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Psychological and Sociological Factors Impacting on Migrant Worker Contribution to, and Adaptation of, Workplace Safety Culture

Richard Skiba^{1*}

¹LRES Training Management, Australia

*Corresponding author: Richard Skiba: richard@skiba.com.au



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Abstract:

This paper highlights potential health and safety issues which may emerge in workplaces engaging migrant workers, particularly as effected by social distancing during training prior to employment, such as experienced by international students. There are a number of factors that can contribute to the ways in which a migrant worker applies health and safety in their workplaces, including language and culture, that are commonly addressed through training, socialisation and workplace engagement. With these opportunities limited due to social distancing, migrant workers have less opportunity to contribute to and embrace organisations' safety culture. This onus then falls onto employers to ensure that safe practices are learned, imbued and correctly and consistently applied with an objective of fostering a strong safety culture where employees go above and beyond what is expected in terms of safety performance that is mutually understood and shared.

Keywords: Health and Safety, Safety Culture, Migrant Workers, Diversity, Training, Sociology

Introduction

A proportion of the workforce in any country comprises migrant workers, who for any number of reasons, have sought residence in countries other than those of their origin. These workers engage in local workplaces and contribute to an organisation's culture, including the safety culture of their respective workplaces.

In this regard, Flynn, Castellanos, and Flores-Andrade (2018) contextualise that “we can understand culture as a system of shared beliefs and behaviours that affects how workers from different ethnic and social groups perceive, understand, adapt to and address safety concerns at work”. Through socialisation, shared understanding, approaches and beliefs can emerge which, in turn, lead to development of an organisational culture. All stakeholders to a work environment contribute to the shaping of the organisational culture and each individual can affect the perceptions of others.

Starren, et al. (2013) note that “when people from multiple cultures have to work together, difficulties or misunderstandings may occur as a result of language issues or because of differences in attitudes, beliefs and competences”. Multiple cultures are atypical of any work environment globally. Most work environments include some form of diversity and each country and its people develop their own culture, with habits, norms and values that differ from those of other nations. NSW Government (2020) concurs by noting “our workforce is diverse, made up of people of different ages and cultures, with different skills and experience, who work under different employment arrangements”. Those differences, through migration can lead to health and safety consequences. As an example, Guldenmund et al. (2010), cited in Starren, et al. (2013), describe a serious consequence related to health and safety in some diverse work environments stemming from migrants being more vulnerable to safety incidents owing to aspects such as obedience in that they may be more reluctant to raise safety issues, language barriers, and eagerness to earn money quickly. It is important that work health and safety strategies take this diversity into account (NSW Government, 2020).

The International Labour Organization (2016) defines migrant workers as those people who leave home to find work outside of their hometown or home country. Persons who move for work in their own country are defined as “internal” migrant workers and persons who move for work to another country are commonly called “inter-national” migrant workers. These workers can constitute significant proportions of work forces with a range of health and safety implications based on cultural differences. Starren, et al. (2013), suggest that managing workplace diversity requires awareness of differences in order to create a work environment in which differences are addressed or valued and workers can perform to their full potential.

A safety culture, as a component of organisational culture, is formed around people’s values, attitudes, beliefs and behaviours which in turn affects how they work together. In an environment with a strong safety culture, operations are conducted in as safe significantly reducing the risks of accidents occurring. This occurs through a shared approach throughout the organisation where safety is taken seriously, workers are mindful and watchful of each other and compromises are avoided. Where a poor safety culture has evolved, complacency, compromise, lack of knowledge and/or a lack of care can lead to serious incidents and accidents. The safety culture can only be as good as the individuals who contribute to it and their contributions are made on the basis of their own knowledge and experience which are a product of their values, attitudes and beliefs. These values, attitudes and beliefs are influenced by social exposure and interaction and evolve over time. A worker who has learned to function in a system with underdeveloped health and safety requirements that migrates to a more highly developed system will need to modify their values, attitudes, beliefs and behaviours to integrate into the new culture. Migrants bring with them their cultural biases or home country that shape how they perceive risk (Bahn, 2013).

Migrant workers have a range of characteristics, both psychologically and sociologically based, that may affect their integration into new workplaces. This exploratory study considers what these factors may be and examines the notion that there are particular opportunities to keep migrant workers safe in their new workplaces through effective training programs. Approached to training that address migrant worker specific needs are proposed with an objective to allow these workers to integrate into, and contribute to, a safety culture.

Migrant workers and workplace accidents

A study by Vasconcelos and Barkokébas (2015) concluded that the causes of an accident at work can be numerous, but are mostly due to a lack or deficiency of planning and organization of production, unsafe conditions in the workplace and human factors, which may have psychological origins or reflect social problems and cultural and / or organizational training. Carol, Chan and Wong (2010), referring to Mullen (2004), find that organizational factors leading to unsafe behaviour include role overload, performance over safety, socialization influence, safety attitudes and perceived risks.

Moyce and Schenker (2018) note that migrant workers are recognized to be among the most vulnerable members of society and are often engaged in work that tends to be “dirty, dangerous, and demanding”. They also posit that these workers may take greater risks on the job, do work without adequate training or protective equipment, and do not complain about unsafe working conditions. These conditions can immigrant workers at increased risk for occupational fatalities and injuries when compared with native-born workers, even those doing the same job in the same industry.

Higher rates of occupational fatalities among immigrant workers may be attributed to a variety of factors, including inherent risks in the jobs themselves and the lack of training and protection for immigrant workers (Takala, et al. 2014). The At Risk Workers’ Strategy 2018–2022, conducted by SafeWork NSW, identifies key groups of workers that are deemed to be most at risk of harm in the workplace (SafeWork NSW, 2020). Two of the identified groups include people who have different linguistic, religious and ancestral backgrounds and people who have moved to Australia to take up work, or study or holiday, with legal authorisation to work. A number of risk factors were identified in this regard including: Language barriers hinder understanding of work health and safety rights and worker obligations; Language and literacy barriers to accessing safety information; Reluctance to speak up and ‘make waves’ due to multiple factors; Inexperience in the job and/or at the individual workplace; and, Fear of authority due to cultural factors. SafeWork NSW (2020) also notes that “Australian and international research identifies that CALD [Culturally and Linguistically Diverse] and migrant workers are concentrated, and disproportionately represented, in high-risk industries and occupations”.

With regard to employment patterns, Moyce and Schenker (2018) summarise that in the United States, immigrant workers are overwhelmingly employed in the service sector; natural resources, construction and maintenance; agriculture; and production, transportation, and material movement: industries that report much higher rates of injury compared with other industries. In Canada, the pattern of employment is similar to the United States, with most immigrants work in agriculture. In contrast, in Australia, native-born workers are more likely

to work in agriculture and construction, likely due to the push for “skilled” or professional migration to Australia, referring to workers with skills that will contribute to the Australian economy. Consequently, occupational injury may be higher among native-born than foreign-born workers in Australia (Reid, et al. 2016).

Workplace diversity

The Department of Foreign Affairs and Trade (2020) defines that “diversity relates to sex, gender, age, language, ethnicity, cultural background, disability, sexual orientation, intersex status, religious beliefs, educational level, professional skills, work experience, socio-economic background, career obligations and/or other factors that make us unique”. As such, each individual brings unique qualities, attributes, skills and experiences to their workplaces. Migration activities are a significant contributor to development of diverse workforces. As much as workplace diversity can bring benefits to an organisation, such as greater scope for innovation and enhanced community representation and engagement, it can also bring challenges. Managing these challenges involves recognizing the value of differences, combating discrimination, and promoting inclusiveness.

According to United Nations Population Fund (2015), in 2015, 244 million people were living outside their country of origin, comprising 3.3% of the world's population. United Nations Department of Economic and Social Affairs (2019) notes that in 2019, international migrants increased to an estimated 272 million. Moyce and Schenker (2018) outline that the International Labor Organization (ILO) estimates that approximately half of these are immigrant workers, those who leave their countries of origin in search of occupational opportunities in another, often more developed, country. Moyce and Schenker (2018) quantify the degree of migrant worker engagement internationally as follows:

“Nearly half of all transnational migrants work in either North America or in Northern, Southern, or Western Europe. About 40% of global migration is between countries in the Southern Hemisphere. The Arab states are host to the highest proportion of immigrant workers, and 35.6% of the workforce in the Arab states are migrant workers. The foreign-born population in some Arab states is more than 80% and comprises almost all the working population. Workers migrating internationally come from Asia (43%), Europe (25%), and Latin America and the Caribbean (15%). In the United States, there were 26.3 million immigrant workers in 2015, comprising 16.7% of the total workforce. The largest percentage are of Hispanic origin (48.8%), followed by those of Asian origin (24.1%). By 2060, estimates show that the immigrant workforce in the United States will be twice as large as the native-born workforce; the highest growth is expected among Hispanics.

The majority (71.1%) of migrant workers worldwide are engaged in the service industry, including domestic work, food services, and administrative or professional work. Other occupational sectors include industry (manufacturing and construction) and agricultural work. The ILO estimates that women make up 44.3% of all migrant workers. Women are six times more likely than men to be engaged in domestic work abroad”.

Mucci, et al. (2019) as a means of update and to outline growth, advises that according to the United Nations’ estimates, the number of migrants has almost

doubled, passing from 173 million in 2000 to 258 million in 2017. The Bureau of Labor Statistics (2020) in the United States, outlines that in 2019, there were 28.4 million foreign-born persons, including legally-admitted immigrants, refugees, temporary residents such as students and temporary workers, and undocumented immigrants, in the U.S. labour force, which represent 17.4 percent of the total work force.

Migration is an established and ongoing activity and is not expected to decline, particularly given trends in globalisation. In 2018–19, in Australia the Migration Program outcome delivered 160,323 permanent migration places with 52.6 per cent of migrants that obtained being migrants already in Australia on a temporary visa, with the remaining places going to new arrivals (Department of Home Affairs, 2019).

International Education is often used as a pathway for migration and entry into workplaces. As at February, 2020, there were 593,718 international students in Australia with 163,757 from China, 97,619 from India, 46,093 from Nepal, 21,375 from Vietnam and 19,648 from Brazil, being the top five origins (Department of Education, Skills and Employment, 2020). Other origins with greater than 10,000 students include Malaysia, Columbia, Republic of South Korea, Philippines, Indonesia, Thailand, Pakistan, Sri Lanka and Hong Kong. This indicates the diversity of students participating in education and training in Australia who could potentially enter the Australian workforce. All people working in Australia are entitled to the same basic rights and protections at work including visa holders, migrant workers and people who might only work for a short time. This, however, is not a universal approach globally as highlighted by Lee, McGuinness and Kawakami (2011).

Language, culture and health and safety

In some workplaces, linguistic differences can present significant challenges to communicating health and safety information, discussing health and safety issues and ensuring safe work practices. Research by Lee, McGuinness and Kawakami (2011) reviewed the health and safety systems in Australia, Republic of Korea, Malaysia, Singapore and Thailand and considered the conditions for migrant workers in these five Asia and the Pacific countries. Through their examination, they determined that a prominent reason for migrant workers experiencing a greater risk of occupational health and safety related injuries and accidents compared to local workers is their lack of language skills and perceived cultural differences.

Flynn, et al. (2018) note that infrastructure of the industrialized nations is greater than the infrastructure found in the developing world. Those who have migrated from a developing nation to an industrialised one and engaged in the workplace may struggle with the application of the health and safety requirements. This can occur particularly where the health and safety approaches do not utilise the same level of technology or conform to common practices used in the home country. In these situations, Flynn, et al. (2018) outline, workers adopting behaviours superficially in an effort to please the new boss can result which may not create lasting change that permeates employees' general approach to work or the company's approach to safety. Noort, et al. (2015) confirms that national cultural tendencies that develop within a society, and implicitly shape employee beliefs and work behaviours, might also be

expected to influence safety-related norms, values, and practices. These can then be transferred to new work environments where workers migrate.

Every organisation has a culture, which has the potential to impact on Health and Safety and to varying extents, both negatively and positively (Lingard, Harley, Zhang and Rya, 2017). They also note that health and safety might be a core value in some organisations, but not in others. Flynn, et al. (2018) highlight a positive contribution related to diverse workplaces in that working in cross-cultural settings can provide experience and knowledge through interactions with their counterparts from other countries and bring new perspectives to a local setting.

Moyce and Schenker (2018) note that immigrants who do not speak the host country's dominant language are at particular risk for occupational injury. De Jesus-Rivas, Conlon, and Burns (2016) concur and further highlight that aside from language being a barrier to understanding safety, culture also influences safety behaviour. Orrenius and Zavodny (2009) likewise found that workers with lower education levels and limited language skills tend to incur more occupational injuries than do those with higher education. Even when companies diligently follow health and safety criteria for conducting safety training and meeting all work requirements, non-English-speaking or limited English language workers are still at a disadvantage in understanding and learning safety concepts (Demirkesen and Arditi, 2015, cited in De Jesus-Rivas, Conlon, and Burns, 2016).

A fundamental concept related to culture and risk perception is that of risk blindness. Bahn (2013) identifies that risk blindness is a concept that arises from a cultural bias whereby individuals either cannot see risk or consider it inherently acceptable. Bahn notes that risk blindness can occur with migrant workers where they come from countries with health and safety records worse than the country they have migrated to. Further, cultural difference has a direct impact on risk blindness in that people from different cultures have differing perceptions of risk, the acceptable way hazards should be managed and who has the responsibility to address workplace risk.

Health and Safety professionals need to be aware that understanding risk and blindness to risk is a skill required of all workers and those workers on temporary visas may need extra training and mentoring to ensure they are keeping their fellow workers and themselves healthy and safe (Bahn, 2013). On this basis, training prior to engaging in workplaces can reduce the degree of risk blindness in migrant workers. As noted by Flynn (2014):

“Understanding and overcoming cultural barriers to safety requires sensitivity to the different cultural backgrounds of the employees in any given company, knowledge of the organizational culture, and an appreciation of where these may hinder or facilitate a common understanding and practice”.

This notion is highlighted by the migrant worker situation in the Middle East. Amnesty international (2020) states that the six countries that make up the Gulf Cooperation Council (GCC) comprise Saudi Arabia, the United Arab Emirates (UAE), Bahrain, Kuwait, Oman and Qatar and these host the majority of the estimated 23 million migrant workers living in the Arab states. Most migrant workers in GCC countries come from countries like India, Nepal, Bangladesh, Kenya and the Philippines, and work in low-paid jobs in construction, hospitality and domestic work. These workers are often subjected to unpaid wages, forced labour, dangerous working conditions and unsanitary accommodation facilities are too often part and parcel of the migration experience. Amnesty International (2020) posits that by taking the right actions to protect migrant workers now, governments and businesses in the GCC can “start to treat migrant workers

equally and eliminate all systems that discriminate against them and infringe on their human rights". This includes a right to safe working conditions. To this end, recently in Qatar, the government introduced new health and safety guidelines to protect workers in labour accommodation and on construction sites, and in coordination with companies are trying to implement stricter hygiene standards (Amnesty International, 2020).

The Qatar new health and safety guidelines may address some of the issues as noted by Bener (2017) who found that the risks associated with a range of occupations and poor knowledge about health and safety rules lead to occupational-related health problems in Qatar. The present study found that there are many differences in terms of socioculture, religion, and education between the ethnic groups. Bener (2017) notes that the most common occupational accident was falls, slip, and struck by object. These types of accidents can be avoided through awareness and a more robust safety culture.

Incongruence

Miller (2020) defines "self-concept is how we see ourselves. When this differs from our experience in the world, the resulting feeling is incongruence". Miller explains that if a person had no interaction with other people, then these incongruencies would not happen. The interaction with others through direct and indirect actions influence our self-concept and can be positive or negative. When it is in opposition to who we believe we are, then we experience suffering.

McLeod (2014) illuminates that we want to feel, experience and behave in ways which are consistent with our self-image, or self-concept, and which "reflect what we would like to be like, our ideal-self". The closer our self-image and ideal-self are to each other, the more consistent or congruent we are and the higher our sense of self-worth.

Carl Rogers, one of the founders of humanistic psychology, suggested that self-concept includes three components: Self-Image; Self-Esteem; and, Ideal Self. Individuals may hold an inflated perception of one or more of their characteristics and an individual may have a more positive view of certain aspects of the self and a more negative view of others. Individual levels of self-esteem are dependent on the way we evaluate ourselves and incorporate our personal comparisons to others as well as others' responses to us. The final component, the ideal self is the self we would like to be. There's often a difference between one's self-image and one's ideal self and this incongruity can negatively impact one's self-esteem (Vinney, 2018).

Self-concept is also related to social identity where social identity relates to how we identify ourselves in relation to others according to what we have in common. An individual's social identity can influence their behaviour. Social identity develops over time through relations with others. Our self-concept effects the way we interact and engage with others and where individuals have time in suitable social settings, such as workplaces, our self and social identities can adapt to allow us to integrate into the environment more effectively. High levels of engagement may also decrease incongruence. Through social engagement, individuals are able to learn about their abilities and skills and the validity of their opinions by comparing our own attitudes, beliefs, and behaviours with those of others.

Effects of Social Distancing

Under typical work environment conditions, migrant workers can suffer from a significant degree of social exclusion leaving them more vulnerable and reducing access to resources that might assist them (International Labour Organization, 2016). This, in turn, can lead to increased health and safety risks for these workers. Researchers have attributed social exclusion to a variety of factors, including the limited contact migrants have with local populations due to long hours of work and now compounded with social distancing requirements. The International Labour Organization (2016) also notes confinement as another common source of health risk stating that “total isolation can be considered an important health risk”. Social distancing may exacerbate social exclusion and contribute to a decline in safety culture.

Social distancing has been embraced as a key government strategy to manage the COVID-19 crisis. As a result, education sectors have adapted their training and assessment practices to offer online and alternative programs to maintain delivery to their cohorts. Although these approaches can be highly effective in some disciplines, many challenges lie in using these models for practical training and assessment. These disciplines are particularly delivered in the vocational education and training sector, such as agriculture, transport and logistics, aged care, personal services, and hundreds of others.

Thomson (2018) describes a number of stages of safety culture development within organisations beginning with a Counterproductivity or the Pathological phase and transitioning through to Safety Citizenship, or the Generative phase. Safety Citizenship is characterised by embedding a culture of continuous improvement. Organisations in the current climate, characterised by compromised and limited training opportunities, need to move into a Stewardship stage very quickly, or Proactive phase, to move toward a Safety Citizenship approach. During Stewardship, “safety is less about the individual in isolation and more about the team work that is required to achieve shared outcomes” (Thomson, 2018). In this situation, workers accountability for not only themselves but also the workgroup around them. Employers are tasked with facilitating more positive safety attitudes and beginning to engage individuals in own their responsibilities and accountabilities as they relate to safety. Thomson (2018) informs:

“At this stage in the process it is critical that employees at all levels learn about safety and risk management so they can begin to contribute ideas to improving safety and eventually become accountable and directly responsible for their safety and the safety of others around them (safety stewardship)”.

Conclusion

Workers who receive inadequate safety training or have limited understanding of occupational hazards are at risk of work accidents or injuries. Migrant workers, in a socially distanced climate, have a reduced opportunity for adequate health and safety training. In order to maintain safe workplaces, employers will need to conduct suitable training, and this may include implementing an appropriate language and literacy safety training program. Increased training by employers is required to offset the gaps in the direct and indirect training they may not have had the opportunity to receive. This is also an opportunity for

training providers to work with employers to deliver workplace-based health and safety training, particularly during post social distancing recovery processes.

Migrant workers, when integrating into a new job or work environment may be unfamiliar with the job requirements. Likewise, they may try to make a good impression so may not want to be seen as unintelligent or difficult by asking questions or making requests and language barriers for migrant workers may make it necessary to modify the manner in which instructions are given and consultation sought. During the recovery processes, employers will need to have an increased understanding of the specific issues facing migrant workers, where they have been newly employed, and how to manage those risk factors in the workplace. This includes provision of greater accessibility to information about work health and safety, regardless of literacy, language, or cultural background. To maintain safe workplaces, employers must ensure that they have the internal capacity to successfully induct, develop and manage employees from an increasingly diverse workforce.

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