

A strategic approach to on site OHS communication

Hugh Shannon¹ & Tony Parker²

¹Lecturer & ²Professor, Queensland University of Technology, Faculty of Health, Institute of Health and Biomedical Innovation

Introduction

In many occupational settings, communication planning typically focuses on *what* we want to deliver with less thought given to *how* we should deliver or support it. There can be a range of reasons why this might occur.

The focus of this paper and the associated presentation is establishing or strengthening a process around point in time communication such as a toolbox talk. It will provide an opportunity to think about current Occupational Health and Safety (OHS) communication practices occurring at the site level within the mining industry.

The sub theme of this conference is 'valuing our people'. If we are genuinely interested in demonstrating this through our work, a critical review of current OHS communication practices should be undertaken. If the *message* is important, the *method* should be too.

A strategic approach

Risk and control mechanisms are commonly associated with OHS. The same logic can be applied to a discussion and review of communication methods. Examples of risks that may compromise communication effectiveness include the following.

1. Communication that is 'done to' people not for or with them.
2. Communication can be taken for granted and it may be perceived as something that 'just happens'.
3. Key stakeholders may demonstrate different levels of ownership and understanding of aims leading to misaligned values & beliefs.
4. A box ticking mindset may lead to solely focusing on what is done with no consideration for how well it is executed (quality and effectiveness).
5. A dismissive attitude implying that communication is not associated with the 'core business' of the organisation.

Strategy involves analysis of available resources and critical evaluation of current practices to develop a proactive plan for achieving targeted outcomes. In a sporting

context, successful football teams develop attacking strategies for execution when in possession of the ball and defensive strategies to counteract the actions of their opponents. These strategies are planned, practised, implemented and adapted in response to the dynamic nature of game play.

The same principles can be applied to OHS communication in the workplace. The four stage communication process model presented below provides a framework for review of current practice and a strategic approach to future planning.

A four stage communication process model

The communication process model proposed in this paper outlines four stages preceding and following on from point in time communication. The four stages are listed below and presented diagrammatically in figure 1.

- Stage 1: **PREPARE**
- Stage 2: **PRIME**
- Stage 3: **DELIVER**
- Stage 4: **REINFORCE**

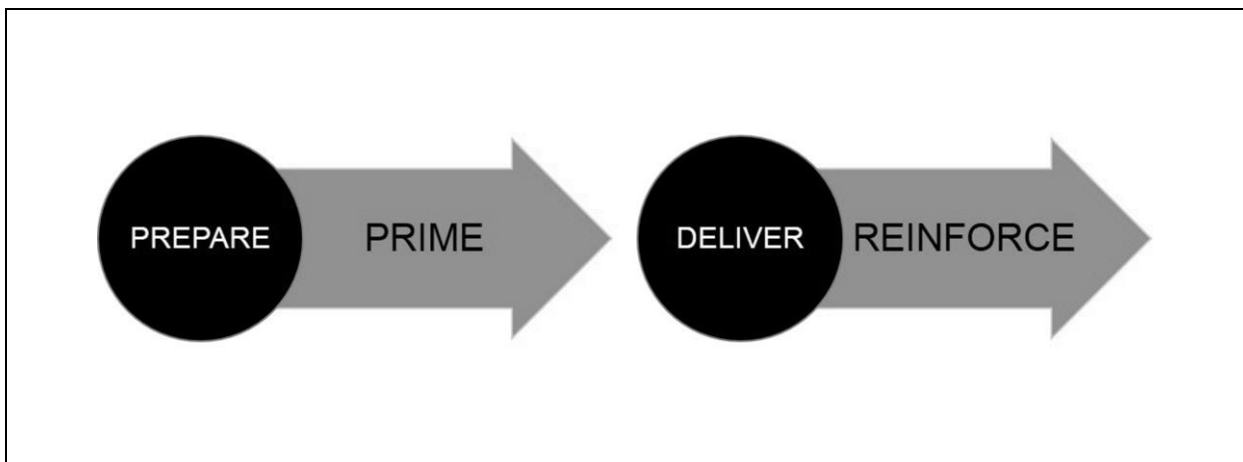


Figure 1. A four stage communication process model

Stages 1 and 3 are primarily associated with key stakeholders responsible for operation of the site as well as personnel directly involved in management of the process. Stages 2 and 4 are primarily associated with preparing the workforce for point in time communication and supporting future application of the information.

Examples of barriers capable of impeding change during each of the four stages of the communication process model are listed in table 1 on the following page. These barriers are counter-balanced by a range of enabling factors for progress outlined in table 1. The enabling factors present an opportunity for establishing or maintaining a positive and progressive OHS culture at the site level.

Table 1. Examples of barriers and enablers associated with each stage

Stage	Barriers to change	Enabling factors for progress
1. Prepare	<ul style="list-style-type: none"> • No shared vision among key stakeholders at the site • Solely focused on arranging delivery 	<ul style="list-style-type: none"> • Shared values & beliefs • Coordinated approach • Dynamic process driven philosophy (evolution & growth)
2. Prime	<ul style="list-style-type: none"> • No prior notification • Passive notification 	<ul style="list-style-type: none"> • Active notification • Rationale provision
3. Deliver	<ul style="list-style-type: none"> • Negative leading comments • Isolated & disconnected 	<ul style="list-style-type: none"> • Cueing (content & purpose) • Emphasising workforce value in context
4. Reinforce	<ul style="list-style-type: none"> • No follow-up action with the workforce • Assumed adoption & application of information 	<ul style="list-style-type: none"> • Genuine opportunities for feedback (upstream & downstream) • Active follow-up (feed-forward)

Conclusion and recommendations

To conclude, we reiterate a key point from earlier in this paper:

*“If the **message** is important, the **method** should be too.”*

If you value your people, it is necessary to critically review current OHS communication practices and strive for best practice. At some sites, this may involve establishing a process around point in time communication such as a toolbox talk. At other sites, this may involve strengthening the process.

After reviewing the content of this paper, we encourage you to read the questions posed below, reflect on current practice and identify how strategic implementation can be achieved at your site or within your organisation.

Q1. Is there consistent implementation of all four stages of the communication process model occurring at your site or within your organisation?

Q2. How can your site or organisation improve the quality of the process?

Acknowledgements

This paper and the associated presentation draws on experience gained since 2008 through research projects, site visits and interaction between the Queensland University of Technology Workforce Health Innovation (WHI) research group and Downer Mining. We acknowledge the opportunity to engage in applied research within the mining industry supported by Downer Mining.

Correspondence

The WHI research group is based within the Institute of Health and Biomedical Innovation, located on the QUT Kelvin Grove campus in Brisbane, Australia.

Mr Hugh Shannon

Phone: +61 7 3138 3577

Email: h.shannon@qut.edu.au

Professor Tony Parker – *QUT Workforce Health Innovation group leader*

Phone: + 61 7 3138 6173

Email: t.parker@qut.edu.au