The Value of
Vulnerability
Helping Workers Perceive Personal Risk
By Anna H.L. Floyd and H. Landis Floyd II

Many safety professionals have likely heard comments like these:

“...How could this have happened? We have the best safety record in our division. We’ve never had a lost-time electrical injury at this plant. He is the most knowledgeable person in the crew. He has never had a recordable injury. I was not aware that my employees were exposed to a hazard with such severity. I don’t understand.”

—Plant manager commenting during an arc-flash injury investigation

“I’ve been in the business (electrical trade) for 25 years. Until today, I can honestly say that I’ve never understood the hazards I’ve worked with.”

—Electrician at the end of an 8-hour hazard awareness seminar

This arc-flash incident caused a lost-time injury that led to long-term disability. As the quote shows, the plant manager’s disbelief is entangled with his justification of the worker’s qualifications as the “most knowledgeable person in his crew.” In short, the manager does not understand how such a horrible event happened to a person whose knowledge of rules and regulations was so complete.

Almost as if in response to the questions posed by that plant manager, the second quote is from a 25-year veteran electrician who was well versed in electrical safety regulations and various employers’ safety rules (which was what most of his safety training had addressed). However, he had no perception of how severe the harm could be. The electrician admitted he did not fully understand the hazards of electricity, yet he, his coworkers and employers viewed him as a qualified electrician. During a course on electrical hazards, he realized his avoidance of injury was sheer luck.

So, how can SH&E professionals improve worker training to increase workers’ understanding of their personal vulnerability, which ultimately affects their tacit adoption of safety protocols? ANSI/ASSE Z490.1-2009, Criteria for Accepted Practices in Safety, Health and Environmental Training, provides a framework based on best practices in planning, developing, delivering and assessing safety training.

Most safety professionals understand that needs assessments, content design and delivery methods affect training effectiveness. They also recognize the need to engage adult learners through techniques such as role-playing, group projects, guided learning, storytelling and peer coaching because adults learn differently than children and do not respond well to content-focused education (Fanning, 2011). Work culture is another key consideration (Cullen, 2011).

However, SH&E professionals must also recognize, as Lehmann, Haight and Michael (2009) conclude, that workplace safety training alone is not adequate enough to produce appropriate risk assessments, content design and delivery methods affect training effectiveness. They also recognize the need to engage adult learners through techniques such as role-playing, group projects, guided learning, storytelling and peer coaching because adults learn differently than children and do not respond well to content-focused education (Fanning, 2011). Work culture is another key consideration (Cullen, 2011).

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decision making among employees. Lehmann, et al. (2009), suggest that “more specialized (i.e., psychological or behavior-based) training is necessary for changing safety-related attitudes and behaviors” (p. 17). This article builds on those findings and focuses on how the human mind perceives risk and personal vulnerability.

Low-Frequency/High-Consequence Hazards & Risk Perceptions

To better understand why it is important to help workers adjust their risk perceptions, consider the subset of workplace hazards that lead to a relatively small percentage of nonfatal injuries, but have a significantly higher likelihood of causing disabling or fatal injuries. The injuries they produce are commonly referred to as low-frequency/high-consequence injuries. For example, compare the rates shown in Tables 1 and 2. Although exposure to the hazards may be routine or frequent, the low frequency of nonfatal injuries can create an illusion of control or immunity, as apparent in the earlier quotes.

Safety training that focuses solely on a worker’s perception of risk likelihood without a focus on risk susceptibility and severity (a mistake often made in risk perception assessments) is a disservice to workers. That is, a worker’s perception that s/he has a low likelihood of suffering a nonfatal electrical burn is accurate, yet among those who are involved in such an electrical incident, their likelihood of being killed is high. This discrepancy raises an important point about how people conceptualize risk.

What Constitutes Risk Perception?

Although training often aims to create hazard awareness (Lehmann, et al., 2009), awareness does not equate to risk perception. To fully understand risk perception, consider the dimensions of risk. Clemens and Simmons (1998, as cited in Lehmann, et al., 2009) propose a focus on the concepts of risk severity and probability. Lehmann, et al. (2009), propose a focus on the concepts of risk tolerance and risk perception.

The authors’ suggestion is taken from Brewer, Chapman, Gibbons, et al. (2007), and is based on the foundations of social psychology and health psychology. The authors posit that understanding risk must come out of three dimensions of personal perception: perceived likelihood, perceived susceptibility, and perceived severity (Brewer, et al., 2007) of the hazard (Table 3, p. 34). These dimensions of risk may remain underdeveloped if training provides information about incident rates or degree of injury, yet does not help employees establish a personal connection to the statistics or images used in training.

Consider the following examples of how one

<table>
<thead>
<tr>
<th>Type of nonfatal injury</th>
<th>No. injuries (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,191,100</td>
</tr>
<tr>
<td>Sprains, strains, tears</td>
<td>474,000</td>
</tr>
<tr>
<td>Musculoskeletal disorders</td>
<td>346,300</td>
</tr>
<tr>
<td>Falls on same level</td>
<td>182,400</td>
</tr>
<tr>
<td>Struck by object</td>
<td>138,530</td>
</tr>
<tr>
<td>Falls to lower level</td>
<td>73,520</td>
</tr>
<tr>
<td>Assault/violent act by person</td>
<td>40,310</td>
</tr>
<tr>
<td>Highway accidents</td>
<td>36,460</td>
</tr>
<tr>
<td>Assault/violent act by animal</td>
<td>7,160</td>
</tr>
<tr>
<td>Fires and explosions</td>
<td>3,000</td>
</tr>
<tr>
<td>Electrical shock and burn</td>
<td>1,890</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Event or exposure</th>
<th>Lost-time injury to fatality ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fires and explosions</td>
<td>12</td>
</tr>
<tr>
<td>Contact with electricity</td>
<td>13</td>
</tr>
<tr>
<td>Transportation accidents</td>
<td>23</td>
</tr>
<tr>
<td>Assaults and violent acts</td>
<td>28</td>
</tr>
<tr>
<td>Fall to a lower level</td>
<td>104</td>
</tr>
<tr>
<td>Caught in, compressed or crushed</td>
<td>134</td>
</tr>
<tr>
<td>Struck by object</td>
<td>323</td>
</tr>
<tr>
<td>Falls on same level</td>
<td>2,056</td>
</tr>
<tr>
<td>Struck against object</td>
<td>8,414</td>
</tr>
<tr>
<td>Slips or trips without fall</td>
<td>12,593</td>
</tr>
<tr>
<td>Overexertion in lifting</td>
<td>14,033</td>
</tr>
</tbody>
</table>

Table 3
Three Dimensions of Risk Perception

<table>
<thead>
<tr>
<th>Dimension of risk</th>
<th>Description of dimension</th>
<th>Sample items or questions for assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived likelihood</td>
<td>Probability of being harmed by a hazard</td>
<td>Imagine that your PPE is unavailable over the next year. Given that you do not have the PPE to use, what would you say is the likelihood that you would get burned this year?</td>
</tr>
<tr>
<td>Perceived susceptibility</td>
<td>Individual’s perception of vulnerability to a hazard</td>
<td>I am more likely to be burned than other workers in my field</td>
</tr>
<tr>
<td>Perceived severity</td>
<td>The degree of harm that a hazard would cause</td>
<td>If I were to be burned, I would be disabled or killed.</td>
</tr>
</tbody>
</table>


Risk Perception as a Catalyst in Changing Behavior

Risk perceptions are known to predict subsequent behaviors, and the associations between perception and behavior have been studied in psychology for decades. Risk perception is situation specific. That is, a person may hold a high risk perception of being in a car crash while texting, but a low risk perception of getting cancer from smoking.

Typically, low risk perception (a belief that one has little or no chance of experiencing a negative event) is associated with failure to adopt precautionary behaviors, while high risk perceptions (a belief that one has a higher chance of experiencing a negative event) are associated with adoption of precautionary behaviors. This type of association has been seen in environments and behaviors ranging from unsafe traffic violations (Havârneanu & Havârneanu, 2012) and unsafe driving behaviors (Ryb, Dischinger, Kufera, et al., 2006); nurses’ likelihood of vaccinating themselves against the H1N1 virus (Zhang, While & Norman, 2011); unsafe sexual behavior in populations at risk for HIV (Baah-Odoom & Riley, 2013; MacKellar, Valleroy, Secura, et al., 2007); and screening behaviors for cancer (Kim, Perez-Stable, Wong, et al., 2008).

A Look at Theory

Two classic models outline the relationship between risk perception and behavior: the health belief model (Becker & Maiman, 1975) and the theory of planned behavior, first developed by Ajzen (1985; 1991). Both are used extensively in health psychology to understand people’s health behaviors.

According to the health belief model (Figure 1), factors that influence whether a person adopts a protective behavior include how susceptible they feel to a threat to their health, how severe they believe that threat to be, whether they believe that adopting a protective behavior will be beneficial, and whether the costs (e.g., time, financial, skill acquisition) associated with adopting the protective behavior are not so great as to be daunting.

The theory of planned behavior (Ajzen & Fishbein, 1980) describes the psychological, social and environmental factors that influence whether a person intends to change his/her behavior (Figure 2, p. 36). It outlines the factors that affect one’s intention to change behavior (as intention must precede action).

According to this model, three main factors influence intention: 1) attitudes toward the action (i.e.,
how one perceives and evaluates the possible outcomes of the action); 2) subjective norms regarding the action (i.e., what one’s family and friends think of the action and how much value one places on those opinions); and 3) perceived behavioral control over the action (also called self-efficacy, or whether a person believes s/he can follow through with the action).

These theories illustrate why risk perception must be part of an individual’s perspective before s/he can be influenced to adopt self-protective behavior. Two risk-related questions are important for both theories:

1) Does a person perceive him/herself to be at risk?
2) Does a person perceive that adopting a particular behavior will reduce that risk?

According to these models, if the answer to one or both questions is no, the individual is less likely to adopt protective behavior.

So how can SH&E professionals help workers develop a heightened perception of risk through safety training? The first step is to understand how those perceptions are formed.

How Do People Form Risk Perceptions?

People use two mental systems to judge the risk of experiencing an event, including an adverse event such as a workplace injury. One is an analytic system (logic-oriented, governed by conscious thought processes, long decision-making time frame). The other is an experiential system (affective, or feeling-based, governed by associative connections and vibes based on previous experiences, short decision-making time frame) (Slovic, Finucane, Peters, et al., 2004).

Most people rely primarily on the experiential, feeling-based system. People make so many decisions on a daily basis and they cannot make each one logically. For example, consider the potentially infinite number of factors one can consider when buying a car. If one were to logically weigh all variables, no decision would ever be made. Humans are particularly likely to use the experiential system when a decision-making process is complicated, when rushed or when mental resources are taxed (Slovic, et al., 2004). When tired, hungry or otherwise mentally preoccupied (that is, almost all the time) people use the experiential system.

Understanding Risk: Feelings as Input

What exactly is this affect that runs the experiential processing system? This term, from the field of psychology, refers to the experience of feelings or emotions. Feeling alert, determined and proud are examples of positive affect, while feeling scared, jittery and ashamed are examples of negative affect (Watson & Clark, 1994). The experiential system people use to calculate risk relies heavily on past experience (Weinstein, 1989). Having a strong emotional experience associated with certain hazards has a profound impact on risk perception (Finucane, Alhakami, Slovice, et al., 2000). For example, a person who has been on the scene when a coworker who did not follow proper PPE protocol died will associate noncompliance with feelings of being scared, sad and vulnerable. This person will need little convincing to be vigilant regarding safety.

It Could Be Me: Methods of Establishing Vulnerability

SH&E professionals can help workers establish a heightened sense of vulnerability in several ways. One effective way is to incorporate stories into training. Because workers operate affectively when developing their own risk perceptions and when making their own risk decisions, it makes sense to use methods that draw on affect to increase workers’ perceptions of risk prior to safety training. This can occur in conjunction with more traditional methods (e.g., presenting statistics).

The Role of Stories

The experiences and opinions of others play a key role in how individuals perceive appropriate actions and behaviors. This is clearly illustrated in the models cited, specifically the subjective norms factor in the theory of planned behavior (Ajzen, 1985; 1991), as well as in the construct of Bandura’s (1977) well-known social learning theory, which outlines how people learn vicariously through watching others.

Sometimes, watching others can occur through the use of a narrative or story (Cullen, 2011). Researchers have extensively studied health messages presented in the form of a narrative to determine the effect of such messages on subsequent behaviors. Narratives can range from journalism to literature to testimonials (Kreuter, Green, Cappella, et al., 2007), and can depict real or fictional characters.

Of great importance to safety and health communication is the fact that the more similar people perceive themselves to be to a narrative character, the more likely they are to be persuaded by the narrative itself (Hinyard & Kreuter, 2007). Results are equivocal in whether statistical or narrative types of communication are more persuasive (Hinyard & Kreuter, 2007). With this in mind, it may be best to apply both strategies to a communication message.
2) “Last Friday, one of our linemen was critically injured in an electric shock incident. His wife and their two children have spent the week visiting him in the hospital and would like to request that get-well cards be sent to the following address.”

Which of these two examples will more likely persuade a worker to take appropriate safety measures? Most workers will be able to project themselves into the second scenario, making it more likely to prompt behavior change compared to the presentation of statistics only. Notice that the information provided is not too detailed because that would make the story exclusionary. For example, it simply states “two children” rather than “two daughters, ages 14 and 17.”

**Assessing Risk Perception Training**

To assess risk perceptions, psychologists typically use a self-report questionnaire. These questionnaires are quite developed in certain areas (e.g., smoking and cancer; Weinstein, Marcus & Moser, 2005), and some research conducted in these areas applies to assessing workers’ perceptions of their own vulnerability (e.g., dermal exposure by Geer, Curbow, Anna, et al., 2006; Rundmo, 1996).

For example, the three dimensions of risk perceptions (Table 3) provides a sample questionnaire item for each dimension, that could be used to assess risk perceptions related to electrical shock and burns. Typically, these types of items would be part of a longer survey with additional related questions. Response options would be a Likert-type scale, with five answer options ranging from low likelihood to high likelihood, or from strongly disagree to strongly agree. Implementing such surveys at different times (e.g., a week before training, just after training, several weeks after training) and conducting basic statistical tests on the responses can indicate whether risk perceptions shifted as a result of the training, and whether these perceptions held several weeks after training.

Survey questions should assess workers’ perceived likelihood of being harmed by the hazard, their perceived susceptibility or vulnerability to the hazard, and their perceptions about the degree of harm the hazard would cause. In reviewing the theoretical model, one can see how these concepts map onto the susceptibility to threat and perceived severity of threat elements (variables on the left-hand side of the figure) that predict intention and behavior.

Regarding validity, it is important when assessing risk perceptions to frame the items in the context that the worker is not taking self-protective action. To illustrate why this is important, consider the question, “What is the likelihood that you will receive an electric shock in an electrical incident this year?” A worker may respond with “low likelihood,” but it is unknown whether this is because that worker truly sees no risk (a low risk perception), or because s/he always wears voltage-rated...
gloves and other PPE. A better question to assess the perception of risk likelihood is, "Imagine that your PPE is unavailable over the next year. With no PPE to use, what would you say is the likelihood that you would get burned this year?"

**Conclusion**

Safety training is an essential component of hazard and risk management. However, it can consume resources and takes people out of their daily jobs, so SH&E professionals must make the best possible use of training time. Based on theoretical models of behavior change used in social and health psychology, SH&E professionals must help employees establish a personal sense of vulnerability so they can adopt self-protective behavior. The safety training literature suggests that training include stories (in addition to statistics) to help develop risk perceptions through experiential (feeling-based) cognitive processes. **PS**

**References**


