Health and safety representatives in New Zealand

MOTIVATIONS, CHALLENGES, AND SUPPORT

———

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EXECUTIVE SUMMARY

Health and Safety Representatives (HSRs) play an important role in representing and advocating for workers' health and safety. However, very little is known about the motivations, experiences and challenges of HSRs in New Zealand. This study reports the results of an online survey with HSRs across industries in New Zealand. Respondents to the survey were asked about three main aspects of their experiences being in the HSR role:

– motivation for becoming HSRs

– support and challenges to performing HSR duties

– suggestions to improve support for HSRs so they can better perform their role.

In total 1,045 respondents took part in this study. Key findings of note include the following:

– Respondents reported a strong desire to *contribute to workplace health and safety* as being their main motivation for becoming HSRs (78%), followed by opportunities for *personal professional development* (42%).

– Those who were in the HSR role longer (six years or more) were statistically more likely to report *wanting to contribute to workplace health and safety* as their main motivation compared to those who were new to the role (two years or less) (71% compared to 54%).

– Those who put themselves forward to the HSR role were statistically more likely to report *contributing to workplace health and safety, personal professional development* and *I do it because my manager wants me to* as their motivation to become HSRs compared to those being nominated and elected by colleagues (84% compared to 78%, 49% compared to 38%, and 98% compared to 6%, respectively) and those being chosen by management (84% compared to 64%, 49% compared to 36% and 98% compared to 26%, respectively).

– A statistically higher proportion of respondents who were in the older age groups reported *wanting to contribute to workplace health and safety* as their main motivation (67% and 68% from HSRs who were 50–59 years old and 60 years old or above, respectively) compared to those who were in the younger age groups (50%, 53% and 57% from HSRs who were 29 years old or younger, 30–39 years old and 40–49 years old, respectively).

– Six in 10 respondents said that they were likely to recommend taking on the HSR role or any other health and safety role at the workplace to other workers. The likelihood of recommending was found to be influenced by organisation size and the age of the respondents.

  - Those in small organisations (0–19 employees) were statistically more likely to recommend the role to others compared to medium organisations (20–99 employees) and large organisations (100+ employees) (average scores of 4.22, 3.84 and 3.82, respectively, on a five-point scale).

  - HSRs aged 50 years and over reported a statistically higher level of likelihood of recommending the HSR roles (average scores of 3.93 and 4.07 by HSRs who were 50–59 years old and 60 years old or above, respectively) compared to younger age HSR (average scores of 3.60, 3.78 and 3.76 by HSRs who were 29 years old or younger, 30–39 years old and 40–49 years old, respectively).

– Collaboration with other HSRs was perceived as being highly important, especially in the same worksite (94%) and across other worksites in the same sector (80%). Perceived importance of collaboration with other HSRs in the same worksite was significantly influenced by location, age, sector and occupation.

- Those who worked in urban locations perceived the importance of collaboration with other HSRs in the same worksite statistically higher than that reported by those who worked in non-urban locations (average scores of 3.81 compared to 3.64 on a five point scale).

- Respondents aged 50 years and above were statistically more likely (average scores of 3.78 and 3.81 by HSRs who were 50–59 years old and 60 years old or above, respectively) to perceive the importance of collaboration with other HSRs in the same worksite compared to younger HSRs (average scores of 3.70, 3.65 and 3.69 by HSRs who were 29 years old or younger, 30–39 years old and 40–49 years old, respectively).

- Respondents in administrative and support services, healthcare and social services and high-risk sectors had statistically higher average scores (3.95, 3.81 and 3.80, respectively) of perceived importance of collaboration with other HSRs in the same worksite compared to those in public administration and safety (3.72) and others (3.51).

- Perceived importance of collaboration with other HSRs in the same worksite was statistically higher among those whose occupation was *labourers* or *sales workers* or *technicians and trade workers* (average scores of 3.85 and 4.00, respectively) compared to *professionals* and *machinery operators and drivers* (average scores of 3.45 and 3.60, respectively).

– *Opportunities to participate in relevant training provided by managers* (64%) and *allowed time off work to perform HSR duties* (63%) were the most common support received by the respondents.

– One in every four HSRs reported *co-workers' fear of reporting incidents* as a challenge to performing their HSR role.

– The most commonly reported challenges were *not having enough time to carry out the HSR role* (46%) followed by *workers are not interested* (41%).

– Female HSRs were statistically more likely to report *limited engagement from the staff* and statistically less likely to identify a *lack of support from the organisation* as their challenges for the HSR role compared to male HSRs (36% compared to 32% and 18% compared to 23%, respectively).

– *Ongoing and more accessible learning* (64%), *links with other HSRs in the secto*r (45%), *guidance on how to address work health and safety concerns* (44%), *more interaction with WorkSafe* (43%), and having a *better understanding of the legislation* (39%) were among the top five improvements suggested by HSRs.

Overall, the findings of this study add to WorkSafe's understanding of the role and experiences of HSRs in New Zealand. The results show there is a strong desire among HSRs to contribute to improved workplace health and safety outcomes, indicating that HSRs can be positive supporting partners in driving behavioural change on occupational health and safety. The results also indicate that HSRs want additional support to increase worker engagement in their workplaces and that they would like further opportunities to collaborate with other HSRs. This suggests that these levers have not been utilised to their full potential. In order to better understand how HSRs can contribute to positive occupational health and safety outcomes, future work could examine the effectiveness of the HSR role in improving workplace health and safety, explore their relationships with other health and safety roles, and investigate other ways to strengthen worker engagement and participation in health and safety through HSRs.

1.0
Introduction

The Health and Safety at Work Act 2015 (HSWA) outlines a number of functions and powers of an HSR in representing workers on health and safety matters.

A Health and Safety Representative is a formal position, and HSRs often require specific training (for example, Unit Standard 29315) to support them in performing their role. Together with HSRs, health and safety committees are ways to support worker engagement and participation in improving health and safety outcomes for businesses.

In New Zealand, collective data on HSRs is almost non-existent. There is very limited understanding of this group in terms of scale, their role and their experiences across various industries. Internationally, the number of relevant studies is also scarce. One of the common themes drawn from the limited available literature is the association between the presence of HSRs and positive occupational health and safety outcomes (Coulson & Christofides, 2019; Walters, Quinlan, & Johnstone, 2017). García, Lopez-Jacob, Dudzinski, Gadea, and Rodrigo (2007) emphasise that more participation of safety representatives in Spain is needed, and some of the influencing factors are workplace size, industrial sector, training and perceived report from the labour inspectorate. These studies suggest the need for more research about worker representation at work with regard to its role in supporting occupational health and safety, including the contributions of HSRs.

The Ministry of Business, Innovation and Employment (MBIE) National Survey of Employers found that the proportion of businesses with both elected and informal HSRs has been declining in recent years, from approximately 40% in 2012/13 to 27% in 2016/2017 (Barton, 2018). A literature review on Worker Engagement, Participation and Representation conducted by WorkSafe suggests that there is significant evidence to show the effectiveness of health and safety representatives in improving health outcomes (Barton, 2018). While acknowledging the importance of the HSR role, the experiences of being in the role and what support HSRs may need has not been well understood to date. Also, there has not been a robust examination of the size and distribution of HSRs in New Zealand. This further limits our understanding of the impact HSRs can have. Given their important role in achieving better health and safety outcomes for workers, a comprehensive understanding of the HSR role in New Zealand is crucial. WorkSafe conducted this research to fill this gap in understanding. Specifically, it investigates the experience of HSRs across different industries in New Zealand and identifies some of the challenges of the HSR role as well as the resources and assistance required to support HSRs to better perform their role.

The study aims to answer the following research questions:

1. What are the motivations and characteristics of HSRs in New Zealand?
2. What is the experience of HSRs in New Zealand?
3. What support do HSRs need to better perform their HSR role?

This research is a part of the WorkSafe Worker Engagement, Participation and Representation programme. The results will help inform further work by WorkSafe on how to work with and effectively support HSRs.

2.0
Method

IN THIS SECTION:

2.1 Research design

A self-reported survey covering HSRs across different industries in New Zealand was conducted by WorkSafe.

The survey questionnaire consisted of 27 questions with a mix of multiple-choice and open-ended questions. There are two main sections in the questionnaire. Section 1 includes questions on respondents' demographic details (gender, age group etc) and their organisational background (industry, location, business size etc). Section 2 includes questions on respondents' experiences in the HSR role with focus on the following aspects:

– motivation for becoming an HSR

– perceptions of the value of collaboration among HSRs

– support received by HSRs and challenges in performing the HSR role

– improvements required to better support HSRs so they can better perform their role.

The questionnaire was administered using Ubiquity™, an online platform for survey development and management.

Prior to the main survey, a pilot was conducted with three former HSRs from WorkSafe and MBIE to ensure the clarity and relevance of the survey questions as well as the survey's length.

This study used a convenience sampling method to recruit survey respondents. A list of representatives from businesses/organisations was gathered, and they were contacted to help distribute the survey link to the HSRs in their business/organisation.

The process of distributing the survey link and data collection is described in Appendix 1. It was initially intended to approach participants online via email only. However, due to lack of computer access, supplementary paper-based questionnaires were also used to endeavour to collect information from some HSRs at a workshop in Canterbury.

2.2 Research design

Data collection was carried out over four weeks between 17 June and 12 July 2019. An invitation email containing a link to the online survey was sent to 4,179 potential participants. A total of 1,121 responses were recorded online of which 1,045 responses were eligible for analysis. This represents a completion rate of 26.8%. No responses for the paper-based questionnaire were received.

2.3 Data analysis

Data were analysed using various Excel data analysis functions. Descriptive analysis included calculation of frequencies and percentages. Statistical tests were used to check for statistically significant differences in responses by different groups of respondents according to their demographic characteristics. The result was considered significantly different if p-value was smaller than 0.05, implying a 95% confidence interval.[1]

A thematic coding technique was used for analysing open text responses.

[1]   The 95% confidence interval is a range of values that one can be 95% certain contains the true mean of the population. In other words, if the test result is significant and a conclusion is made for the sample, there is a 95% chance that the same conclusion can be applied for the population.

3.0 Results

IN THIS SECTION:

3.1 Description of study sample

Respondent demographics

The sample obtained for this study includes 1,045 respondents. Over half (55%) were in the age group of 40–59 years old. The proportions of male and female respondents were 42% and 57%, respectively. The most common ethnicities of the respondents were European (75%) and Māori (16%) (Table 1).

DEMOGRAPHIC CHARACTERISTICS	N = 1,045	%
Age group		
20–29	107	10
30–39	196	19
40–49	255	24
50–59	339	32
60+	148	14
Gender		
Male	443	42
Female	592	57
Gender diverse	6	1
Would rather not say	4	0
Ethnicity (total)		
European	780	75
Māori	166	16
Pacific Peoples	81	8
Asian	72	7
Eastern/Latin American/African	12	1
Other	31	3

TABLE 1: Demographic characteristics of study sample

The majority (91%) of respondents were on permanent full-time contracts working in the public administration and safety sector (40%) or transport, postal and warehousing (12%). Due to small numbers of responses received for some sectors, they were grouped into six categories for further analysis. The most commonly reported occupations were clerical and administrative workers (52%), followed by professionals (14%) and managers (13%). Only 25% of the respondents represented workers at more than one worksite (Table 2).

OCCUPATIONAL CHARACTERISTICS	N = 1,045	%
Occupation		
Clerical and administrative workers	540	52
Professionals	150	14
Managers	135	13
Community and personal service workers	83	8
Technicians and trade workers	60	6
Sales workers	9	1
Machinery operators and drivers	33	3
Labourers	19	2
Other	16	1
Sector		
Agriculture	9	1
Forestry	16	2
Manufacturing	27	3
Construction	25	2
Transport, postal and warehousing	121	12
Administrative and support services	119	11
Public administration and safety	413	40
Healthcare and social assistance	118	11
Fishing	0	0
Mining	0	0
Education and training	56	5
Financial and insurance services	10	1
Rental, hiring and real estate services	3	0
Professional, scientific and technical services	51	5
Information media and telecommunications	13	1
Electricity, gas, water and waste services	11	1
Wholesale trade	0	0
Retail trade	3	0
Accommodation and food services	3	0
Adventure activities	1	0
Other arts and recreation services	6	1
Tourism	28	3
Other	12	1

OCCUPATIONAL CHARACTERISTICS	N = 1,045	%
Type of contract		
Permanent full-time	954	91
Permanent part-time	64	6
Fixed term	22	2
Casual	2	0
No contract	3	0
Representing workers at multiple worksites		
Yes	266	25
No	743	71
Don't know	18	2
Not applicable	18	2

TABLE 2:
Occupational
characteristics
of study sample

Most HSRs were working in large organisations with 100+ workers (78%), predominantly in the regions of Auckland (22%), Wellington (22%) and Canterbury (15%) (Figure 1).

NORTHLAND 37 (4%)
AUCKLAND 231 (22%)
WAIKATO 101 (10%) BAY OF PLENTY 76 (7%)
TARANAKI 19 (2%) GISBORNE 33 (3%)
WHANGANUI 56 (5%)
TASMAN 28 (3%)
WELLINGTON 227 (22%)
WEST COAST 5 (0%)
CANTERBURY 155 (15%)
SOUTHLAND 17 (2%) OTAGO 50 (5%)
OTHER 10 (1%)
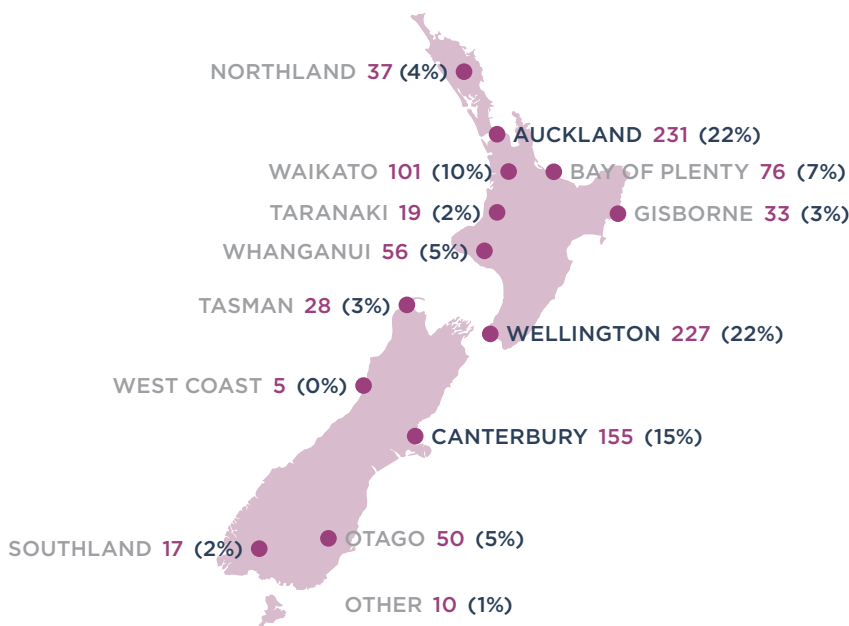
FIGURE 1:
Number of respondents
by region

Organisational background

84% of the respondents were working at organisations that operated from more than one worksite, and 62% reported that there were health and safety professionals other than HSRs at their place of work (Table 3). Among those organisations that reported having health and safety professionals other than HSRs, the most commonly reported type was health and safety managers (88%), followed by occupational advisors/counsellors (29%) and occupational nurses (19%).

ORGANISATIONAL BACKGROUND	N = 1,045	%
Multiple worksites		
Yes	879	84
No	160	15
Don't know	6	1
Other health and safety professionals (besides HSRs)		
Yes	650	62
No	295	28
Don't know	100	10
Types of other health and safety professionals at work[2]	**n = 650[2]**	
Health and safety managers	569	88
Occupational advisors/counsellors	190	29
Occupational nurses	121	19
Occupational physicians	54	8
Occupational hygienists	33	5
Other	104	16

TABLE 3:
Health and safety professionals other than HSRs

Risk assessments at the workplace was the most common health and safety initiative available in the organisation (74%), followed by *health and safety training programmes* (59%), *health monitoring for workers* (51%) and *health and safety campaigns at various worksites* (43%). Some other health and safety initiatives mentioned by respondents included wellbeing programmes, action-focused health and safety meetings and annual health and safety refresher sessions (Table 4).

Seven in 10 (73%) HSRs reported that HSRs and directors/managers were involved in developing health and safety initiatives in the organisation. Worker committee representatives and supervisors were the other two common groups (48% and 40%, respectively) that were responsible for developing health and safety initiatives. Around 10% of HSRs mentioned other people that might be involved including health and safety managers, health and safety coordinators/ officers, PSA delegates and security officers.

ORGANISATIONAL BACKGROUND	N = 1,045	%
Health and safety initiatives available[3]		
Risk assessments at the workplace	775	74
Health and safety training programmes for staff	615	59
Health monitoring for workers	533	51
A range of health and safety campaigns at various worksites	445	43
Annual health and safety planning day for staff	274	26
Other	96	9
None	40	4
Would rather not say	30	3

[2] Excluding respondents who did not answer the question. Respondents can have multiple answers.

[3] Respondents can have multiple answers.

ORGANISATIONAL BACKGROUND	N = 1,045	%
Who is involved in developing health and safety initiatives?[3]		
HSRs	765	73
Directors/managers	759	73
Worker committee representatives	497	48
Supervisors	416	40
Other	101	10
Not sure	65	6
Would rather not say	5	0

TABLE 4:
Health and safety initiatives: types and decision makers

3.2 Motivation to become an HSR

Reason for becoming an HSR

Most respondents reported that they were self nominated to become an HSR in their organisations (38%) or elected by colleagues (35%), followed by being chosen by management (17%) and directed by management to apply (7%) (Table 5).

A small proportion of respondents (3%) indicated other reasons for becoming an HSR. Most of these reasons were associated with being an HSR as part of their role (ie it was included in their job description).

> *My role is Compliance/Purchasing, it was natural that I became the HSR for my Unit.*

> *Part of my position description required me to be an HRS to head the Health and Safety for 300+ personnel.*

QUESTION	N = 1,045	%
How did you become an HSR?		
I put myself forward	396	38
I was nominated and elected by my colleagues	367	35
I was chosen by management	179	17
I was directed by management	75	7
Other	28	3

TABLE 5:
Reason for becoming an HSR

Motivation to become an HSR

The respondents were also asked about their motivation for becoming an HSR. The most commonly reported motivations were the desire to *contribute to workplace health and safety* (78%) and *personal professional development* (42%) (Figure 2).

Most of the other motivations could be recategorised into the pre-listed option of *wanting to contribute to workplace health and safety*. Some other responses not captured in the pre-listed options include recommendations from others, high relevance to the current role and having previous experience in a health and safety role.

Based on the verbatim comments from the respondents to the question about motivation for becoming an HSR, a word cloud was produced (Figure 3), which reflects a strong concern for people's health and safety.

FIGURE 3:
Other motivations
for becoming an HSR
based on verbatim
responses

Factors that influence motivation to become an HSR

Those who had been in the HSR role for six years or more (71%) were statistically more likely to report wanting to *contribute to workplace health and safety* as their motivation compared to those being in the role for two years or less (54%), (p <0.05) (Table 6).

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4   Respondents can have multiple answers.

MOTIVATION	<2 YEARS	3–5 YEARS	6 YEARS +
Contributing to workplace health and safety	54%	63%	71%
Personal professional development	36%	30%	24%
I do it because my manager wants me to	10%	7%	5%

TABLE 6:
Motivation to become an HSR by length of time being in the role

The result is significant at p <0.05

Motivations for becoming an HSR were significantly influenced by the HSRs' age. *Contribute to workplace health and safety* was statistically more prevalent among HSRs aged 50 years and over compared to the younger age groups (<49 years old). On the other hand, HSRs aged 29 years and younger were statistically more likely to report *personal professional development* as their motivation. No significant difference was found by gender or across sectors (Table 7).

MOTIVATION	≤29	30–39	40–49	50–59	60+
Contributing to workplace health and safety	50%	53%	57%	67%	68%
Personal professional development	40%	39%	34%	27%	24%
I do it because my manager wants me to	10%	8%	9%	6%	8%

TABLE 7: Motivation to become an HSR by age

Respondents who put themselves forward to the HSR role were statistically more likely to report *contributing to workplace health and safety, personal professional development* and *I do it because my manager wants me to* as their motivation to become an HSR compared to the other groups (being nominated and elected by colleagues and being chosen by management) (p <0.05) (Table 8).

MOTIVATION	I PUT MYSELF FORWARD[5]	I WAS NOMINATED AND ELECTED BY MY COLLEAGUES	I WAS CHOSEN BY MANAGEMENT
Contributing to workplace health and safety	84	78	64
Personal professional development	49	38	36
I do it because my manager wants me to	98	6	26
p-value		<0.05	<0.05

TABLE 8: Motivation by reason for becoming an HSR

3.3 Background in health and safety

Over half of the respondents (54%) were relatively new in the HSR role – either less than one year (26%) or between one and two years (28%) (Figure 4). Most respondents (84%) were also on a health and safety committee.
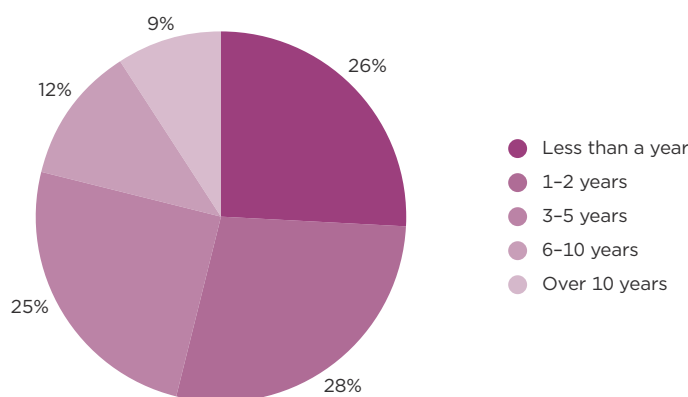
[5] Reference group.

FIGURE 4:
Length of time being
in the HSR role

Nearly nine in 10 respondents mentioned that they undertook relevant training to support their HSR role (Table 9). *Unit Standard 29315* was the most commonly reported training (75%) followed by *general training to identify and manage risk* (56%), *training about how to do the HSR role effectively* (46%) and *regulations related to work health and safety* (45%).

HEALTH AND SAFETY BACKGROUND	N = 1,045	%
Undertook training to support in performing the HSR role		
Yes	935	89
No	97	9
Unsure	13	1
Type of training undertaken[6]	**N = 935[6]**	
General training to identify and manage safety risk	523	56
Specific training to identify and manage H&S risk in your sector	311	33
Specific training or information on work-related health concerns	236	25
Training about regulations related to work health and safety	418	45
Training about how to do the HSR role effectively	430	46
HSR Unit Standard 29315	705	75
First aid and mental health	15	2
Other	71	8

TABLE 9:
Health and safety
training for HSR

3.4 Collaboration among HSRs

Perceived importance of collaboration with other HSRs

Collaboration with other HSRs is perceived as being highly important, especially with other HSRs in the same worksite (94%) and other worksites in the same sector (80%) (Figure 5). This finding suggests that any activities to facilitate collaboration among HSRs should first prioritise facilitating collaboration with HSRs in the same worksite.

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[6] Excluding respondents who did not answer the question. Respondents can have multiple answers.
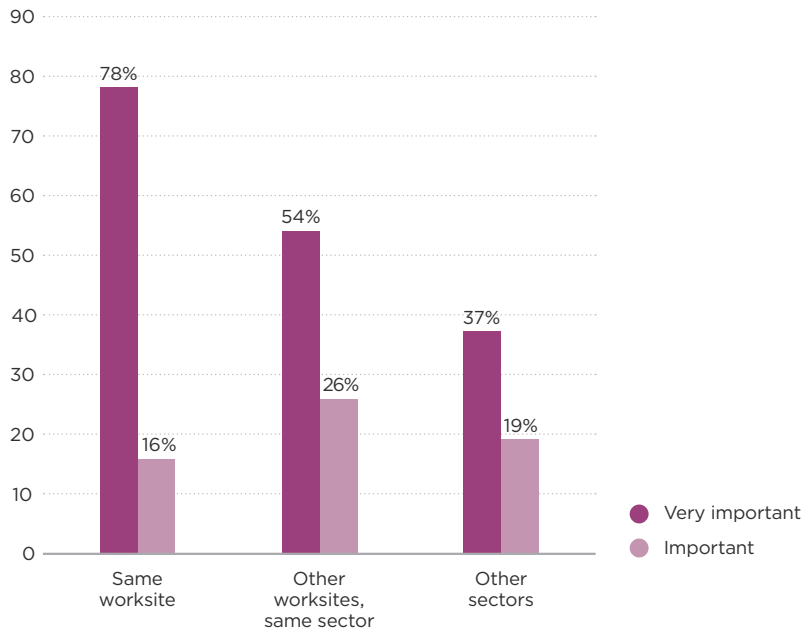
FIGURE 5:
Perceived importance
of collaboration with
other HSRs

Most respondents (83%) reported they work with other HSRs, either from the same worksite (36%) or other worksites (10%) or both (37%). However, 12% of respondents reported that they did not work with any other HSRs (Table 10).

Being members of the same network/group/association (69%) and being connected via emails/phone (68%) were the two most commonly reported ways of collaboration among HSRs, followed by attending events such as forums, conferences, seminars (49%) and working on projects together (33%). Other ways of collaboration reported by 11% of the respondents could be recategorised into the pre-listed options, mainly associated with attending meetings and having informal catch-ups.

COLLABORATION	N = 1,045	%
Working with other HSRs		
From both the same and other worksites	388	37
From the same worksite only	374	36
Don't work with other HSRs	129	12
From other worksites only	100	10
Not applicable	36	3
Don't know	18	2
Ways of collaborating with other HSRs		
Being members of the same network/group/association	716	69
Being connected via emails/phone	706	68
Attending events such as forums, conferences, seminars etc	516	49
Working together on some projects	342	33
Other	119	11
I don't collaborate with other HSRs	59	6

TABLE 10:
Collaboration with
other HSRs

7   Ways of collaborating with other HSRs.

Factors that influence the perceived importance of collaboration with other HSRs

The perceived importance of collaboration with other HSRs was significantly influenced by respondents' location of work, age, sector and occupation (Table 11). Those who worked in an urban location (Auckland, Wellington and Canterbury) were statistically more likely to perceive the importance of collaboration with other HSRs in the same worksite compared to those who worked in non-urban locations.

Perceived importance of collaboration with other HSRs in the same worksite was statistically higher among respondents aged 50 years and over when compared to younger age groups. Moreover, HSRs in *administrative and support services, healthcare and social services* and *WorkSafe's priority sectors* reported statistically higher ratings for the importance of collaboration with other HSRs in the same worksite when compared to those in public administration and safety and HSRs in the other sectors group. Perceived importance of collaboration with other HSRs in the same worksite was also statistically higher among those whose occupations were *labourers/sales workers/technicians and trade workers* compared to *professionals* and *machinery operators and drivers* (Table 11).

	PERCEIVED IMPORTANCE OF COLLABORATION WITH OTHER HSRS IN THE SAME WORKSITE	*p*-VALUE
Location		
Urban	3.81	<0.05
Non-urban	3.64	
Age group		
≤29 years old	3.70	
30–39 years old	3.65	
40–49 years old	3.69	<0.05
50–59 years old	3.78	
60+ years old	3.81	
Sectors		
Administrative and support services	3.95	
WorkSafe's priority sectors[8]	3.81	
Healthcare and social services	3.81	
Transport, postal and warehousing	3.80	<0.05
Public administration and safety	3.72	
Other	3.51	
Occupation		
Labourers/sales workers/other	4.00	
Technicians and trade workers	3.85	
Managers	3.79	
Clerical and administrative workers	3.76	<0.05
Community and personal service workers	3.74	
Machinery operators and drivers	3.60	
Professionals	3.45	

TABLE 11: Perceived importance of collaboration with other HSRs in the same worksite by location, age group, sector and occupation

[8] WorkSafe's priority sectors include agriculture, construction, manufacturing and forestry.

Other initiatives to increase collaboration among HSRs

The respondents were also asked to suggest any initiatives that might help increase collaboration among HSRs. Most of their suggestions overlapped with the categories listed above in Table 10 (such as network groups, conferences and HSR forums). Some of the distinctive other ways of collaborating included online communication (newsletter, mail-outs, webinars, a national website, electronic boards, collaborative apps and updates on the WorkSafe website), membership in peer groups and/or buddy systems and site visits.

> *It would be useful to be able to attend H&S Rep Forums in the major cities so that HSRs can network and share H&S experiences. Also maybe webinars on topics by WorkSafe that could be relevant and provide ongoing training.*

> *Conferences or workshops specifically targeted to HSRs of all levels and experience – it is one of the many ways that an HSR with very little experience can learn tips and tools of the trade from other HSRs no matter what industry they are from.*

> *Locally we use an electronic board as a safe home process, accessible from everyone's phone – has a 'card' for collecting any H&S issues/thoughts not appropriate for our national risk management system … It is a means of involving all staff, initiating discussion, preventing risks from being overlooked.*

> *A common website for shared effort, news and new processes, reports, findings and education or training.*

Challenges for collaboration with other HSRs

With regard to barriers to collaboration with other HSRs, a common theme of factors reported by some respondents was around the issue of time constraints, whether it being not having enough allowed work time to collaborate with others or restricted working hours undermining the ability to do so.

> *The main barrier to effective collaboration in my organisation is not being allowed the time to [collaborate] with other HSRs unless you remain at work after hours without pay. While this varies between sites and between managers, this lack of time is prohibitive for many people, especially those with family commitments. It would be good if workplaces were required to set aside paid time for HSRs to meet outside of the 2 days allowed for training yearly.*

> *As part-time shift workers, we don't get enough time at work to collaborate with other HSRs. This is something we should be paid to do yet sometimes we have to do this on our own time.*

3.5 Support and challenges for HSRs

Support to perform HSR duties

When asked what support they received as HSRs, the most commonly reported type was *opportunities to participate in relevant training* (64%) followed by being *allowed time to perform HSR duties* (63%) (Table 12). Access to organisations dealing with workplace health and safety issues such as WorkSafe was also considered a relatively important source of support currently received, reported by 40% of respondents.

SUPPORT RECEIVED[9]	N = 1,045	%
Opportunities to participate in relevant training	674	64
Allowed time to perform my HSR duties	662	63
Access to organisation dealing with workplace health and safety issues	415	40
Access to organisation dealing with workers' welfare	286	27
Other	90	9
None	70	7
Would rather not say	28	3

TABLE 12:
Support currently received by respondents

About 7% (n = 70) of the respondents reported that they did not receive any support. Out of this group, 43% had been in the HSR role for less than one year, and 34% had been in the role for one to two years. The short length of time being in the role could be a possible explanation for this finding.

Challenges for the HSR role

The respondents were also asked about the challenges that they had encountered as HSRs. *Not having enough time to carry out my role* and *workers are not interested* are the top two difficulties, reported by 46% and 41% of the respondents, respectively.

While *not having enough time to carry out the HSR role* was mostly reported as a common challenge, many also indicated that one of the supports they currently received from the workplace was being *allowed time to perform their HSR duties*. A possible explanation is that perhaps the amount of time given to perform the HSR role was not sufficient. This suggests that the challenge faced by HSRs is not only about the provision of allocated time but also the amount of time allowed that matters.

For those who reported having no issue with performing the HSR role (n = 160, 15%), the majority were working at large organisations with 100+ workers (72%) and most also had other health and safety professionals available (79%). Most were also members of the health and safety committee (84%). These characteristics strongly suggest that HSRs in large organisations are able to access more support than other HSRs, and hence they reported having no issues with performing their HSR role.

The pre-listed challenges are grouped into five key themes, namely time constraints, limited engagement from staff, lack of support from the organisation and lack of training (Table 13). Differences in the numbers of responses recorded for these themes were compared across groups of respondents based on their length of time being in the HSR role, occupation, gender, organisation size and location.

[9] Respondents can have multiple answers – *none* or *would rather not say* are exclusive options.

CHALLENGES[10]	N = 1,045	%
Time constraints		
Not enough time to carry out my role	477	46
No time to speak with co-workers at other sites	145	14
Limited engagement from staff		
Workers are not interested	428	41
Lack of awareness by workers	329	31
Co-workers' fear of reporting incidents	265	25
Difficult engaging with long-term staff members	202	19
Lack of support from the organisation		
Lack of support and commitment from management	211	20
Lack of awareness among supervisors	198	19
Lack of support from immediate supervisor	80	8
No investment in health and safety initiatives by the organisation	78	7
Lack of training		
Lack of training for me	198	19
Lack of training for workers	193	18
Other challenges		
Lack of support and engagement with regulators	124	12
Language barriers	41	4
Other	109	10

TABLE 13:
Key themes of challenges for the HSR role

It was found that some of the perceived challenges to successfully fulfilling the HSR role were correlated with gender. Female HSRs were statistically more likely to report *limited engagement from the staff* and statistically less likely to identify a *lack of support from the organisation* as their challenges for the HSR role compared to male HSRs (36% compared to 32% and 18% compared to 23%, respectively) (Table 14). No significant differences in relation to challenges were found when viewed by length of time being in the HSR role, occupation, organisation size and location of workplace.

CHALLENGES	FEMALE	MALE	*p*-VALUE
Time constraint	23%	22%	>0.05
Lack of support from the organisation	**18%**	**23%**	**<0.05**
Limited engagement from staff	**36%**	**32%**	**<0.05**
Lack of training	14%	13%	>0.05
Fear of reporting	9%	10%	>0.05

TABLE 14:
Challenges for the HSR role by gender

[10] Respondents can have multiple answers.

3.6 Suggestions for improvements

HSRs were asked about suggestions for improvements to support them in their role. Overall, *ongoing and more accessible learning* (64%), *links with other HSRs in the sector* (45%), *guidance on how to address work health and safety concerns* (44%), *more interaction with WorkSafe* (43%) and *better understanding of the legislation* (39%) were the top five improvements mostly suggested by the HSRs. A small proportion of respondents (8%) reported that *no improvement is needed*.
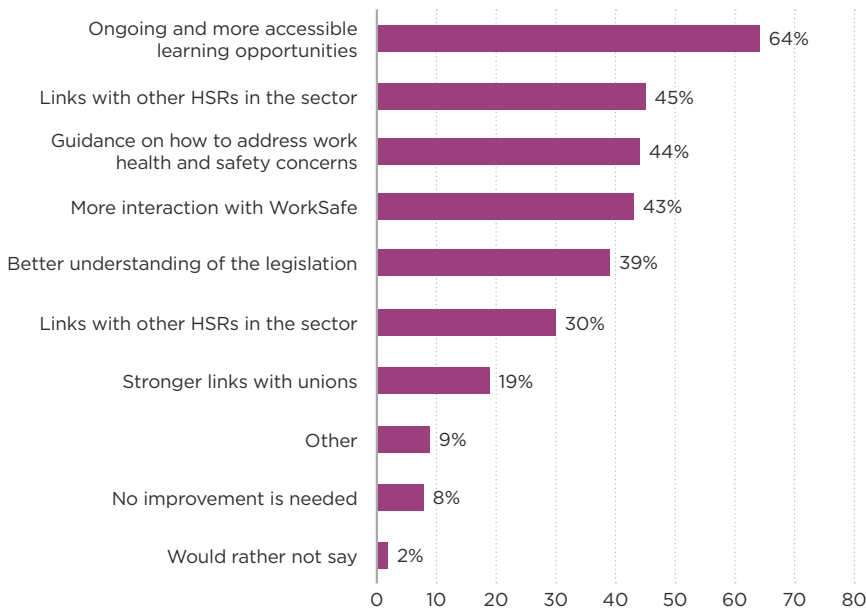

FIGURE 6:
Suggestions for improvements in support to HSRs[11]

The respondents were also asked if they had any other comments on the survey topics, the role and experience of HSRs. Main responses were:

– the need for greater clarity around the role and responsibilities of HSRs

– expectation of commitment from management

– appreciation of learning opportunities from being in the role

– growing attention to work-related health

– the desire for more recognition for the role not only from management but also from staff

– further professional development such as training courses and leadership development opportunities.

Some verbatim comments that help demonstrate the points above:

I do believe that [being an HSR] is an important role and attitudes of most New Zealanders are starting to change, slowly at times. Good things take time.

I am supported pretty well in my organisation. However, if I could engage staff more, I think that would benefit all.

Being a HSR can be a lonely role, so the HSRs at my site have agreed to support each other and stay in touch. Having something that we have driven ourselves feels more authentic and easier to maintain.

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[11] Respondents can have multiple answers.

3.0 Results

3.7 Likelihood of recommending the HSR role

Based on the overall experience of being in the HSR role, the respondents were asked how likely they would be to recommend the role (or any other health and safety roles) to other workers. Six in 10 respondents indicated that they were likely to recommend to other workers taking on the HSR role or any other health and safety role at the workplace. On the other hand, only 11% of the respondents stated that it would be unlikely.

When viewed by organisation size and respondents' age, those in small organisations (0–19 employees) were statistically more likely to recommend the role to others compared to medium organisations (20–99 employees) and large organisations (100+ employees) (Table 15). HSRs aged 50 years and over reported a statistically higher level of likelihood of recommending the HSR role compared to younger HSRs. No significant difference was found by sectors, occupations, location of workplace and length of time being in the HSR role.

	LIKELIHOOD OF RECOMMENDING THE HSR ROLE (OR ANY OTHER H&S ROLE) – AVERAGE SCORE ON A FIVE-POINT SCALE	p-VALUE
By organisation size[12]		
Small	4.22	
Medium	3.84	<0.05
Large	3.82	
By age group		
20–29 years old	3.60	
30–39 years old	3.78	
40–49 years old	3.76	<0.05
50–59 years old	3.93	
60+ years old	4.07	

TABLE 15:
Test results regarding the likelihood of recommending HSR role

The respondents were also asked to explain their rating as to the likelihood of recommendation. From those who provided their reasons (n = 880, 79%), the key themes are summarised in Table 16.

LIKELY TO RECOMMEND	UNLIKELY TO RECOMMEND
– To help keep people safe – To contribute to promoting health and safety – Skill development and career growth – Networking opportunities – Perceived high importance of health and safety at work – Personal interest/passion in health and safety	– A mundane role – Frustration resulted from perceived low level of impact made – Time constraint – Lack of support – No extra benefit/recognition (a 'thankless' job)

TABLE 16:
Explanation of the likelihood of recommending the HSR role (or any other H&S role) to others

[12] Test results exclude those who reported being unsure of their organisation size.

Examples of verbatim comments related to high likelihood of recommendation:

> *The HSR role is one where you can influence the practices of a business focused on the health and safety of all employees. It is an opportunity to help your colleagues and build your own reputation of doing what is right.*

> *Health and Safety can sometimes be seen to be onerous. I enjoy looking at ways to support staff and to create opportunities of looking for opportunities to promote and focus on Health and Safety/Wellbeing.*

> *I think it's a great experience, provides professional development in a different area than what many people normally look to improve [and] gives a different aspect to workplace relations which are all positive. However negatives are that society's cultural attitude to health and safety is still slowly changing or catching up. Also [I] don't believe that enough time is adequately allowed for health and safety matters or considerations. Strengthening or providing standardised tools or resources would be beneficial for HSRs being able to undertake their role to the best of their abilities.*

Examples of verbatim comments related to low likelihood of recommendation:

> *There is a significant amount of work involved in being an effective HSR and a lot of knowledge required. Although the role is appreciated there is not financial or time incentive for me to consider putting my hand up for the role again.*

> *I do want to recommend [being an] HSR to my co-workers as it can give you a privilege to look after our workplace to make it more work friendly environment, but if you have a high volume of workload this role is not advisable since it needs more time and dedication and it's frustrating when most of staff don't want to engage in H&S they think it's a waste of time.*

4.0
Limitations

This study explores the motivations, characteristics and experience of HSRs in New Zealand and identifies additional supports to help HSRs perform their role smoothly.

The study's key findings help inform further work by WorkSafe on how to collaborate with and support HSRs effectively.

There are a number of limitations to be considered when interpreting the findings of this study. First, the survey may have a degree of response bias because all answers were self-reported by HSRs and not corroborated by their employers or other workers. In addition, the anonymous link to the survey website did not limit the number of times a person could respond to the survey. That means one or more respondents could have completed the survey more than once. It is rare, but it can happen and potentially affect the quality of the survey.

Second, since potential respondents were mainly approached via email, the survey might not capture HSRs who have limited access to email or internet at work. Although printable copies of the survey were provided in one instance as an attempt to increase the number of respondents, no response was obtained from this method.

Third, oversampling of HSRs from the public sector and large organisations means that the findings may not be fully representative of the HSR population in New Zealand. This might have an impact on the insights drawn from this study.

Fourth, over half of the HSRs in the survey were new in this role (less than two years) and the majority of them were also on a health and safety committee. Therefore, their responses could reflect their perceptions as a health and safety committee member rather than limiting their views to the HSR role.

Fifth, while this study found a higher proportion of HSRs were female, European and aged 40–59 years, the effect of gender, ethnicity and age on the likelihood of being an HSR has not been explored because of lack of available and reliable data of the HSR population in New Zealand. Hence, future research is needed to have a better understanding of HSR demographics.

5.0
Conclusion

This research is one of the
first larger-scale studies of
HSRs in New Zealand, and
the findings help provide
a better understanding
of HSRs' experiences in
New Zealand.

The study examines motivations for becoming an HSRs and the perceived importance of collaboration among HSRs, as well as any support and challenges HSRs experience. It also investigates ways of improving the support provided to HSRs in order to help them better perform their duties.

Findings of the study indicate a strong desire by HSRs to contribute to positive workplace health and safety outcomes, indicating they can be a positive avenue to drive for behavioural change on occupational health and safety. Moreover, the study shows that collaboration among HSRs was perceived as being highly important, especially the opportunity to work with other HSRs in the same worksite. A range of challenges to performing HSR duties were reported by the respondents, most commonly time constraints and limited engagement from other staff. The support they received from the workplace often included opportunities to participating in relevant training, being allowed time to perform HSR duties and access to organisations dealing with health and safety issues. To better support HSRs to perform their duties, the provision of a sufficient amount of time and learning opportunities is crucial. Furthermore, worker engagement and opportunities for collaboration with other HSRs are great sources of support that merit more attention. This study provides useful insights for the WorkSafe Worker Engagement, Participation and Representation programme. There is a need for further research investigating the importance and effectiveness of HSRs in New Zealand. Other potential research areas may include evaluating the effectiveness of HSRs in supporting improvements to workplace health and safety, interventions to tackle challenges (such as time constraints) experienced by HSRs, the relationship between HSRs and other health and safety roles in the workplace, the likelihood of being an HSR due to demographic characteristics (age, gender and ethnicity) and ways to strengthen worker engagement and participation in health and safety through HSRs.
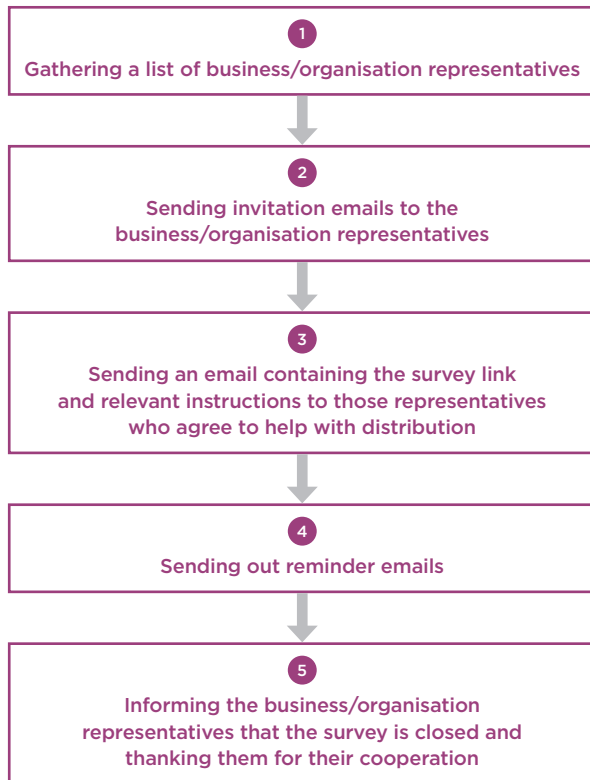
Appendices

IN THIS SECTION:

Appendix 1: Survey distribution process

```
┌─────────────────────────────────────────────────┐
│                       (1)                         │
│  Gathering a list of business/organisation        │
│  representatives                                  │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│                       (2)                         │
│         Sending invitation emails to the          │
│       business/organisation representatives       │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│                       (3)                         │
│    Sending an email containing the survey link    │
│  and relevant instructions to those representatives│
│        who agree to help with distribution        │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│                       (4)                         │
│           Sending out reminder emails             │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│                       (5)                         │
│        Informing the business/organisation        │
│    representatives that the survey is closed and   │
│       thanking them for their cooperation         │
└─────────────────────────────────────────────────┘
```

WORKSAFE
Mahi Haumaru Aotearoa

S U R V E Y

Health and Safety Representatives

Thank you for participating in this survey about Health and Safety Representatives (HSRs) conducted by WorkSafe New Zealand.
The purpose of the research is to investigate ways of supporting HSRs to engage with PCBUs and workers to improve workplace health and safety.

The survey is designed for HSRs only. It should take about 10-12 minutes to complete. Participation is voluntary and on a confidential basis.

Your name and any other identifying details will not be joined with the survey data. Access to the data collected from the survey is limited to a small group of researchers at WorkSafe, and will not be disclosed to participating companies/businesses/organisations.

The survey results will be reported in ways that anonymity and confidentiality of participants are ensured.

For any enquiries about this survey, please contact: Frankie.Tran@worksafe.govt.nz

To start with, could you please confirm if you are a health and safety representative?

◯ **Yes** I am a health and safety representative　　◯ **No** I am not a health and safety representative

If your answer is 'yes' then complete this survey.

1. Demographics

In this section, we would like to find out a little bit about you and your workplace.

1. In what age group are you:

◯ 19 and under ◯ 40–49
◯ 20–29 ◯ 50–59
◯ 30–39 ◯ 60+

2. Gender:

◯ Male ◯ Gender diverse
◯ Female ◯ Would rather not say

3. What is your ethnicity:

◯ European
◯ Māori ◯ Asian
◯ Pacific Peoples ◯ Eastern/Latin American/ African
◯ Other: (please specify)

4. Which of the following best describes your occupation/role:

◯ Clerical and administrative workers
◯ Professionals
◯ Managers
◯ Technicians and trade workers
◯ Community and personal service workers
◯ Sales workers
◯ Machinery operators and drivers
◯ Labourers
◯ Other: (please specify)

5. What sector do you work in:

◯ Agriculture
◯ Forestry
◯ Fishing
◯ Mining
◯ Manufacturing
◯ Electricity, gas, water and waste services
◯ Construction
◯ Wholesale trade
◯ Retail trade
◯ Accommodation and food services
◯ Transport, postal and warehousing
◯ Information media and telecommunications
◯ Financial and insurance services
◯ Rental, hiring and real estate services
◯ Professional, scientific and technical services
◯ Administrative and support services
◯ Public administration and safety
◯ Education and training
◯ Healthcare and social assistance
◯ Adventure activities
◯ Other arts and recreation services
◯ Tourism
◯ Other: (please specify)

6. In which region is your place of work:

◯ Northland ◯ Wellington
◯ Auckland ◯ Tasman/Nelson/Marlborough
◯ Bay of Plenty ◯ West Coast
◯ Gisborne/Hawkes Bay ◯ Canterbury
◯ Waikato ◯ Otago
◯ Taranaki ◯ Southland
◯ Manawatu-Whanganui
◯ Other: (please specify)

7. In your job, is your contract:

◯ Permanent full-time ◯ Fixed term
◯ Permanent part-time ◯ No contract
◯ Casual

8. How many people work at your organisation:

- ○ 100+ workers
- ○ 50–99 workers
- ○ 20–49 workers
- ○ 10–19 workers
- ○ Less than 10 workers
- ○ Don't know

9. Does your place of work operate from more than one worksite:

- ○ Yes
- ○ No
- ○ Don't know

10. Besides health and safety representatives (HSRs), are there any other health and safety professionals at your place of work:

- ○ Yes
- ○ No
- ○ Don't know

If your answer to question 10 is **Yes** then answer this question:

What other types of health and safety professionals are at your place of work: (select all that apply)

- ○ Occupational health nurses
- ○ Occupational hygienists
- ○ Occupational physicians
- ○ Occupational advisors/counsellors
- ○ Health and safety managers
- ○ Other: (please specify)

2. Health and safety background

In this section, we would like to find out a little bit about your role as a HSR, as well as your experience in this role.

11. How long have you been a HSR:

- ○ Less than a year
- ○ 1–2 years
- ○ 3–5 years
- ○ 6–10 years
- ○ Over 10 years

12. Are you also on a health and safety committee:

- ○ Yes
- ○ No

13. How did you become a HSR:

- ○ I put myself forward for the role
- ○ I was chosen by management
- ○ I was directed by management to apply
- ○ I was nominated and elected by my colleagues into the role
- ○ Other: (please specify)

14. What motivated you to become a HSR:

- ○ I want to contribute to workplace health and safety
- ○ Personal professional development
- ○ I do it because my manager wants me to
- ○ No particular reason
- ○ Other motivation: (please specify)

15. Given your experience so far, how likely are you to recommend other workers to take on the HSR role, or any other health and safety role at the workplace:

○	○	○	○	○
1	2	3	4	5
VERY UNLIKELY				VERY LIKELY

16. Could you please explain your rating of the question above:

17. Have you had any training to support you in your role as a HSR:

- ○ Yes
- ○ No
- ○ Unsure

If your answer to question 17 is **Yes** then answer this question:

Which of the following training have you undertaken: (select all that apply)

- ○ General training to identify and manage safety risks
- ○ Specific training to identify and manage health and safety risks in your sector
- ○ Specific training or information on work-related health concerns
- ○ Training about regulations related to work health and safety
- ○ Training about how to do the HSR role effectively
- ○ Health & safety representative Unit Standard 29315
- ○ Other: (please specify)

18. As a HSR, do you represent workers at a number of different worksites:

- ○ Yes
- ○ No
- ○ Not applicable (business does not have multiple worksites)
- ○ Don't know

Health and Safety Representatives

19. As a HSR, do you work with other HSRs at other worksites operated by your company/organisation:

○ Yes, I work with other HSRs from the **same** worksite only

○ Yes, I work with other HSRs from **other** worksites only

○ Yes, I work with other HSRs from **both** the same and other worksites

○ No, I don't work with other HSRs from either the same or other worksites

○ Not applicable (business does not have multiple worksites)

○ Don't know

20. As a HSR, how important do you think it is to be able to collaborate with other HSRs:

	NOT IMPORTANT AT ALL				VERY IMPORTANT
	1	2	3	4	5
From the same worksite	○	○	○	○	○
From other worksites in the same sector	○	○	○	○	○
From other sectors	○	○	○	○	○

21. How do you collaborate with other HSRs: (select all that apply)

○ Being members of the same network/group/association

○ Being connected via emails/phone

○ Working together on some projects

○ Attending events such as forums, conferences, seminars etc

○ I don't collaborative with other HSRs (exclusive, selecting this option will clear out the others)

○ Other: (please specify)

22. Can you think of any initiatives that may help increase collaboration among HSRs?

23. What support do you receive as a HSR (eg from other HSRs, supervisors, managers, colleagues etc): (select all that apply)

○ Allowed time off work to perform my HSR duties by my manager/supervisor

○ Access to organisations dealing with workplace health and safety issues (eg WorkSafe)

○ Access to organisations dealing with workers' welfare (eg NZCTU, PSA)

○ Opportunities to participate in relevant training provided by my manager

○ None (exclusive, selecting this option will clear out the others)

○ Would rather not say (exclusive, selecting this option will clear out the others)

○ Other: (please specify)

24. How could support for your role be improved: (select all that apply)

○ Guidance on how to address work health and safety concerns

○ Better understanding of the legislation

○ Ongoing and more accessible learning opportunities

○ Links with other HSRs in the sector

○ Links with other HSRs in other sectors

○ More interaction with WorkSafe

○ Stronger links with unions

○ No improvement is needed (exclusive, selecting this option will clear out the others)

○ Would rather not say (exclusive, selecting this option will clear out the others)

○ Other: (please specify)

25. What health and safety initiatives do you have at your place of work: (select all that apply)

○ Annual health and safety planning day for staff

○ A range of health and safety campaigns at various worksites

○ Health and safety training programmes for staff

○ Risk assessments at the workplace

○ Health monitoring for workers

○ None (exclusive, selecting this option will clear out the others)

○ Would rather not say (exclusive, selecting this option will clear out the others)

○ Other: (please specify)

Health and Safety Representatives

26. Who is involved in developing health and safety initiatives at your place of work?

◯ Directors/Managers

◯ Supervisors

◯ HSRs

◯ Worker committee representatives

◯ **Other:** (please specify)

27. What are some of the key issues that make your role as a HSR difficult: (select all that apply)

◯ Not enough time to carry out my role

◯ Lack of support and commitment from management

◯ Lack of awareness by supervisors

◯ Lack of support from immediate supervisor

◯ Lack of support and engagement with regulators such as WorkSafe

◯ Workers are not interested

◯ Lack of training for me

◯ Lack of training for workers

◯ Lack of awareness by workers

◯ No time to speak with co-workers at other sites

◯ Difficult engaging with long term staff members

◯ Language barriers

◯ Co-workers fear of reporting incidents

◯ No investment in health and safety initiatives by the organisation

◯ No issue (exclusive, selecting this option will clear out the others)

◯ Would rather not say (exclusive, selecting this option will clear out the others)

◯ **Other:** (please specify)

If you would like to receive a copy of the research results, or are interested in participating in further potential studies concerning HSRs, please provide us with your contact details.

Your contact details will remain completely confidential and will not be linked with any of your survey answers.

◯ **No** I do not wish to be contacted

◯ **Yes** I agree to be contacted. My details are:

Name:

Email:

Is there any other comment you would like to make:

Thank you for your cooperation.

Appendix 3: References

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Notes