

# PRACTISING OCCUPATIONAL HEALTH AND SAFETY USING SOCIAL PRACTICE THEORY

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Occupational health and safety literature embodies two worlds: one that takes a hard, top-down approach with a view that legislation and organisational policy and procedures are essential to achieving an environment that mitigates risks to workers' health and/ or safety. The other takes a social constructionist view and places the worker at the heart of mobilising health and safety at work. Despite advancements in research and practice in both spaces, accidents still happen at work and worker health and well-being feature at the forefront of management agenda. We employ social practice theory to bring together the discourse of the two worlds in occupational health and safety research and practice. Social practice theory offers a framework for analysis which attempts to synthesise the structural focus of systems, such as legislative frameworks and organisational policy and procedures on occupational health and safety, and the processual and cultural, the socially constructed, approaches. Through illustrative data and analysis, we argue that such integration holds the key to extending work in this important area. Our discussion shows how individuals' attitudes, behaviours and choices are connected with occupational health and safety practice, and also, more importantly, we identify how occupational health and safety practices form, how they are reproduced, maintained, stabilised, and challenged through the key themes that emerge from our empirical data.

Keywords: social practice theory, occupational H&S, discourse, safety climate

## INTRODUCTION

Occupational health and safety (OHS) literature embodies two worlds: one that takes a hard, top-down approach with a view that legislation and organisational policy and procedures are essential to achieving an environment that mitigates risks to workers' health and/ or safety. This perspective is aligned with rational management and has tended to dominate research and practice in and about organisations, work, workers and the organisation-work-worker relationships, including literature on occupational health and safety. The other takes a social constructionist view and places the worker at the heart of mobilising health and safety at work. Understanding the impact of individual and group characteristics (such as worker behaviour, perception, and safety climate) on occupational health and safety are at the heart of this perspective. As workers are definitive key stakeholders in occupational health and safety, interest and research in this space is growing. However, despite advancements in research and

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practice in both spaces, accidents still happen at work and worker well-being features at the forefront of management agenda.

We employ social practice theory to bring together the discourse of the two worlds in occupational health and safety research and practice. Social practice theory offers a framework for analysis which attempts to synthesise the structural focus of systems, such as legislative frameworks and organisational policy and procedures, and the processual and cultural, the socially constructed, approaches.

The central research question in this paper is: *How do workers perceive and practice occupational health and safety on construction sites operated by micro firms?* Our point of departure is that social practice theory offers an integrative and holistic framework for analysis of such subjective and complex phenomena. Consequently, we first develop a critical review of literature on occupational health and safety. We then introduce social practice theory and develop an analytical framework. An outline of the research method and approach follows, before analysis of our illustrative empirical data and discussion.

### Occupational health and safety

*Rhetoric, The best practice literature on occupational health and safety*

Much of the best practice literature on occupational health and safety takes a top down, central policy driven approach. For example, Boardman and Lyon (2006) specify a best practice framework for the governance of occupational health and safety (OHS) in companies (see Figure 1), which emphasises managerial activity and organisational structures and systems as the primary agents. At the same time, their research identifies *"an urgent need for improved advice and guidance (and even support) from the regulators to enable directors to take better control of OHS within their organisations"* (p. 4). Such a focus on managerial activity and director responsibility, together with a desire for more control, undermines one of the five key action points earlier work supports: *"To engage the workforce in H&S matters"* (page 1).

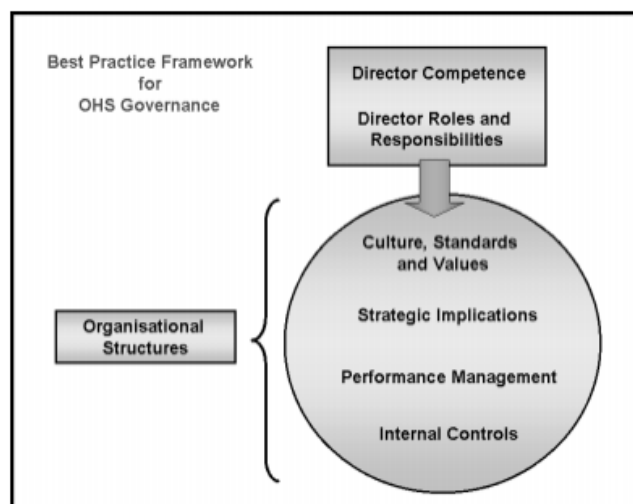


Figure 1: Best practice framework for occupational health and safety governance (source: Boardman and Lyon, 2006: 2)

The European Agency for Safety and Health at Work (2019) similarly place senior managers at the heart of managing occupational health and safety *"Strong, effective*

*and visible leadership is vital to good workplace safety and health" but with worker participation:*

One of the keys to good OSH leadership is getting workers involved. Employers have a legal duty to consult employees on safety and health issues. But there are benefits to going beyond the minimum requirements. OSH management will be more likely to succeed if it encourages the active participation of workers and sets up a dialogue between employees and management.

Emphasis still lies in management action; consultation driven by an organisational agenda. This carries forward to small and micro firms too - the HSE (2019) sets out the responsibilities for ensuring that they and any subcontractors have *"the skills, knowledge, experience and training to carry out the work in a way that secures health and safety, or is in the process of obtaining them"*.

### *Perception*

Research from sociology and psychology offers alternative perspectives for approaching and developing the occupational health and safety discourse. For example, Simpson's (1996) work on the cautious, confident and neutral cognitive frameworks regarding safety focuses on perceptions [and thus behaviour] as *"intersubjective" - products of social construction, collective agreement, and socialization"* (see also Sherratt *et al.*, 2013: 623; Andersen *et al.*, 2015 for discussion in the context of construction). It is agreed and well documented that work on a construction site is dangerous, hence, arguably, the cautious framework presents as the most appropriate choice in this environment. Certainly, safety policies tend to highlight danger and encourage the use of the cautious framework. While this may not apply universally, e.g. some may perceive construction work through the neutral framework, it is possible that the confident framework presents an inappropriate choice given the long history of workplace incidents, accidents and fatalities.

Violations of the framework that is assumed appropriate in a given context deviate from the socially appropriate use of such a framework and introduce an element of surprise and uncertainty (Simpson, 1996: 557) and thus may generate perceptions of power and control in the face of organisational policy. For example, a macho showcase of the confident framework on a construction site where many hazards are present may be used to demonstrate bravery and/ or superior knowledge or be enacted as a symbol of defiance.

### *Critical view - Occupational health and safety practice*

Contrary to the managerialist rhetoric, Esmaeili and Hallowell (2012) show that employee involvement has received increasing attention in organisational practice over the past decade as an innovative way to enhance performance on occupational health and safety. Sherratt *et al.*, (2013) also note a change in safety management strategies. They show paradoxical discourses: one of enforcement of safety, another of engagement.

Hung *et al.*, (2011) bring in critical perspective, specifically regarding practice vs rhetoric: SMEs say they desire safe and healthy working environment and wish to avoid accidents, but their behaviour is often risky. This raises questions about the application of empowering strategies. Sherratt *et al.*, (2013: 631) support this with research about violation of safety rules, bending and breaking of rules and workers absolving themselves of responsibility for safety. Violation is expected and a matter of course on site (*ibid.*).

## SOCIAL PRACTICE THEORY

Theories of social practice have formed a conceptual alternative to previously polarised schools of thought, such as Rational Choice Theory and norm-oriented theory of action, with an interest in the 'everyday' and 'life-world' (Reckwitz, 2002). Drawing on the philosophical principles of phenomenology, social practice theory offers a framework for explaining and understanding actions and knowledge which enable and constrain agents in interpreting the world and behaving in corresponding ways. Social order is embedded in collective cognitive and symbolic structures, in a 'shared knowledge' which enables a socially shared way of attributing meaning to the world (ibid: 246).

In our paper 'practices' refer to occupational health and safety as "*a routinised type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge*" after Reckwitz (2002: 249). This approach is a good fit to our research and empirical data; hence we have chosen it from within the many options available within practice-based research (see for example Schatzki, 2001; Shove and Pantzar, 2005). Agents are regarded as carriers of the routinised type of behaviour; "*skilled agents who actively negotiate and perform a wide range of practices*" (Hargreaves, 2011: 83). Social practice theory 'decentres' mind, text and conversations, and shifts "*doing*" (ibid), bodily movements, things, practical knowledge and routine to the centre (Reckwitz, 2002: 259). Social practice theory in this view raises a series of different questions about occupational health and safety. The focus is not only on individual's attitudes, behaviours and choices, but also, and more importantly, on how practices form, how they are reproduced, maintained, stabilised, challenged, and maybe killed-off (Hargreaves, 2011).

## RESEARCH METHOD AND APPROACH

The primary source of empirical data relevant to this research paper is a set of semi-structured interviews carried out on construction sites in the East Midlands (n=17) and South East (n=12) in the UK. We utilise two specific transcripts from within this larger data set to explore the connections and synthesis of the two worlds in OHS using social practice theory. One transcript is an interview with two subcontractors who work on a larger construction site: Dave [R1] and Lee [R2] are employed by a micro firm and have been working in the industry for 40 years. The other transcript is from an interview with Anthony [R3], an owner manager of a small firm who actively engages in construction work as well as site management and supervision. These are not the real names of the research participants, and we will not disclose the site locations. Pseudonyms have been assigned to protect the interviewees' identity and anonymity, and to ensure the confidentiality of their responses.

The central concepts and our research approach align ontologically as a course of interaction which arises out of shared perspectives or perspectives that are negotiated (after Blumer, 1969). In other words, we believe that individuals do not operate in isolation, but may make decisions based on the values of others. Specifically, we understand that occupational health and safety practices are influenced by a wide range of social actors, including, for example, individual perceptions, managers' influence, training, and communications with colleagues. In turn, the social actors' knowledge relating to occupational health and safety is also affected by the relationship amongst workers and the extent to which the environment at work is

supportive (Laukkanen, 1999). Practice-based perspective holds that human activities are inseparable; knowledge can be developed through processes such as socialisation, observation and practice (Orlikowski, 2002). Within such a philosophy, the aim is to grasp the subjective meaning of social action (Reckwitz, 2002; Bryman and Bell, 2007: 19). We have adopted an empathetic stance (Saunders *et al.*, 2009: 116) in order to enter the world of the research subjects so as to gain an understanding of their world from their point of view (Pink *et al.*, 2010; Saunders *et al.*, 2009).

### **Illustrative Data and Analysis**

A wide range of important themes emerged from the analysis of the two transcripts, including learning, perception and knowledge transfer; interpersonal relationships; cautious mindset and co-creating occupational health and safety; organisational hierarchy; rules; and barriers.

Our point of departure in the illustrative data and analysis is a quote from Anthony:

...it's really the practice on site that matters. [R3]

This presents us with the ultimate lead into applying social practice theory as a lens to first showcase examples of *forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge* (after Reckwitz, 2002) and then locate the key themes within these practices, and pull together the two worlds in occupational health and safety.

#### *Learning, perceptions and knowledge transfer*

Connections between place (off site vs on site), theory vs practice, and feasibility of learning transfer were important topics for discussion for the two workers we interviewed:

...they've been taught something in the classroom that technically is right, but when you get onsite sometimes it's not practical. You can learn lots of things in the classroom, but when you go on-site sometimes it's impossible to do and they might say to you, "Yes, but we didn't learn that, you're meant to do this and that" and you say, "Well, you can't do it like that, because you just can't physically do it." That's where you get a lot of... Especially, like office material, where they've got a degree in site management and things like that, they might be very well qualified on the theory and everything else, but when you go out on-site you need to have the practical skills. [R1]

The owner manager of a small firm expressed similar concerns with regards to training, and stressed practical showcasing of learning and skills and the ability to transfer knowledge into practice over training:

It's more about competence... much less interested in training, and we've taken that philosophy on board... ongoing proof of competence, and adhering to the correct methods of working... because you can have people turn up to be trained, and they sit in a room... I consider it far more important to see whether they've actually learnt what they've been shown. [R3]

Deep rooted perceptions and personal conviction and preference for a specific way of doing things was considered a challenge to knowledge transfer and putting into practice agreed methods or guidelines/ regulations:

...[some] crew will say, 'I feel safer free climbing than clipping on.' That's a difficult one, but they feel it constricts them and they're safer without it [PPE]. It's complete nonsense obviously... this is going back some time [and] we've managed to eradicate. [R3]

Drawing on Simpson's (1996) cautious, confident and neutral cognitive frameworks regarding safety, we can identify that the organisational position and manager's perspectives lie within the cautious framework, yet the worker's statement offers indicators that align with the confident framework. Misalignment in the perceptions is likely to disrupt rather than enhance occupational health and safety practice.

#### *Interpersonal relationships*

All three respondents firmly believed that good interpersonal relationships were paramount to occupational health and safety practice:

R1 *...if you don't know them, then you've got to learn...*

R2 *The trust.*

R1 *...when you work with someone for a long time, you know how it's going and you just [know what they're doing] ...*

So we try and keep teams together, and that makes ginormous difference; if the team knows how they all work with each other, they know the manner of how people lift things up... [R3]

In both, the conversation recorded between the two workers (R1 and R2) and the interview with R3, trust emerges as a key theme central to interpersonal relationships.

#### *Cautious mindset and co-creating safety*

All three respondents also agreed that construction work is dangerous:

...It's a high-risk industry and it always has been, whether when we first started or now, it's still a high-risk industry, because you're relying so much on other people all the time and machinery... [R1]

We do have *accidents*; we do an awful lot of work... and I think it would be stupid to suggest that any company doesn't have accidents. [R3]

Awareness of the risk and potential for accidents are indicators that suggest a cautious mindset is relevant to these respondents. It sets appropriate awareness of circumstances and evolving situations, keeps people alert and thinking, observing and responding.

In terms of health, the workers also acknowledge wear and tear to body, and increase in health concerns over time as they age:

It's very hard the building game. It's very hard on the body. The physical demands, you're lifting, your knees, your back... and when you get to our age things start to wear out... [R1]

Age also points to developments driven by generational shift in attitudes and values:

...we find that the younger [ones] take to it [higher standards on OHS] because it is their future, and they understand the change... it's harder for some of the more- and we parted company with a couple of team leaders who couldn't really embrace the new way we were trying to do things, and it felt it was not something that they felt had value... That had a detrimental effect on the team. [R3]

The cautious mindset is evident in not only in health and safety awareness; it is discussed in relation to different roles of people on site, their connections with one another, and co-creating safety on site:

R1 *...you get the safety guy who comes round and he goes, 'Oh, I don't like that' and you go, 'Well, what's wrong with it? How can he fall?' and you show them, 'How can he do this?' and they go, 'No, no, no. That shouldn't be like that.' You know, you're not going to work and put yourself in a position where you're going to fall. You're not going to do it. No one is going to do that. You're going to try and work as safely as you can and, hopefully, no one has an accident...*

R2 *They're thinking of the paperwork...*

This conversation also highlights the different foci: practice vs paperwork, different priorities, and brings to fore the divide between experience and situated knowledge on the one hand vs theoretical/ ideological stance on the other hand.

Finally, in terms of co-creating safety on site, the workers mention that it is not only those with formal duty to watch out for occupational health and safety on site who spot and act on risk and potential danger. Workers are always looking out for one another, directly and indirectly:

R1 *[if you saw something] you'd go and tell them... you would, always...*

R2 *They might turn around and just say, 'sod off.'*

R1 *Yes, if they tell you... say 'Well, okay, fair enough' and walk away... sometimes if you tell people they don't like it...*

R2 *...people get aggressive.*

### *Leadership and organisational hierarchy*

While collaboration and co-creating occupational health and safety were discussed, institutional mechanisms such as organisational hierarchy and leadership/ management structures were identified as influential themes in practice:

Well, the management don't speak to us they'll only speak to Phil [the foreman]. That's on every job..." [R1]

Leadership on site level was specifically important to practice within the hierarchical organisation of work:

We obviously do Toolbox talks, at the beginning of the day is what people are trying to do, but the most effective team leaders are the ones that give a quick briefing before every activity that they're about to undertake... it does help refocus people and get out any misunderstandings. [R3]

This aligns with the managerialist, top down rhetoric. Furthermore, similar rhetoric was evident in discussion about leadership with regards to other institutional mechanisms that impact on site practice, such as the role of the Health and Safety Executive (HSE) as a monitoring and enforcing body:

...when the HSE, because they're much more active on coming on site now, and they've often been on site... [R3]

### **Rules**

Alongside the abovementioned leadership and organisational hierarchy, rules emerged as a necessary aspect of occupational health and safety:

...an ad hoc basis of safety is wrong. I think there has to be rules there and people need to stick to the rules. I do sense that if you just left it up to people to choose what they did when, some people would make inappropriate choices, and that would be a distraction. Therefore there needs to be rules, we set rules and we expect them to be met, and if they're not met we deal with it. [R3]

PPE was one theme that came up frequently in connection to rules, and the discussion attracted mixed views. R3 noted *"...It [PPE] is a brilliant idea and I could never understand why people would resist it..."* and he listed many items commonly used on building site as relevant to the work his company undertakes, including gloves, steel toecap boots, high visibility wear, hard hats, seatbelts, and climbing helmets. R3 also noted *"...I think PPE should be appropriate to what's done..."* and reflected on the principles of enforcement:

*I think there has to be reason, if people make intelligent decisions that should be support, rather than just being dogmatic about something. I think that loses the credibility of HSE and PPE. [R3]*

### **Barriers: resistance, timescales, pricing and budgeting**

The final theme we present draws attention to three barriers to good occupational health and safety practice: (i) resistance, (ii) timescales, and (iii) pricing and budgeting.

Resistance was mentioned above in relations to PPE, and it was also brought up in discussions about workers from different small firms working independently yet loosely together on larger sites:

...a resistance when we were trying to do stuff was when it is observed that other companies on that site weren't being asked to work to the same principles, certain site workers were working to a different set of criteria, and our guys - you know - because wearing a hi vis when it's really hot, and not taking your shirt off... [R3]

Build timescales were also said to constrain good practice:

...timescales we're given to construct things, which I've discussed with our competitors or colleagues in the sector, they feel that we're our own enemies to say we can do it in that time. If the elements turn against you, it's a constraint to try and push on that extra hour or deal with situations when it's wet and maybe getting dark... people are tired... [R3]

Most frequently mentioned barrier to good practice OHS on site was money: pricing and budgeting constraints.

...they won't spend money on safety, They tell you to put gloves on and that doesn't cost a penny [to them], but when it comes to pricing [a job], put a scaffold for a walkway, they won't do it. [R2]

R3 reflected on staffing in relation to size of sites, and the presence of specialist personnel appointed to *"check on competence and ensure that our method statements are enacted... [but] it's very difficult within the pricing that our clients allow us..."* In his view such arrangements help *"drag up standards somewhat"* and therefore present an opportunity to develop good practice.

## **DISCUSSION AND CONCLUSION**

The central research question in this paper was: *How do workers perceive and practice occupational health and safety on construction sites operated by micro firms?* We have employed social practice theory as the theoretical lens and presented an illustrative analysis of empirical data to answer this question. Our approach offers a new, integrative insight into occupational health and safety. Instead of focusing on normative 'best practice' we incorporate contextual and social categories of practice into the discussion. Table 1 below links social practice theory terms and the emergent themes relevant to our data.

Our data shows how individuals' attitudes, behaviours and choices are connected with occupational health and safety practice, and also, more importantly, we identify how occupational health and safety practices form, how they are reproduced, maintained, stabilised, challenged through the key themes that emerge from our empirical data.



Table 1: Practising occupational health and safety using social practice theory

<i>Elements of social practice theory (after Reckwitz, 2002)</i>	<i>Occupational Health and Safety practice</i>
Forms of bodily activities	Physically demanding and dangerous nature of work; environmental constraints
Forms of mental activities	Cautious mindset, different perceptions, resistance
'Things' and their use	Machinery, materials, PPE
A background knowledge in the form of understanding	Learning, training, experience, rules
Know-how	Competence, leadership, compliance
States of emotion	Resistance, change, looking to future
Motivational knowledge	Teamwork, interpersonal relationships, co-creating

Clearly our approach has limitations, particularly in terms of generalisability of the research findings, and hence we suggest that large scale studies are now designed to investigate and test the approach and ideas in different contexts. Further research is also needed to develop and deepen our understanding of social practice theory and how it may inform developments within occupational health and safety. For example, there are questions around the scope and nature of this concept, whether applied as a local construct that may be culturally bound, or alternatively universalist by nature.

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