is open to debate.³⁵ Despite their benefits, lagging indicators have limitations or problems, as evidenced in several studies:^{24,36}

- ▶ by definition, these indicators lag after the OHS event, and therefore do not allow for prevention (at least of the initial event);
- ▶ lagging indicators are of limited use in the diagnosis of OHS problems because they typically do not assist with identification of the cause of an OHS event;
- ▶ outcomes focused on reportable injuries and illnesses may have very low levels of reporting and therefore low variation. These measures may not be sensitive enough to identify differences in OHS performance between two units; and
- ▶ a focus on lagging indicators may be counter-productive, as it may not guarantee that workplace hazards and risks are being monitored or controlled.

The need for reliable and valid measurement of OHS leading indicators

A major aim of this research is to see whether the OPM-MU is a reliable and valid measure of leading indicators of OHS in Australian workplaces. To develop a tool that represents 'OHS leading indicators', a necessary criterion is for that measure to have demonstrable validity. This means that the tool as a whole, and each item in it, must have some correspondence to the underlying concept it is supposed to represent, in this case, leading indicators of OHS. When the items meaningfully represent the concept they are said to be measuring then there is evidence of validity.³⁷ A systematic research process needs to be conducted to demonstrate this validity.

Paying careful attention to the validity of a measure is important because decisions will be made based on the use of such measures; therefore, developing and validating a measure

requires rigorous attention to well-established research procedures. Hence, the participation by the members of the AEU in this research is an invaluable contribution to the development of an important tool for Australian industry.

Aims of this report

This report summarises the outcomes of a study conducted in the Victorian public education sector that is part of a larger research project commissioned by WorkSafe Victoria. The larger project has sought to identify and evaluate a simple, preliminary measure of leading indicators of OHS, and ongoing research in this project has identified the OPM-MU as a valid measure of this construct. The aim of the present study was to test the validity of the OPM-MU and to assess the impact of leading indicators of OHS on employee behaviours and OHS outcomes in the public education sector.

This report provides WorkSafe Victoria and the Australian Education Union (Victorian branch) with an overview of AEU respondents' views and experiences of OHS. The report presents an analysis of member views of OHS within the workplace and examines the relationships between perceptions of OHS, safety behaviours and other elements of workplace functioning (e.g., work overload) and self-reported OHS outcomes. More specifically, this report summarises:

- ▶ respondent perceptions of OHS, their safety behaviours and other experiences within the workplace; specifically, respondent experiences of: leading indicators of OHS, safety behaviours and perceived OHS support; work overload, emotional labour and work-related burnout; and influence, employee silence and intention to leave.
- ▶ OHS outcomes and experience of injury including self-reported OHS outcomes and experience of injury.
- ▶ perceptual measures and their associations to self-reported OHS outcomes, including the relationships between OHS outcomes and leading indicators of OHS, safety behaviours and perceived OHS support; work overload, emotional labour and work-related burnout; and influence, employee silence and intention to leave.
- ▶ respondent comments on OHS at their workplace and suggestions for improving OHS in the public education sector.

Method

Sample and procedure

Members of the AEU were invited to participate in an online OHS Survey in July and August, 2014. The survey targeted all registered members of the AEU (Victorian branch). The survey contained several sections where respondents were asked to provide information about their role in their respective workplaces, their experience of OHS incidents in the past 12 months, as well as their perceptions, attitudes and behaviours and other issues related to OHS in their workplaces such as exposure to psychosocial, physical and physiological risk in the workplace. Respondents were also invited to offer additional comments and suggestions about OHS at their workplace.

A reminder was emailed approximately two weeks after the initial invitation was sent to Australian Education Union (Victorian branch) members. Overall, 48,047 Australian Education Union (Victorian branch) members had the opportunity to participate in the survey; we received 4,750 responses from Australian Education Union (Victorian branch) members resulting in an overall response rate of 10 percent. Approval to administer the survey was obtained from the Monash University Human Research Ethics Committee.

Measures

The questionnaire was designed to collect the following information.

Background:

- ▶ respondent demographics (e.g., gender, main work role).

Perceptual measures of OHS, employee safety behaviours and other influences within the workplace:

- ▶ leading indicators of OHS (e.g., OPM-MU, safety climate);
- ▶ safety behaviours and OHS support (e.g., safety participation, supervisor support);
- ▶ work overload, emotional labour, work-related burnout; and
- ▶ influence, employee silence, intention to leave.

Workplace context:

- ▶ hazards and perceived risk in the workplace.

OHS outcomes and experience of injury:

- ▶ self-reported OHS outcomes (e.g., OHS incidents, near misses); and
- ▶ experience of injury.

Respondent comments and suggestions:

- ▶ open-ended comments and suggestions about OHS in the public education sector.

Demographic measures

Survey respondents provided details such as their age, gender, employee status (e.g., permanent/ongoing, contract/fixed term), career tenure, workplace tenure, main work role (e.g., principal, teacher, education support) and workplace size.

Leading indicators of OHS and other perceptual measures

The Organizational Performance Metric-Monash University (OPM-MU) is the primary focus of the broader research project. This measure has been reported to be a reliable eight-item measure of leading indicators of OHS.²⁰ The content of the OPM-MU includes items that address issues such as: formal safety audits, whether everyone at the workplace values safety and have the information and resources to work safety and employee involvement in safety. Respondents were asked to indicate on a five-point Likert scale (1= strongly disagree to 5 = strongly agree), their response to eight statements.

The OPM-MU is designed as a summated rating scale. This means the items can be summed to provide a total score. The score on the OPM-MU indicates the respondent's level of agreement that OHS leading indicators are present in a workplace (possible scores range from 8 to 40).

In addition to the OPM-MU, other multi-item measures of OHS, employee safety behaviours and measures of perceived risk were also incorporated into the study. Table 2 displays the multi-item scales used in this study. For these measures, individual item scores were summed to yield a single score. When making comparisons between scales that use different numbers of items and response options, the raw total scores are converted to a common metric with scores ranging from 0 to 100.

Table 2: Leading indicators of OHS and other perceptual measures used in the study

Measure	Items	Example item
<i>OHS measures</i>		
OPM-MU ^{20,38}	8	Everyone at this workplace values ongoing OHS improvement in this workplace.
Safety climate ¹³	3	Management places a strong emphasis on workplace health and safety.
Supervisor support for OHS ¹⁶	3	My supervisor places a strong emphasis on health and safety.
Safety motivation ¹³	3	I feel that it is important to maintain health and safety at all times.
Safety compliance ¹³	3	I use the correct health and safety procedures for carrying out my job.
Safety participation ¹³	3	I put in extra effort to improve the health and safety of the workplace.
OHS Leadership ³⁹	12	Safety is the number one priority when allocating resources
<i>Work overload, emotional labour and work-related burnout</i>		
Emotional labour ⁴⁰	3	Put on an act in order to deal with patients in an appropriate way.
Work-related burnout ²	7	Is your work emotionally exhausting?
Work overload ⁴¹	5	How often do you have to do more work than you can do well?
<i>Influence, employee silence and intention to leave</i>		
Influence at work ⁴²	4	Can you influence the amount of work assigned to you?
Quiescent silence ¹	3	I have remained silent because of fear of negative consequences.
Acquiescent silence ¹	3	I have remained silent because I will not find a sympathetic ear.
Intention to leave ⁴³	3	I intend to look for a different field of employment.

Workplace context

Table 3 below displays questions relating to the number of hazards reported, respondent perceptions of risk at work and perceived workforce change. These questions were sourced from academic and ‘grey’ (industry and professional) literature; they were included in the OHS survey following piloting of the questionnaire and consultation with stakeholders.

Table 3: Workplace context

Measure	Items
Reported hazards	In the past 12 months, how many, if any, OHS <u>hazards</u> (something that has potential to cause harm) did you report? Please enter a number. If none, write “0”.
Perceived job risk	Thinking about the kind of work you do, how likely is it that you will become injured or ill on the job? (This includes both physical and psychological injuries and illnesses).
Perceived workplace risk	How would you rate the health and safety risks faced by employees at your workplace?
Perceived safety at work	How safe do you feel at work?
Workforce change	To the best of your knowledge, in the past 3 years, has the size of the workforce at your workplace: Decreased Stayed the same Increased Don't know

Self-reported OHS outcomes

Respondents were asked to report the number of OHS outcomes for the past 12 months that they had personally experienced. This did not include incidents reported on behalf of students/clients or other members of staff. These questions were sourced from academic and ‘grey’ (industry and professional) literature; they were included in the OHS survey following piloting of the questionnaire and consultation with stakeholders.

Table 4: Self-reported measures of OHS outcomes

Measure	Items
<i>Incidents</i>	
Reported incidents	In the past 12 months, how many, if any, occupational health and safety incidents have you experienced yourself for which you completed an Edusafe or incident report form? Please enter a number. If none, write “0”.
Unreported incidents	In the past 12 months, how many, if any, occupational health and safety incidents have you experienced yourself that you <u>did not report</u> ? Please enter a number. If none, write “0”.
Near misses	In the past 12 months, how many, if any, <u>near misses</u> (an OHS incident that occurred and could have caused harm but did not) have you experienced yourself? Please enter a number. If none, write “0”.
<i>Days off work</i>	
Days off	In the past 12 months, have you had days off work as a result of work-related injury or illness (NOT including work-related stress)? This includes days when you have not submitted a Workers Compensation / WorkCover claim.
Number of days off	How many days off work did you have as a result of work-related injury or illness (NOT including work-related stress)? Please enter a number. If none, write “0”.
<i>Claims</i>	
WorkCover claim for work-related injury or illness (excluding stress)	In the past 12 months, have you submitted a Workers Compensation / WorkCover claim as a result of a work-related injury or illness (NOT including work-related stress)?
WorkCover claim for work-related stress	In the past 12 months, have you submitted a Workers Compensation / WorkCover claim as a result of work-related stress?

Experience of work-related injury and illness

Respondents were asked to indicate how many OHS incidents they had experienced for each type of injury and illness in the past 12 months. They were also asked to indicate the workplace illness or injury that had the greatest impact on them in the past twelve months. Finally, if exposure to stress was selected, they were asked to indicate how the exposure to stress occurred.

Table 5: Measures for experience of work-related injury and illness

Measure	Items
Experience of work-related injuries or illnesses	Eleven single items included: Stress or other mental health issue, chronic joint or muscle condition, sprain/strain, cut/open wound, crushing injury/internal organ damage/amputation, superficial injury, fracture, burns, illness (e.g. a virus, sunstroke), other injury or illness, no (none).
Work-related injuries or illnesses with the greatest impact	Nine broad categories of injuries and illnesses included: Stress or other mental health issue, chronic joint or muscle condition, sprain/strain, cut/open wound, crushing injury/internal organ damage/amputation, superficial injury, fracture, burns, illness (e.g. a virus, sunstroke).
Causes of exposure to stress	Nine single items included: Demands of pastoral care, a traumatic, work pressure, increasing or changing workload, occupational violence, verbal abuse, by a student, work colleague or other person; workplace harassment and/or workplace bullying, other harassment, other source of stress.

Results

The results are reported as follows:

Description of the sample:

- ▶ a summary of respondent demographics, work experience and OHS role.

Respondent perceptions of OHS, their safety behaviours and other experiences within the workplace:

- ▶ an evaluation of leading indicators of OHS as measured by the OPM-MU;
- ▶ a summary of respondent safety behaviours and supervisor support for OHS;
- ▶ experience of work overload, emotional labour and work-related burnout; and
- ▶ experience of influence at work, employee silence, intention to leave.

Workplace context:

- ▶ hazards, perceived risk in the workplace and workforce change.

OHS outcomes and experience of work-related injury and illness:

- ▶ self-reported OHS outcomes; and
- ▶ experience of work-related injury and illness.

Perceptual measures and their associations with self-reported OHS outcomes:

- ▶ OHS and self-reported OHS outcomes;
- ▶ work overload, emotional labour, work-related burnout and self-reported OHS outcomes;
- ▶ influence at work, employee silence, intention to leave and self-reported OHS outcomes;

Respondent comments and suggestions:

- ▶ open-ended comments and suggestions about OHS in the public education sector.

Description of the sample

Overall, 48,047 AEU (Victorian branch) members had the opportunity to participate in the survey; responses were received from 4,750 members resulting in a 10% response rate. The distribution of respondents across member type was: 41% from primary schools, 34% from secondary schools, 9% from special schools, 7% from TAFE, 7% from early childhood education, 1% from Disability Services Centres and 1% from Adult Migrant Education Services (AMES).

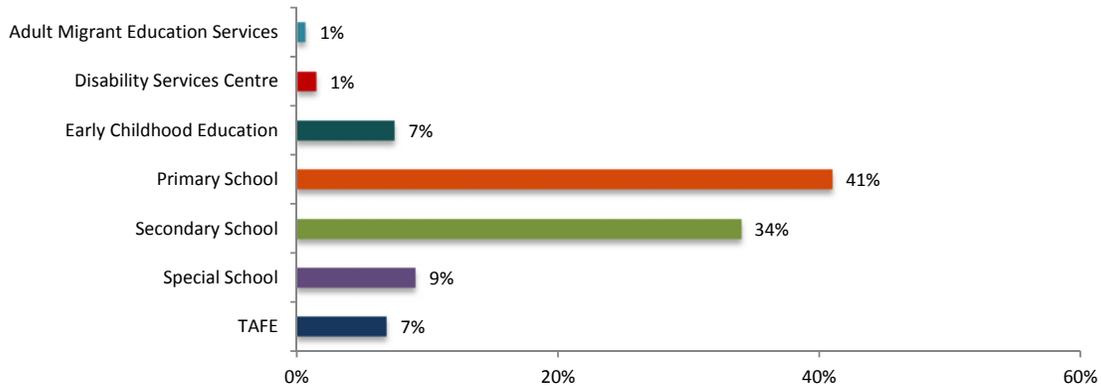


Figure 1: Survey respondents

Most respondents reported working in medium size workplaces with the number of employees ranging from 20 to 199. Few respondents worked in small or large workplaces.

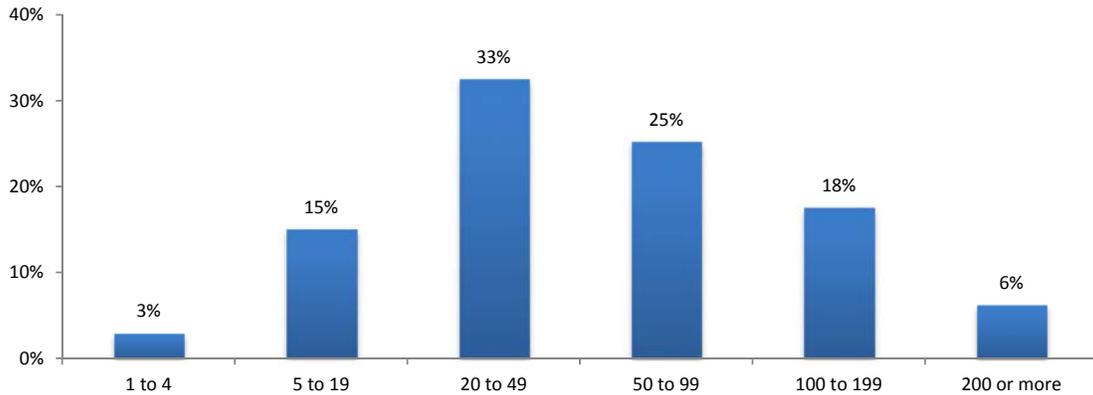


Figure 2: Workplace size

As shown in Figures 3 below, most respondents were female and were employed on a permanent/ongoing basis. Generally, the largest percentage of respondents were either in the 46-55 years or 56-65 years age groups and nearly half had been employed in education for more than 20 years, indicating that this is a mature and long-tenured workforce.

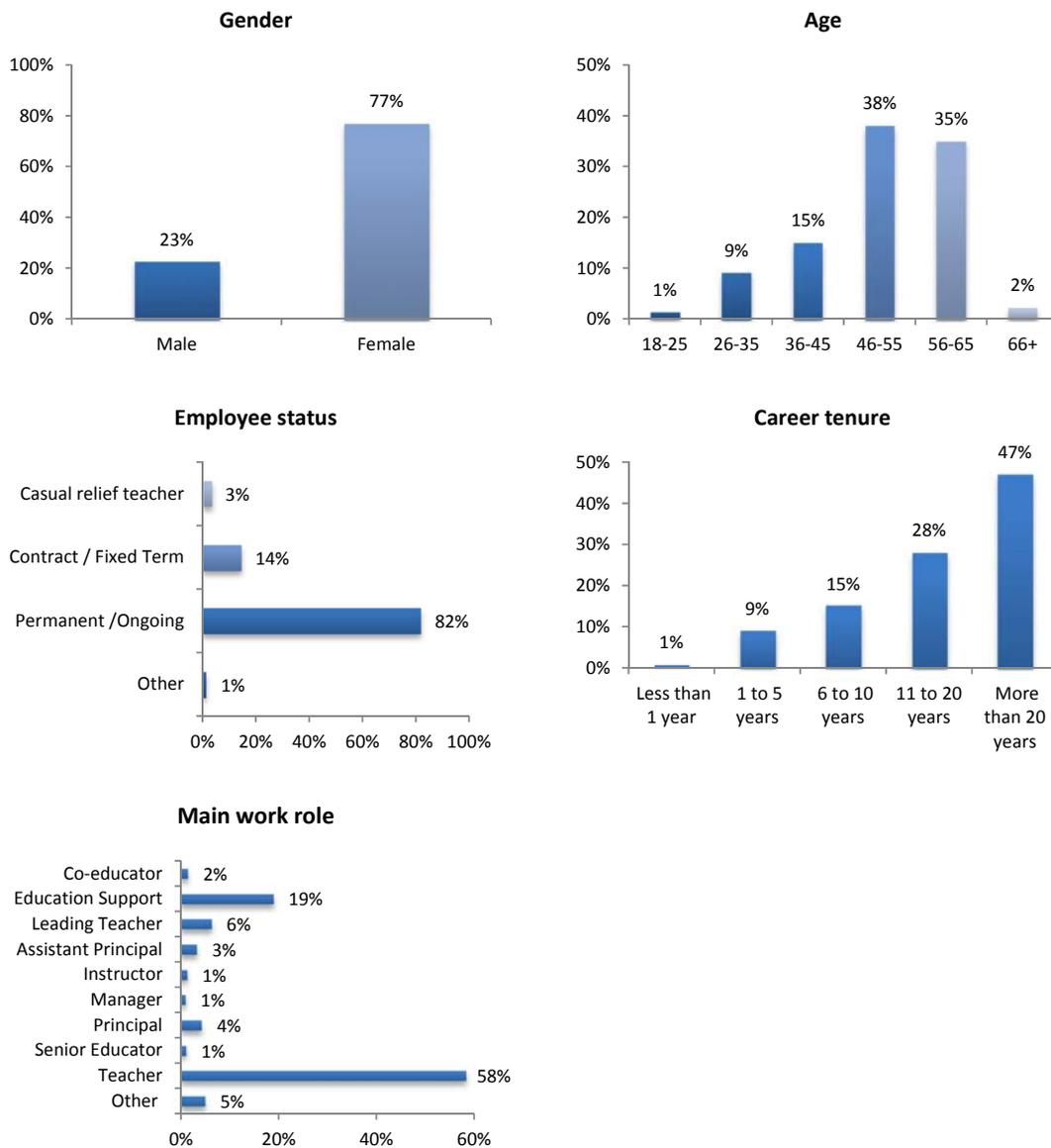


Figure 3: Respondent demographics

Figure 4 shows that nearly half had been at their current workplace for more than ten years. Two thirds of respondents were employed full-time.

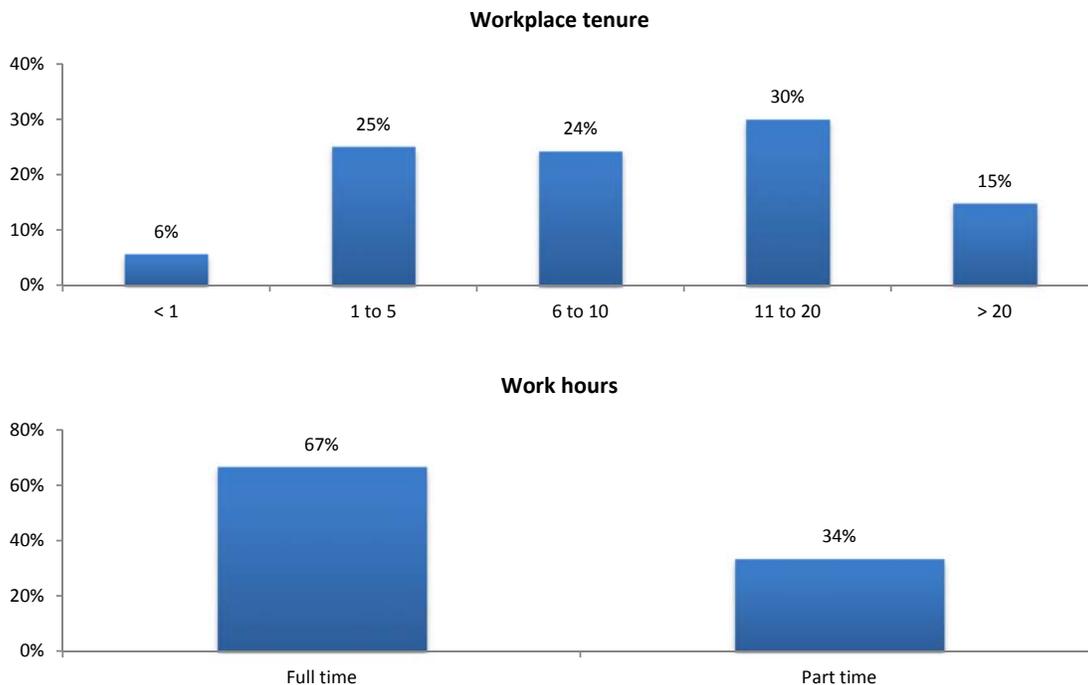


Figure 4: Work tenure and work hours

Fifty-eight percent of the sample reported that they had received OHS training. Figure 5 below shows that of those who had received OHS training, 66 percent thought that the training was somewhat effective or very effective.

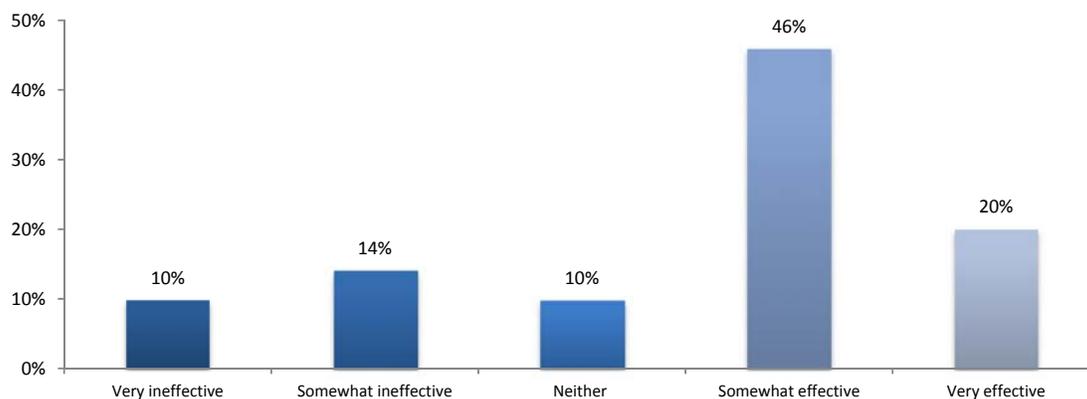


Figure 5: Perceptions of OHS training effectiveness

Figure 6 shows that approximately 20 percent of the sample reported working in an OHS role in their organisation. Most respondents who reported working in an OHS role had worked in this role for six years or less.

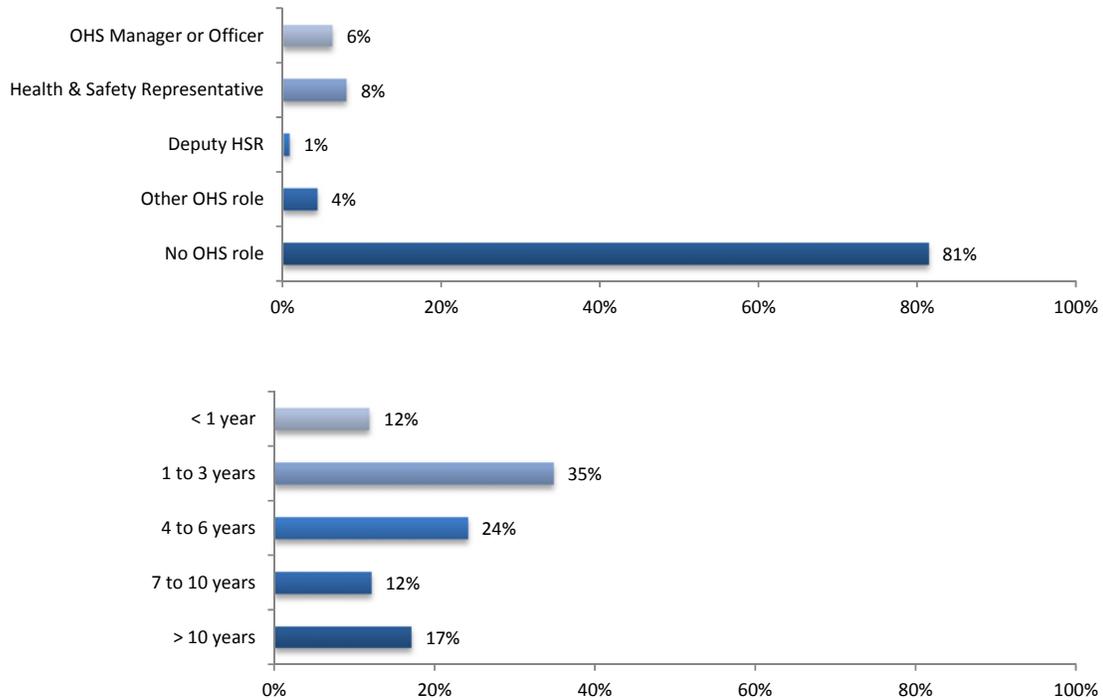


Figure 6: OHS roles and tenure

Evaluation of leading indicators of OHS

An evaluation of the OPM-MU as a measure of leading indicators of OHS was the primary focus of this research. Scores on the OPM-MU can range from a low score of 8 to the highest possible score of 40. A higher score on the OPM-MU indicates that OHS leading indicators are present to a greater extent in the workplace. As the OPM-MU is a leading indicator, it does not assess the number of OHS incidents that have occurred in a workplace. Instead, the OPM-MU provides a measure of employees' aggregate perceptions regarding the value of and emphasis given to OHS in their workplace. An example item from the OPM-MU is "Everyone at this workplace values OHS improvement in this workplace". Workplaces with higher scores on the OPM-MU, therefore, are perceived to be more actively engaged in practices that could reduce the likelihood of OHS incidents. Conversely, workplaces that obtain lower scores on the OPM-MU are perceived to be less engaged in initiatives that may reduce the potential of OHS incidents.

The average (mean) score on the OPM-MU in this sample was 27.2 (SD = 6.7) overall and the average score from respondents in senior management roles (e.g., principals, senior educators, directors) was 29.2 (SD = 6.2). This pattern of results is comparable to that obtained in a recent study of union members from the Australian Nursing and Midwifery

Federation (Victorian branch) where the average OPM-MU score was 27.4 (SD = 6.7) for the whole sample and 30.6 (SD = 5.6) for respondents in senior management roles.

Individual OPM-MU items

Figure 7 below displays the average ratings for each of the OPM-MU items. Respondents rated their workplaces using the entire range of response options from strongly disagree (1) through to strongly agree (5) with average scores for each item ranging from 2.9 to 3.7. The item '*those who act safely receive positive recognition*' was rated lowest on average. In contrast, the item '*workers and supervisors have the information they need to work safely*' received the highest average score.

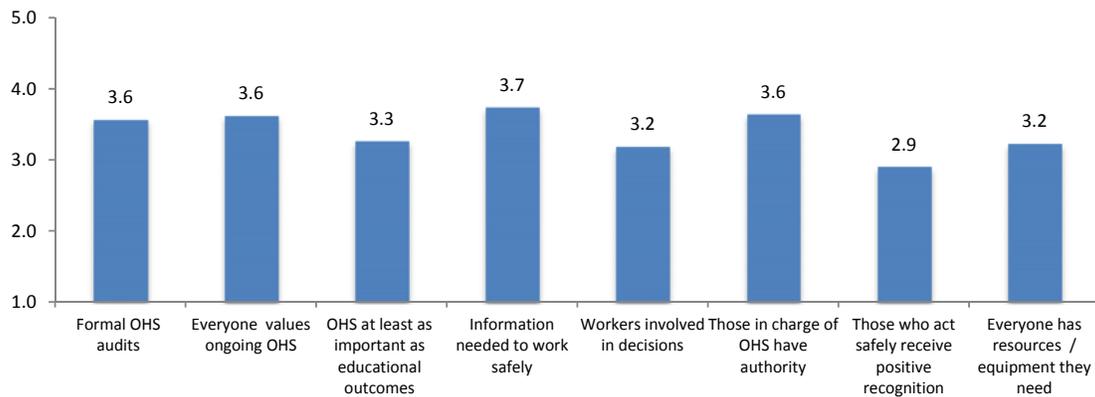


Figure 7: Average scores for items of the OPM-MU

OPM-MU scale evaluation

Our analysis revealed that the eight-item OPM-MU:

- ▶ can be summed to yield a single score;
- ▶ has **good reliability** (Cronbach’s alpha = 0.91); and
- ▶ is a **valid measure of OHS lead indicators** that could be distinguished from other scales that measure individual workers’ views of OHS.

Overall, the results suggest that the OPM-MU could be used as an initial ‘flag’ of the leading indicators of OHS in a workplace.

OPM-MU scores and group comparisons

As shown in Figure 8 below, there were some differences in how respondents in each AEU member group scored their workplaces on leading indicators of OHS (as measured by the OPM-MU). Respondents within primary schools and special schools generally rated their workplaces higher, on average, compared to the other groups. Respondents in the TAFE sector tended to give their workplaces lower scores compared to the other groups.

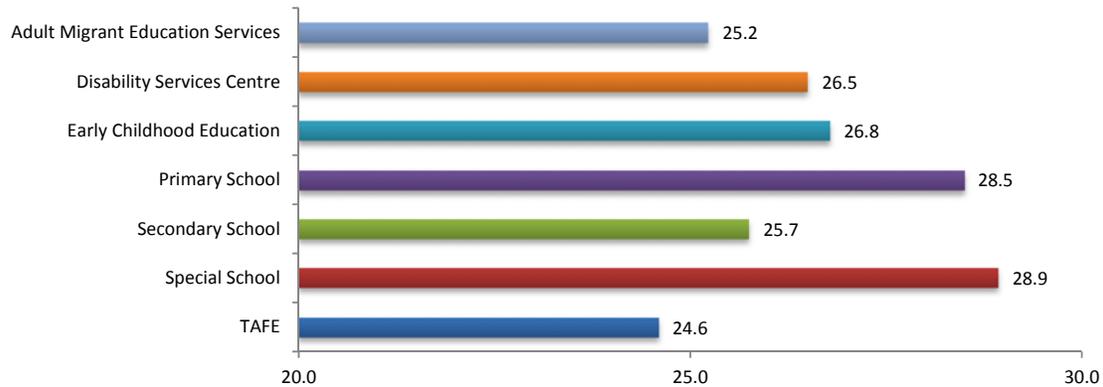


Figure 8: Average OPM-MU scores across AEU member groups

Figure 9 below displays OPM-MU scores by the location of the respondent’s workplace. Workplaces were coded according to the Remoteness Structure of the Australian Statistical Geography Standard (ASGS) classifications: major city; inner regional; outer regional; and remote. Only slight differences in OPM-MU scores were observed for workplaces across regions. Major city and inner regional workplaces attained the same scores on average, while outer regional workplaces were generally rated slightly higher and remote workplaces were rated the lowest.

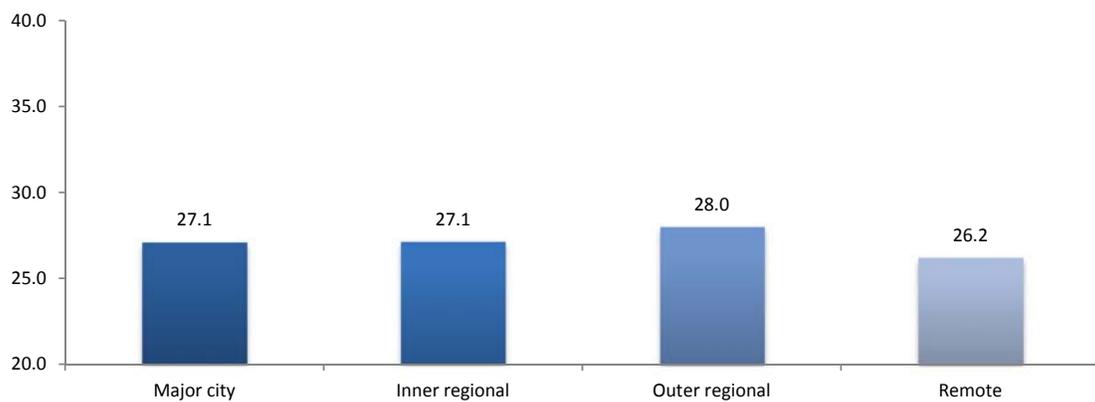


Figure 9: Average OPM-MU scores by workplace location

Figure 10 below displays scores on leading indicators of OHS (as measured by the OPM-MU) on the basis of employment status. Employees in permanent/ongoing positions or fixed term/contract positions rated their workplaces higher on leading indicators of OHS compared to casual employees or those reporting their employee status as 'other'.

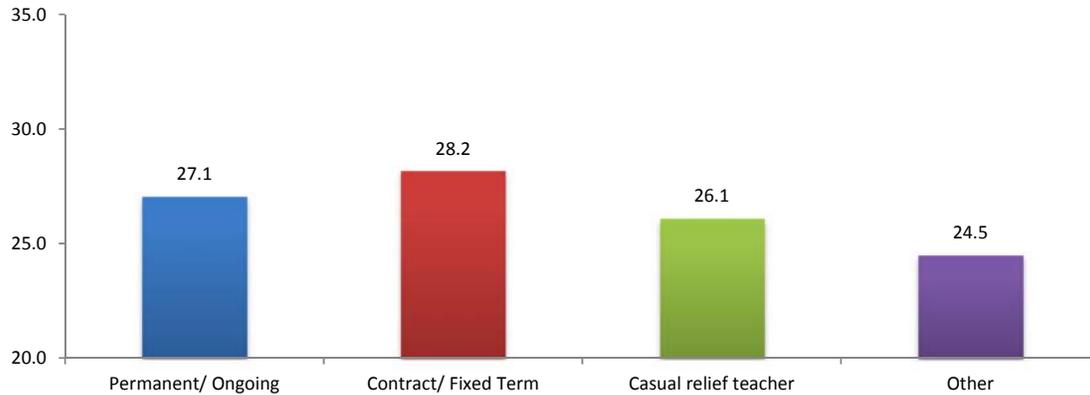


Figure 10: Average OPM-MU scores by employment status

Figure 11 below displays scores on leading indicators of OHS (as measured by the OPM-MU) on the basis of role. Respondents who were employed as principals or assistant principals tended to give their workplaces higher scores on the OPM-MU compared to respondents employed in all other roles. This pattern is consistent with earlier studies in this research project where employees in management roles tended to rate their workplaces higher than those in non-management roles. Respondents describing themselves as senior educators, co-educators, instructors and teachers gave their workplaces lower scores on the OPM-MU compared to respondents in all other roles.

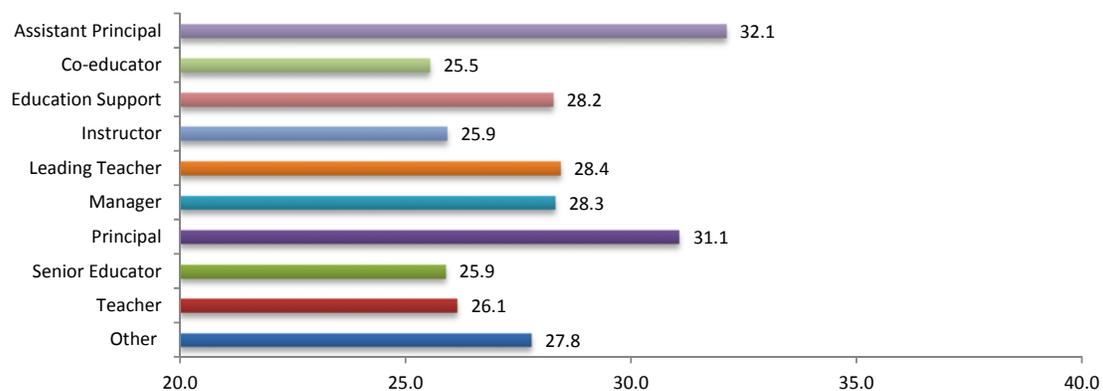


Figure 11: Average OPM-MU scores by main work role

OHS, safety behaviour and other experiences within the workplace

OHS, safety behaviour and OHS support

Figure 12 below compares scores for each OHS measure. For ease of presentation and comparison, raw scores on these scales have been converted to a common metric that ranges from 0 to 100, which enables us to compare scores from scales that have different numbers of items and different numbers of response options. This means the each individual scale score can be viewed relative to other scale scores.

In the chart below safety motivation scored, on average, 88 out of the maximum possible score of 100 which is substantially higher than supervisor support which scored, on average, 62 out of a maximum possible score of 100. The calculation used to convert the raw scores was sourced from Cohen and colleagues⁴⁴: $POMP\ score = \frac{(observed\ scale\ score - minimum)}{(maximum - minimum)} \times 100$. Where minimum refers to the minimum possible score and maximum refers to the maximum possible score.

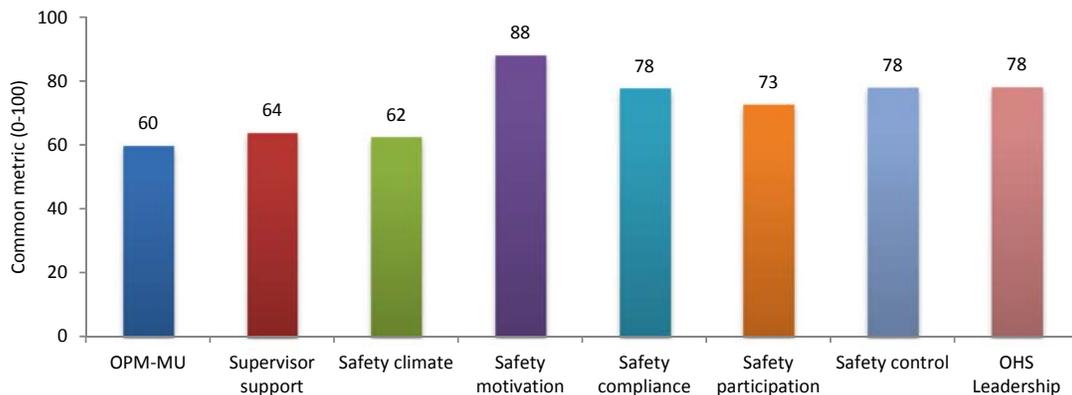


Figure 12: OHS and safety scale scores

Respondents reported high levels of safety motivation, safety compliance and safety control. Measures of leading indicators of OHS (OPM-MU, safety climate) were given lower scores, as were respondent scores regarding supervisor support for OHS. Generally, areas of safety that respondents have greater control over were rated higher (motivation, compliance, participation) than OHS measures that represent group safety (OPM-MU, safety climate) or management commitment to OHS (supervisor support for OHS). This is also reflected in senior management ratings (e.g. Principal, Assistant Principal, Senior Educator, CEO, Director or Manager) of their own OHS leadership, which were relatively high.

Correlations were conducted to examine the relationships between the measures of OHS attitudes (e.g., safety motivation, safety control) and behaviours (e.g., safety compliance and participation). **Positive associations** were observed between **all measures** listed below:

- OPM-MU;
- Safety climate;
- Safety motivation;
- Safety compliance;
- Safety participation;
- Safety control;
- Supervisor support for OHS; and
- OHS leadership.

Safety climate can be thought of as another way of measuring OHS leading indicators, so it is not surprising to find a positive association between the OPM-MU and safety climate. Leading indicators (as measured by the OPM-MU and safety climate) were associated with higher levels of safety motivation, safety behaviour and safety control. Respondents who rated their workplaces higher on leading indicators of OHS reported that they had higher levels of motivation to behave safely and reported that they behaved more safely (compliance and participation). Respondents who perceived greater levels of supervisor support for OHS also tended to rate their workplaces higher on leading indicators of OHS (as measured by the OPM-MU and safety climate) and reported greater levels of safety motivation and behaviour.

Work overload, emotional labour and work-related burnout

Figure 13 below compares scores for the measures of risk. Respondents reported higher levels of work overload compared to emotional labour and work-related burnout.

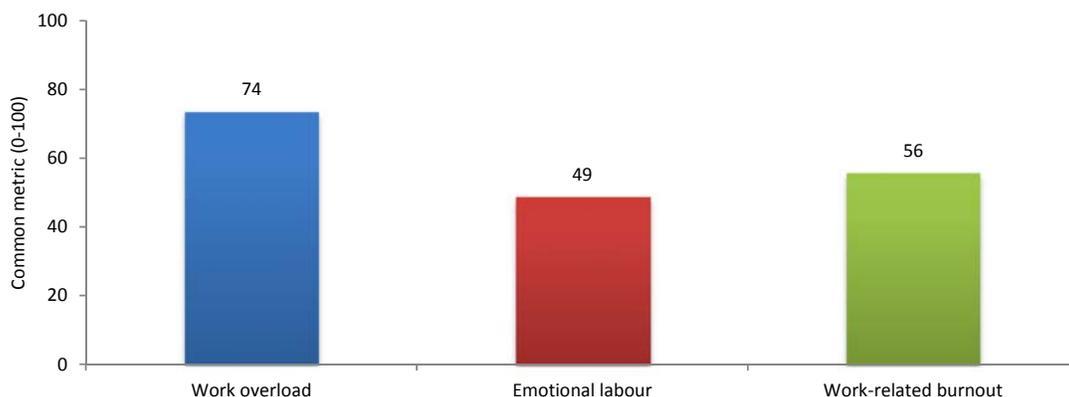


Figure 13: Work overload, emotional labour and work-related burnout scores

Influence at work, employee silence and intention to leave

Figure 14 below depicts scores for the measures of influence at work, employee silence and intention to leave. Employee silence was measured on two dimensions: quiescent silence and acquiescent silence. Quiescent silence refers to employees actively withholding relevant information in order to protect themselves, based on the fear that the consequences of speaking up could be personally unpleasant. Acquiescent silence refers to employees not speaking up due to their belief that their opinion is neither wanted nor valued by supervisors and top management.

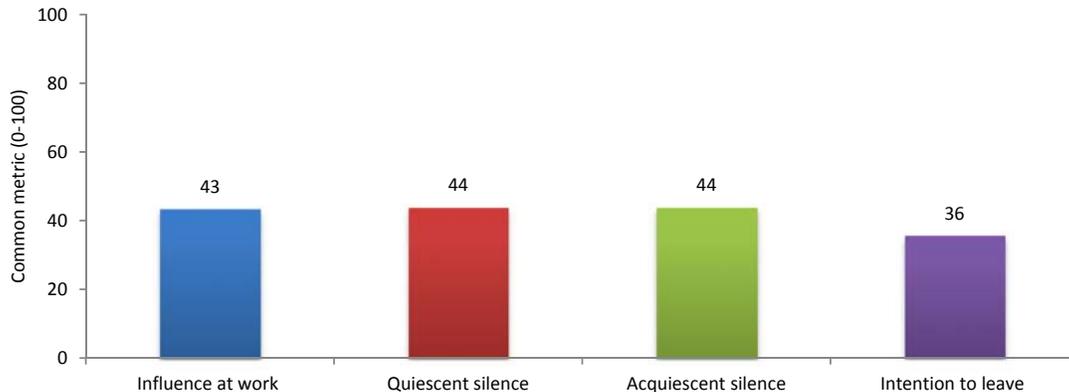


Figure 14: Influence at work, employee silence and intention to leave scores

Workplace context

Reported hazards

The number of hazards reported by respondents in the past 12 months ranged from 0 to 120 with respondents reporting, on average, just over one hazard in the past 12 months (M = 1.5, SD = 4.8). The number of hazards reported varied across member types with more hazards reported by respondents from Disability Services Centres and special schools compared to other AEU member types.

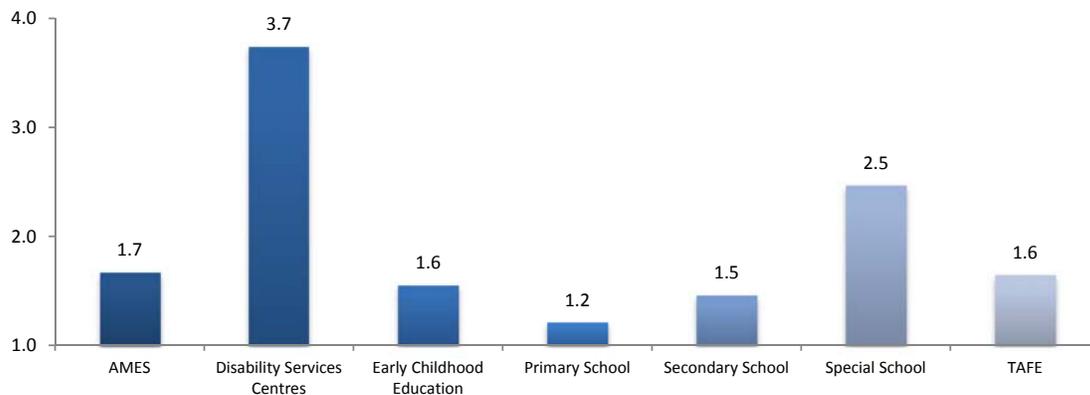


Figure 15: Reported hazards by AEU member type

Perceived risk

Respondents were asked two questions about workplace risk: “How would you rate the potential health and safety risks faced by workers at this workplace?” and potential risk in their specific job: “Thinking about the kind of work you do, how likely is it that you will get injured on the job?” Respondents tended to report that they faced a *small degree* or *moderate degree* of workplace risk, few respondents reported a *high degree* of risk.

The likelihood of employees becoming injured in the course of their specific jobs was generally rated as *very unlikely* or *somewhat likely*; however, nearly one quarter of respondents reported that it is *very* or *extremely likely* that they would be injured while performing their specific job tasks.

Respondents were also asked about how safe they felt at work; most respondents reported that they felt safe or very safe at work. The distribution of responses to these three items can be seen in Figure 16 below.

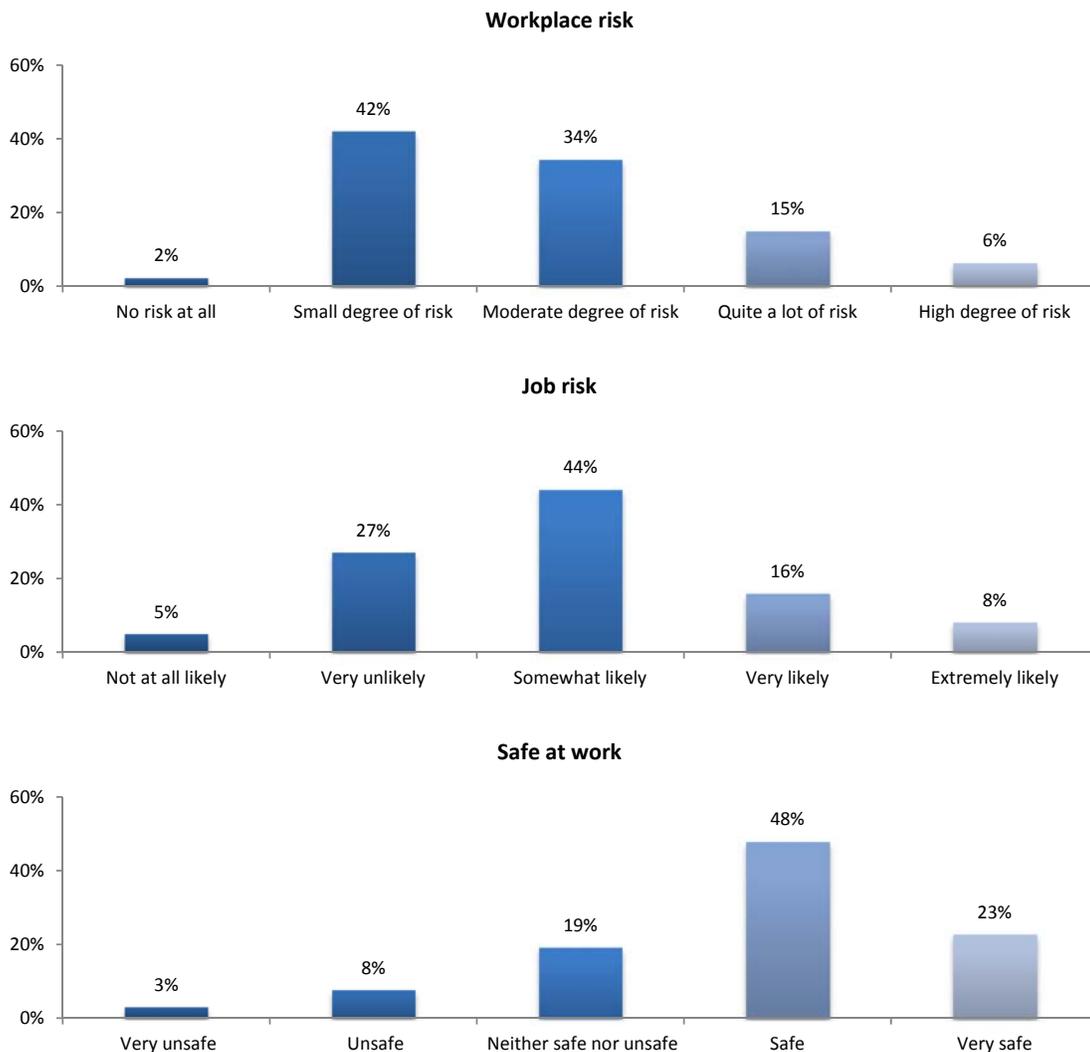


Figure 16: Level of perceived risk

OHS outcomes and experience of work-related injury and illness

Self-reported OHS outcomes

Fifty-one percent of respondents (n = 2,421) reported that they had experienced an OHS incident in the past year. The total number¹ of OHS incidents ranged from zero to 220 in the past 12 months with respondents reporting, on average, 4.3 (SD = 12.6) OHS incidents in the past year. As shown in Figure 17 below, respondents stated that they had experienced, on average, more than one OHS incident over the past year with most incidents being near misses. However, five respondents reported an unusually high number of OHS incidents; these respondents said that they had experienced 400, 800, 1,002, 1,044 and 1,200 incidents. These five respondents were not included in the analysis.

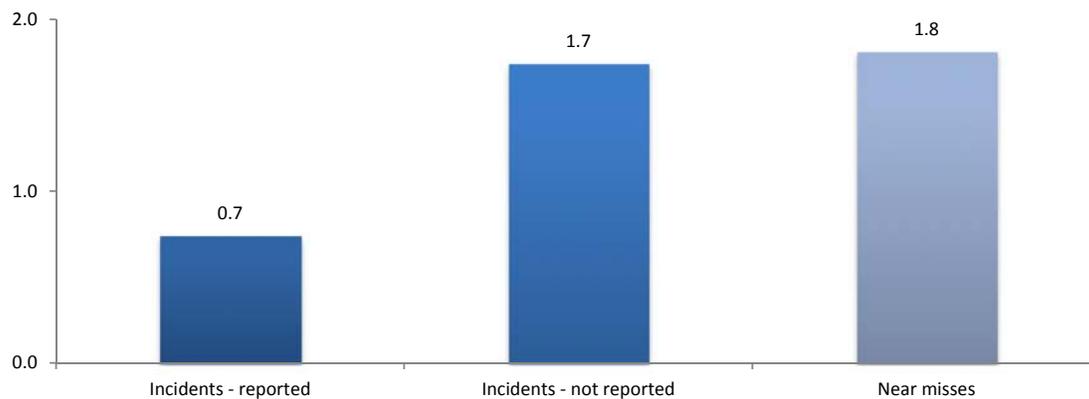


Figure 17: Average number of OHS incidents in the past year

Figure 18 below displays the number of OHS incidents reported by each group of survey respondents in the past twelve months. While most AEU member types reported modest numbers of incidents; respondents from Disability Services Centres and special schools reported a relatively high number of OHS incidents. While all groups tended to report experiencing higher numbers of unreported incidents and near misses compared to reported incidents, this pattern was particularly evident in Disability Services Centres and special schools.

¹ "Total incidents" refers to the sum of all OHS incidents: incidents reported to management, incidents not reported to management and near misses.

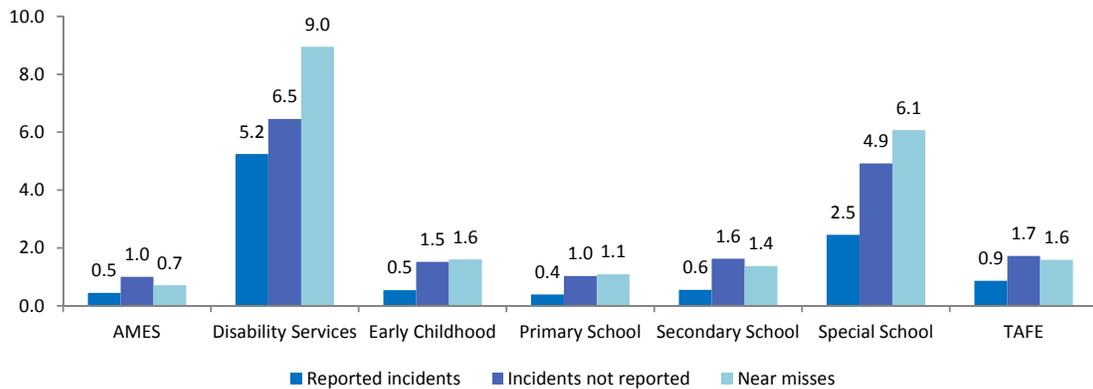


Figure 18: Average number of OHS incidents in the past year by AEU member group

Self-reported days off and WorkCover claims

Thirty-one percent of respondents reported having days off work that were associated with a workplace OHS incident injury or illness (excluding stress). The number of days off work as a result of an OHS injury or illness ranged from zero to 300 days, with an average of 7.4 days (SD = 20.6).

Thirty-three percent of respondents reported having days off work as a result of workplace stress. This is greater than the percentage of respondents taking days off work as a result of a workplace OHS incident. The number of days off work as a result of exposure to workplace stress ranged from zero to 356 days, with 8.6 days (SD = 26.1) being lost on average.

Six percent of respondents reported that they had made a WorkCover claim for a workplace injury or illness (excluding stress) and two percent of respondents reported that they had made a WorkCover claim for workplace stress-related injury or illness in the past year.

Perceived experience, impact and cause of injury and illness

Figure 19 displays reported injuries and illnesses reported by respondents to the survey. More than half of the respondents reported experiencing stress or other mental health problems in the past twelve months. Also, a substantial number of respondents reported experiencing illness as well as chronic joint or muscle conditions. Overall, 74% of all survey respondents reported experiencing some kind of injury or illness in response to this item, which is substantially higher than the number of OHS incidents reported earlier in the survey. Also, note that this item allowed respondents to select more than one response. Fifty-five percent of all survey respondents had experienced a work-related illness or injury of the type 'stress or another mental health issue'.

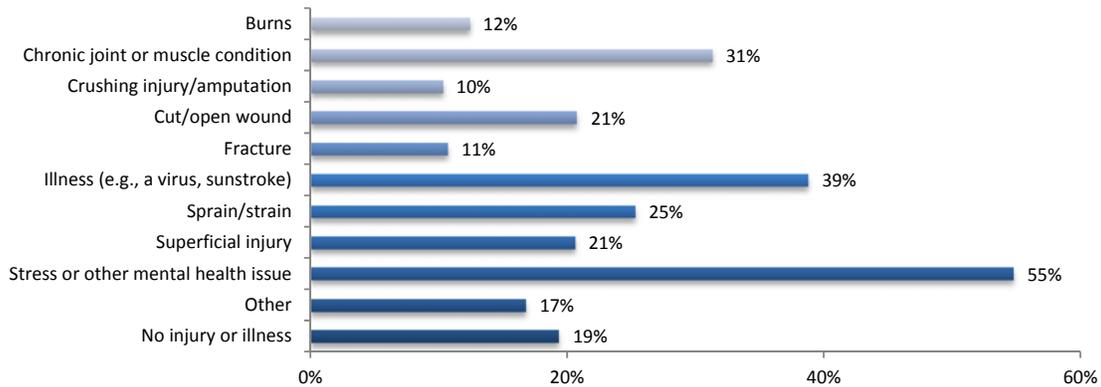


Figure 19: Types of injury or illness experienced by AEU members

Figure 20 below shows which injury or illness respondents considered to have the greatest impact on them. The pattern of responses is consistent with the overall experience of injury and illness: stress and mental health, illness and chronic joint or muscle conditions were the main sources of impact.

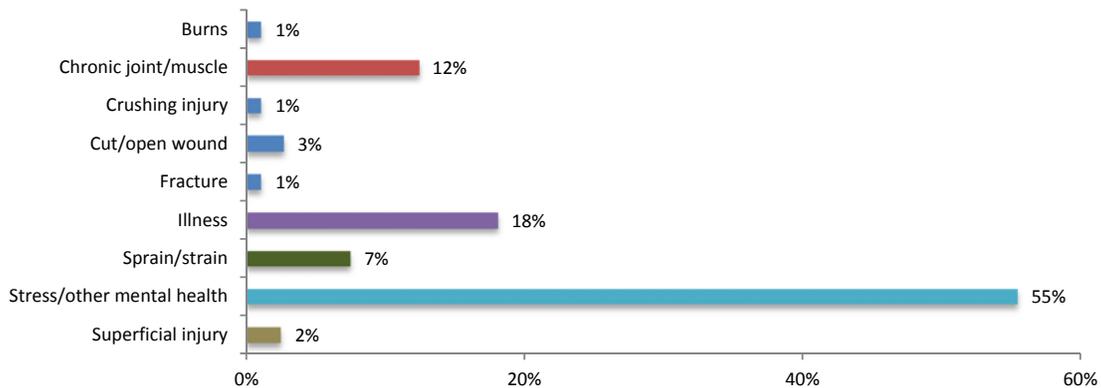


Figure 20: Injury or illness with the greatest impact

Figure 21 below displays respondent perceptions of the causes of workplace illness or injury. This figure shows that respondents see exposure to stress as the largest cause of workplace illness or injury.

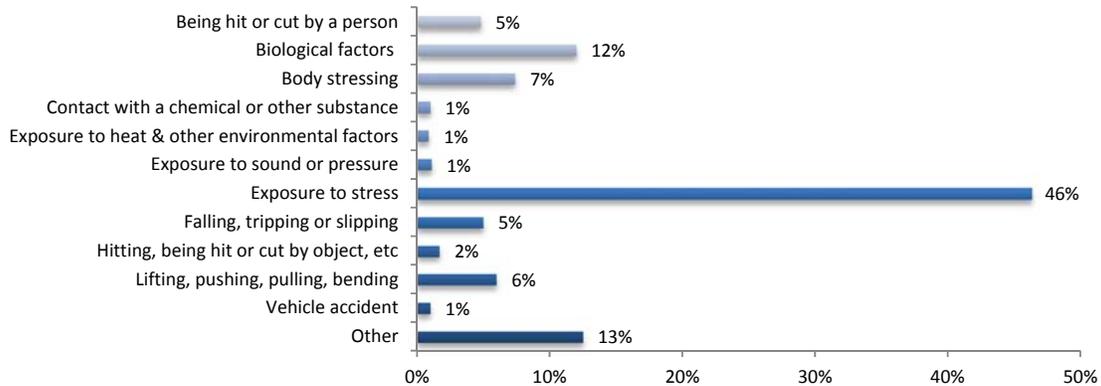


Figure 21: Perceived cause of injury and illness

An additional question was asked to probe the perceived causes of stress in the workplace. Figure 22 below shows that most respondents who reported that exposure to stress in the workplace was the main source of their workplace illness or injury also tended to report that stress arose primarily from work pressure. Other sources of stress included an increasing or changing workload and the demands of pastoral care (e.g., looking after students with personal difficulties). It should be noted that this item allowed respondents to select more than one response. The results shown in Figure 22 are directly related to those who had stress as a source of workplace illness or injury; this is consistent with the high level of work overload and moderate levels of emotional labour and burnout found in the whole sample, as was shown in Figure 13.

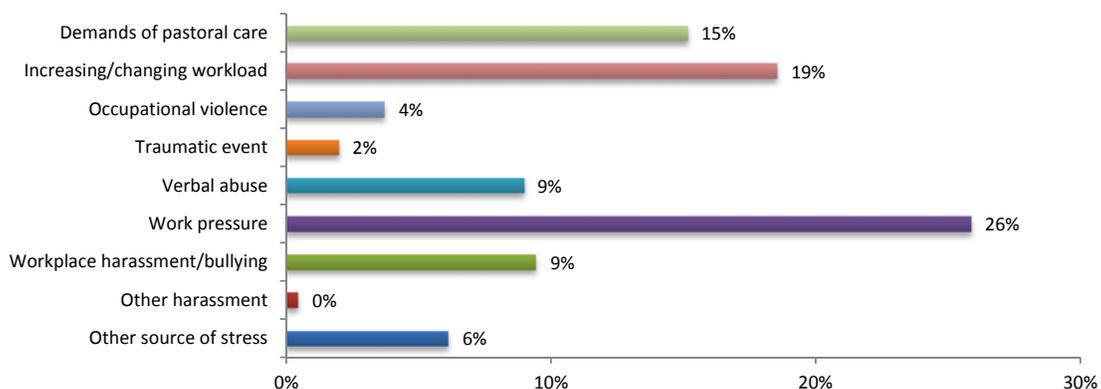


Figure 22: Factors contributing to stress in the workplace

Perceptual measures and associations with OHS outcomes

This section describes the associations among respondent perceptions of OHS, their own safety behaviour, other perceptions of risk such as work overload and employee silence, and self-reported OHS outcomes.

Leading indicators of OHS, safety behaviours and OHS outcomes

Negative associations were observed among the number of **total incidents** and:

- OPM-MU;
- Safety climate;
- Safety control; and
- Supervisor support for OHS.

Higher levels of performance on leading indicators (as measured by the OPM-MU and safety climate), supervisor support for OHS and a greater sense of safety control were associated with fewer OHS incidents overall. Respondents who rated their workplaces higher on the OPM-MU and safety climate scales and perceived greater levels of supervisor support for OHS were involved in fewer OHS incidents. Respondents who reported greater levels of safety control also tended to be involved in fewer OHS incidents.

There were **negative associations** among **reported incidents** and:

- OPM-MU; and
- Safety climate.

Higher levels of performance on leading indicators (as measured by the OPM-MU and safety climate) was associated with fewer reported OHS incidents. Respondents who rated their workplaces higher on leading indicators and safety climate were involved in fewer reported OHS incidents.

There were **negative associations** among **unreported incidents** and:

- OPM-MU;
- Safety climate;
- Safety control; and
- Supervisor support for OHS.

Higher levels of performance on leading indicators (as measured by the OPM-MU and safety climate), supervisor support for OHS and a greater sense of safety control were associated with fewer OHS incidents that were not reported to management. Respondents who rated their workplaces higher on the OPM-MU and safety climate scales and perceived greater levels of supervisor support for OHS were involved in fewer OHS unreported incidents compared to those who rated their workplaces lower on these scales. Respondents who

reported greater levels of safety control tended to be involved in fewer OHS unreported incidents compared to those respondents who reported lower levels of control.

There were **negative associations** among **near misses** and:

- OPM-MU;
- Safety climate;
- Safety control; and
- Supervisor support for OHS.

Higher levels of performance on leading indicators (as measured by the OPM-MU and safety climate), supervisor support for OHS and a greater sense of safety control were associated with fewer near misses. Respondents who rated their workplaces higher on the OPM-MU and safety climate scales and perceived greater levels of supervisor support for OHS were involved in fewer near misses compared to those who rated their workplaces lower on these scales. Respondents who reported greater levels of safety control also tended to be involved in fewer near misses compared to those respondents who reported lower levels of safety control.

There were **positive associations** among **reported incidents** and:

- safety motivation;
- safety compliance; and
- safety participation.

Reporting incidents to management was associated with higher levels of safety motivation, compliance and participation. Safety participation goes beyond compliance with OHS rules and refers to the extent to which a proactive approach to OHS is taken with a view to improving OHS in the workplace. Therefore, along with higher levels of motivation and compliance, these results suggest that respondents who tended to promote OHS in the workplace were more likely to report incidents.

Work overload, emotional labour, work-related burnout and OHS outcomes

Positive associations were observed among **OHS incidents of all types** (total, reported, not reported and near misses) and:

- emotional labour;
- work-related burnout; and
- work overload.

Respondents who reported higher levels of emotional labour, work-related burnout and work overload tended to report that they were involved in a greater number of OHS incidents, including all subtypes of incidents (reported incidents, unreported incidents and near misses).

Influence, employee silence and intention to leave and OHS outcomes

Negative associations were observed between **incidents of all types** (total, reported, not reported and near misses) and:

- › Influence at work.

Higher levels of influence at work were associated with fewer OHS incidents overall on average, including all subtypes of incidents (reported incidents, unreported incidents and near misses) compared to respondents who attained lower scores on these variables.

Positive associations were observed among **incidents of all types** (total, reported, not reported and near misses) and:

- › Quiescent silence;
- › Acquiescent silence; and
- › Intention to leave the education field.

Respondents who reported higher levels of quiescent and acquiescent silence and intention to leave the education field tended to report that they were involved in a greater number of OHS incidents, including all subtypes of incidents (reported incidents, unreported incidents and near misses) compared to respondents with lower scores on these measures.

Comparing respondent views among AEU member groups

This section compares each AEU member type (Adult Migrant Education Services, Disability Services Centre, Early Childhood Education, primary school teachers, secondary school teachers, special schools and TAFE) on the perceptual measures used in the survey.

Group comparisons for OHS leading indicators, safety behaviour and OHS support

Figure 23 below indicates that respondents in primary schools and special schools had slightly more positive perceptions of safety climate compared to the other groups and respondents from special schools and Disability Services Centres reported slightly higher levels of supervisor support for OHS compared to the other groups. Respondents from AMES and TAFE reported the lowest average scores on both measures.

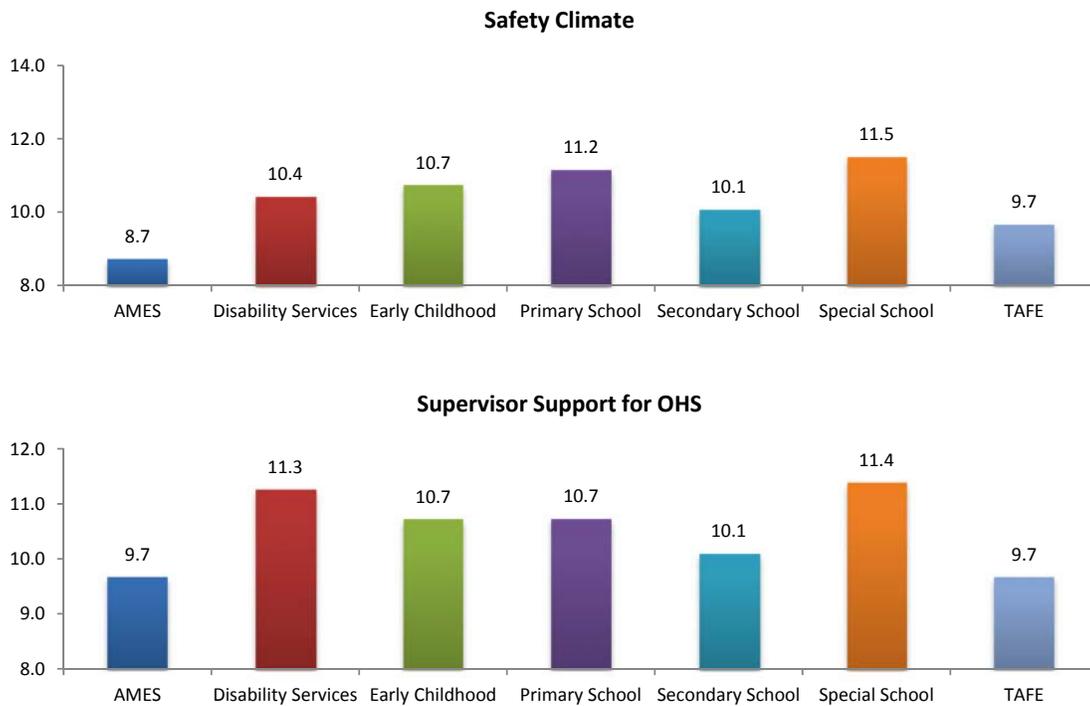


Figure 23: OHS leading indicators, safety behaviour and OHS support by group

Figure 24 below displays respondent views of their own safety motivation and behaviour (compliance, participation). Scores on these measures were approximately equivalent across the seven member types.

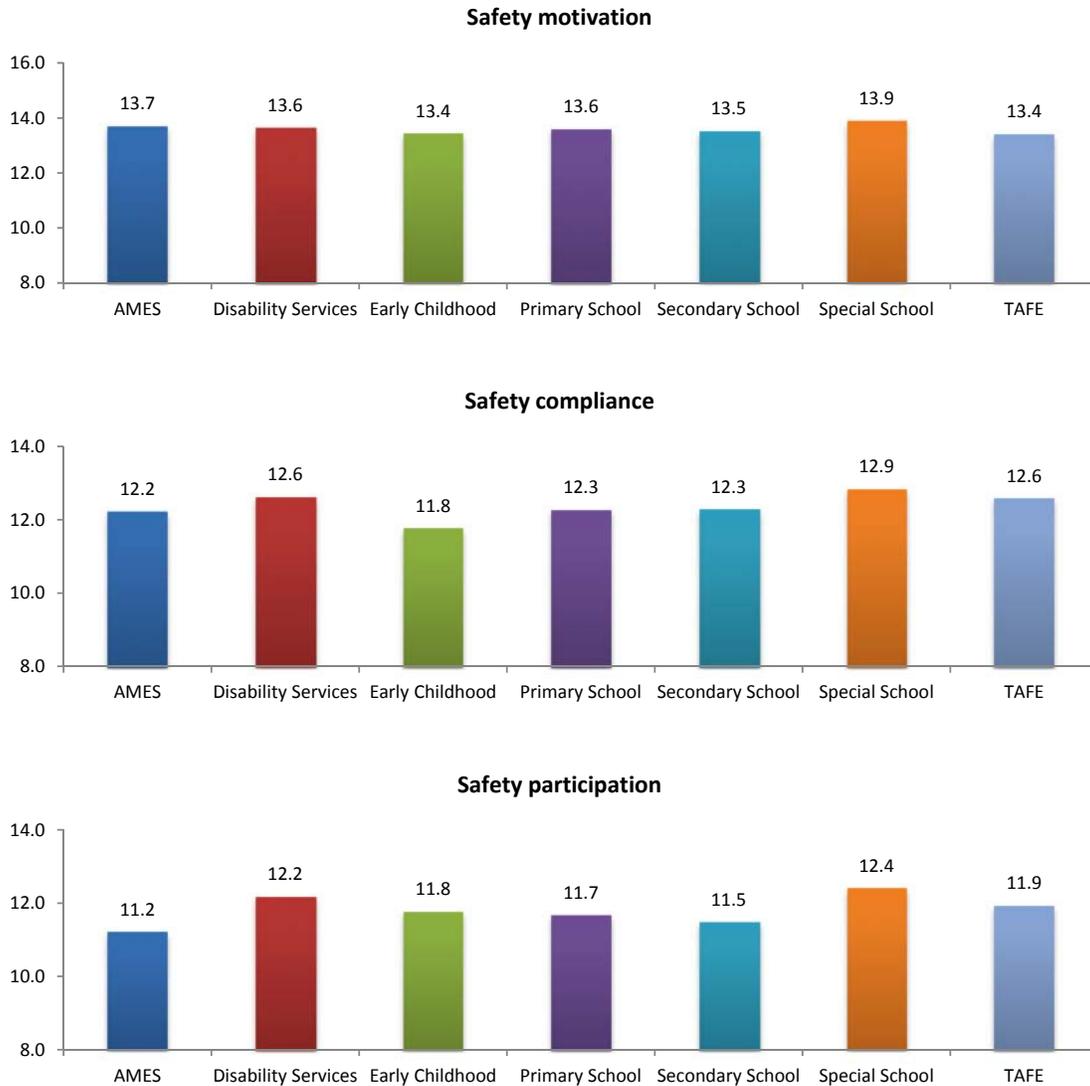


Figure 24: Safety motivation and behaviour scores by group

Figure 25 below displays respondent perceptions of their sense of control over safety in their work. Scores on this measure were roughly equivalent across the member types; however, employees from AMES tended to report lower scores, on average, for safety control compared to the other groups.

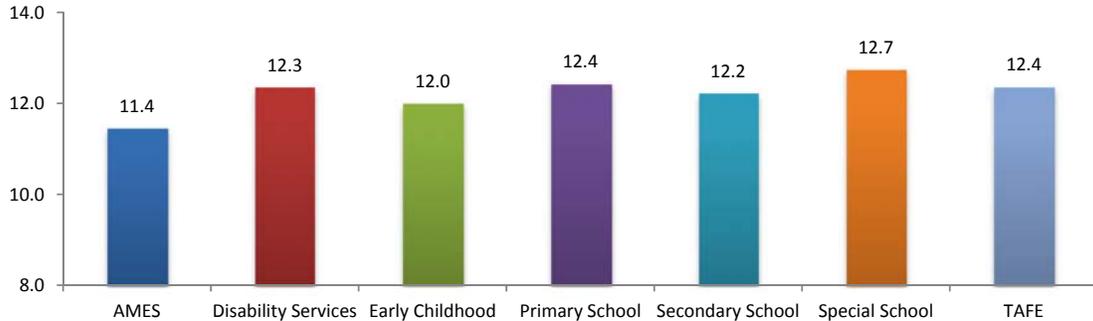
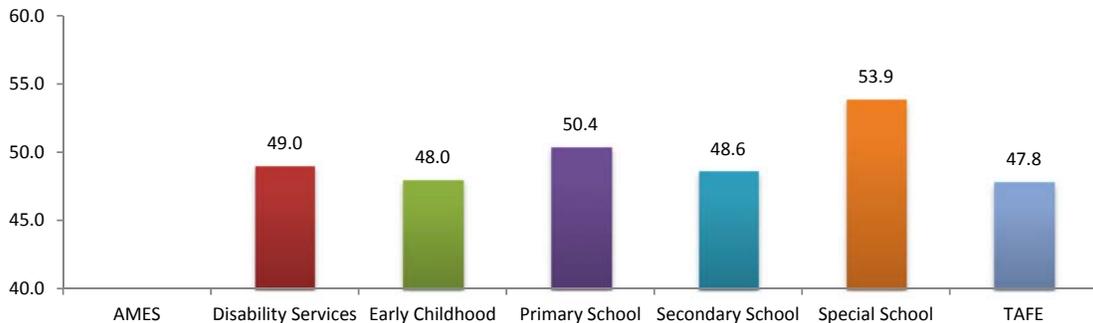


Figure 25: Safety control scores by group

Figure 26 below displays responses by those in Principal, Assistant Principal, Senior Educator, CEO, Director or Manager roles, with regard to their own OHS leadership. Scores on this measure were approximately equivalent across the member types; however, respondents from special schools reported higher levels of OHS leadership compared to the other groups.



²Figure 26: OHS leadership scores by group

² There were no respondents in AMES reporting on their OHS leadership.

Group comparisons for work overload, emotional labour and work-related burnout

Few differences were observed between AEU member groups for work overload, emotional labour or work-related burnout. On average, respondents from secondary schools and early childhood education reported the highest levels of work overload; respondents from early childhood education reported the lowest scores for emotional labour; and respondents from TAFE reported the highest levels of work-related burnout.

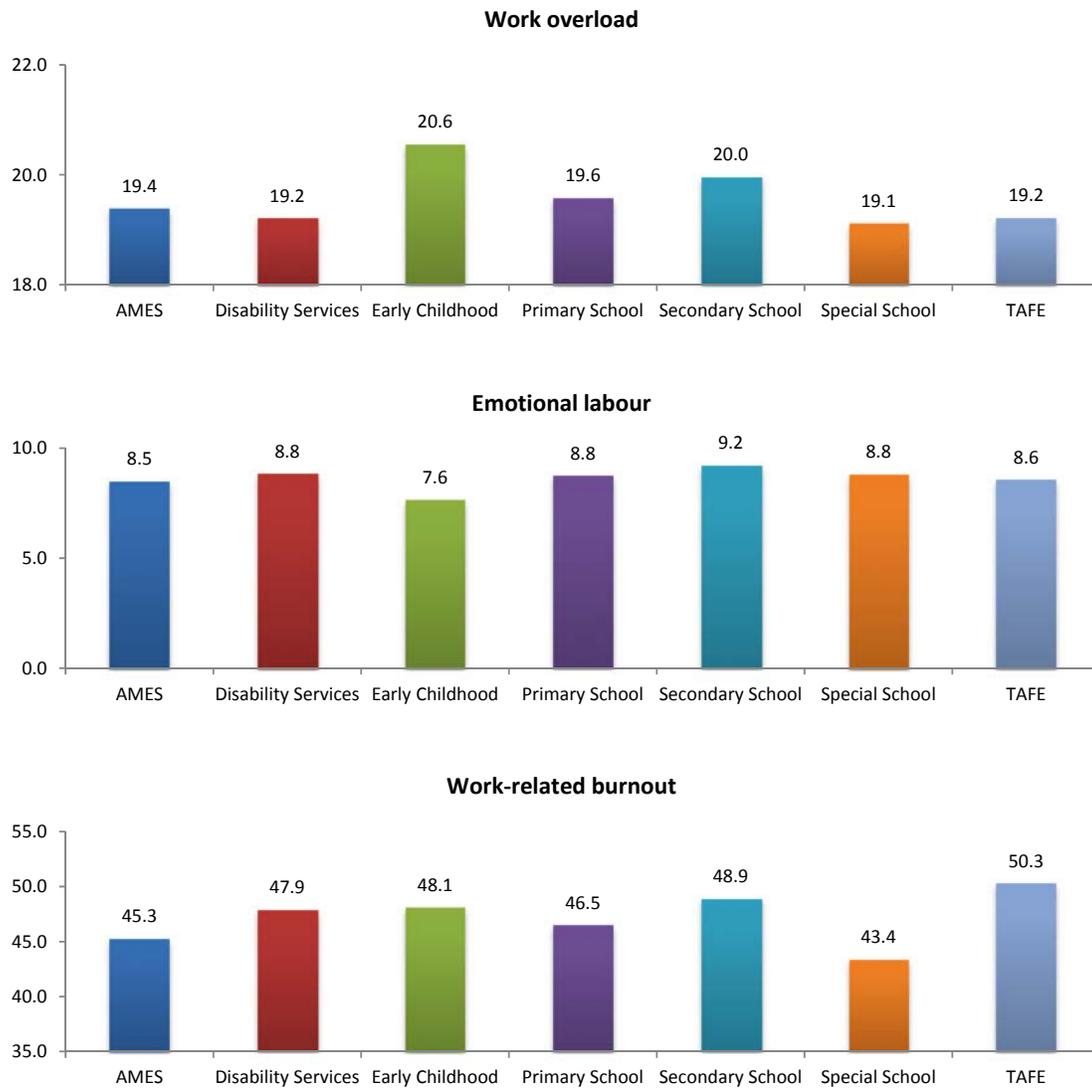


Figure 27: Work overload, emotional labour and work-related burnout scores by group

Group comparisons for influence at work, employee silence and intention to leave

Variations in scores can be seen across AEU member groups on measures of influence at work and intention to leave. Respondents from early childhood education, primary schools and special schools reported higher levels of influence at work, on average, compared to the other groups. Respondents from Adult Migrant Education Services and special schools reported the lowest levels, on average, of intention to leave.

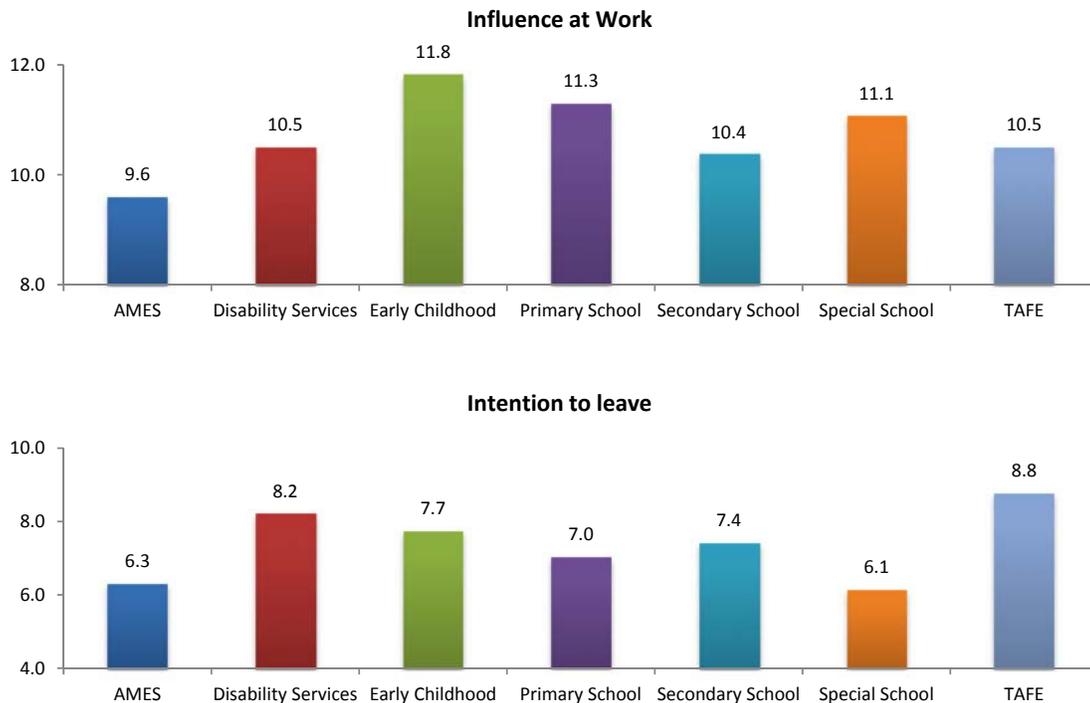


Figure 28: Influence at work and intention to leave scores by group

Variations in scores can be seen across AEU member groups on measures of employee silence. Respondents from Adult Migrant Education Services, Disability Services Centres and TAFE reported higher levels of quiescent silence, on average, compared to the other groups. Respondents from Adult Migrant Education Services reported higher levels of acquiescent silence, on average, while those from special schools reported lower scores than the other groups.

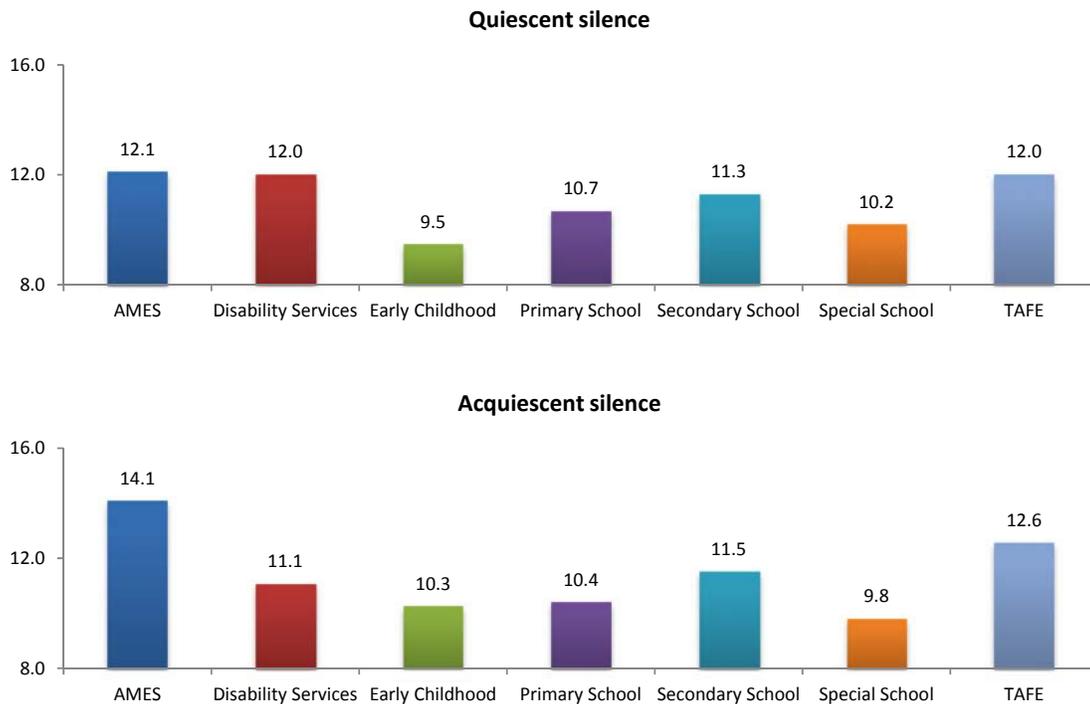


Figure 29: Employee silence scores by group

Comments and suggestions about OHS from AEU members

Respondents were given the opportunity to provide comments about OHS at their workplace as well as suggestions to improve OHS with two open-ended questions. Respondents often addressed multiple issues and therefore each issue raised was categorised separately. Overall, 34 percent of the respondents in the sample generated 2,343 comments about OHS at their workplaces. Fifty-two percent of the respondents generated 7,174 suggestions about how to improve OHS in their workplaces.

As shown in Figure 30 below, most comments and suggestions came from the primary and secondary school sectors, but this was consistent with the percentage of participants responding from each of the AEU member groups.

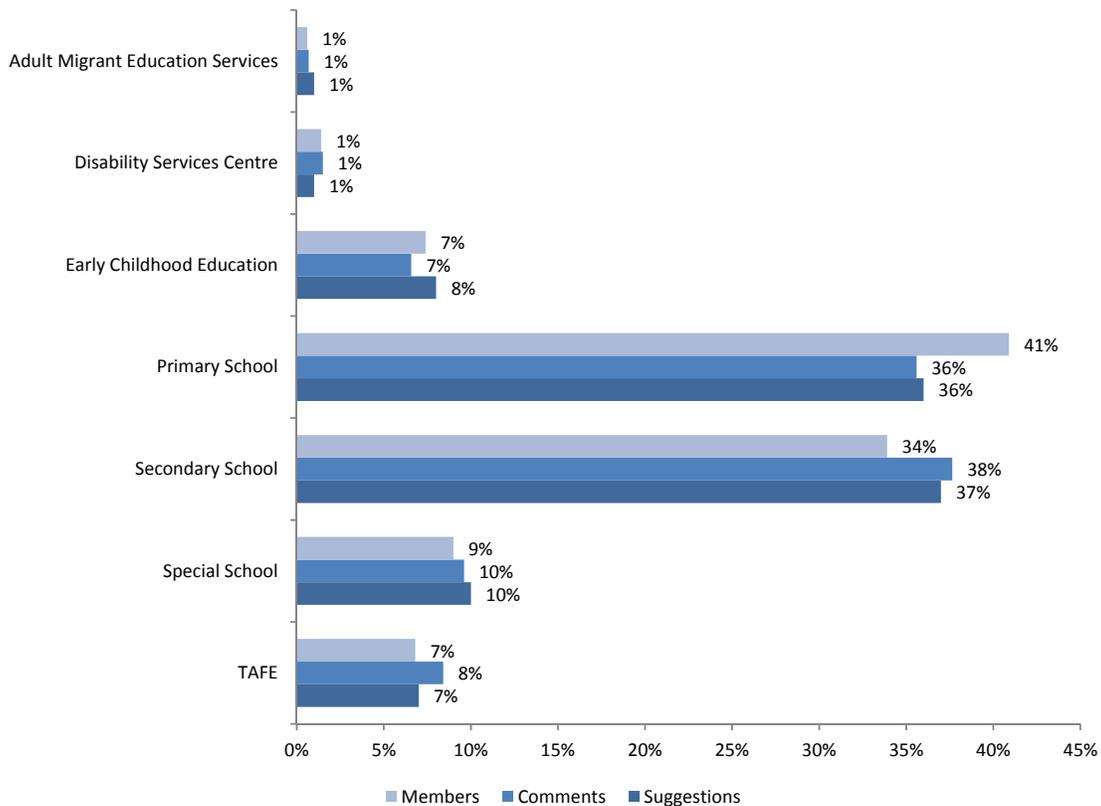


Figure 30: Distribution of comments and suggestions by member type

Comments about OHS by theme

The comments about OHS in the workplace were summarised into categories that reflect the key elements of leading indicators of OHS identified earlier (see Table 1). In addition to these 10 categories, comments that were positive were separated out from the other categories to highlight areas that respondents thought were strengths in their workplaces. The distribution of comments across these categories is displayed in Figure 31 below. The areas of most concern to respondents were risk management, OHS training and resources, OHS systems and management commitment to OHS. Few comments were related to recognition, empowerment, OHS accountability, audits and inspections, communication and prioritisation of OHS.

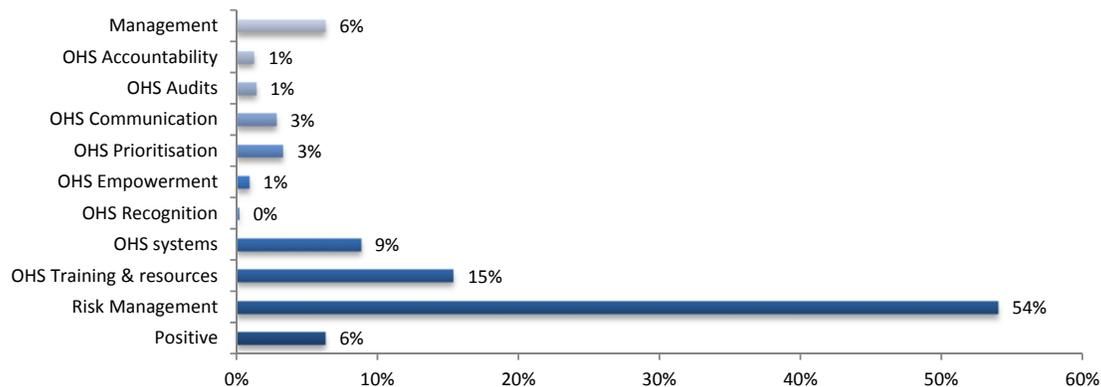


Figure 31: Distribution of comments regarding OHS from AEU members

The majority of comments from respondents related to risk management and encompassed psychosocial, physical and physiological risks. This is a very broad category that encompasses several areas; further analysis could investigate each of the sub-categories in more detail. Within this category a large proportion of comments referred to aggression or violence and bullying in the workplace from students, parents and/or colleagues. Other common concerns placed in the risk management category referred to mental health and workload matters.

Examples of comments in the **Risk Management** category include:

Seems to be very little duty of care to staff when it comes to being physically abused, staff seem to have no rights and clients have all. This is very obvious when it comes to restraint - a no touch policy, but clients can hit, pull, spit, scratch etc.

A health and safety issue not covered is angry or irate parents who verbally abuse and threaten staff.

There are no consequences with any real substance when students bully and intimidate teachers or cause daily serious destruction of lessons through disruptive behaviour.

Students' rights are heavily protected, but teachers' rights are not. Verbal abuse and parental aggression is common, but no action is taken by management in regards to this. This leaves workers open to harassment from specific students and commonly their parents, with extensive mental health repercussions.

Sometimes the demands of the job creep up on you until one day you just burn out. Teachers take on that 'little bit more' because they don't want to let anyone down.

Stress is related to pressures of admin work and constant pressure to get things done when there is not enough time. Another issue is class size and overcrowding of rooms, also having classes with mixed levels or clients not suitable for the level being taught.

Demands being placed on teachers regarding writing, implementation and collection of evidence related to devising professional development are unrealistic and heavily stress causing.

I think the workload causes a lot of mental fatigue. Seems to be more and more expected of educators but we are not given any extra time to do it.

Now have group of 33 children in same time allocated once for group of 25 children.

Despite back, shoulder and neck issues, the department still issues and enforces the use of laptops. This involves carrying these machines as well as normal teaching paraphernalia.

Having to carry heavy trolleys upstairs when the ramp isn't working.

Often budget restraints do not allow for maintenance to the level needed.

Safety in buildings for students & staff e.g. asbestos in many school buildings.

Physical hazards and potential hazards are treated seriously once the HSR (myself) raises the issue with management. The biggest problem is the lack of support for psychological type problems, workload issues, student behaviour,

Condition of buildings, classrooms, and work spaces are below standard. Lack of air-conditioning is a major problem in the summer, especially in rooms that have no cross breeze.

Crowded playground during recess times when students playing ball games is a hazard. ... Always a danger of being hit hard by students playing soccer and football.

Viruses, colds, gastro, conjunctivitis, head lice are often picked up from children which require time off work.

Comments placed in the category of OHS training and resources were predominantly focused on training and funding for OHS matters. A common area of concern was funding within the public education sector and its implications for the availability of appropriate equipment, staffing and support.

Examples of comments in the **OHS Training and Resources** category include:

I am a new employee, hired mid-year and have received no OHS training or induction to date at this workplace.

Our OH&S person is no longer at the school and no one has replaced them. The only training we have had in the last few years is the written training that the department sends out via email.

The compulsory OHS on line training is largely irrelevant as we do not have suitable furniture in our school.

The recent OH&S training contributed to workplace stress levels by being made compulsory within a time frame that did not allow inclusion in a planned school PD provision, especially for ES staff who often do not have access to computers in their work time.

My main concern as an Assistant Principal who is in charge of OHS is adequate understanding and training of OHS issues.

I am employed by a Parent Committee Managed Stand-alone Kindergarten, who have no knowledge and training about OH&S. This should be mandatory for them before they take on Committee positions.

Some OHS aspects the school would like to remedy but the funding from central is not there.

I sometimes do not bring up OHS concerns with supervisors because of a belief that funding doesn't exist to cover changes required and therefore my concerns will not be received well.

A number of OHS issues seem to be avoided because of the costs involved. Budgets are clearly inadequate to deal with the problems we face.

If I want to replace my old un-gassed chair I organise and pay for it myself.

Financial pressure to keep staffing costs down, combined with unpredictable staff illnesses & changing funding arrangements from clients means that available permanent staff are usually working under pressure while needing to support/train new casual staff.

The administrative burden on me as a principal of a small rural school is exhaustive. There is not the capacity to delegate roles to other staff, ... we take OHS seriously, but have little budget capacity to keep everything up to date, and my time is stretched carrying out my educational leadership role.

It has been very difficult to complete the amount of paperwork required by the department without using funds allocated to student programs. I believe the department should have greater input, resource wise (financial and human) to support schools to ensure full compliance.

OH&S was so time consuming that I have employed an external consultant to assist us with guidance, audits, documentation and the calendar of events.

Teaching technology in a metalwork classroom there is always a risk of cuts and scratches, splinters in the woodwork room and burns associated with welding and automotive lessons. It is incredibly difficult to source safety glasses that fit small faces; wearing of gloves to protect against cuts is not always practical as some tasks require a level of tactile agility that gloves cannot provide. Therefore, try as I might I cannot eliminate potential injury, as a single pair of eyes supervising up to 25 students.

Sometimes following all the OH&S requirements would make working a normal day almost impossible. DEECD health and safety expectations on the workplace are over complicated and way too demanding on staff who already have jobs within the workplace.

Comments placed in the OHS systems category included: the impact of other (non-OHS) policies and practices on OHS matters, the reactive nature of OHS systems, and perceived gaps in reporting and training processes.

Examples of comments in the **OHS Systems** category include:

At our school we have policies about student welfare; however, there seems to be nothing about teacher welfare. Three counselling sessions from the Education Department is not enough to help us deal with the stress we encounter in our workplace day after day.

Knowing who is the OHS staff member to go to for any issue is often not known. ... Knowing what constitutes a near miss or an actual OHS issue is often not known nor taken overly seriously.

As we are a workforce of two and we are run by a volunteer committee of parents it is unclear to me who really is in charge of health and safety issues. We tend to deal with issues as they come up but have no clear representative who is in charge. Is it one of us or the committee of management who should be following through with any issues?

In our school there were no OHS rep in last four years, on some days we had run classes for a full day without any water ... students-teachers-staff couldn't wash hands after using toilet during that time.

It has become too complex to follow.

As a Casual Relief teacher you don't have access to Edumail where you can report OH&S issues and if you do complain verbally your chances of getting work at the school diminishes.

As an outdoor education teacher I regularly breach OHS requirements regarding rest periods when on camp as there are insufficient staff (due to costs) to allow the required time away from student supervision. ... If I were to refuse the camps would simply not run!

There are procedures in place for reporting, etc. ... however the timeframe of actually getting the problem fixed is slower than a drunken turtle!

Comments regarding management commitment to safety often referred to a lack of support and follow-up from management in response to OHS concerns. A common term used to describe management's commitment to OHS was "lip-service", indicating a superficial approach to OHS in the workplace.

Examples of comments placed in the **Management Commitment** category include:

Management to act on teaching staff concerns and adopt a proactive approach to safety issues rather than a reactive approach.

At best lip service is given to addressing these issues. Others who have complained have been openly commented on and criticised in cliques of management.

My administration pay lip service to OHS. Mostly all staff complete online training modules because we are directed to. However I feel there is no real commitment to deal with stress factors, work overload or some physical issues.

The pressure put on teachers to not take time off when sick because it puts a financial burden on the school and grade splitting makes you unpopular with other teachers. When I brought up the issue of increased workload, etc., my Principal simply commented that ours is not a 38 hr a week job, more a 50 hr a week job.

I am an AP who has strong focus and skills on OHS with a principal who says we are a nanny state.

As an HSR I come across the same incidents, hazards, stress factors and issues often. I have taken these concerns to OH&S committee meetings and raised concerns with management. Although they will listen, nothing ever gets followed up on and the same issues continue to remain.

I work for a large organisation. Our immediate boss values OHS procedures; however, the upper management care little about the state of our building.

Senior management do not take OHS seriously, and it has become worse as the sector has undergone further funding cuts.

Comments from respondents about the prioritisation of OHS addressed the concern that students' safety is often paramount within the workplace but OHS is not a priority. Other concerns were that workload and budgetary constraints made prioritising OHS difficult

Examples of comments for the **Prioritisation of OHS** include:

I believe in my workplace a strong emphasis is placed on health and safety of students and parents but staff at school are rarely considered.

Although Health and Safety is respected in the work place, it does not have great support in the budget.

Perhaps allowing more time for the OHS representative at our school to actually address safety and health issues in a timely fashion. Built into the school timetable and colleague's workload.

Health and Safety is treated as something that must be 'ticked off' but no real effort is made to address the wellbeing of staff.

Workplace safety has been paid lip service by the Principal class member in charge. No clear budget considerations have been made to ensure evaluation of needs of staff and addressing the matters that might be brought forward.

We have no OHS at our work. No rep. No info.

Health and safety is not considered important in general in my TAFE.

Comments placed in the leading indicators category of consultation and communication covered issues such difficulty in communicating with management and other employees about OHS concerns.

Examples of comments in the **Consultation and Communication** category include:

After reporting of incidents how does one ensure that the 'problem' has been rectified?

I do not even know who the OHS person is at work. I am not included in any OHS meetings.

As I work on different sites I often feel 'out of the loop'.

OHS issues get raised and never seen though, no consultation with staff regarding OHS.

If I do fill out the appropriate forms when I see a risk in the workplace I never receive any feedback concerning the steps followed up and because I see the same behaviours continuing I remain quiet because I do not [want to be] seen as a trouble maker.

Lots of things are not talked about.

The remaining categories generated few comments but focused on a lack of inclusion and involvement in decision making related to OHS and the workplace in general as well as lack of recognition and feedback and the importance of having everyone engaged in OHS

Examples of comments in the **Employee Empowerment and Involvement** along with **OHS Audits and inspections** and **OHS Accountability** categories include:

CRT [Casual Relief Teachers] workers are not involved in meetings and formalities concerning OHS.

There is a lack of teacher input in decision making. It is a very autocratic process and discriminatory.

The removal and now complete lack of cooperative decision making has removed any connection or 'ownership' of the workplace = dictatorship and micromanagement. Staff feel as though they are not valued, trusted or regarded professionally and cannot speak up for fear of bullying.

Health and safety is in my head all the time. But due to other relentless work pressures, the documentation of OHS matters, inspections and formal procedures just don't get done.

The overall culture is to react when something goes wrong rather than to prevent the problem in the first place.

Regarding formal reporting of incidents/making WorkCover claims. This is discouraged at my school. One teacher who reported an incident involving being assaulted by a student was 'told off' by an assistant principal because it had generated 'half a day's paperwork'.

Limited time to conduct inspections/audits means staff find additional tasks that do not directly (in their opinion) relate to their role. This sets up a negative view in some minds of OHS & they view it as a waste of time.

The sheer amount of work that has to be done in this area and the grey areas around accountability.

Despite education being made available to people they continue to commit unsafe work practices and often want to blame somebody else when something goes wrong.

There were a number of positive comments from respondents who viewed OHS policies and practices at their workplace to be supportive and effective, with good processes in place. Several comments offered positive views of the on-line OHS training modules provided by the Department of Education and Early Childhood Development.

Examples of comments placed in the **Positive** category include:

Our Principal is well versed in OHS. It is on the agenda at every staff meeting and school council meeting.

All staff were requested to complete the online OHS Professional Development at my school. The vice-principals are approachable and willing to take steps to improve the OHS of the school as issues arise. Management ensures a physically safe setting and tries to offer a middle of the road stress level environment.

Educating employees on the importance of OHS within the workplace and the responsibilities in regards to OHS has improved the safety of the workplace.

The elearning modules, while not ideal, have certainly heightened staff awareness in the areas covered.

I believe the health and safety at our school is taken very seriously by management and all staff.

My school is exceptional in its management of safety and health issues.

On-line modules recently completed were valuable.

At our school our Leadership group takes OHS very seriously. There is always an opportunity to enter a discussion around OHS for any member of staff with concerns.

I believe our staff have a good camaraderie and people do look out for each other. It's a good school to work at.

I recently proposed an OHS meeting for staff to discuss workplace stress ... the majority of staff attended the meeting, concurred that workplace stress is a significant issue that they too are facing. We discussed strategies we as teaching and support staff could implement to help ourselves and put forward a list of requests to leadership where we felt they could support us. This appears to have been taken very seriously by the College, has been discussed and responded to through OHS representatives, and discussed and responded to through the leadership team.

Our school is great at addressing OH&S and responds immediately if things are brought up.

As a relatively new employee at my place of work, I found it reassuring to have a very thorough orientation process prior to commencing. I was aware of my rights and responsibilities as well as my environment and all centre specific policies before I started.

As I work with young children, their health and safety, as well as all staff are paramount in planning and practice.

We have an OHS officer. She manages OHS for children and families. We have staff meetings where we always discuss OHS and it is at the top of the agenda.

Assistant Principal is responsible for OH&S and she is very thorough, consults and is supportive of staff.

Suggestions to improve OHS by member type

The suggestions offered by respondents to improve OHS in their workplaces are displayed below. These suggestions have been grouped by member type.

Adult Migrant Education Services

Fifty-nine percent of the respondents from Adult Migrant Education Services offered a total of 35 suggestions to improve OHS in their workplaces. Suggestions from this group addressed the following issues: OHS training and resources, workload, OHS systems, management and risk management.

Examples of suggestions from respondents in Adult Migrant Education Services include:

More training on how to deal with violent clients
Improve the air circulation in our workplace
A maximum limit to class sizes of about 25
Maintenance of reasonable workloads
Reduce paperwork and complex procedures to access required paperwork. One search should do it.
Management caring for staff welfare

Disability Services Centres

Fifty-three percent of the respondents working in Disability Services Centres offered 91 suggestions to improve OHS in their workplaces. The majority of their suggestions were categorised into the following issues: OHS training and resources, OHS systems, risk management, workload, management.

Examples of suggestions from respondents in the Disability Services Centres group include:

Have more employees do the HSR course
Adequate levels of funding to provide the services demanded by clients and government
More budgeting towards proactive OH&S practices in the workplace
Encourage staff to report incidents and ensure follow up from management.
Streamline processes in order to eliminate red tape.
Have staff complete a Workplace OH&S Survey and make suggestions anonymously each year.
Reducing the bending, pulling, and pushing of wheelchairs without a suitable hoist
Clearly defined staff roles with time allocated for extra tasks when they arise
Involving an external party at OHS meetings for all staff to avoid Management sweeping matters under the carpet
Do not decrease further pay and conditions of workers including hours and leave entitlements which decrease job satisfaction and increase stress.

Early Childhood

Fifty-seven percent of the respondents from Early Childhood Education offered a total of 568 suggestions to improve OHS in their workplace. The majority of their suggestions were categorised as: OHS training and resources; workload and risk management.

Examples of suggestions from respondents in the Early Childhood group include:

All staff given opportunity to have OHS training to ensure good practices are implemented

Adequate facilities and equipment for educators

Training for management or supervisors in appropriate collaborative and supportive leadership skills

Easier access to training

To ensure that appropriate equipment is readily available to avoid injuries from lifting heavy objects and reaching or climbing to obtain items stored in high places

Improved funding for maintenance. A yearly grant that is not dependent on fundraising

An independent counselling service to report stress. Our OH&S rep is the boss & is very inconsistent. It's not worth the stress to report anything.

Upgrade office with better desk, storage, heating and cooling

Extra funding for relief staff and a greater pool of relief staff to cover burn out

Provision of ergonomic stools or chairs for adults sitting at low tables with children

Reducing staff/student ratios and adequate support for additional needs children especially if there are a number of them in one group

Address workload issues by allowing more non-contact time to get things done.

Active OHS representative - responsibility of ensuring a safe workplace given a priority and not seen as incidental

More realistic workload, to reduce stress

To encourage staff to identify potential hazards or inappropriate behaviours without fear of victimization from reporting

More funding to ensure that changes that should be made to our workplaces to improve OH&S are actually done

Greater emphasis on genuine OHS (not just added paperwork like material data safety sheets and bureaucratic rigidity with more checklists and rosters) including the importance of emotional and mental safety for all employees

Clear guidelines from DEECD around OHS in the workplace

Continue OHS as priority agenda item in staff meetings

When audits are conducted that there actually is a follow up on and changes, policies and procedures are put in place to rectify the issues, concerns and hazards

Primary Schools

Forty-six percent of the respondents from Primary Schools offered a total of 2,580 suggestions to improve OHS in their workplace. The majority of their suggestions were categorised into the following issues: OHS training and resources, workload, risk management and OHS systems.

Examples of suggestions from respondents in the Primary Schools member group include:

Lower prices of OHS training so more staff can attend sessions and be better informed therefore, increasing awareness in schools

More support from DEECD for teachers and principals

A designated extra administrative staff member to deal with compliance, implementation and monitoring OHS

Increased funding for OHS related maintenance and equipment

More support for difficult/challenging students

Allocate some funds to allow the OHS rep to actually do their role within work time and not at home or after the school day has finished.

Set up offices to be safe for walking around, safe for storing things and with appropriate air conditioning.

Appointment of an OH&S trained person, to the school, even if part time

Education - induction to all new staff regardless of when they commence

Try to reduce the stigma of mental health issues by covering these (stress, depression and anxiety) with OHS training.

Smaller class sizes to reduce the constant pressure and stress of trying to deal with too many students in too short a time

Allowing more time for professional development that is NOT done at home online but at school

Reduce workload.

Time to complete all the compliance components of OH&S

Tougher measures to combat workplace harassment

Having open channels of communication - allowing staff to voice opinions, suggestions and valuing the experience of experienced teachers

Have the reporting paperwork easily accessible to staff so that issues are reported as soon as possible.

Checks and safeguards where staff are monitored by an outside impartial party

Less onerous OH&S compliance paperwork. Time to take action to improve OH&S in reality, not filling out endless legal and policy requirements

Development of an uncomplicated OH&S audit process for primary schools

Have an OH&S update for staff about relevant things in the Primary School that we need to be aware of.

Leadership to be proactive in supporting staff and ensuring that staff feel valued.

Providing access to information e.g. website, DEECD OHS modules

A considerable amount of stress would be removed if we knew we could actually speak honestly to our manager.

Secondary Schools

Fifty-six percent of the respondents working in secondary schools offered a total of 2,650 suggestions to improve OHS in their workplace. The suggestions were categorised as follows: OHS training and resources, workload, risk management, OHS systems and management.

Examples of suggestions from respondents in the Secondary Schools member group include:

All staff to be trained in area of OH&S.

Schools employ a Welfare officer for teachers, not just the students

Better funding so equipment, fittings, furnishings can be maintained

Timely and properly completed maintenance of school buildings and grounds

Schools should give proper OHS workplace inductions to casual relief teachers, preferably before they begin working in the school.

Embed OHS in Induction program for new staff

Do not provide pseudo training, that is, online training where the goal is seen as completion rather than learning.

Purchase the appropriate equipment to improve my screen angle on my laptop and wrist placement.

Properly clean working environment (no clutter, damp, asbestos).

Provide comprehensive training for every employee and management representatives on the legal requirements on workcover procedures.

Provide time to complete OHS training and not just have online modules to complete near report writing time.

Allow flexibility for more student free days to devote to compliance/OHS. Not enough time to sufficiently cover half of what is necessary

More appropriate work load and consultation with staff regarding expectations

Deal with stress and workload issues.

Support the removal of students who are a danger to others.

Zero tolerance of bullying or harassment by staff and/or students

When the OH&S officers visit our workplace and deem work needs to be done, then make it a priority to allocate funding for this to happen quickly.

Allow staff the opportunity to participate in the decision making process.

Awareness of procedures and processes

Changing the workplace culture to that of a supportive, collaborative and problem-solving culture.

Regular safety inspections with the outcomes disseminated to all staff

Reminding staff and students how to report OHS issues

Provide opportunities for staff to debrief after stressful incidents with students/families.

People in authority need to act upon suggestions to make the workforce safe.

Management taking unsafe practice seriously before there is an audit or a serious accident

Special schools

Fifty-one percent of the respondents from the special schools group offered a total of 724 suggestions to improve OHS in their workplace. The majority of suggestions were sorted into the following categories: OHS training and resources, risk management and workload.

Examples of suggestions from respondents in the Special Schools member group include:

Do more practical in-service instead of present situation of working on-line.

Greater on-site awareness and training

Increased resources (human and monetary) in order to deal with OHS issues

Keeping all work equipment in good well maintained order

Increased OHS budget for schools.

More staff to share the workload

More assistance with lifting and adjusting students in chairs, etc.

More hands on training for violent students

More staff to work one to one with dangerous, disruptive and aggressive students

Allowing staff time to debrief when dealing with aggressive behaviours

A zero tolerance to workplace bullying and/or harassment, along with more support for employees affected by this

More time to attend to audits

Decrease class sizes.

Independent incident reporting of OH&S issues

Fostering an awareness of the reporting process, how & where to get access to the forms. Annual review perhaps at the beginning of each year

Getting staff to realise that they all have a responsibility to OHS

Conducting safety audits of classrooms

Effective employee fitness and well-being programs.

TAFE

Fifty-eight percent of the respondents from the TAFE member group offered a total of 526 suggestions to improve OHS in their workplace. Similar to the other groups, the most frequently cited issues from the suggestions were: workload, OHS training and resources, OHS systems and management.

Examples of suggestions from respondents in the TAFE member group include:

Consideration of work load allocation

More time to cover OH&S subject material

Having more time to do my job as a rep

Reduce teaching hours and student numbers.

Control the rate of change. Do not keep changing things just for change sake.

Lean the paper work - there must a better way to streamline this work.

Invest in personnel to assist in this area - training provided to staff - support issues raised and provide resources to attend to issues.

To make dealing with 'challenging'/threatening behaviour part of the compulsory OHS training we regularly undergo

Ensure that all teachers fully understand their rights to a safer workplace and that they feel safe to exercise that right.

Training for management and senior staff

Supplying necessary PPE to teaching staff. Time for teaching staff to update OHS procedures and SOPs

Involve stakeholders in design of facilities and ensure accountability of final product.

After a safety audit, management need to act and fix, repair or replace certain items.

Conduct external audits and force institutes to fill OH&S positions.

Recognise psychological stress as a safety problem.

Management to act on teaching staff concerns with a proactive approach, not reactive.

Managers need to embrace OH&S and take it seriously so that staff are genuinely looked after in relation to work/life balance.

Comments relating to WorkCover claims and insurance

A supplementary search of the comments was conducted to investigate issues related to WorkCover claims and insurance. In total, 26 comments were identified that referred to either WorkCover or insurance claims. Analysis of the content of these comments revealed a number of themes relating to the underutilisation of WorkCover and insurance claims processes. These themes included: difficulties and barriers within the insurance and workers' compensation system; decisions to use alternative modes of leave other than workers' compensation; being discouraged from putting in a WorkCover claim; difficulty in proving a workplace related condition; lack of information about available support; and fear of negative work consequences.

Typical comments were:

Difficulties and barriers within the insurance and workers' compensation system

I broke my hip in 1997 at work and was unable to sue for compensation due to the Kennett Government changes to WorkCover... The insurance company covers me for some medication for pain which I don't use anymore as long term use is not good. I also have orthotics which are replaced every 2 years or so but I have to get a doctor's referral every time which is ridiculous as I have been claiming for 20 years and the injury is permanent. Basically I have a permanent disability where I am not allowed to run, etc. and am often in some pain. I have received very little compensation for an injury that has had a major impact on my quality of life.

I have had a work cover claim for an arm broken in multiple places 22 months ago. I found the insurance company not very supportive after the first four months although my arm did not heal for more than 12 months.

The need to de-stigmatise WorkSafe claims. Not sure how but would give a more accurate figure of workplace accidents.

The paperwork associated with OHS is stressful in itself and no resources are provided to deal with the increased workload. The entitlements when a claim is made under OHS are woefully inadequate and victimise the victim.

The process for management of EduSafe reports for principals is almost non-existent. There is no follow-up where principals are concerned when they have been hurt or injured.

The work claim procedure is very user unfriendly, there have been times when I have been undergoing treatment and WorkCover has not contacted anyone. It makes it very difficult for the patient.

Dealing with WorkCover is a nightmare. They are extremely inefficient. ... [details of the case are not shown, for de-identification]

I filed an Edusafe complaint online, received an automated response by email to say it would be investigated and then did not receive any other response for several years, until I lodged a Worksafe claim. Other complaints, queries and information provided by colleagues to DEECD regional managers was similarly not acted upon. Similarly, although I received 4 sessions of short-term counselling via the Employee assistance programme, there was no follow-up to see whether or not this had been of assistance to me or had helped to resolve the problems I experienced (and continued to experience during and following these sessions.)

There are many stress related retirements that are not reported including my own. When stressed to the max the last thing you need is to add to it by making a claim. I worked with the union and decided my stress level was too high to make a claim and add to it. I suspect many others do the same. Teaching is stressful we can't add to it when we know it will be unheard.

The stress of dealing with work cover once on leave has severely impacted my recovery and ability to return to work.

Decisions to use alternative modes of leave other than workers' compensation

I retired 12 months ago utilising 54/11 superannuation option as a result of a WorkCover issue that occurred in 2010... [details of the case are not shown, for de-identification] No one interviewed me in regards these allegations and nothing happened to him [School Principal] as result of his making false and misleading statements to the Insurer of me as a teacher. The Union supported me throughout the WorkCover Case. It still upsets me greatly and has affected my own and my family's life significantly.

Claiming workers' compensation for work related injuries/illness has a negative impact on the school budget and resources available for the education of students. As such, I choose to take sick leave if necessary even though it is work induced (e.g., physical injury caused by a student).

...Have had chronic sinus as a result of a workplace renovation where I was subjected to paint, dust and carpet fumes and a non-working air-conditioning system. Did not put in for WorkCover as I managed to continue working but ended with a sinus operation, depression and stress and changing from full-time to part-time work.

Being discouraged from putting in a WorkCover claim

Emotional health and safety is a huge issue at my workplace. This is a direct result of bullying and intimidation by the principal. I have sought help from the union to be basically told it is all but impossible to prove. I was advised against lodging a WorkCover claim by both my GP and counsellor due to the fact that a "win" would be unlikely and would cause a whole other layer of stress and anxiety.

Regarding formal reporting of incidents/making WorkCover claims. This is discouraged at my school. One teacher who reported an incident involving being assaulted by a student was 'told off' by an assistant principal because it had generated 'half a day's paperwork' for the AP.

Difficulty in proving a workplace related condition

It's very hard to claim an illness, such as a virus, as a work place incident. It's impossible to prove.

The new principal was highly incompetent and treated staff extremely poorly. One staff member filed an incident report to Edusafe. ... [details of the case are not shown, for de-identification] The entire WorkCover process has also been very difficult. I was not believed despite medical evidence confirming my diagnosis of adjustment disorder with anxiety and depression directly related to work. My claim was rejected, the senior review upheld the claim, and at conciliation the insurance firm offered to cover medical expenses and wages during my time off (prior to retrenchment) which equated to sick leave being reinstated. I agreed as I was not able to recover whilst having to constantly revisit the sadness and distress. I needed to move forward positively as best I could. I don't feel that I, or my colleagues, have been adequately supported by our employer, DEECD. ...

Lack of information about available support

Lip service is paid to OHS but certainly not psychological safety. I was not even aware of the EAP until I called the union. I put in a WorkSafe claim but did not report the incidents separately to the DEECD.

As a teacher director at a community preschool, OH&S was not part of my training and little specific, accessible training has been provided by employers, DEECD, AEU, etc. Now that I have permanent injuries, I also find health professionals i.e., GPs, etc., have little knowledge of my work tasks and are unable to offer me suitable alternatives under WorkCover, other than to return to work. The result is, that I feel I am working towards becoming a disabled participant in the workforce and eventually unemployable. GPs also do not understand the duty of care with young children and the need to be competent and alert, therefore being unable to take painkilling medications.

Fear of negative work consequences

Our staff including myself are too frightened to lodge any work cover claims for bullying as we have seen over a number of years staff resigning after conflict with the Principal...

I have observed other teachers who have suffered from injuries and submitted WorkCover claims being subjected to extra pressure at work because of the claims. It is too difficult to submit WorkCover claims, and the process makes things worse for the employees who follow this procedure.

... The constant over allotment and other pressures due to having a merged school and having to rewrite curriculum most years, along with difficult colleague interactions has caused major stress, anxiety and depression for which I am now getting private treatment as I was scared I may be named in excess if I put in WorkCover claims for the mental health aspects or the shoulder injury aspect.

Often OHS is seen as a physical safety issue. Staff who suffer from work-related high-level stress and anxiety do not speak up because of possible ramifications from management. The WorkCover process is a long and protracted one, that anyone suffering from work-related mental health issues would be reluctant to initiate a claim because of the added stress and anxiety the claim would precipitate.

... a teacher was berated at a staff meeting for contacting WorkCover where she was asking for advice regarding an OH&S problem before contacting management.

Summary and Conclusion

This report has presented the key findings from the survey of AEU members. Responses were received from 4,750 members (an overall 10 percent response rate). The aim of the present study was to confirm the validity of a measure of leading indicators of OHS, the OPM-MU, and to assess the impact of leading indicators of OHS on employee behaviours and OHS outcomes in the public education sector. Consistent with earlier studies, the results indicate that the OPM-MU is a reliable and valid measure of OHS leading indicators and that it might be of use as an initial 'flag' or measure of OHS potential in a workplace.

We tested the validity of the OPM-MU by evaluating its relationship with other measures of OHS. There were strong associations between the OPM-MU and a measure of safety climate, as well as measures that represent management commitment to safety (supervisor support for OHS). While scores on the OPM-MU were associated with employee perceptions and behaviours (motivation, compliance, participation, control) these associations were weaker than the associations among the OPM-MU and measures of safety climate and management support for staff OHS. This pattern of correlations indicates that the OPM-MU is a valid measure of leading indicators of OHS rather than other aspects of safety; that is, it represents OHS at the organisational level rather than at the level of individual employee behaviours.

The OPM-MU showed variations across employee subgroups within the sample. Specific group comparisons were: member groups (e.g., primary school, secondary school, TAFE) and workplace role (e.g., assistant principal, teacher) and comparisons revealed some variation in OPM-MU scores across these subgroups. For example, respondents from primary schools and special schools tended to give higher scores on the OPM-MU to their workplaces compared to all other respondents. Respondents from AMES, secondary schools and TAFE tended to give the lowest OPM-MU scores compared to other groups. Respondents who reported working as principals or assistant principals tended to give their workplaces the highest ratings on the OPM-MU compared to respondents in other workplace roles; those in a co-educator and senior educator roles and teachers tended to give their workplaces the lowest ratings compared to other groups.

In addition to the OPM-MU, respondents were asked to answer a series of questions that addressed OHS, safety practices and other behaviours and attitudes within the workplace. Primarily, these additional questions represented several aspects of OHS: organisational practices (safety climate), supervisor behaviours (supervisor support) and employee safety behaviours (safety motivation, compliance, participation, control). However, we also sought to include other aspects of employee experience at work such as: work overload, emotional labour, work-related burnout, influence at work, employee silence and intention to leave. An examination of the responses to these questions indicated that respondents tended to rate their own levels of safety motivation, safety compliance and safety participation higher than OHS at the organisational or supervisor level. This is also consistent with the results from the other studies conducted as part of this research project: respondents tend to report that they perform well in areas of OHS where they have more personal choice or autonomy. That is, they are motivated to act safely and they behave safely (compliance and participant). In contrast, the OPM-MU, safety climate and supervisor support for OHS measures refer to

domains that are beyond the control of individual workers, and these are the domains that they rated lower compared to areas of OHS where they have more choice or autonomy.

With respect to the other issues, respondents reported relatively high levels of work overload and moderate levels of emotional labour and work-related burnout. While AEU member group scores on these measures were not substantially different, there was a tendency for those in early childhood education to report the highest levels of work overload and, interestingly, the lowest levels of emotional labour. On average, respondents from TAFE reported the highest levels of work-related burnout and respondents from secondary schools the lowest.

In general, respondents reported moderate levels of influence at work, employee silence and intention to leave. An examination of scores at the member group level indicated that respondents from early childhood education, primary and special schools reported the highest levels of influence at work and the lowest levels of employee silence. Conversely, respondents from AMES, Disability Services Centres and TAFE reported, on average, lower levels of influence at work and higher levels of employee silence. Overall, intention to leave was relatively low; however, intention to leave tended to be higher for respondents from TAFE and lowest for respondents from AMES and special schools.

An assessment of self-reported OHS outcomes showed that 2,413 AEU respondents (51 percent) had experienced an OHS incident in the past 12 months. For those who reported they had been involved in an OHS incident, they indicated that they had experienced an average of 4.3 OHS incidents in the past twelve months. The predominant type of OHS incident reported by respondents tended to be near misses, followed by incidents that were not reported to management. OHS incidents that were reported to management were, on average, the least likely type of incident to occur. This outcome is consistent with the other studies conducted as part of this research project.

When asked about their experiences regarding the type, impact and cause of specific illnesses and injuries they had experienced in the past 12 months, respondents reported that the most prevalent illness or injury they had experienced was stress or other mental health issues, particularly stress, anxiety and depression. Many respondents who reported experiencing an injury or illness in the workplace cited exposure to stress as the predominant cause. While exposure to stress may arise from a number of issues the most highly reported sources of stress in the workplace were work pressure, increasing or changing workload and the demands of pastoral care.

While this more in-depth assessment of the experience of injury and illness in the workplace was useful to understand the types, impact and cause of injury, the numbers of injuries reported in this section was not entirely consistent with the number of incidents reported in an earlier section of the survey. Specifically, while 51% of respondents reported experiencing an OHS incident (i.e. reported, unreported and near misses) 74% of respondents reported experience of illness or injury when probed about specific types of injuries (e.g. stress, joint and muscle pain). A more detailed analysis of this data is beyond the scope of this report and might be an artifact of more detailed questioning enabling respondents to recall additional incidents. However, it would be useful to determine if there was a pattern of responses that could enhance our understanding of the issue to determine whether this phenomena was simply related to memory or whether there were certain issues, such as stress, that respondents did not class as an OH incident.

Our investigation found a number of relationships between self-reported OHS incidents over the past 12 months and other variables. The OPM-MU, safety climate and measures of management support for OHS (prioritisation of OHS, supervisor support for OHS) were more strongly associated with the number of self-reported OHS incidents compared to the measures that focused on employee behaviour (e.g., safety participation, safety compliance and safety motivation). Interestingly, safety participation was only related to reported incidents and not to near misses or to incidents that were not reported to management. This suggests that respondents who were more proactive in their approach to OHS were also more transparent in their reporting of OHS concerns.

Respondents reporting higher levels of work overload, emotional labour and work-related burnout also tended to report more OHS incidents, particularly incidents that were not reported to management and near misses. While the relationship with reported incidents was statistically significant, the magnitude was much lower than non-reported incidents or near misses. Similarly, respondents who reported higher levels of employee silence and intention to leave also reported being involved in more incidents that were not reported to management and near misses. A relationship between employee silence and intention to leave was also observed but this relationship was weaker. Conversely, a greater influence at work was associated with fewer OHS incidents of all kinds, but this was stronger for incidents that were not reported to management and near misses compared to reported incidents.

The associations between leading indicators of OHS, safety behaviours, and employee experiences such as employee silence and work overload and how they impact on the OHS incidents experienced by employees in the education workforce would be a fruitful area for future research. Specifically, a more detailed investigation into the factors that drive employee silence on OHS issues and how they affect employee safety behaviours and OHS outcomes could be considered.

In the final section of the questionnaire, 1,617 respondents (34 percent) answered an open-ended question, generating 2,447 comments about OHS. Respondents from all AEU member groups contributed comments about OHS at their workplace. Most comments came from secondary and primary education members, but this was consistent with the percentage of participants responding from each employment groups. Respondents' comments about OHS were categorised into the ten broad categories that represent the leading indicators concept. The predominant concerns shown in respondents' comments were related to risk management, OHS resources, and OHS systems. Given that thousands of comments were provided by respondents, it is not feasible to give a thorough analysis of all comments. Furthermore, a large number of comments addressed issues that were classified under the risk management category but a more detailed breakdown of the risk management comments section is not within the scope of this report. However, a more detailed analysis of respondent comments could be very worthwhile.

Overall, this report provides an analysis of AEU members' perspectives of occupational health and safety in their workplaces. The analysis demonstrates that the OPM-MU and other measures related to OHS can be used with union members to capture and report on their views and experiences of OHS.

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