Cultivating an Actively-Caring Culture: Dispelling Myths about People and Moving Forward

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Introduction

An injury-free workplace requires attention to three domains: the *environment* (including tools, equipment, and climate of the work setting), the *person* (including the knowledge, attitudes, beliefs, and personalities of the employees), and *behavior* (including safe and at-risk work practices, as well as interpersonal conversation). These factors are interactive, dynamic, and reciprocal. Influencing one factor eventually has impact on the other two. For example, changes in the environment have indirect effects on people's behaviors and attitudes, and behavior change usually results in attitude change and some change in the environment. Thus, to achieve and maintain an injury-free workplace, employees need to address each of these domains daily during the development, implementation, and evaluation of intervention strategies to remove environmental hazards, decrease at-risk behaviors, increase safe behaviors, and provide more user-friendly or ergonomically-sound work stations.

Such continual attention to the safety-related aspects of workplace environments, behaviors, perceptions, and attitudes requires people to go beyond the call of duty for occupational safety and health. The author calls this "actively caring"[1]. Research in social psychology[2], applied behavior analysis[3], and people-based safety[4] provide principles and practical strategies for increasing a sense of interdependency and actively-caring behaviors throughout a work culture. These are reviewed in this paper, but first let's consider some common myths that can hinder progress in improving the human dynamics of injury prevention and developing the kind of actively-caring culture needed to achieve and maintain an injury-free workplace.

Myths about People and Culture

Almost every presentation on safety management/leadership these days includes information about psychology (e.g., people's attitudes, personality, and/or behavior) and culture (e.g., the interpersonal context of the workplace). This burgeoning interest in the human dynamics of injury prevention is encouraging, but it is discouraging and disconcerting to see so much inaccurate information presented about people and culture. Indeed, too many safety-management trainers and consultants base their lessons on biased personal experience rather than objective empirical

research, and too few safety leaders are skeptical regarding the people-based and culture-based information they receive.

Each myth listed below includes a sentence and one or more research references to explain its falsity. This plus common sense are sufficient to dispel each myth. The first ten myths are so commonly stated they've become part of our culture. Yet these are readily dismissed with some thoughtful consideration of human nature and real-world experience. More importantly, the research-founded alternatives to these myths suggest practical strategies for cultivating a culture of people looking out for the safety of themselves and others with competence, commitment, courage, and compassion.

1. Experience is the best teacher.
   - *Research is the best teacher; personal experience is biased by people's personal paradigms and their premature cognitive commitment.[5.]*
2. Practice makes perfect.
   - *Practice makes permanence. Only with objective behavior-based feedback can perfection be achieved.*
3. We learn more from our mistakes.
   - *Mistakes teach us what not to do, but we learn most about what to do following our successes [6.]*
4. Most injuries are caused by behavior.
   - *Behavior is a factor in most injuries, but is an outcome of many other environmental, management-system, and cultural factors.*
5. Safe behavior should become a habit.
   - *Habitual behavior implies mindlessness or unconscious competence which is a factor contributing to many injuries.[7.] It's usually best to precede behavior with relevant self-talk, resulting in mindful fluency.*
6. The most powerful consequences are soon, certain, and positive.
   - *People are generally more motivated to avoid certain and negative consequences than to gain soon, certain, and positive consequences [8.] However, positive consequences are preferred because of the undesirable side-effects of punitive consequences and the attitudinal benefits of rewarding consequences.*
7. Reprimand privately and recognize publicly.
   - *Never recognize publicly without the person's permission, because some individuals could be embarrassed and later teased by coworkers.*
8. Behavior change requires prior attitude change.
   - *There is plenty of evidence that behavior change can precede attitude change.[9.]*
9. Live by the Golden Rule.
   - *Some people may not want to be treated like you want to be treated. It's better to treat others like* they *want to be treated.[10.]*
10. Culture change must start with top management.
    - *Culture change is facilitated with top-management support, but bottom-up involvement can initiate a change in culture.[11.]*
11. Culture change takes a year or more.
    - *There are many examples of a culture changing very quickly, as when a sports team changes its coaching staff or a certain player is added to or removed from a team.*

12. Thinking about what you are doing is disruptive.[12.]
    - *Cognitive activity can indeed hinder certain auto-pilot performances (as in sports), but many behaviors require on-task thinking to keep the performance focused and safe (as in driving).[13.]*
13. Safety incentive schemes usually have negative effects on organizational culture.[14.]
    - *Behavior-based incentive/reward programs can add constructive "fun" and motivation to a culture without such undesirable side-effects as discouraging injury reporting. [15.]*
14. It's a waste of time to "create alignment," "motivate the troops," or "manage change." [16.]
    - *If this assertion were true, clinical and industrial/organizational psychologists have wasted their time for over 100 years. Fortunately, much research refutes this faulty conclusion.[17.]*
15. People can only change themselves, not others.[18.]
    - *The entire field of clinical psychology discredits this common pop-psychology statement.[19.]*
16. Personality traits can be categorized into four innate groupings.[20.]
    - *Seminal research by Walter Mischel and others have shown more variability within than between individuals. In other words, people change their personality dramatically from one situation to another (e.g., from reading a book to driving a vehicle).[21.]*
17. Specific executive skills are brain-based (hard-wired) and developed by young adulthood, including self-restraint, emotion control, task initiation, planning, time management, defining and achieving goals, flexibility, communication skills, self-observation, and stress tolerance.[22.]
    - *This statement by a keynote speaker at an ASSE Symposium in 2007excludes the impact of nurture and personal experience on behavior, and suggests futility in attempting to improve people and their culture.[23.]*
18. People's skills cannot be appreciably changed.[24.]
    - *This myth denies the research-supported impact of teachers, trainers, and coaches on behavior, and implies futility of clinical and industrial/organizational psychology.*
19. Organizational cultures can be grouped into three categories (i.e., achievement-oriented, inclusion-oriented, and authenticity-oriented), and leadership style must align with these.[25.]
    - *Such over-simplification of culture and leadership is not founded on empirical research, and believing this is detrimental to attempts to lead culture change.*
20. For every 300 unsafe acts there are 29 minor injuries and 1 major injury.[26.]
    - This interpretation of "Heinrich's Law" was discredited by Frank Bird, who also found property damage to be a reliable leading indicator of personal injury.[27.]

The Equity of Actively Caring

What is the number-one reason couples seek professional help? No, it's not "sexual problems"; such difficulties are actually far down the list. The number-one reason given for why couples seek therapy is inequity, or perceived unfairness in their division of labor. Each thinks the other is not doing his or her fair share of the work. The result is relationship discord or distress, often leading to extramarital affairs, substance abuse, and excessive monetary expenditures.[28.]

Perhaps a reader is wondering how this topic can possibly relate to industrial safety and health. While this presentation does not delve into the intricacies of building equitable relationships, it will illustrate how people's perceptions of equity can influence their contributions to safety. We will also explore ways to alter one's perception of equity in order to facilitate an actively-caring culture. Let's first review the essence of equity theory--a popular research-supported explanation of job satisfaction.

Equity Theory

Originally developed in the 1960's for industry, equity theory proposes that employees seek to maintain a fair balance between their contributions to a job and the benefits they receive from that job, relative to the inputs versus outputs they perceive among their coworkers.[29] In other words, an individual assesses his or her ratio of work input to compensation and then compares it to other people's input/output ratio. When these ratios are similar, job satisfaction is relatively high. But, what if a worker feels his or her input/output ratio is out of kilter with those of coworkers?

When individuals perceive themselves as either undercompensated or overcompensated relative to others, they experience distress and adjust their behavior and/or perceptions to restore balance or perceived fairness.[30] Resolutions fall in one of five categories:

1. When workers feel underrewarded, they decrease their inputs, such as loafing on the job or leaving work early.
2. When individuals feel overrewarded for their efforts, they can increase their inputs.
3. Sometimes employees increase their outputs through legal action or illegal activities, such as stealing company assets.
4. Individuals make themselves feel better by distorting reality and rationalizing an inequity that favors them – "Everyone else does it, so why don't I?"
5. The person can quit and look for a more equitable work situation.[31]

Equity Perceptions and Industrial Safety

Do you see connections between these equity notions and occupational safety? Does an individual who feels under or overcompensated take more risks? The author is not aware of any empirical research related to this question; but work quality has been shown to decrease among underrewarded employees, and adherence to a safety protocol should be linked to work quality. Furthermore, workers feeling undercompensated are not likely to actively care for safety.

Actively caring for safety requires people to go beyond the call of duty, which includes removing environmental hazards and reporting close calls, as well as correcting the at-risk behaviors of their coworkers. At the very least, it takes some inconvenience and extra effort to follow all the safety regulations of a particular job, whether donning personal protective equipment or slowing down and avoiding quick-fix shortcuts. But asking coworkers to correct an at-risk behavior takes more than inconvenience.[32]

Thus, it's reasonable to expect below-average actively caring from employees who feel underrewarded relative to their coworkers. On the other hand, workers who feel overcompensated relative to coworkers are viable and valuable targets for safety leadership. According to equity

theory, these individuals feel distress or guilt because they perceive their input/output ratio to be lower than others in workplace situations similar to theirs, and thus they are ready and willing to increase their inputs. Opportunities to actively care for safety are just what these overrewarded individuals need.

Manipulating Perceived Equity

It's likely most readers do not put themselves in the overcompensated equity category discussed above. Indeed, in this day and age, it's difficult to find many coworkers who would classify themselves as overrewarded for their efforts. Employees are more likely to consider themselves overworked and underpaid compared to coworkers in similar situations. Thus, it seems untenable to decrease workers' perceptions of their inputs relative to outputs.

However, individuals' perceived outputs from their job could be augmented relative to their inputs. For example, Wikipedia (www.wikipedia.org) indicates that outputs are both tangible and intangible, and lists the following as "typical outcomes": esteem, salary, employee benefit, expenses, recognition, reputation, responsibility, sense of achievement, praise, thanks.

Note that most of these outputs reflect a perception of doing "worthwhile work" and can be gained through intrinsic reinforcement and interpersonal conversation. In other words, the output of a work situation, from seeing the fruits of one's labor to experiencing recognition and appreciation from others, can enhance positive feelings of competency, personal control, optimism, and even self-esteem. When these positive outcomes are realized, an individual's perceived input/output ratio is lowered, potentially obligating the person to contribute more. How? By actively caring for safety, of course.

It's likely this use of equity ratios to interpret job satisfaction and willingness to actively care will be received differently among readers. While some might find these notions intriguing and intuitive, others will consider these musings overly speculative and impractical. Such divergent opinions are partially explained by a personality dimension or individual difference addressed next.

Equity and Personality
Consider the following scenarios. Returning to your work site after lunch, you can't help but notice the magnificent weather. It's the first warm and sunny day of spring, and you are stuck indoors. But, not for long. Realizing no one would miss your absence on this quiet day at work, you slip out through a back exit and into the parking lot without signing out. Suddenly you're in your car and driving home to enjoy the marvelous climate.

As you drive, you think about what you just did. You intentionally sneaked away from work, and will get paid for the full day. You will not be contributing to your work team this afternoon. How do you feel? Do you feel guilty and make a personal commitment to put in extra effort later to make up for this lost time? Or, do you feel vindicated because you often do more than what's required at work? Alternatively, you may experience neither of these emotions, because thoughts of contributing less than others at work this day don't enter your mind.
With regard to equity theory, leaving work early and receiving wages for a full day represents a relatively low input/output ratio compared to those who worked all day. In equity

terms, you would be overcompensated for the day compared to your coworkers. How would such inequity affect you? Is it fair to assume the overcompensation situation in the scenario above is presumed to increase everyone's feelings of guilt, as well as motivation to increase personal inputs on subsequent work days in order to restore equity?

The fact is, readers' reactions to the scenario would probably vary substantially. For some, the thought of contributing less than their coworkers on a particular workday elicits no guilt feelings or motivation to increase personal effort on subsequent days. On the other hand, other readers are very sensitive to variations in perceived fairness at work and would feel distress until their perceptions of inequity were eliminated. Let's consider research-based evidence that perceptions of equity vary substantially among individuals, thereby supporting the supposition that the degree of guilt following an early exit from work would deviate dramatically. Researchers have identified three different orientations toward equity,[33.] with potential implications for cultivating an actively-caring culture.

Benevolents. Benevolent individuals prefer their input/output ratio to be larger than the input/output ratios of comparative others. These are people who think more about giving than receiving, and are most likely to actively care for the safety and health of others. With social responsibility and empathy for other people, benevolents experience others' needs and are willing to sacrifice their own self-interests for those of others. These individuals would feel the most guilt after skipping a day of work, and would therefore work hard on subsequent days to make up for lost input opportunities.

Entitleds. Opposite to the benevolents are the entitled, who would feel no distress or guilt after sneaking a day off. In other words, entitleds strive for low input/output ratios, and therefore have high thresholds for feeling indebted. Any extra benefit they receive is their due, and they feel minimal obligation to reciprocate. These individuals are least likely to go beyond the call of duty on behalf of the safety or health of another person. Don't expect much actively caring from the entitled.

Equity Sensitives. Equity sensitives subscribe to the norm of equity, and are most content when their input/output ratio at work is equal to that of their coworkers. They feel distress when undercompensated and guilt when overcompensated. This is the only group that experiences both distress and guilt with regard to equity imbalance. Entitleds feel distress when underrewarded, but are satisfied when overrewarded. In contrast, benevolents experience guilt when overrewarded, but feel good when underrewarded.

The Equity Sensitivity Inventory (ESI). Figure 1 includes a personality scale used to classify people into one of the three equity-sensitivity categories described above. The ESI is easy to administer and score. As indicated in Figure 1, participants merely distribute ten points between two alternatives per each of five questions. Then, the number of points given the benevolent alternatives for each question is summed, which are: 1B, 2A, 3B, 4A, and 5B.

The five questions below ask what you'd like your relationship to be with any organization for which you might work. For each question, divide 10 points between the two alternatives (A and B) by giving the most points to the choice most like you and the fewest points to the choice least like you. You may give the same number of points to both alternatives, and you may use zeros.

Be sure to use all 10 points for each question. For example, the distribution of 10 points for the sample question below might vary widely, as shown.

I like:

A. Spinach	__0__	__3__	__5__	__8__
	or	or	or
B. Ice Cream	__10__	__7__	__5__	__2__

IN ANY ORGANIZATION I MIGHT WORK FOR:

1. It would be more important for me to:

   A. Get from the organization
   B. Give to the organization

2. It would be more important for me to:

   A. Help others
   B. Watch out for my own good

3. I would be more concerned about:

   A. What I received from the organization
   B. What I contributed to the organization

4. The hard work I would do should:

   A. Benefit the organization
   B. Benefit me

5. My personal philosophy in dealing with the organization would be:

   A. If I don't look out for myself, nobody else will
   B. It's better for me to give than to receive

Figure 1: The Equity Sensitivity Inventory (ESI)

An individual is considered *entitled* if his or her score is less than 29; *benevolent* if his or her score is greater than 32, and *equity sensitive* if his or her score is between 29 and 32. Plus, the degree of an entitled vs. benevolent perspective is indicated by one's score.[34.] For example, a score of 28 is only suggestive of an entitled state, whereas a score below 12 reflects a highly entitled personality.

Research Support. Substantial research has supported the reliability and validity of the ESI.[35.] For example, cultural differences support the theoretical foundation of the ESI, with individuals in a collectivistic or interdependent culture scoring lower (i.e., more entitled) than individuals from an individualistic or independent culture.[36.] In addition, women have been found to score significantly higher on the ECI (more benevolent) than men.[37.]

One's ESI score may indicate the extent to which an individual adheres to the Protestant work ethic vs. a "spread-the-wealth" mindset. Those scoring 30 or above believe people are essentially in control of their fate, and should receive equitable consequences for their performance. In contrast, those scoring below 20 have a lower sense of personal control and often subscribe to an "equality norm," believing more should be given to those with greater need.[38.]

Finally, as predicted, recent research has shown a positive relationship between people's ESI score and their willingness to go beyond the call of duty on behalf of others. In other words, those scoring higher than 32 (i.e., benevolents) were more likely to report intentions to actively care for another person's safety than those scoring below 29.[39.]

Trait vs. State. Lively and informative group conversation could follow the administration and scoring of the ESI. Individuals will be enlightened about their personal equity perspective, and various rationales for certain equity viewpoints could be shared. But most importantly, participants could discuss circumstances and contingencies that can increase a person's ESI score, perhaps transitioning an attitude from *entitled* to *equity sensitive*, or from *equity sensitive* to *benevolent*.

This latter point presumes a person's equity outlook is a mutable state rather than a stable trait. While some researchers believe individual differences in equity outlook reflect a trait,[40.] I'm convinced it's a state, varying with changes in the situation as well as other person states. For example, as discussed below, a person's propensity toward benevolence (or actively caring) can be increased by establishing a relevant accountability system and/or by enhancing particular person states (specifically, self-esteem, self-efficacy, personal control, optimism, and belongingness).[41.]

The Courage and Compassion of Actively Caring

In *The Courage Factor*, the author and Bob Veazie address the challenge of cultivating a culture wherein people regularly go beyond the call of duty for the health, safety and welfare of themselves and others. We call such discretionary behavior "actively caring". Most people care, but too often people fail to act on their caring. They seemingly lack the courage to step to the plate to prevent potential harm to another person. Let's consider the courage and compassion of actively caring and entertain ways to increase the frequency of actively-caring behavior throughout a work culture.

The Courage Dimension

Drs. Peter Drucker and Stephen R. Covey claim organizations need to progress to a "Knowledge-Worker Age" whereby human potential is released from a hierarchical controlling mindset that stifles individual initiative.[43.] All the six sigma, behavior-based safety, and customer-focus directives will not make a difference unless people have the courage to speak up and act on behalf of the performance-improvement process. Indeed, without courage most well-intentioned initiatives become another "flavor of the month".

Courage is not a human trait, but a person state that varies according to certain circumstances and interpersonal interactions. These are given practical relevance in *The Courage Factor*,[44.] and reviewed below. First, we need to consider another dimension of actively caring.

The Compassion Dimension

Those leaders most effective at bringing the best out of people are not only competent, committed, and courageous; they are also compassionate.[44.] Compassionate leaders are considerate and responsive to the feelings and circumstances of the people they direct and/or support. They listen and speak with empathy. Thus, while courage increases as a function of a person's relevant competence and commitment, the positive human impact of one's courage is a direct function of his or her compassion. The outcome is actively caring.

Over the course of history, many leaders have made a difference with notable competence, commitment, and courage. But those who left a positive legacy were also compassionate. In other words, one's mark in history can be beneficial or detrimental to human welfare, as exemplified by the contrasting legacies of Mahatma Gandhi vs. Adolf Hitler. Positive contributions to humanity reflect "actively caring".

Authentic and effective actively caring requires courage plus compassion. A person who is competent and committed in a situation calling for actively caring might not have the courage to act. But when it comes to interpersonal intervention, courage without compassion can be ineffective or even perilous. How can a culture increase actively caring?

Enhancing Actively Caring in the Workplace Culture

Many factors that influence one's propensity to actively care can be subsumed under the general label – culture. A work culture, for example, can incorporate an accountability system that encourages interpersonal helping, and the daily interactions of people influence certain person states that affect one's propensity to go beyond the call of duty for another person's safety. In other words, the frequency of actively caring varies *directly* according to extrinsic response contingencies and *indirectly* as a function of certain dispositional person states.

The Direct Approach

For almost 20 years, the author has promoted the use of a special "Actively-Caring Thank-You Card" at his university for recognizing individuals following their people-based discretionary

behavior.[45.] As depicted in Figure 2, the front of this brightly-colored card includes designated spaces for the name of the person being recognized, the particular actively-caring behavior, and the name of the observer. Several organizations have customized this thank-you card for their culture. I have seen this simple thank-you-card process cultivate a sense of interdependence and belongingness throughout a workgroup, as well as help people feel good about their actively caring.
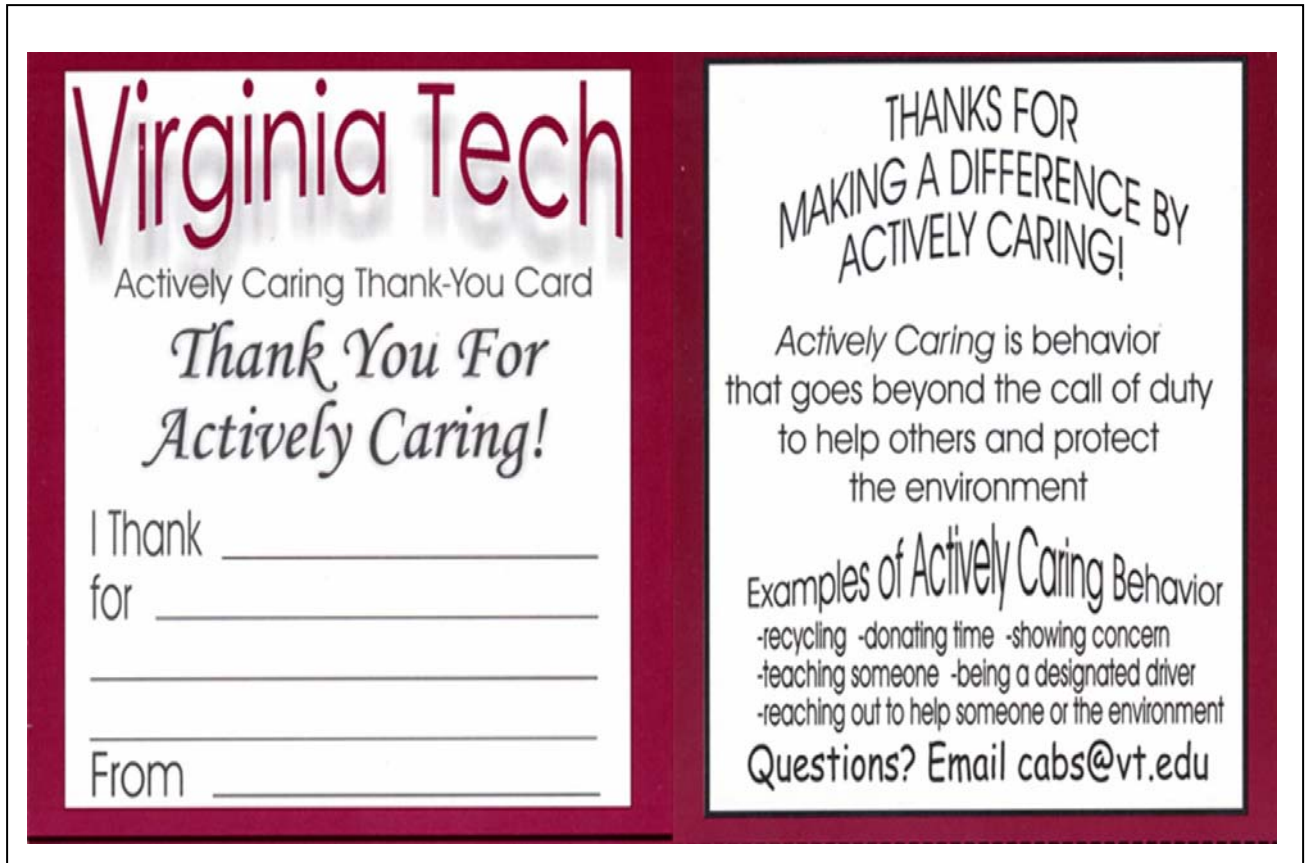

Figure 2. The Actively-Caring Thank-You Card Used at Virginia Tech

In their 2005 book, *Measure of a Leader*, [46.] Aubrey and James Daniels describe a creative device they have used successfully for years to motivate interdependent actively caring throughout an organization. Specifically, they hang a chart in a conspicuous location that lists the names of all employees in a certain work area. Then they give each person stickers identifying that individual. Subsequently, whenever a worker is helped by another, that person puts his or her identifying sticker on the chart, next to the name of the person who actively cared.

The Daniels brothers report dramatic culture change as a result of this public accountability system for interpersonal helping behavior. "Not only does it give recognition for those who help, but it is an antecedent for the others to take the initiative in finding ways they can help other team members." [47.]

The Indirect Approach

Genuine appreciation and recognition can have dramatic positive effects on a person's attitude, mindset, and disposition. Indeed, such commendation can enhance each of the five person states shown empirically to increase one's propensity to actively care – self-esteem, self-efficacy, personal control, optimism, and belongingness. [48.] Thus, a recognition system that directly acknowledges actively-caring behavior can result in a spiraling cycle of propitious culture change. Positive regard for people's helping behavior rewards and thus increases the target behavior directly, while simultaneously feeding the person states that set the occasion for more actively caring. Let's consider ways to indirectly increase actively caring by enhancing the five person states that boost one's readiness to actively care.

Self-Esteem ("I am valuable")
How do you feel about yourself? Research has shown that people with high self-esteem report fewer negative emotions, and less depression than those with low self-esteem,[49.] and they handle life's stressors with more confidence and competence.[50.] Most importantly, the better we feel about ourselves, the more willing we are to actively care for the welfare of others.[38.]

Actually, common sense tells us people will not act to protect others from personal injury if they do not perceive themselves as being a worthwhile individual. Our common sense also informs us of ways to increase our own and others' self-esteem. Consider, for example, the following A-words that reflect certain types of interpersonal conversations that can boost a person's self-esteem: Accept, Actively listen, Agree, Appreciate, Acknowledge, Approve, Ask, Attend, Avoid criticizing, and Argue less.[51.]

Self-Efficacy ("I can do it")
Self-efficacy is more situational specific than self-esteem, and refers to a person's sense of competence at a particular task. Thus, job-specific feedback directly impacts self-efficacy. When individuals believe they are doing worthwhile work well, their self-efficacy or perception of competence increases, along with their self-determinism [52.] and willingness to actively care. [53.]

Here we're talking about personal experiences that enable a person to see their achievements. Sometimes these success stories occur naturally, as when the artist, scholar, and tradesman view the positive results of their ongoing behavior. This is called "intrinsic reinforcement."[54.] Effective safety leaders point out the inherent positive consequences of a group's injury-prevention efforts, thereby increasing the self-efficacy of the participants.

Personal Control ("I'm in control")
The academic term "locus of control" refers to a general outlook regarding the location of forces controlling a person's life – internal vs. external.[55.] The internal outlook reflects belief in direct personal control over a certain situation, as opposed to the external belief in chance, luck, or uncontrollable fate. In the internal state, individuals are captains of their ship, whereas in the external state, people believe they are victims of circumstances beyond their control.

The perception of "choice" is closely related to belief in personal control. In other words, whenever you increase one's perception of choice (for example, by offering options rather than

mandates), you enhance the perception of control, ownership, and self-directed commitment.[56.] Each of these person states contributes to an actively-caring disposition.

Optimism ("I expect the best")

Optimism refers to the learned expectation that life events will turn out well.[57.] People who expect the best benefit from the self-fulfilling prophecy. They start with an expectation of success, and then work diligently to make that positive outcome happen. In contrast, a pessimistic prophecy can depreciate a person's perception of personal control, self-efficacy, and even self-esteem.

Empirical research has demonstrated increases in both optimism and helping behavior following such simple events as finding money in a coin return, accepting a cookie, listening to soothing music, being on a winning football team, and receiving genuine behavior-based recognition.[58.] Bottom line: People are more likely to actively care when they are in a good mood and optimistic about the future.

Belongingness ("We are family")

Most don't hesitate to ask members of their intermediate family to stop an at-risk behavior or perform a certain safe behavior. This does not take courage; it's an obligation, and compassion usually comes naturally. However, intervening on behalf of a stranger's safety takes moral courage. For example, giving corrective feedback to an unknown person regarding his or her at-risk behavior could result in an unpleasant, uncomfortable, or embarrassing confrontation. In fact, the lower the relatedness between an observer and the performer of at-risk behavior, the more courage it takes to intervene.[59.]

Some work teams are extremely cohesive and consider themselves members of a "corporate family." These individuals are not only willing to give and receive corrective feedback regarding at-risk behavior; they expect their teammates to actively care for their safety. These workers are "Brothers-Sisters Keepers."

How can a sense of belongingness or interdependence be cultivated in a corporate culture? Discussion groups have provided a variety of proposals, including: 1) Increase team-building exercises, group goal-setting and feedback sessions, self-managed or self-directed work teams and group celebrations for process and outcome achievements; 2) Decrease the frequency of top-down directions and "quick-fix" programs; 3) Teach relationship-building communication strategies throughout the workforce, especially to the first-line supervisors.[60.]

When resources, opportunities, and talents enable team members to assert, "We can make a difference," feelings of belongingness occur naturally. This leads to synergy, with the group achieving far more than possible from individuals working independently. More importantly, the interdependent attitudes, behavior, and achievements strengthen a family-oriented culture wherein actively caring for safety is a welcomed obligation.

In Conclusion

This presentation began with a list of myths regarding human dynamics and their relevance to occupational safety and the achievement of an injury-free workplace. Equity theory was

introduced and related to the concept of actively caring or going beyond the call of duty on behalf of the welfare of others.

According to equity theory, people feel distress when they believe they are getting too much or too little from their job than comparable coworkers. Those who believe they get more than they deserve may feel guilt or shame, whereas those who think they get less than they deserve may feel angry or insulted. The more perceived inequity, the more distress and the greater the pressure to establish a sense of fairness.

Equity can be readily restored through actively caring for safety. Those who feel overrewarded can attain equity by contributing more of their time and effort to prevent workplace injuries. In contrast, people who feel underrewarded need a boost in their five actively-caring person states before they can gain a sense of equity and subsequently feel obligated to actively care.

The impact of individual differences in promoting actively caring was considered by introducing the Equity Sensitivity Inventory (ESI)—a simple and straightforward way to categorize people as benevolent, entitled, or equity sensitive. These equity labels were discussed as mutable states which are influenced by interpersonal and cultural factors. For example, an individual's propensity toward benevolence (or actively caring) can be increased directly by establishing a relevant accountability system and indirectly by enhancing one's actively-caring person states.

Practical approaches were offered to increase actively-caring behavior directly and indirectly. However, these suggestions were necessarily selective. There are obviously numerous ways to cultivate an actively-caring disposition throughout a corporate culture, both directly and indirectly. Consider soliciting suggestions from your work teams.

The concept of equity could be introduced and the ESI administered and scored. Then open up a discussion of ways to move people to a benevolent or actively-caring state. Could an actively-caring recognition or accountability system be established?

After briefly defining the five actively-caring person states, ask people three questions per each dispositional factor: 1) What policies, communications, and management systems *decrease* this particular person state? 2) What policies, communications, and management systems *increase* this person state? 3) What could be done around here to enhance this person state in you and in others?

Searching for ways to increase an actively-caring disposition throughout your work culture will take significant time and require compassionate courage. Subsequently, actually implementing the practical suggestions will be even more time-consuming. But the resulting interdependent and injury-free workplace will be well worth the effort. Also, consider the beneficial difference your own actively-caring behavior could make. You set the right example for your culture, and your helping behavior will lift your own person states and contribute to an actively-caring disposition.

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