

# People-Based Safety

*The psychology of actively caring*

By E. Scott Geller

**A**N INJURY-FREE WORKPLACE requires attention to three domains: the environment (including tools, equipment and climate of the work setting); the person (including employee knowledge, attitudes, beliefs and personalities); and behavior (including safe and at-risk work practices, as well as interpersonal conversation). These factors are interactive, dynamic and reciprocal. Influencing one factor will eventually impact the other two. For example, changes in the environment have indirect effects on peoples' 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, employers must address each of these domains daily as part of their efforts to remove environmental hazards, decrease at-risk behaviors, increase safe behaviors, and provide more user-friendly or ergonomically sound workstations.

Such continual attention to the safety-related aspects of work environments, behaviors, perceptions and attitudes requires people to go beyond the call of duty for occupational safety and health—which is termed “actively caring” [Geller(h)]. Research in social psychology (Cialdini; Schroeder, et al), applied behavior analysis [Geller(e); (f); (i); Geller and Williams; McSween]; and person-based psychology [Geller(a); (b)] provide principles and practical strategies for increasing a sense of interdependency and actively caring behavior throughout a work culture. These are reviewed in this article.

## What Is Actively Caring?

Figure 1 presents a simple flowchart that summarizes a basic approach to culture change. A culture-change mission begins with a vision or ultimate purpose—for example, to achieve an injury-free workplace. With group consensus supporting the vision, procedures or action plans are developed to accomplish this mission. These are reflected in process-oriented goals that hopefully activate goal-related behaviors.

Many consultants and authors stop here. The popular writings of Covey, Peale, Kohn and Deming suggest that behavior is activated and maintained by self-affirmations, internal motivation and personal principles or values. While these factors can activate behaviors to achieve goals and visions, consider Skinner's “selection by consequences” concept [Skinner(b)]. As Figure 1 depicts, consequences are needed to support the right behaviors and correct the wrong ones. Without such support, good intentions and initial efforts fade. While natural consequences may be available to motivate desired behaviors, often—especially in safety—consequence contingencies (or accountabilities) must be managed to motivate the behavior needed to achieve goals.

Figure 2 shows the same basic flowchart but with a box added to illustrate a critical point: Vision, goals and consequence contingencies are not sufficient for culture change. People must actively care about relevant goals, action plans and consequences. They need to believe in and own the vision. They must feel obligated to work toward attaining goals that support the vision. And they need to give rewarding, supportive and corrective feedback to increase behaviors consistent with vision-relevant goals. This is key to continuous improvement and to achieving an injury-free workplace.

## Three Ways to Actively Care

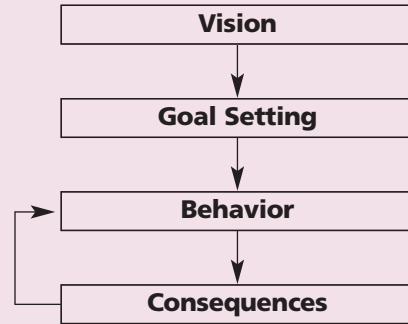
Actively caring behaviors can address environment factors, person factors or behaviors. When people alter environmental conditions, or reorganize or redistribute resources in an attempt to benefit others, they are actively caring from an environmental perspective. Safety-related behaviors in this category might include attending to housekeeping details; organizing tools and materials at a worksite; reporting an environmental hazard; picking up litter; and cleaning up a spill.

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**Figure 1**

## A Basic Approach to Culture Change

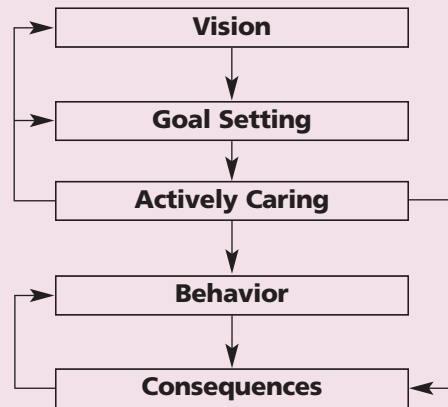
An actively caring culture requires vision and behavior management.



**Figure 2**

## Continuous Improvement

Continuous improvement requires actively caring.



Person-based actively caring occurs when people attempt to make others feel better. They address a person's emotions, attitudes or mood states. Examples include proactively listening to others; inquiring with concern about another person's difficulties; and sending a get-well card. This type of active caring will likely boost a person's self-esteem, optimism or sense of belongingness—which in turn increases his/her propensity to actively care, which is explained later in this article. Reactive behaviors performed in crisis situations are also included here. For example, when someone is pulled out of an equipment pinch point or receives CPR, actively caring occurs from a person-based perspective.

From a proactive perspective, behavior-focused actively caring is most constructive and challenging. This occurs when people apply an instructive, supportive or motivational intervention to improve another person's safe behavior. When teaching others about safe work practices or providing rewarding or corrective feedback in response to observed work behavior, people are actively caring from a behavior focus. One-on-one coaching for safety represents behavior-based actively caring, as does giving someone behavior-based recognition in a supportive conversation.

## A Hierarchy of Needs

Maslow's hierarchy of needs is probably the most popular theory of human motivation [Maslow(b); (c)]. It is taught in many college courses, including introductory classes in psychology, sociology, economics, marketing, human factors and systems management. It is considered a stage theory. Categories of needs are arranged hierarchically, and it is presumed that people do not attempt to satisfy needs at one stage or level until the needs at lower stages are satisfied.

First, people are motivated to fulfill physiological needs, which include basic survival requirements for food, water, shelter and sleep. Once these needs are satisfied, people are motivated by safety and security needs—the desire to be secure and protected from dangers. When people prepare for future physiological needs, they are proactively working to satisfy the need for safety and security.

The next motivational stage includes social acceptance needs—the need to have friends and a sense of belonging. When these needs are gratified, concerns turn to self-esteem, the desire to develop self-respect, gain approval from others and achieve personal success.

Those familiar with Maslow's theory of motivation have likely learned that "self-actualization" is at the top of this hierarchy. The concept of being self-actualized is actually vague and ambiguous. In general terms, people reach a level of self-actualization when they believe they have

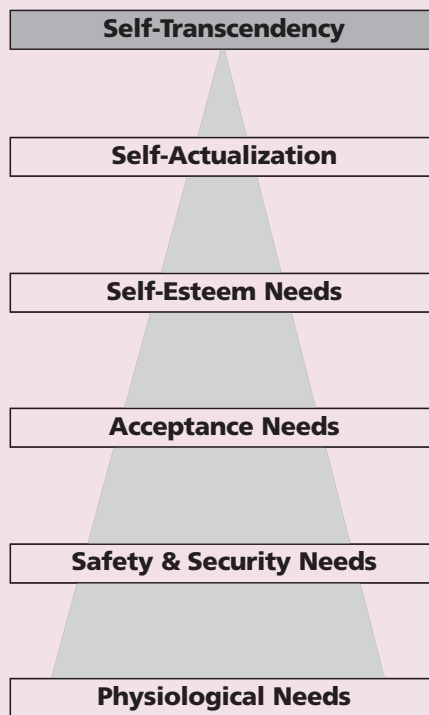
become the best they can be—taken full advantage of their potential. People work to reach this level by striving to be as productive and creative as possible. Once accomplished, they have a feeling of brotherhood and affection for all humankind, and a desire to help humanity as members of a single family—the human race (Schultz). Perhaps it is fair to say that these individuals are ready to actively care.

Figure 3 depicts Maslow's hierarchy of needs. Note that self-actualization is not at the top. He revised the hierarchy in 1970, putting self-transcendence above self-actualization [Maslow(a)]. Transcending the self means going beyond self-interest; it is analogous to the actively caring concept. For example, self-transcendence includes giving oneself to a cause or another person, and is the ultimate state of existence for the healthy person (Frankl). Thus, after satisfying needs for self-preservation, safety and security, acceptance, self-esteem and self-actualization, people can be motivated to reach the ultimate state of self-transcendence by reaching out to help others—to actively care.

Intuitively, one might think that various self-needs must be satisfied before self-transcendent or actively caring behavior is likely to occur. However, little research support is available for ranking needs

**Figure 3**

## Maslow's Hierarchy of Needs



in a hierarchy. In fact, it is possible to think of many individuals who have actively cared for others before satisfying all of their own needs. Mahatma Gandhi is a prime example of a leader who put the concerns of others before his own. He suffered imprisonment, endured extensive fasts and was eventually assassinated in his 50-year struggle to help his compatriots. However, as this article shows, while it may not be necessary to satisfy lower-level needs to engage in actively caring behavior, people are generally more willing to exhibit such behavior after satisfying those needs.

### The Psychology of Actively Caring

On March 13, 1964, Catherine (Kitty) Genovese reached her apartment in Queens, NY, at 3:30 am. Suddenly, a man approached with a knife, stabbed her repeatedly, then raped her. When she screamed, "Oh my God, he stabbed me! Please help me!" lights came on and windows opened in nearby buildings. Seeing the lights, the attacker fled; but when no one came to Genovese's aid, he returned to stab her repeatedly and rape her again. The attack lasted more than 30 minutes and was witnessed by 38 neighbors. One couple pulled chairs up to their window and turned off the lights so they could get a better view. No one called police until the attacker departed for good. When the neighbors were questioned about their lack of intervention, they could not explain it.

The reporter who first publicized this story, and later made it the subject of a book, assumed the bystander apathy was caused by big-city life (Rosenthal). He presumed people's indifference to their neighbors' troubles was a conditioned reflex in crowded cities such as New York. After this incident, many experiments were conducted by social psychologists in an attempt to determine causes of this so-called "bystander apathy" [Latane and Darley(a); (b)]. This research actually discredited the reporter's conclusion, finding that several factors other than big-city life contribute to bystander apathy.

### Lessons from Research

Latane, et al studied bystander apathy by staging emergency events observed by varying numbers of individuals. They systematically recorded the speed at which one or more persons came to the victim's rescue. In the most controlled experiments, observers sat in separate cubicles and could not be influenced by the body language of other subjects. In the first study of this type, subjects introduced themselves and discussed problems associated with living in an urban environment. In each condition, the first individual introduced himself, then casually mentioned he had epilepsy and that the pressures of city life made him prone to seizures. During the course of the discussion over the intercom, he became increasingly loud and incoherent, choking, gasping and crying out before lapsing into silence. The experimenters measured how quickly the subjects left their cubicles to help him.

When subjects believed they were the only witness, 85 percent left their cubicles within three min-

utes to intervene. However, only 62 percent of those who believed one other witness was present left their cubicles to intervene—and only 31 percent of those who thought five other witnesses were available attempted to intervene. Within three to six minutes after the seizure began, 100 percent of the lone subjects, 81 percent of the subjects with one presumed witness and 62 percent of the subjects with five other bystanders left their cubicles to intervene.

The reduced tendency among observers of an emergency to help a victim when they believe other potential helpers are available has been termed the bystander effect. This phenomenon has been replicated in several situations, even when the subjects are acquainted, which is most analogous to work settings (Latane and Nida).

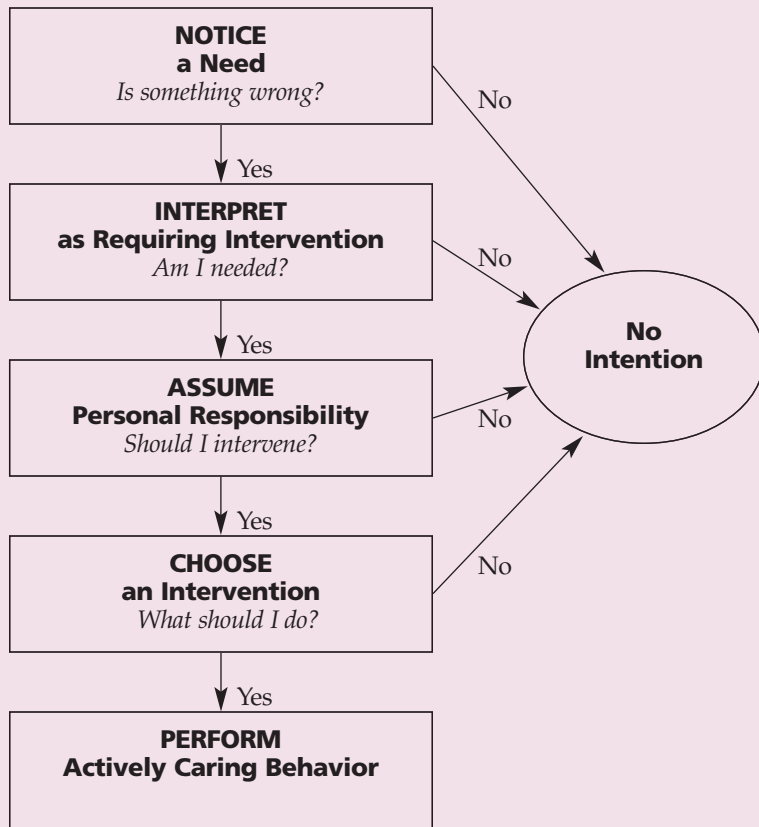
Researchers have systematically explored reasons for the bystander effect and have identified conditions that influence this phenomenon. The results most relevant to safety management are reviewed here. Some suggest ways to prevent the bystander effect—a critical barrier to achieving an actively caring culture. Keep in mind that this research only studied reactions in crisis situations—what would be categorized as reactive, person-focused actively caring. It seems intuitive, however, that the findings are relevant for both environment-focused and behavior-focused actively caring in proactive circumstances.

### Diffusion of Responsibility

A key contributor to the bystander effect is a presumption that someone else should assume the responsibility. For example, many observers of the Genovese attack likely assumed that another witness would call police or attempt to scare away the

**Figure 4**

## Deciding to Actively Care



assailant. Perhaps some observers waited for a more capable witness to come to the rescue.

Does this factor contribute to lack of intervention for occupational safety? Do people overlook environmental hazards or at-risk behaviors in the workplace because they presume someone else will make the correction? Perhaps some assume, "If the employees who work in the work area don't care enough to remove the hazard or correct the risk, why should I?" Social psychology research suggests that teaching people about the bystander effect can make them less likely to fall prey to it themselves (Beaman, et al). Also, eliminating a "we-they" attitude or a territorial perspective ("I'm responsible for this area; you're responsible for that area") will increase willingness to look out for others (Hornstein).

### A Helping Norm

Many U.S. citizens are raised to be independent rather than interdependent (Triandis). But intervening for the benefit of others, whether reactively in a crisis situation or proactively to prevent a crisis, requires sincere belief and commitment toward interdependence. Social psychologists refer to a "social responsibility norm" as the belief that people should help those in need. Subjects who scored high on a measure of this norm, as a result of childhood upbringing or special training sessions, were more likely to intervene in a bystander intervention study, regardless of the number of other witnesses (Bierhoff, et al).

### Knowing What To Do

When people know what to do in a crisis, they do not fear making a fool of themselves and do not wait for another, more appropriate person to intervene.

The bystander effect was eliminated when observers had certain competencies, such as training in first-aid treatment, which enabled them to take charge of the situation (Shotland and Heinold). In other words, when observers believed they had the appropriate tools to help, the bystander effect was decreased or eliminated.

This conclusion is also relevant for proactive or preventive action—as in safety intervention. When people receive tools to improve safety and believe those tools will help to prevent injuries, bystander apathy for safety will decrease. This implies the need to a) promote a social responsibility or interdependence norm throughout the culture; and b) teach and support specific intervention strategies or tools to prevent workplace injuries.

### It's Important to Belong

Researchers demonstrated reduced bystander apathy when observers knew one another and had developed a sense of belonging or mutual respect through prior interactions (Rutkowski, et al). Most witnesses to Kitty Genovese's murder did not know her personally, and they likely did not feel a sense of comradeship or community with one another. Most workplace circumstances involve people who at least know each other, which reduces the probability of bystander apathy. Situations and interactions that reduce a "we-they" or territorial perspective, and increase feelings of togetherness or community, will increase the likelihood that people will look out for each other.

### Mood States

Several social psychology studies have found that people are more likely to offer help when they are in a good mood. The mood states that facilitated helping behavior were created easily—by arranging for potential helpers to find a dime in a phone booth; giving them a cookie; showing them a comedy film; or providing pleasant aromas (Carlson, et al). Are these findings relevant for occupational safety? Daily events can elevate or depress a person's mood. Some events are controllable, others are not. Clearly, the nature of an individual's interactions with others can impact the mood of all involved. Perhaps recognizing the effect of mood on helping behavior can motivate people to adjust interpersonal conversations with coworkers.

### Beliefs & Expectancies

Social psychologists have shown that certain personal characteristics or beliefs influence one's inclination to help a person in an emergency. Specifically, individuals who believe the world is fair and predictable—a place in which good behavior is rewarded and bad behavior is punished—are more likely to help others in a crisis (Bierhoff, et al). Also, people with a higher sense of social responsibility and the general expectancy that people control their own destiny showed greater willingness to actively care (Schwartz and Clausen; Staub).

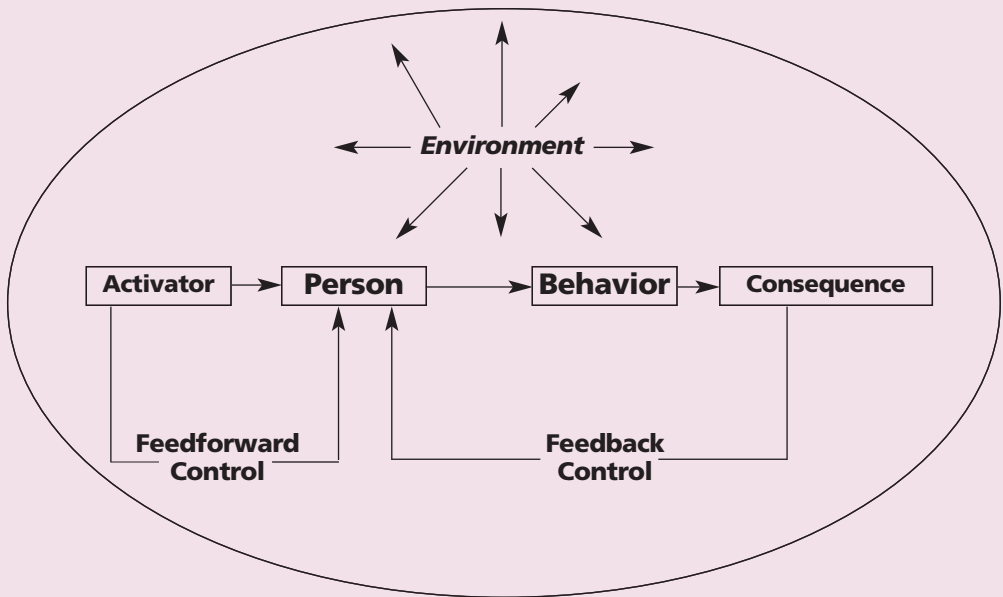
The beliefs and expectancies that influence helping behaviors are not developed overnight and obviously cannot be changed quickly. But a work



**Figure 5**

## Person Factors

Activators and consequences to change behavior are filtered through the person.



Source: Adapted from Kreiter.

culture, including its policies, appraisal and recognition procedures, educational opportunities and approaches to discipline, can certainly increase or decrease perceptions or beliefs in a just world, social responsibility and personal control, and, in turn, influence people's willingness to actively care for the safety of others [Geller(a); (b)].

### Deciding to Actively Care

As a result of their seminal research, Latane and Darley proposed that an observer makes four sequential decisions before helping a victim. These four decisions (depicted in Figure 4) are influenced by the situation or environmental context of the event; the nature

of the crisis; the presence of other bystanders and their reactions; and relevant social norms and rules. Although the model was developed to evaluate intervention in emergency situations—where there is need for direct, reactive, person-focused actively caring—it is relevant for the other types of actively caring as well.

### Step 1: Is Something Wrong?

The first step in deciding whether to intervene is simply noticing that something is wrong. Some situations or events naturally attract more attention than others. Most emergencies represent an upset of normal events. However, the onset of an emergency—such as a person slipping on a spill or falling down a flight of stairs—will attract more attention and helping behavior than its aftermath—such as when the victim is regaining consciousness or rubbing an ankle after a fall (Piliavin, Piliavin, et al). Of course, a non-emergency situation will receive much less attention.

In active work environments, people narrow their focus to what is personally relevant—they learn to tune out irrelevant stimuli. In these situations, environmental hazards are easy to overlook. Less noticeable are the ongoing safe and at-risk behaviors of coworkers. Yet, these behaviors need proactive support or correction. Even if the need for proactive participation is noticed, actively caring behavior will not necessarily occur. The observer must interpret the situation as requiring intervention. This leads to the next question that must be answered before deciding to intervene.

### Step 2: Am I Needed?

People can cite many reasons for not helping. Distress cues, such as cries for help, and the actions of other observers can clarify an event as an emergency. When people are confused, they look to others for information and guidance. In other words, by watching what others do, people determine how to inter-

pret—and react to—an ambiguous event. Therefore, the behavior of others is especially important when stimulus cues are not present to clarify a situation as requiring intervention (Clark and Word).

Therefore, in situations where the need for intervention or corrective action is not obvious, people will seek information from others to understand what is occurring and to receive direction. This is the typical state of affairs with regard to workplace safety. In fact, the need for actively caring behavior is rarely obvious.

### Step 3: Should I Intervene?

In this stage, the individual asks, "Is it my responsibility to intervene?" The answer would likely be clear if the person were the only witness to a situation perceived to be an emergency. Yet, the observer might not answer "yes" if s/he knows others are also observing the same emergency (or safety hazard). In this case, the person has reason to believe someone else—perhaps a person more capable—will intervene. This perception relieves the observer of personal responsibility. But what happens when everyone believes the other person will take care of it? This is likely what happened in the Genovese attack and perhaps many similar tragedies.

A breakdown at this stage of the decision model does not mean that observers don't care about the victim's welfare. Actually, it is probably incorrect to call lack of intervention "bystander apathy" (Schroeder, et al). Bystanders might care greatly about the victim, but defer responsibility to others because they believe others are more likely or better qualified to intervene. Similarly, employees might care a great deal about the safety and health of coworkers, but feel relatively incapable of acting on this feeling. People might resist taking personal responsibility to actively care because they do not believe they have the most effective tools to make a difference.

In addition to having a "can do" attitude, people must believe it is their personal responsibility to get

## Family Attributes

A family perspective helps to cultivate an actively caring culture in an organization.

- We use more rewards than penalties with *family* members.
- We don't pick on the mistakes of *family* members.
- We don't rank one *family* member against another.
- We brag on the accomplishments of *family* members.
- We respect the property and personal space of *family* members.
- We pick up after other *family* members.
- We correct the at-risk behavior of *family* members.
- We accept the corrective feedback from *family* members.
- We are our brother's/sister's keepers of *family* members.
- We actively care because they're *family*.

involved. In many work situations, it is easy to assume that safety is someone else's (e.g., the safety director or a team safety captain) responsibility. After all, these individuals have "safety" in their job titles and they meet regularly to discuss safety issues.

The challenge, therefore, is to convince everyone that they have a responsibility to intervene for safety. Indeed, a social norm or expectancy must be established that everyone shares equally in a daily assignment to keep everyone safe and healthy. Furthermore, safety leaders must accept the responsibility of teaching others techniques that could increase their perceived competence (or self-efficacy) to participate effectively. If this challenge is unmet, many people will likely decide that actively caring for safety is not for them. They could feel this way

even after viewing an obvious at-risk behavior or condition that would benefit from their immediate action.

### Step 4: What Should I Do?

This last step of Latane and Darley's decision model highlights the importance of education and training. Education gives people the rationale and principles behind a particular intervention strategy. It gives them information to design or refine intervention strategies, leading to a sense of ownership for the tools they help to develop. Through training, people learn how to translate principles and rules into specific behaviors or intervention strategies. The bottom line: People who learn how to intervene effectively through relevant education and training are more likely to be successful agents of actively caring intervention.

This decision logic suggests certain methods for increasing the likelihood that people will actively care. Specifically, the model supports the need to teach employees how to recognize and correct environmental hazards and at-risk behaviors. It is also imperative to promote safety as a core value of the organization. This means everyone assumes responsibility for safety and never waits for someone else to act.

### Actively Caring From the Inside

People-based safety considers both the observable (outside) and nonobservable (inside) aspects of individuals. Indeed, long-term behavior change requires changing "inside" as well as outside. The promise of a positive consequence or the threat of a negative one can maintain the desired behavior while response-consequence contingencies are in place. But what happens when they are withdrawn? What happens when people are in situations (such as at home) when

no one is holding them accountable for their behavior? If people do not believe in doing something the safe way and do not accept safety as a value or a personal mission, they likely will not choose the safe way when given a choice. In addition, if people are not self-motivated to keep themselves safe, don't expect them to actively care for the safety of others.

Figure 5 illustrates how person factors interact with the basic activator-behavior-consequence model of behavior-based psychology (adapted from Kreitner). Activators direct behavior and consequences motivate behavior; as Figure 5 shows, these events are first filtered through the person.

Many internal and situational factors influence how people perceive activators and consequences. For example, if a person sees activators and consequences as nongenuine ploys to gain control, his/her attitude about the situation will be negative. However, if s/he believes the external contingencies are genuine attempts to help all involved do the right thing, his/her attitude will be more positive. Thus, personal or internal dynamics determine how people receive activator and consequence information. This can influence whether environmental events enhance or diminish actions. Several person-states influence one's propensity to actively care.

### Self-Esteem: "I am Valuable"

One's self-concept, or feeling of worth, is the central theme of most humanistic therapies. According to Rogers, people have a real and an ideal self-concept. That is, people have notions or dreams of what they would like to be (the ideal self) and what they think they are (the real self). The greater the gap between these two concepts, the lower the self-esteem. Thus, many humanistic therapies often strive to help a person reduce this gap [Rogers(a); (b)].

A healthy level of self-esteem is important as is helping others raise their self-esteem. Research shows that people with high self-esteem report fewer negative emotions and less depression than people with low self-esteem (Straumann and Higgins). Those with higher self-esteem also handle stress better (Brown and McGill).

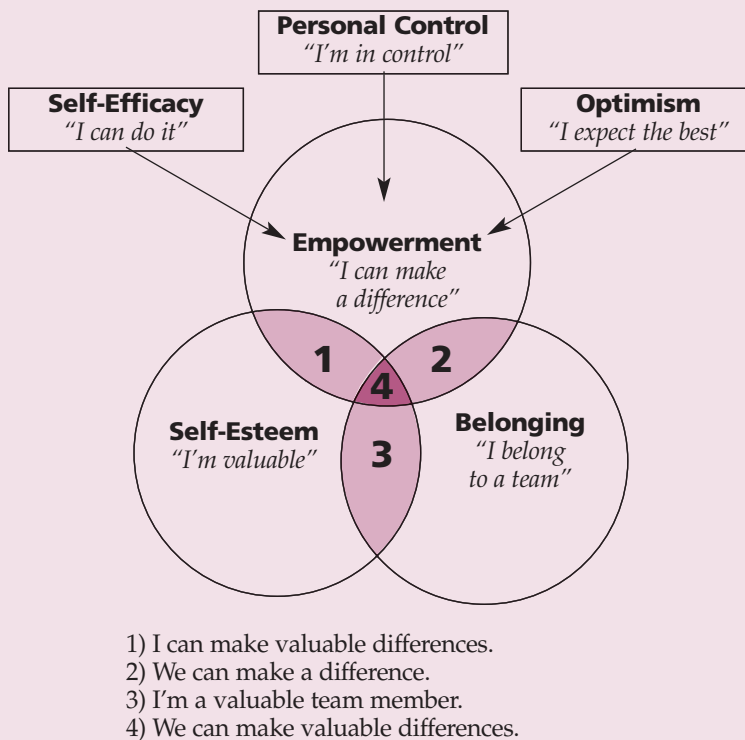
Research also indicates that individuals who score higher on measures of self-esteem are less susceptible to outside influences (Wylie); more confident of achieving personal goals (Wells and Marwell); and make more favorable impressions on others in social situations (Baron and Byrne). Furthermore, people with higher self-esteem help others more frequently than those who score lower on a self-esteem scale (Batson, et al).

### Empowerment: "I Can Make a Difference"

In management literature, empowerment typically refers to delegating authority or responsibility, or sharing decision making (Conger and Kanungo). The person-based perspective of empowerment focuses on how the person who receives more power or influence reacts. From a psychological perspective, empowerment is a matter of personal perception. Do you feel empowered or more responsible? Can you handle the

Figure 6

## The Influence of Person-States



additional assignment? This view of empowerment requires the belief that “I can make a difference.”

Perceptions of personal control (Rotter), self-efficacy [Bandura(b)] and optimism [Scheier and Carver(a); (b); Seligman(b)] strengthen the perception of empowerment. An empowered state is presumed to increase motivation to “make a difference,” perhaps by going beyond the call of duty. Empirical evidence supports this intuitive hypothesis [Bandura(e); Barling and Beattie; Ozer and Bandura; Phares(b)]. Let’s examine how these three factors affect the sense of worth and ability—and people’s propensity to actively care.

### Self-Efficacy: “I Can Do It”

Self-efficacy (or self-confidence) is the belief that “I can do it.” This is a key factor in social learning theory, determining whether a therapeutic intervention will succeed over the long term [Bandura(a); (b); (d)]. Many studies have found that subjects who score relatively high on a measure of self-efficacy better perform a wide range of tasks. They show more commitment to a goal and work harder to pursue it. They demonstrate greater ability and motivation to solve complex problems at work. They have better safety habits. They are more apt to handle stressors positively, rather than with negative distress [Bandura(c); Betz and Hackett; Hackett, et al].

Self-efficacy contributes to self-esteem, and vice versa, but these constructs are different. Simply put, self-esteem refers to a general sense of self-worth; self-efficacy refers to feeling successful or effective at a particular task. Self-efficacy is more focused and can vary markedly from task to task. One’s level of self-esteem remains fairly constant across situations.

### Personal Control: “I’m in Control”

Personal control is the feeling that “I am in control.” Rotter used the term locus of control to refer to a general outlook regarding the location of forces controlling a person’s life—internal or external. Those with an internal locus of control believe they have direct personal control over significant life events thanks to their knowledge, skill and abilities. Those with an external locus of control believe factors such as chance, luck or fate play important roles in their lives. In a sense, externals believe they are victims, or sometimes beneficiaries, of circumstances beyond their direct personal control (Rotter; Rushton).

Personal control has been widely researched. Since Rotter developed the first measure of this construct in 1966, more than 2,000 studies have investigated the relationship between perceptions of personal control and other variables (Hunt). Internals are more achievement-oriented and health-conscious than externals. They are also less prone to distress and more likely to seek medical treatment when needed (Nowicki and Strickland; Strickland). In addition, having an internal locus of control helps to reduce chronic pain, facilitates psychological and physical adjustment to illness and surgery, and hastens recovery from some diseases (Taylor). Internals perform better at jobs that allow them to set their own pace, whereas externals work better when a machine controls the pace [Eskew and Riche; Phares(a)].

### Optimism: “I Expect the Best”

Optimism is reflected in the statement, “I expect the best.” It is the learned expectation that life events, including personal actions, will turn out well [Peterson; Scheier and Carver(b); Seligman(b)]. Optimism relates positively to achievement. For example, Seligman reported that world-class swimmers who scored high on a measure of optimism recovered from defeat and swam even faster compared to those swimmers who scored low. Following defeat, the pessimistic swimmers swam slower.

Compared to pessimists, optimists maintain a sense of humor, perceive problems or challenges in a positive light, and plan for a successful future. They focus on what they can do rather than on how they feel (Carver, et al; Sherer, et al; Peterson and Barrett). As a result, optimists handle stressors constructively and experience positive stress rather than negative distress (Scheier, et al). Optimists essentially expect to be successful at whatever they do, so they work harder than pessimists to reach their goals. As a result, optimists are beneficiaries of the self-fulfilling prophecy (Tavris and Wade).

Fulfilling an optimistic prophecy can enhance a person’s perceptions of personal control, self-efficacy and even self-esteem. This should be a motivation to do whatever possible to make interpersonal conversations positive and constructive. This will not only increase optimism in a work culture, it will also promote a sense of group cohesiveness or belonging—another person state that facilitates actively caring behavior.

### Belongingness: “I am a Team Member”

In *The Different Drum: Community Making and Peace*, Peck challenges people to experience a sense of true community with others. People need to develop



*When people receive tools to improve safety and believe those tools will help to prevent injuries, bystander apathy for safety will decrease.*

feelings of belongingness with one another regardless of political preferences, cultural backgrounds and religious doctrine. They need to transcend differences, overcome defenses and prejudices, and develop a deep respect for diversity. In addition, people must develop a sense of community or interconnectedness with one another in order to succeed (be best) and ensure survival (Peck).

It is intuitive that building a sense of community or belongingness among coworkers will improve organizational safety. Safety improvement requires interpersonal observation and feedback; for this to occur, people must adopt a collective win/win perspective instead of the individualistic win/lose orientation common in many work settings. A sense of belongingness and interdependency leads to interpersonal trust and caring—essential features of an actively caring culture.

When discussing this belongingness concept with employees, someone inevitably observes that the sense of belongingness or community within his/her plant has decreased in recent years. “We used to be more like family around here” is a common sentiment. For many companies, growth spurts, turnover—particularly among managers—or cutbacks have left many employees feeling less connected and less trusting. In some cases, people’s need level has regressed from satisfying social acceptance and belongingness needs to concentrating on maintaining job security.

The sidebar on pg. 38 lists attributes prevalent in most families, where interpersonal trust and belongingness are often optimal. People are willing to actively care in special ways for the family members. The result is maximum trust, belongingness and actively caring behavior for the safety and health of family members. To the extent these guidelines are followed among members of a “corporate family,” an actively caring culture will emerge. Following these principles will help to develop trust and belongingness among people, and lead to the quantity and quality of actively caring expected among family members—at home and at work.

Figure 6 combines these person-states into an “actively caring model.” Each variable has a prosperous research history in psychology and some of this research relates directly to the model. Research that tested relationships between these person-states and actual behavior has supported this model, although more research is needed in this domain [Geller(a); (g)].

A particularly important question is whether actively caring states are both antecedents and consequences of a caring act. Intuitively, it seems that performing an act of kindness which is effective, accepted and appreciated could increase a helper’s self-esteem, self-efficacy, personal control, optimism and sense of belongingness. In turn, this should increase the probability of more actively caring behavior. In other words, one act of caring, properly appreciated, should lead to another and another. In other words, a self-supporting cycle is likely to develop.

Of course, it is critical to give appropriate appreciation and recognition for an actively caring behavior. Without soon, certain and positive support for

observable acts of kindness, the actively caring person-states are not facilitated [Geller(f)]. Without attention or reinforcement, actively caring behavior may disappear [Skinner(a)].

### **Enhancing the Actively Caring Person-States**

Some have argued that the actively caring person-states model may not be practical. “The concepts are too soft or subjective” is a typical reaction. Employees accept the behavior-based approach because it is straightforward, objective and clearly applicable to the workplace. But person-based concepts such as self-esteem, empowerment and belongingness appear ambiguous, “touchy-feely” and difficult to grasp.

So how can people get their arms around these concepts and use them to promote safety? These person-states are more difficult to define, measure and manage than behaviors. But, the importance of how people feel about a behavior-change intervention cannot be ignored. For people to accept a behavior-change process and sustain the target behaviors over the long term, internal person-states must be considered when designing and implementing an intervention. In the workshop setting, this model is introduced, then participants are divided into discussion groups. Group members are asked to define events, situations or contingencies that decrease and increase the person-state assigned to that group. Groups are then asked to derive simple, feasible action plans to increase that state. This promotes personal and practical understanding of the concept. The action plans developed have been practical and consistent with techniques used by researchers. Substantial overlap has been found among the recommendations—groups dealing with different person-states often suggest similar contributory factors and action plans. The following discussion reviews what workshop participants have recommended as strategies for increasing each person state.

### **Self-Esteem**

Factors consistently mentioned as shaping self-esteem include communication techniques, reinforcement and punishment contingencies, and leadership styles. Among the suggested ways to build self-esteem are: 1) provide opportunities for personal learning and peer mentoring; 2) increase recognition for desirable behaviors and individual accomplishments; and 3) solicit and follow up on a person’s suggestions.

It is essential to give more positive (or supportive) than negative (or corrective) feedback and when offering corrective feedback to focus on the act, not the actor. It should be stressed that the error only reflects behavior which can be corrected, not some deeper character flaw. Care must also be taken to avoid implying that a mistake suggests some subjective personal attribute such as “carelessness,” “apathy,” “bad attitude” or “poor motivation.” Being a patient, active listener is also key. Allow the person to make excuses without rebuke. Giving excuses is a way to protect self-esteem and it is generally a healthy response.



Remember, the error has already been highlighted and ways to avoid recurrence suggested. Leave it at that.

If a person does not react to corrective feedback, it might help to explore feelings. Ask, "How does this make you feel?" Then listen empathetically to assess whether self-esteem has taken a hit. Perhaps additional communication is needed in order to place the focus squarely on what is external and objective, rather than on subjective, internal states.

### Self-Efficacy

As noted, self-efficacy is more situation-specific than self-esteem, so it fluctuates more readily. Job-specific feedback should actually affect only the perception of what is needed to complete a particular task successfully. It should not influence feelings of general self-worth. Repeated negative feedback can have a cumulative effect, chipping away at an individual's self-worth. When this occurs, it may take only one remark to trigger what seems like an overreaction.

Therefore, it is important to recognize that interpersonal communication may not be received as intended. People might do their best to come across positively and constructively, but because of factors beyond their control, the communication might be misperceived. An individual's inner person-state can dramatically bias the impact of feedback.

### Achievable Tasks

What fosters a "can do" attitude? Personal perception is key. A supervisor, parent or teacher might believe s/he has provided everything needed to complete a task successfully. However, the worker, child or student might not agree. Therefore, it is important to ask, "Do you have what you need?" This checks for feelings of self-efficacy. It is easier said than done, however, because people rarely admit, "I can't do it."

College teachers often find it necessary to ask open-ended questions of students in order to assess whether they are prepared to complete an assignment. In large classes, however, such probing is impossible, so many students get left behind in the learning process. As they fall further behind, their low self-efficacy is supported by the self-fulfilling prophecy and diminished optimism. This can lead to "give-up behavior" and feelings of helplessness [Peterson, et al; Seligman(a)]. Often, these students withdraw from the class or resign themselves to receiving a low grade.

### Personal Strategies

The following five steps can be used to increase perceptions of self-efficacy (Watson and Sharp). First, select a task at which you expect to succeed, not fail. Then, as feelings of self-efficacy increase, tackle more challenging projects. For example, a cigarette smoker who wants to stop smoking might focus on smoking 50-percent fewer cigarettes per week rather than simply trying to quit cold turkey. With early success at reducing the number of cigarettes smoked, the individual could make the criterion more stringent (e.g., smoking no cigarettes on alternate days). Continued success would lead to more self-efficacy.

## References

- Bandura, A.(a).** "Self-Efficacy." In *Encyclopedia of Human Behavior*. Vol. 4. Orlando, FL: Academic Press, 1994.
- Bandura, A.(b).** *Self Efficacy: The Exercise of Control*. New York: W.H. Freeman and Co., 1997.
- Bandura, A.(c).** "Self-Efficacy Mechanism in Human Agency." *American Psychologist*. 37(1982): 122-147.
- Bandura, A.(d).** "Self-Regulation of Motivation Through Goal Systems." In *Nebraska Symposium on Motivation*, R.A. Dienstbier, ed. Vol. 38. Lincoln, NE: University of Nebraska Press, 1990.
- Bandura, A.(e).** *Social Foundations of Thought and Action*. Englewood Cliffs, NJ: Prentice-Hall, 1986.
- Barling, J. and R. Beattie.** "Self-Efficacy Beliefs and Sales Performance." *Journal of Organizational Behavior Management*. 5(1983): 41-51.
- Baron, R.A. and D. Byrne.** *Social Psychology: Understanding Human Interaction*. 7th ed. Boston: Allyn and Bacon, 1994.
- Batson, C.D., et al.** "Where Is Altruism in the Altruistic Personality?" *Journal of Personality and Social Psychology*. 1(1986): 212-220.
- Beaman, A.I., et al.** "Increasing Helping Rates Through Informational Dissemination: Teaching Pays." *Personality and Social Psychology*. 37(1978): 1835-1846.
- Betz, N.E. and G. Hackett.** "Applications of Self-Efficacy Theory to Understanding Career Choice Behavior." *Journal of Social and Clinical Psychology*. 4(1986): 279-289.
- Bierhoff, H.W., et al.** "Evidence for the Altruistic Personality from Data on Accident Research." *Journal of Personality*. 59(1991): 263-280.
- Brown, J.D. and K.L. McGill.** "The Cost of Good Fortune: When Positive Life Events Produce Negative Health Consequences." *Journal of Personality and Social Psychology*. 57(1989): 1103-1110.
- Carlson, M., et al.** "Positive Mood and Helping Behavior: A Test of Six Hypotheses." *Journal of Personality and Social Psychology*. 55(1988): 211-229.
- Carver, C.S., et al.** "Assessing Coping Strategies: A Theoretically Based Approach." *Journal of Personality and Social Psychology*. 56(1989): 267-283.
- Cialdini, R.B.** *Influence: Science and Practice*. 4th ed. Needham Heights, MA: Allyn & Bacon, 2001.
- Clark, R.D. III and L.E. Word.** "Why Don't Bystanders Help? Because of Ambiguity?" *Journal of Personality and Social Psychology*. 24(1972): 392-400.
- Conger, J.A. and R.N. Kanungo.** "The Empowerment Process: Integrating Theory and Practice." *Academy of Management Review*. 13(1988): 471-482.
- Covey, S.R.(a).** *Principle-Centered Leadership*. New York: Simon and Schuster, 1990.
- Covey, S.R.(b).** *The Seven Habits of Highly Effective People*. New York: Simon and Schuster, 1989.
- Deming, W.E.(a).** *The New Economics for Industry, Government, Education*. Cambridge, MA: Massachusetts Institute of Technology, Center for Advanced Engineering Study, 1993.
- Deming, W.E.(b).** *Out of the Crisis*. Cambridge, MA: Massachusetts Institute of Technology, Center for Advanced Engineering Study, 1986.
- Eskew, R.T. and C.V. Riche.** "Pacing and Locus of Control in Quality Control Inspection." *Human Factors*. 24(1982): 411-415.
- Frankl, V.** *Man's Search for Meaning: An Introduction to Logotherapy*. Boston: Beacon Press, 1962.
- Geller, E.S.(a).** "Actively Caring for Occupational Safety: Extending the Performance Management Paradigm." In *Organizational Performance: Behavior Analysis and Management*, C.M. Johnson, et al, eds. New York: Springer, 2001.
- Geller, E.S.(b).** *Beyond Safety Accountability: How to Increase Personal Responsibility*. Neenah, WI: J.J. Keller & Associates Inc., 1998.
- Geller, E.S.(c).** "Maintaining Involvement in Occupational Safety: Fourteen Key Points." *Occupational Health & Safety*. Jan. 2000: 72-86.
- Geller, E.S.(d).** *The Participation Factor: How to Increase Involvement in Occupational Safety*. Des Plaines, IL: ASSE, 2002.
- Geller, E.S.(e).** "People-Based Safety: Seven Social Influence Principles to Fuel Participation in Occupational Safety." *Professional Safety*. Oct. 2002: 25-31.
- Geller, E.S.(f).** *The Psychology of Safety Handbook*. Boca Raton, FL: CRC Press, 2001.

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*Continuous safety improvement in today's dynamic workplaces requires people to actively care for others as well as themselves.*

Second, distinguish between the past and the present. Don't dwell on past failures. Instead, focus on a renewed sense of self-confidence and self-efficacy.

Third, keep good records of progress toward the stated goal. The cigarette smoker should record the number of cigarettes smoked each day, and note when the rate of smoking is 50-percent less for a week. This should be noted as an achievement, then a new goal should be set. Focusing on personal successes (rather than failures) represents the fourth step in building self-efficacy. The fifth step is to develop a list of tasks or projects to accomplish and rank them from easiest to most difficult to achieve. Then, when possible, start with the easier tasks. The self-efficacy and self-confidence developed from accomplishing the less-demanding tasks will help as the more-challenging situations are tackled.

#### **Focus on the Positive**

Many of these strategies for improving person-states include a basic principle—focus on the positive. Whether attempting to build individual self-efficacy or that of others, success needs to be emphasized over failure. Thus, whenever the opportunity to teach others or give them feedback arises, it is best to look for small-win accomplishments and offer genuine approval before commenting on ways to improve.

Again, this is easier said than done. Failures are easier to spot than successes because they stick out and disrupt the flow. That is why teachers often give rather consistent negative attention to students who disrupt the classroom, while giving only limited positive attention to students who remain on task. Furthermore, many people have been conditioned (unknowingly) to believe negative consequences (penalties) work better than positive consequences (rewards) to influence behavior change (Notz, et al).

#### **Personal Control**

Workshop participants have listed many ways to increase perceptions of personal control. These include:

- 1) Set short-term goals and track progress toward long-term accomplishment.
- 2) Offer frequent rewarding and corrective feedback for process activities rather than only for outcomes.
- 3) Provide opportunities to set personal goals, teach others and chart "small wins" (Weick).
- 4) Teach employees basic behavior-change intervention strategies (especially feedback and recognition procedures).
- 5) Provide people time and resources to develop, implement and evaluate intervention programs.
- 6) Show employees how to graph daily records of baseline, intervention and follow-up data.
- 7) Post response feedback graphs of overall group performance.

#### **Optimism**

As noted, optimism results from thinking positively, avoiding negative thoughts and expecting the best. Anything that increases self-efficacy should increase optimism as well. Also, if personal control is

strengthened, people perceive more influence over consequences. This gives people more reason to expect the best. Again, this illustrates that the person-states of self-efficacy, personal control and optimism are intertwined; a change in one will likely influence the other two.

#### **Belongingness**

The seminar groups have offered the following proposals to create and sustain an atmosphere of belongingness among employees:

- Decrease the frequency of top-down directives and "quick-fix" programs.
- Increase team-building discussions, group goal-setting and feedback, as well as group celebrations for both process and outcome achievements.
- Use self-managed or self-directed work teams.

When groups are given control over important matters such as developing a safety observation and feedback process or a behavior-based incentive program, feelings of both empowerment and belongingness can be enhanced. When the 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 more than could be possible if members worked independently.

#### **Conclusion**

Continuous safety improvement requires people to actively care for others as well as themselves. This article has presented research-derived principles relevant to increasing the frequency of actively caring behavior throughout a workplace. Various practical procedures have been provided as well. Some of these influence techniques indirectly increase actively caring by benefiting the person-states that facilitate one's willingness to care. Other strategies target behaviors directly.

Indirect strategies are deduced from the actively caring model. Any procedure that increases a person's self-esteem, perception of empowerment—including self-efficacy, personal control and optimism—or sense of belongingness will indirectly benefit actively caring. Several communication techniques enhance more than one of these states simultaneously, particularly actively listening to others and giving genuine praise for achievements.

Life provides a great example of how the power of personal choice and the perception of personal control produce greater motivation, involvement and commitment. Choice activates and sustains actively caring behavior. Perceptions of belongingness are important, too, and they increase when groups have control over important decisions and receive genuine recognition for accomplishments. Synergy is the ultimate outcome of belongingness and win/win group involvement. It occurs when group interdependence produces more than what is possible from going it alone.

Once these people-based safety principles are understood, the next step is application. With a purpose to increase actively caring behavior and

improve the safety and health of others, a win/win exchange between people is evident and mutual respect and trust are nurtured. These are the building blocks for an actively caring culture and an injury-free workplace. ■

## References (continued from page 41)

- Geller, E.S.(g). "Sustaining Participation in a Safety Improvement Process: 10 Relevant Principles from Behavioral Science." *Professional Safety*. Sept. 2001: 24-29.
- Geller, E.S.(h). "Ten Principles for Achieving a Total Safety Culture." *Professional Safety*. Sept. 1994: 18-24.
- Geller, E.S.(i). *Understanding Behavior-Based Safety: Step-By-Step Methods to Improve Your Workplace*. Revised ed. Neenah, WI: J.J. Keller & Associates Inc., 1998.
- Geller, E.S. and J.H. Williams. *Keys to Behavior-Based Safety*. Rockville, MD: ABS Consulting, 2001.
- Hackett, G., et al. "Gender, Ethnicity and Social Cognitive Factors Predicting the Academic Achievement of Students in Engineering." *Journal of Counseling Psychology*. 39(1992): 527-538.
- Hornstein, H.A. *Cruelty and Kindness: A New Look at Aggression and Altruism*. Englewood Cliffs, NJ: Prentice-Hall, 1976.
- Hunt, M.M. *The Story of Psychology*. New York: Doubleday, 1993.
- Kohn, A. *Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, As, Praise and Other Bribes*. Boston: Houghton Mifflin, 1993.
- Latane, B. and J.M. Darley a). "Group Inhibition of Bystander Intervention." *Journal of Personality and Social Psychology*. 10(1968): 215-221.
- Latane, B. and J.M. Darley(b). *The Unresponsible Bystander: Why Doesn't He Help?* New York: Appleton-Century-Crofts, 1970.
- Latane, B. and S. Nida. "Ten Years of Research on Group Size and Helping." *Psychological Bulletin*. 89(1981): 308-324.
- Maslow, A.H.(a). *The Farther Reaches of Human Nature*. New York: Viking, 1971.
- Maslow, A.H.(b). *Motivation and Personality*. New York: Harper, 1954.
- Maslow, A.H.(c). "A Theory of Human Motivation." *Psychological Review*. 50(1943): 370-396.
- McSween, T.E. *The Values-Based Safety Process: Improving Your Safety Culture with a Behavioral Approach*. New York: Van Nostrand Reinhold, 1995.
- Notz, W.W., et al. "Reinforcing Punishment and Extinguishing Reward: On the Folly of OBM with SPC." *Journal of Organizational Behavior Management*. 9(1987): 33-46.
- Nowicki, S. and B.R. Strickland. "A Locus of Control Scale for Children." *Journal of Consulting Psychology*. 40(1973): 148-154.
- Ozer, E.M. and A. Bandura. "Mechanisms Governing Empowerment Effects: A Self-Efficacy Analysis." *Journal of Personality and Social Psychology*. 58(1990): 472-486.
- Peale, N.V. *The Power of Positive Thinking*. New York: Prentice-Hall, 1952.
- Peck, M.S. *The Different Drum: Community Making and Peace*. New York: Simon and Schuster, 1979.
- Peterson, C. "The Future of Optimism." *American Psychologist*. 55(2000): 44-55.
- Peterson, C. and L.C. Barrett. "Explanatory Style and Academic Performance Among University Freshmen." *Journal of Personality and Social Psychology*. 53(1987): 603-607.
- Peterson, C., et al. *Learned Helplessness: A Theory for the Age of Personal Control*. New York: Oxford University Press, 1993.
- Phares, E.J.(a). *Introduction to Personality*. 3rd ed. New York: Harper Collins, 1991.
- Phares, E.J.(b). *Locus of Control in Personality*. Morristown, NJ: General Learning Press, 1976.
- Piliavin, J.A., J.F. Dovidio, et al. *Emergency Intervention*. New York: Academic Press, 1981.
- Piliavin, J.A., I.M. Piliavin, et al. "Time of Arousal at an Emergency and Likelihood of Helping." *Personality and Social Psychology Bulletin*. 2(1976): 273-276.
- Rogers, C.(a). *Carl Rogers on Personal Power: Inner Strength and Its Revolutionary Impact*. New York: Delacorte, 1977.
- Rogers, C.(b). "The Necessary and Sufficient Conditions of Therapeutic Personality Change." *Journal of Consulting Psychology*. 21(1957): 95-103.
- Rosenthal, A.M. *Thirty-Eight Witnesses*. New York: McGraw-Hill, 1964.
- Rotter, J.B. "Generalized Expectancies for Internal Versus External Control of Reinforcement." *Psychological Monographs*. 80(1966): No. 1.
- Rushton, J.P. "The Altruistic Personality: Evidence from Laboratory, Naturalistic and Self-Report Perspectives." In *Development and Maintenance of Prosocial Behavior*, E. Staub, et al, eds. New York: Plenum, 1984.
- Rutkowski, G.K., et al. "Group Cohesiveness, Social Norms and Bystander Intervention." *Journal of Personality and Social Psychology*. 44(1983): 545-552.
- Scheier, M.F. and C.S. Carver(a). "On the Power of Positive Thinking: The Benefits of Being Optimistic." *Current Directions in Psychological Sciences*. 2(1993): 26-30.
- Scheier, M.F. and C.S. Carver(b). "Optimism, Coping and Health: Assessment and Implications of Generalized Outcome Expectancies." *Health Psychology*. 4(1985): 219-247.
- Scheier, M.F., et al. "Coping with Stress: Divergent Strategies of Optimists and Pessimists." *Journal of Personality and Social Psychology*. 51(1986): 1257-1264.
- Schroeder, D.A., et al. *The Psychology of Helping and Altruism*. New York: McGraw-Hill Inc., 1995.
- Schwartz, S.H. and G.T. Clausen. "Responsibility, Norms and Helping in an Emergency." *Journal of Personality and Social Psychology*. 16(1970): 299-310.
- Schultz, D. *Growth Psychology: Models of the Healthy Personality*. New York: D. Van Nostrand, 1977.
- Seligman, M.E.P.(a). *Helplessness: On Depression Development and Death*. San Francisco: Freeman, 1975.
- Seligman, M.E.P.(b). *Learned Optimism*. New York: Alfred A. Knoff, 1991.
- Sherer, M., et al. "The Self-Efficacy Scale: Construction and Validation." *Psychological Reports*. 51(1982): 663-671.
- Shotland, R.L. and W.D. Heinold. "Bystander Response to Arterial Bleeding: Helping Skills, the Decision-Making Process and Differentiating the Helping Response." *Journal of Personality and Social Psychology*. 49(1985): 347-356.
- Skinner, B.F.(a). *The Behavior of Organisms: An Experimental Analysis*. New York: Appleton-Century-Crofts, 1938.
- Skinner, B.F.(b). "Selection by Consequences." *Science*. 213(1981): 502-504.
- Staub, E. "Helping a Distressed Person: Social, Personality and Stimulus Determinants." In *Advances in Experimental Social Psychology*, L. Berkowitz, ed. Vol. 7. New York: Academic Press, 1974.
- Stickland, B.R. "Internal-External Control Expectancies: From Contingency to Creativity." *American Psychologist*. 44(1989): 1-12.
- Straumann, T.J. and E.G. Higgins. "Self-Discrepancies as Predictors of Vulnerability to Distinct Syndromes of Chronic Emotional Distress." *Journal of Personality*. 56(1988): 685-707.
- Tavris, C. and C. Wade. *Psychology in Perspective*. New York: HarperCollins College Publishers, 1995.
- Taylor, S.E. *Health Psychology*. 2nd ed. New York: McGraw-Hill, 1991.
- Triandis, H.C. "The Self and Social Behavior in Differing Cultural Contexts." *Journal of Personality and Social Psychology*. 96(1985): 506-520.
- Watson, D.C. and R.G. Tharp. *Self-Directed Behavior: Self-Modification for Personal Adjustment*. 7th ed. Pacific Grove, CA: Brooks/Cole Publishing Co., 1987.
- Weick, K.E. "Small Wins: Redefining the Scale of Social Problems." *American Psychologist*. 39(1984): 40-44.
- Wells, L.E. and G. Marwell. *Self-Esteem*. Beverly Hills, CA: Sage, 1976.
- Wylie, R. *The Self-Concept*. Vol. 1. Lincoln: University of Nebraska Press, 1974.

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