A Safety & Health Leader's Guide to DIVERSITY, EQUITY, INCLUSION & BELONGING

By Rosa Antonia Carrillo

EVIDENCE SHOWS THAT MANY OSH PROFESSIONALS see themselves as leaders. In a May 2022 online survey conducted by Carrillo & Associates, 95% of respondents described themselves as leaders in response to the question "How would you describe your role?" ($N = 60$). The author sees that a leadership opportunity for OSH managers and executives has risen from the convergence of a worldwide pandemic, a movement for social justice, and a growing demand for businesses to protect both workers and the public. It is proposed that these societal changes also created an opening for safety and health to be seen as a core business process. However, OSH advisers are concerned about assuming responsibilities that require psychological expertise. While understandable, fear of not knowing how to address diversity or exclusion is not a reason to deny their relevance to safety and health.

During 2021 and 2022, the workplace experienced a massive wave of resignations and burnout was the culprit. Much of that was due to the COVID-19 pandemic (Miller et al., 2022; Sparks et al., 2022). But stress was already the most reported cause of absenteeism and illness in the workplace. Now it is a pandemic on par with COVID-19, but there is no immunization available, and it is very much a psychosocial hazard.

Diversity, equity and inclusion (DEI) concepts are also described as using the acronym DEIB or DEIBA, including B for belonging, because inclusion is incomplete without it, and A for access to resources. This is a result of a growing understanding of additional factors that contribute to an integrated community. This article uses the term diversity, equity, inclusion and belonging (DEIB).

DEIB principles align with the objectives of the ISO 45003 (2021) standard on psychosocial safety. This standard offers strategies to mitigate psychosocial risks, and DEIB addresses the biggest psychological contributors to psychosocial injuries—lack of inclusion, belonging, fairness and stability—to support employee psychological health and reduce factors such as stress, one of the leading causes of absence from work and detriment to mental health.

That means safety advisers would not be adding to their workload but instead gaining new tools to meet their responsibilities. For example, COVID-19 and inclusion issues are directly related to workplace safety and health. As mental health expert Georgia Bryce-Hutchinson explains, an intersectional approach to equity, diversity and inclusivity begins from the understanding that the different vectors of social diversity (e.g., race, class, gender, sexuality, disability, nationality, religion, language, age) do not exist separately or in isolation from each other.

The mental health discourse need not involve the creation or invention of a whole new experience or

KEY TAKEAWAYS

● This article presents evidence that the safety and health adviser's role is in transition. There is backlash to the multiple demands on these professionals, ranging from technical to mental health responsibilities. OSH professionals feel overwhelmed with work and poorly equipped to take on these demands.

● This is not an article about how to deal with these demands, but rather about how they are affecting the direction of the OSH profession.

● It offers foundational social concepts and data to consider should a safety and health adviser wish to take a leadership role in the implementation of diversity, equity, inclusion and belonging.

dogma. When workers feel respected, valued, cared for and viewed holistically, rather than as "cogs in a system," the natural outflow will be mental health—"state of someone functioning at a satisfactory level of cognitive, emotional and behavioral adjustment." (G. Bryce-Hutchinson, personal communication, 2022)

The people who were most affected by COVID-19, exclusion and discrimination have a lot in common. They are usually financially unstable and more susceptible to accidents (Daniels, 2022). The right support for safety and health could lessen the inequities by raising awareness around the additional psychosocial risks that minorities are exposed to. Accomplishing that would improve employee well-being, which would positively affect organizational performance (Gallup, 2022).

Should Safety & Health Adviser Responsibilities Include Psychosocial Risks?

John Green was involved in developing the original concept of Safety Differently. He has served in global leadership roles for many companies. In an interview, he shared how he felt about safety advisers participating in psychological safety, relationship building or DEIB.

Green pointed out that there are safety professionals who say their role is to inform management of the inherent safety risks and to let them know it is their responsibility to ensure the safety of workers. They feel psychology, complexity and leadership are distracting safety professionals from the priority of managing risk and ensuring that known procedures that work are followed. They note that many of the large-scale incidents around the world such as the Pike River Mine disaster, the Space Shuttle *Challenger* disaster, the *Deepwater Horizon* explosion and oil spill, the Esso Longford gas explosion, and the Texas City Refinery explosion occurred because well-documented tools and systems were not used as prescribed. All the expertise needed to manage risk was there but was not used.

Green also said something that provides a lot of food for thought:

When people think of safety, they are often lured into the "freedom from harm" definition, which I find limits their ability to think more widely about the subject, seeing it as a task—the elimination of harm—as opposed to anything else. I find if you re-define safety as "the presence of a state of resilience, the capacity to successfully manage change and the ability to recover in a controlled manner from adversity," then you are able to engage people about the purpose and importance of relationships more freely. (J. Green, personal communication, May 15, 2018)

Indeed, what Green proposes is that a workplace with high safety performance has the same information as a low performing one, for the most part. The difference is that in high-performing teams employees listen to each other and collaborate.

As long as executives, managers and safety professionals fail to recognize and work with the relational side of organizations, they will not effectively help organizations manage risk. These ideas logically lead to the inclusion of DEIB concepts into safety management system values.

DEIB as Part of the Safety & Health Management Process

We must distinguish between the role of the individual adviser and the role of the function within an organization. Then

we must achieve some consistent understanding of the role of the OSH function—what it is currently and what it should be.

In my view, the role of the OSH function is to have ownership of the systems of work that facilitate iterative processes of hazard identification, risk assessment and identifying where corrective action is required. The OSH function should not be inherently responsible for formulating or implementing corrective action, unless those actions fall within the remit of the systems work owned by the OSH function. (U.K. OSH adviser, personal communication, 2022)

In a social context, the safety and health team may facilitate a psychosocial hazard identification and risk assessment process, but the follow-up actions are likely to relate to people management systems. So, this responsibility could sit with line management, human resources or an organizational effectiveness group. Individually, a safety and health manager can impact DEIB by role modeling inclusive leadership.

The Connection of Safety & Health to DEIB

As the DEIB movement gained mindshare due to the Black Lives Matter movement, many OSH leaders in executive positions began to realize that there was not much difference between the culture required to prevent accidents and the culture required for inclusion and belonging (Daniels, 2022). Years of talking to employees on the manufacturing floor and in the field has taught the author that workers want respect, and they want to know that management cares about them before supporting the company goals. These conditions do not exist in facilities with poor safety and health records. They also do not exist in workplaces where people feel excluded and unappreciated. While safety and health advisers do not have control over these conditions, they can attempt to make managers aware of their importance and communicate their own caring to employees.

What do a social movement for equal rights, access to resources and inclusion have to do with accident prevention in the workplace? It is not that people say to themselves, "Since you don't respect me, I'm going to go have an accident." The challenge is complex and belongs in the DEIB domain because it is intersectional, combining socioeconomic, racial, gender and work role factors.

For example, social vulnerability and lack of supervisor support independently increased the likelihood of physical injuries

at work. The risk of physical injury was at least 3.5 times higher among those experiencing both vulnerability and a lack of supervisor support than among individuals without vulnerability and with a supportive direct supervisor (Yanar et al., 2019).

Brain studies support the idea that an organization needs the same conditions for people to feel included as it does for safety awareness and engagement (Endsley, 1994; Rock, 2009).

People want to be respected and they want to be heard. Without this, they will not report near misses, nor will they stop unsafe jobs. Refusing to do these things is a self-protective measure (Edmondson et al., 2021). How can a worker report anything when there might be negative consequences?

Typical self-protective responses are silence and withdrawal (Argyris, 1982). Luckily, it is seldom violence, but that also happens. How many ideas or observations have been shut down this way? How many incidents or even fatalities could have been prevented if we had created a safe space to speak and be heard? Anonymous surveys and suggestion boxes do not create belonging and inclusion. What does is someone's willingness to listen and follow through on addressing those concerns (Carrillo, 2019).

As the conversation about diversity and inclusion continued, people felt safer asking for fairness and equity in the workplace. It created an opportunity for safety and health advisers to respond to those concerns in a way that increased psychological safety in the workplace. Some companies and individuals grasped that opportunity and people felt cared for during the pandemic.

Exclusion & Discrimination Are Psychosocial Hazards

Psychosocial safety is a discipline that integrates key aspects of psychology and sociology to understand and manage human safety dimensions (Long, 2014). ISO 45003:2021, Occupational Health and Safety Management—Psychological Health and Safety at Work—Guidelines for Managing Psychosocial Risks, integrates psychological safety and social factors into safety management systems. It recognizes that "Accidents are complex processes involving the entire socio-technical system. Traditional event-chain models cannot describe this process adequately," (Leveson, 2011, p. 31). The causes and solutions to safety and health problems lie in the social arena (Dekker, 2019). According to Weick (1995), the very definition of success or failure in safety is a social and political process. The future of accident prevention is both social and technical, and DEIB represents the social conditions for well-being.

Exclusion and discrimination are psychosocial hazards that put all employees' mental health at risk. As the pandemic lengthened, the focus turned to mental health. Globally, 92% of people consider mental health as important as or more important than physical health for overall well-being (Wellcome Trust, 2021).

Exclusion affects everyone but it is not the same as discrimination (Daniels, 2022). When people feel excluded or disrespected in the workplace, well-being decreases as well as engagement and productivity. This is by no means a problem that only affects people of color, but it does affect them more frequently.

The feeling of exclusion is so normal that psychologists have difficulty defining how much is abnormal. The problem of exclusion is not qualitative, but quantitative. We may all experience exclusion the same, but how often we experience it determines the overall effect on our well-being and opportunities for advancement.

For example, the consequences of workplace bullying include psychological stress and workplace accidents and injuries (Teo et al., 2021). Consequently, psychosocial injuries can trigger personal injuries by lowering situational awareness. According

to Daniels (2022), Black workers experience higher physical injury rates as well as higher exposure to discrimination. Since a direct correlation exists between psychosocial and physical injury as well as rehabilitation time after an injury, "it is logical to conclude that a higher incidence of physical injuries is likely masking exposure to a significant number of psychosocial hazards" (Daniels, 2022, pp. 10-11).

Social Conflict, Exclusion & Impairment of Situational Awareness

Frequent conflicts with supervisors or colleagues, and high psychological and emotional job demands more than double the risk of injury in an occupational incident (Swaen et al., 2004). Abusive supervisor behaviors were found to lead to lower safety performance (Yang et al., 2020).

Other psychosocial factors include any event or condition in the individual's social environment (e.g., personal loss, interpersonal conflicts, financial problems, significant lifestyle changes, family pressure) that are important enough to influence on-the-job behavior. Typically, these factors manifest physically as a loss of sleep, poor eating habits, and feelings of anxiety and stress, all of which can lower situational awareness. This is because the way humans process information can be represented by a series of stages wherein information is received, decisions are made, and responses are selected and executed.

Unfortunately, these are the same processes at risk during stressful situations. These include working memory, perceptual capacity, motor skills, and visual and temporal processing. The vast majority of accidents are due to tunneling of situational awareness caused by stress. This is proven by the high incidence of accidents due to talking on the phone or texting while flying or driving and not concentrating on the most important tasks (Endsley, 1994).

It is a neurological fact that any kind of exclusion impairs the brain's cognitive functions because it triggers the threat response (Eisenberger et al., 2003; Lieberman, 2013). According to Eastern Kentucky University (2016), 60% to 80% of workplace accidents are the result of stress-related issues such as distraction. When we are feeling excluded, our awareness narrows and we are more susceptible to injury.

DEIB Targets Groups That Are the Most Vulnerable

Ethnic minority groups and women in general across the world face a complex set of adverse social and psychological challenges, often involving racial discrimination. It is an important contributing factor to health disparities among nondominant ethnic minorities. These are health issues that show substantial similarities to chronic social stress. The same outcomes apply to many groups such as Asian Americans, Indigenous Australians and ethnic minority groups in the U.K. (Fani et al., 2021).

A year and a half into the COVID-19 pandemic, women in corporate America were even more burned out than they were the previous year, and increasingly more so than men. Despite this, women leaders stepped up to support employee well-being and DEIB efforts, and that caused high levels of burnout (Lean In & McKinsey & Co., 2020).

The need to care for children and aging parents are among the chief reasons for resigning from work, according to experts:

"It's not just the women who dropped out of the workforce that had the stressors," said Leslie B. Hammer, codirector of the Oregon Healthy Workforce Center and a professor at the Oregon Institute of Occupational Health Sciences at Oregon Health and

Science University. "It's also the women who stayed in the workforce. What's really bothered me during this whole time is parents and caregivers have basically been expected to not miss a beat at work."

She added that some women worked from home while helping their children with virtual schoolwork, while others brought aging parents or family members into their homes during the public health crisis. "People have been managing all of these multiple demands while work hasn't let up for most," she said. (Bottino, 2022)

Interestingly, senior leaders and Black women were the most exhausted during COVID-19 and pressured to work more. All women experienced high levels of exhaustion, but Black women also experienced significantly more exclusion.

OSH leaders who are aware of these pressures can help by engaging workers in conversation about stress at home and work. It would be good to help, if possible, but it is most important to listen and be there for people. It would also be wise to recognize that senior leaders are burned out. Thus, any requests for involvement must take that factor into consideration. To avoid double tagging executives, it might be helpful to see what other initiatives within the organization could tie in with OSH goals such as partnering with DEIB departments.

Employee Well-Being for All Is the New Workplace Imperative

Another area that will offer more opportunities for OSH is the rising importance of well-being. Gallup's latest research links well-being with employee engagement. It also found that well-being is linked to talent retention (Gallup, 2022). The identification and prevention of psychosocial risk play a role in employee well-being, as does attention to DEIB.

Stress & Long Hours

Yet, WHO and ILO (2021) considered 19 occupational risk factors and found that the key psychosocial hazard was exposure to long hours. About 750,000 deaths were linked to long hours. By far the most prevalent psychosocial risk is stress. ComPsych (2022) found that 62% of North American employees experience high levels of stress with extreme fatigue/feeling out of control.

Among industrialized countries, U.S. and Canadian workforces saw the highest levels of daily stress globally: 57%. Also with job loss, workers' daily stress increased from 38% in 2019 to 43% in 2020. No doubt this contributed to the 2% global decrease in employee engagement from 22% in 2019 to 20% in 2020 (Gallup, 2022).

The stress factors shown in Table 1 could increase due to staff shortages and inflation. It would be wise to be proactive and provide mental health support for employees to reduce absenteeism and presenteeism.

Stress issues pertaining to diversity and equity present an additional challenge. Stress appears to be socioeconomically related. Kessler and Neighbors (1986) found that low-status Blacks reported higher levels of distress than high-status Blacks or Whites of any status.

In addition, Commonwealth Minority Health Survey provides data on racial and ethnic variation in stress (Williams, 2000). The study compared exposure to stressors in five domains (occupation, finances, relationships, racial bias and violence), and found that Blacks, Hispanics and Asians reported higher levels of stress than Whites.

TABLE 1
STRESS: CAUSES & IMPACT ON WORK

Cause of stress	Lost productivity	Absenteeism
• 41% cite workload • 18% cite people issues • 9% cite fear of job loss	• 34% lose 1 hour a day in productivity due to stress • 24% report no effect on productivity	• 54% miss 1 to 2 days per year due to stress • 31% missed 3 to 6 days per year • 15% miss more than 6 days per year

Note. Adapted from "ComPsych StressPulse Report," [Infographic], by ComPsych Corp, 2022, www.stress.org/workplace-stress.

Blacks, especially those at the low end of the economic spectrum, report not only a great number of stressful life events but also stronger responses to them, or greater distress, than Whites in a variety of domains (Myers & Hwang, 2004). Some studies show that certain groups, including Blacks, react to unpleasant events with greater psychological distress than Whites (Mirowsky & Ross, 1990; Myers et al., 2002). This information can prevent the tendency to judge minority employees as being less resilient. The truth is that an event can affect different people in different ways, and a professional must be sensitive to treating people as individuals.

Unfortunately, this research on how psychosocial hazards affect minority workers tend to focus on Black workers. There is little on Hispanic and other ethnic minorities. Nevertheless, it can be hypothesized that the discrimination suffered by these other groups translates to similar psychosocial results.

Data from the U.S. Department of Labor show that two essential groups, food services and healthcare, have two of the highest resignation rates. These are also the industries employing a large majority of Black workers, many of whom are paid below the threshold of a livable wage (Gittleman, 2022).

Safety and health advisers cannot change wages, but they can play an important role in the lives of every worker by having conversations with them to find out how work is affecting their life. Enhanced awareness of how minority workers tend to be more affected by stress and must work long hours to meet basic needs means ensuring that they are included in the conversations.

The Solution Is in Changing the Way We Treat Each Other

Safety and health advisers already play an important role in helping to ensure that employees feel cared for. An interview with a safety and health adviser about his experience during the pandemic illustrates the services provided and why some advisers felt that their contributions were finally recognized during the pandemic.

You are looked to for advice. Interpreting mandates were front and center. Technical expert for COVID-19. It is our job to work with the business, help workers manage their stress. Know the tools, exercise, EAP, meditation. Helping others during COVID-19. You also have your own family that you are taking care of. Haz recognition, construction. Pushing the safety message while doing COVID-19. what does this mandate mean? How are people feeling? Are the vehicles safe when you share them? The additional burden was educating, responding to questions, designing new processes. (Carrillo, 2020)

Neither DEIB nor OSH can become part of the company culture without leadership commitment to the values and principles. But implementation is at the local level. Unless people feel included, they will hesitate to or simply not take the interpersonal risk of speaking up, asking questions or asking for help. Such reluctance can create physical risks in high-hazard industries such as nuclear power, where admitting mistakes and asking for help are essential for avoiding catastrophe (Carroll, 1998; Weick & Roberts, 1993).

An adviser's attitude toward mistakes, feedback and questions has a lot to do with encouraging people to take interpersonal risk. However, standing alone when no one else on the team supports you is difficult. We all have a need to belong (House, 1988). Leaders must find their voice. Potential ostracism is the price of leadership and cannot be minimized, especially when one is a member of a strong collective culture. Leaders often find themselves feeling very much alone.

Organizations must think strategically about how they will meet these responsibilities, how they manage other complex safety and health hazards in their organization, and develop similar systems to manage psychosocial hazards. This should not simply be handed to the safety and health adviser.

Having an executive leader for safety and health could bring the resources to address psychological safety and mental health concerns. Both of these areas also fit within DEIB concerns.

Conclusion

Safety and health advisers may not feel prepared to handle psychosocial hazards. However, it is unavoidable. Mental health claims cost 12 times more in wage replacement and healthcare expenses than physical injury claims (Safe Work Australia, 2013; Smith, 2021). OSH professionals alongside supervisors can make a difference. Workers who receive support come back much sooner than those who do not. Yet according to a study of 2,766 workers, only 44% of employees with mental health claims reported that they felt supported (Deloitte, 2022). Psychosocial injuries, including stress, burnout, fatigue, harassment and other detriments to mental health, are outpacing physical injuries.

More than half of workers feel uncomfortable talking to their managers and supervisors; they fear that discussing their mental health could lead to being fired or furloughed (30%) or could cost them a promotion (29%; Czeisler et al., 2020).

Things could get worse. A WCIRB (2020) report charts the average medical cost per indemnity claim over several decades. In 2008 when the U.S. was in recession, the rates skyrocketed. Right now, we are seeing the biggest jump in inflation in decades, so these rates will most likely increase. Since inflation can also triggers stress, the cost of mental health will become a substantial concern for businesses.

Another study shows the alignment between OSH and DEIB. Workers' compensation costs were also linked to injured Black men's perceptions of their injury recovery environments, including how unsafe they feel. In a University of Pennsylvania School of Nursing study, one conclusion was that recovery post injury was faster and better in a social environment that made people feel safe. The study authors note that "participants expressed a deep human need to be listened to and treated with respect" (Bruce et al., 2022).

Repositioning the safety and health adviser as a core business partner would benefit organizations in several ways. An important one would be fostering improved working conditions for safety and health advisers. A second would be improving relationships between advisers and operational leaders to ease the implementation of OSH expertise. A third is leveraging the advisers' relationships with the workforce to reinforce that the company cares about the well-being of its employees.

The present status of OSH professionals does not make it possible for them to make themselves part of the core business and sell their ideas to improve wellness in the workplace. To succeed, they need a change in status. Any such transformational change would require action from the senior executive ranks. It would seem logical for a forward-thinking senior leadership team to take this step and unleash the talent of this profession that attracts such dedicated people.

As a result, OSH professionals must spend an inordinate amount of time building relationships across power divides, and that relationship building is mostly one way. The higher-power party is often oblivious to the behind-the-scenes strategic and time-consuming tactics being utilized. This time and energy may be well spent if it results in important protections for vulnerable employee groups. But imagine the increased performance if an equitable and inclusive relationship were in place.

One solution is for OSH professionals to reconsider how they frame their purpose. When informing management of the inherent safety risks of a job and letting them know what they can do to mitigate those risks, they can include the psychosocial risks. To do this, they must actively participate in building the relationships necessary to acquire access to that information. The perception that the purpose of the OSH function is to ensure the well-being of employees makes advisers a natural conduit to physicalize the goals of DEIB. **PSJ**

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