

Leading Changes on Occupational Safety and Health

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Introduction

In today's uncertain and highly competitive globalized economy, effective leadership and excellence in safety and health performance is a good indicator of sustainable businesses. Governments and private sector employers are increasingly implementing management systems and other occupational safety and health change initiatives to improve worker protection and their business competitiveness. These initiatives include among others the OHSAS 18001 "Occupational health and safety management systems – Requirements," ILO/OHS "Guidelines on occupational health and safety management systems," OSHA Voluntary Protection Program (VPP), and various Behavior Based Safety (BBS) approaches.

The method used to promote changes to the workforce and the actions of the organization's leaders can affect implementation of successful management systems and safety and health initiatives. Employers often ask their in-house Safety, Health & Environmental (SH&E) professionals to lead or manage new safety and health compliance and voluntary performance improvement initiatives. These initiatives are often complex processes, some of them requiring several years to complete, and specialized knowledge and experience that SH&E professionals may not have. Typically, we are qualified to advise on the selection of the correct initiative needed to improve safety and health performance. This is a very important step, but effective leadership and management of the change initiative itself are critical for the employees to embrace and make the improved safety and health process a permanent part of the way the employees and the organization operate. We may have experienced in our own SH&E practice, or heard from colleagues, of safety performance improvement initiatives introduced with a great deal of enthusiasm and apparent commitment at all levels. Then we watched them vanish only a few months later with little or no publicity.

The root cause of some of failed implementations of change initiatives is leadership shortcomings exhibited during the different phases of the project, or after completing the implementation, such as:

- Designing a "quick fix" process to address complex safety and health concerns that usually only tackles and resolves some of the symptoms, and not the systemic issues or the underlying causes needing improvements,
- Not involving the right employees in the evaluation, design, and implementation phases,
- Executives, managers or front line supervisors communicating and acting in a way that contradicts the vision, and

- Not continuing to enthusiastically support and demonstrate management commitment to the vision and the improved safety and health process.

Lessons Learned on Leading Change

Several experts and authors have provided good guidance on how to effectively lead changes in organizations. Professor John Kotter is one of the world's foremost authorities on leading change. He has long promoted the concept that organizations need both competent leadership and management to effectively meet current objectives and to make the necessary adjustments to be stronger and ready for future requirements. SH&E professionals, in addition to their creativity, dedication and experience in implementing safety and health regulatory or voluntary performance improvement programs, could enhance the outcome of their initiatives by using Kotter's fundamentals or considering other experts' recommendations on leading change.

The review of successful change initiatives points out that the following critical phases presented in Exhibit 1, Leading Changes, which I practiced as part of facilities or corporate level safety and health improvement initiatives, need to be part of the implementation strategy and completed preferably in the order discussed:

Sense of Urgency

Applying a sense of urgent change is important to gain the attention, acceptance, and full cooperation of key employees recognized as having authority and credibility by the workforce. These employees can communicate enthusiastically and honestly with other employees about the changes needed in safety and health performance, and help combat complacency at all levels of the organization. Complacency is the most important behavior or organization characteristic to combat, as it provides fertile ground for failures. Some conditions that promote complacency include:

- Leaders believe and are continually telling employees that the organization has the best performance in their field, competition is far behind, there is no exposure, or they have always resolved all problems before they became a crisis
- Using and reporting of internal performance indicators that measure non-key performance aspects of the organization
- Low performance standards and satisfaction with the way the things are
- An organizational culture that does not welcome, properly address, and respond to employees' comments, or denies what it does not want to hear.

The workforce has to believe that maintaining the status quo or a business as usual approach of the current safety and health performance is unacceptable, and that the organization needs accelerated implementation of change and immediate improvement actions. Some employees can be very creative in expressing their resistance to change when they believe there is no need for the proposed change and that it is another waste of time and effort. We may have heard of "the program of the month" response when introducing new initiatives and seen very colorful handwritten comments about the proposed change initiative on walls, doors or other places inside bathrooms at work. A clear and convincing communication of why there is an urgent need for change will help motivate employees to cooperate and to give the extra effort required to implement the process and attain the expected benefits. Top executives at the facility

or corporate level have to engage actively in communicating and demonstrating the sense of needed urgent change. Although they can provide a big push, their efforts will not be effective as long as mid and low-level managers and supervisors do not talk about the urgent change needed, too.

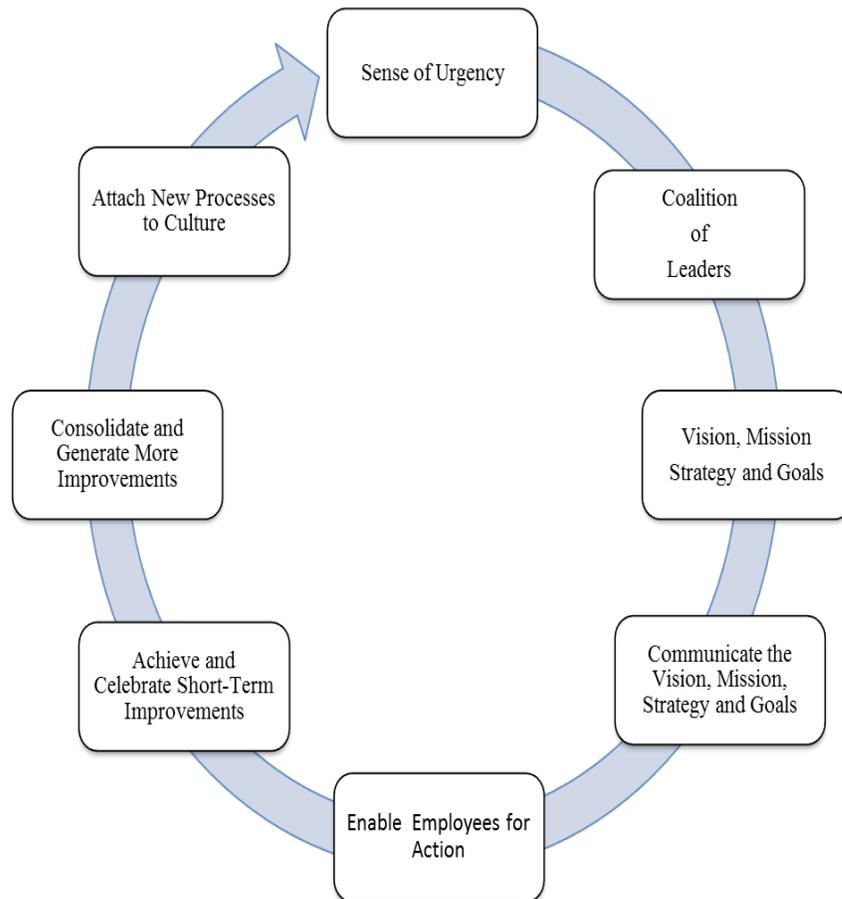


Exhibit 1. Leading Change

Effective Leading Coalition

A CEO mandate, campaigns developed and directed by external consultants or in-house safety professionals alone, or the actions of a committee with low credibility are all examples of poor approaches to lead a change initiative. A better method is to organize a cross-functional guiding coalition group consisting of proactive employees who trust each other and can work in collaboration toward the common goal. These employees need to have the necessary level of authority, leadership and management skills, expertise, and most importantly, credibility with the workforce. An SH&E professional and an employee representative that meet these characteristics should participate in this coalition of leaders. The primary functions of the coalition of leaders, which are discussed in detail in this paper, are to:

- Draft the vision and mission for the performance improvement initiative

- Manage the implementation process, securing the necessary personnel, financial and logistical resources, and to oversee of the progress made
- Establish a communication plan to inspire employees and explain the change initiative to facilitate their active engagement. Avoid information overload and distracting employees with communications that do not affect them. Interact with employees frequently, talking about the change initiative at all available meeting opportunities, and
- Evaluate the results and make timely adjustments to the implementation process as needed.

Vision, Mission, Strategy, and Goals

An effective vision is one that is imaginable, desirable, attainable, focused to avoid confusion, and easy to communicate. It will make a big difference if specific goals to achieve, and logic and basic details show how to accomplish these goals are provided. The vision, mission, strategy and objectives for the improved safety and health performance have to clearly describe the destination to the employees and explain how to get there. Employees need to understand why they all have to work hard to help create that future and how they will benefit from the expected changes. These characteristics will help align all employees and coordinate their actions. In safety, we may be familiar with the “Zero Accidents” motto. This is an excellent target but lacks the “why and how to” components to be a good vision.

The coalition of leaders should develop the vision, mission, strategy, and goals of the performance improvement process with input of employee at levels of the organization. An inclusive approach allows for the discussion and consideration of additional facts and comments during the drafting stage of the vision and goals. This will not only improve the quality of the final product but will allow for a higher level of employee understanding, acceptance, and ownership of the vision, strategy, and goals.

Communicating the Vision, Mission, Strategy, and Goals

Some of the key factors to consider when communicating the vision and mission for a safety and health change initiative to the workforce include simplicity, use of analogy and example, multiple forum, repetition, leadership by example, explanation of possible inconsistencies and listening with empathy. Today organizations use multiple means to make information continuously available to the employees. These can be group or individual targeted communications to share regulatory, production, legal, financial, human resources, public affairs, or social information. In this advanced electronic communications era, many of us could easily agree that employees receive too much information at work. This condition makes it harder for the coalition of leaders to effectively communicate and retain employees’ attention to the vision for the safety and health change initiative.

The communication plan should not only be comprehensive but also periodic. It needs to use of all of the existing meeting opportunities and communication means and include additional events and communication activities as needed. The communication plan goal is to create awareness and affect behaviors. As described by some communications experts it should be a “campaign to win the hearts and minds of the employees.” Perhaps this effort will be perceived by employees as adding another level of complexity to the already stressed workplace communication scenario. Unfortunately, repetition, repetition and repetition is essential to obtain employees’ support and maintain their interest in participating in the change initiative. The

following are some key critical aspects for the successful communication of the vision and mission:

- All leaders or employees involved in communicating the vision, mission, strategy and goals to the rest of the workforce need to make a special effort to listen carefully to employees' comments and suggestions. Listening to employees with empathy and providing timely responses and feedback to their inputs, no matter how awkward the coalition of leaders think they are, will add vital energy to the process. There has to be no doubt in the employees' minds that the organization welcomes and values their input.
- Leaders have to "lead by example" and exhibit behaviors that are consistent with the vision and the goals the safety and health improvement process is trying to accomplish. It is very disruptive to a change process when leaders act as if they were exempt from meeting the expectations and behaviors that all other employees are required to meet. True leaders are those that will never ask employees to do something for safety and health that they are not willing to do themselves. Dr. Terry McSween, President and CEO of Quality Safety Edge, occasionally quotes me as saying, "A bad leader can kill a good process." I know they can.

Enabling Employees to Act

The dedicated and enthusiastic participation of a large number of employees is an excellent resource for a change initiative. This is required for safety and health improvement processes to be successful. The participation of a large number of employees will not happen unless they truly feel "empowered" to engage in the change initiative. Employee participation increases by removing barriers that can obstruct the implementation of the vision and mission. Some of these barriers include organizational structure, lack of needed skills, and existing personnel and information systems not aligned with the vision for safety and health. Employees need to receive the training necessary to support the vision and mission, and perform well in the new work environment. The training process has to be designed to meet at least the following quality aspects:

- Correct type of training to obtain new skills needed and accepted behaviors
- Right content, frequency and duration
- Adequate means to verify the knowledge acquired

Managers and supervisors not aligned with the organization-approved vision and mission are very strong active or passive barriers that can cause the change initiative to fail or to slow down its implementation. Managers and supervisors disengaged with the change initiative will have to demonstrate that they have embraced and support the vision and mission, or be subject to administrative actions, ranging from coaching or job reassignment to possible termination of service.

Achieving and Celebrating Short-Term Improvements

An effective part of the strategy is to plan for the early achievement of significant short-term safety and health performance improvements and to celebrate those achievements. These targeted improvements have to be visible, unambiguous, and directly related to the safety and health improvement initiative. The communication and recognition of these accomplishments will help build motivation, reduce resistance to change and provide information to the guidance coalition

about the viability of the process. Examples of short-term safety and health improvement that are good targets for short-term implementation and recognition include:

- Corrective and Preventive Actions (CAPA). A fifty percent (50 %) increase in the number of safety and health hazards identified and resolved, as compared to the prior two-quarters or year.
- Safety and Health Training. Successful completion and proper documentation of all scheduled skills development and regulatory related training by all employees within the prescribed timeframe.
- Change Management. Correct implementation of change management requirements (request, analysis, approval, documentation, notification, and training) on all personnel, technology, material, and process changes made during the last twelve (12) months, as specified in the Change Management Program.

Short-term improvements can provide evidence to company executives that the safety and health improvement process is on track. These achievements can reinforce the executive's commitment to continue allocating resources and to participate in the change initiative.

Consolidating Improvements and Generating More Change

The coalition of leaders cannot slow down their push and claim victory before completing the implementation of all the safety and health improvement goals as designed. The risk of doing so is that the sense of urgency and critical momentum can be lost or reduced. Regression to an unacceptable status quo may follow and resistance to change may gain ground.

As the organization achieves some short-term targets, the coalition of leaders can address and complete other targets that are more complex, adding them to the set of processes realigned with the safety and health improvement initiative. This phase will require more resources to continue making progress and to gain the efficiencies the changes will provide. This will be an opportunity to eliminate unnecessary interdependencies between departments and inefficiencies that do not add value to safety and health. The coalition of leaders will focus more on communication and oversight, while more supervisors and employees participate directly in the change implementation efforts.

Attaching the New Processes to the Culture

Most changes in norms and shared values of the organization come at the end of the health and safety improvement process. This only happens if it is clear that the new management system or new processes for improved health and safety performance work better than the previous approach used. Linking the organization's formal compensation system to the implementation and results of the performance improvement process can prove to be a strong motivator. Occasionally, personnel replacement is the only option available to ensure that adequate support to the vision and mission still exists. It is important that personnel succession plans consider only employees that have demonstrated a commitment to safety and health, and will support the company's vision, mission and values. More employees will observe the expected safety and health behaviors if this policy is clearly communicated to the employees and they see it implemented without deviation.

Continuous review, assessments, and reinforcement strategies are needed to maintain the implemented safety and health improvement in place and assist employees' development efforts.

Conclusion

SH&E professionals will periodically face the need to participate in regulatory and voluntary performance improvement processes to address technological, material and natural hazards that may impact their workplaces. In addition to their subject matter expertise, they will require skills to help lead and manage change processes and accomplish the intended benefits. Leadership experts provide excellent practical guidance that can assist the SH&E professionals to become effective and sought-after change agents.

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