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Risk blindness among temporary migrant workers in Australia

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RISK BLINDNESS AMONG TEMPORARY MIGRANT WORKERS IN AUSTRALIA

ABSTRACT

Workers can suffer from risk blindness in that they fail to recognise workplace hazards or their severity, thereby jeopardising their health and safety and their organisation's performance. This problem is exacerbated in organisations who employ temporary migrant workers because not only do 'home country' cultural factors influence the way they understand and see risks; more critically the *temporary* nature of their work contract can reduce their commitment, and perceived responsibility, to acknowledge risk. The result of which could expose temporary migrant and domestic workers to increased incidents of work-related injury, disease and fatalities. This paper presents this problem through the lens of institutional theory to explain uneven power differentials between temporary migrant workers and managers that lead to risk blindness.

Key Words: Temporary migrant workers, risk blindness, temporary work contracts, hazard identification, work health and safety.

At 31 January 2013, there were more than 125,000 people in Australia working on the 457 visa programme as temporary migrant workers. This was a 22.4% increase over the previous 12 months with 2011 and 2012 experiencing the largest jump in temporary migrant workers (DIAC, 2013). Many come from the Philippines, China and India which are countries with poor health and safety records (Safe Work Australia, 2012a; b). While over the last two decades, there have been advances across all sectors to improve health and safety performance in Australia, the impact of increasing numbers of temporary migrant workers has yet to be manifested on the health and safety record.

With a rise in the numbers of temporary migrant workers, especially from countries with poor health and safety records, and the continuing use of these contracts to fill domestic skill shortages (AWPA, 2012; DIAC, 2013), there is potential to erode any gains made in improving the work health and safety (WHS) performance of Australian workplaces. This paper presents a short discussion on the 457 visa, followed by a review of the extant literature to argue that research is needed to determine the impact that migrant workers on temporary contracts may have on Australia's work health and safety performance. The hypothesis is made that temporary contracted workers in Australia may suffer more from risk blindness than domestic workers. The problem is situated in terms of

institutional theory to provide a theoretical framework underpinning a conceptual model to guide the future research agenda.

THE TEMPORARY 457 VISA

The Temporary Business Long Stay Visa subclass 457 was introduced as Australian policy in 1996 (Oke, 2010). The temporary 457 visa allows firms to employ skilled migrants with skills that appear on the Consolidated Skills List (after a genuine search for domestic workers) from 3 months to 4 years and provides visa holders with the opportunity to apply for permanent residency after two years if sponsored by their employer.

The employment of workers on temporary 457 visas is strongly debated in Australia. Supporters of skilled migration argue that in periods of rapid growth the Australian economy lacks the capability to train sufficient domestic workers within the timeframe industry requires (OECD, 2002; Roach Report, 2005; Evans, 2008). Supporters also argue that skills shortages increase the risk of extending the construction phase of projects, which results in cost blow-outs and the subsequent nervousness of overseas investors (BCA, 2012). In response to pressure by Australian business, the Federal Labour Government relaxed migration policy in 2009 to allow increased skilled migration numbers to create a 'big Australia' (ABC News, 2009) and rezoned WA to regional status to increase numbers of skilled migrants applying for permanent residency (Bowen, 2012).

Opponents argue that employing overseas workers place Australian jobs at risk (Richards, 2006) and reduce domestic skills training (Hugo, 2006; Toner & Woolley, 2008), and that workers on 457 visas are at risk of exploitation through reduced wages, conditions and political and social rights¹ (Oke, 2010; Jockel, 2009; Deegan, 2007; ILO, 2003).

THE RISK BLINDNESS PROBLEM

On average each year, over 250 Australian workers die from an injury sustained at work and over 2,000 more die from a work-related illness (Safe Work Australia, 2011). Furthermore, in excess

¹ Exploitation has occurred in the past through reduced wages, poorer conditions, and limitation of political and social rights due to the temporary nature of their stay in Australia. These workers have no voting rights or means to influence their working conditions (Jockel, 2009). However, increased protections for these workers' rights were included in the terms of employment in 2010 with a requirement to ensure these workers have parity of working hours and remuneration with Australian workers.

of 640,000 workers were injured at work in 2009/10. The estimated annual cost of compensation and worker rehabilitation is around \$57.5B, equivalent to nearly 6% of Australia's Gross Domestic Product (Safe Work Australia, 2012a). While Australia strives to be a world leader in health and safety performance, and the new national work health and safety strategy (AWHSS) sets targets for 20% reduction in fatalities and 30% in work-related injuries across industry by 2022 (Safe Work Australia, 2011), it is not clear that better health and safety performance will be reached. Risk blindness is an impediment to achieving these targets.

The perception of risk is subjective and 'a particular risk or hazard [means] different things to different people in different contexts' (Royal Society, 1992:7). Risk blindness arises from a cultural bias whereby individuals 'either cannot see it [risk] or consider it inherently acceptable' (Frosdick, 1997: 172). Risk blindness is known to contribute to poorer health and safety performance (Bahn, 2012, 2013; Manuele, 2010) and is highlighted with the employment of temporary migrant workers. This occurs first, as many migrant workers come from countries with health and safety records worse than Australia's (DIAC, 2013), and second, these migrants bring with them their cultural biases or home country experiences (Vertovec, 2007) that shape how they perceive risk. Understanding risk blindness among different groups of workers is important if Australia's health and safety record is to improve.

For this paper and the context of workplace health and safety, culture is defined as the behaviours and beliefs that constitute 'standards for deciding what is, standards for deciding what can be, standards for deciding how one feels about it, standards for deciding what to do about it, and standards for deciding how to go about doing it' (Goodenough, 1971:21-22).

Migrant workers have been recognised as a group that has particular issues in terms of health and safety performance. The International Labour Organisation (ILO) (2004:64) notes some of these issues: 'language and cultural barriers require specific OSH [occupational safety and health] communication, instructions and training approaches; and many of these workers overwork and/or suffer from poor general health and are therefore particularly prone to occupational injuries and work-related diseases'. Health and safety studies have considered migrant workers' voice (rights), participation (obligations), knowledge transfer (values and understanding) and wellbeing (Sargeant,

2013; Gravel, et al, 2013; Mori, Yoshikawa & Sakai, 2013; Reid, 2012). For example, Gravel, et al (2013) found migrant workers in Quebec rarely participated in assessing risks or providing solutions and this was compounded by their under-representation by unions, and they thereby lacked ‘voice’. Sargeant (2013) found migrant workers undertook long working hours (often working two jobs) and they were two times more likely to be injured than domestic workers. Reid (2012) found the underutilisation of migrant workers’ skills led to mental health issues. In these studies there was an over-representation of migrant workers in health and safety statistics and compensation claims data. Research (Bahn, Yap & Barratt-Pugh, 2012; Bahn, Barratt-Pugh & Yap, 2012) has also shown the need for support beyond settling a new migrant into a job, especially for migrant workers from developing countries (Bahn & Barratt-Pugh, forthcoming). Clearly these studies signal the need for health and safety support for migrant workers and identify issues around risk blindness. However, to date, the national injury, death and disease statistics have yet to show the impact of the recently increased numbers of workers on temporary visas because they lag behind by up to two years. We don’t yet know whether these workers will be overly represented in future Australian health and safety statistics and compensation claims data.

TEMPORARY CONTRACTS AND IMPACT ON HEALTH AND SAFETY

A temporary mode of employment can affect how workers engage with their work, their co-workers, their managers and supervisors and their employing organisation. There is a complex interplay between ‘experiences, opportunities, constraints and trajectories’ (Vertovec, 2001; 2007:1049) that shape new migrants responses to their host country and their perceptions about regulation in terms of rights and responsibilities. Temporary migrant workers lack voice, may not understand their employment rights and are not served well by unions (Sargeant, 2013; Gravel et al, 2013), all of which affects their recognition of risk. Research that investigates risk blindness among temporary migrant workers is yet to be conducted. This topic forms a basis for the future research agenda of the author. However, in order to better understand the problem, institutional theory has been drawn on as a theoretical framework to support the conceptual model developed in this paper. The paper examines risk blindness among temporary migrant workers drawing on institutional theory because it is useful in its recognition of the role of power, organisational structure and agency. This

next section provides a brief overview of institutional theory underpinning the conceptual model that follows.

THEORETICAL FRAMEWORK - POWER

Power plays a key role in determining organisational structure, practice and the way people ‘act and perform’ (Clegg, Courpasson & Phillips, 2006:17). Individual actors have the power to construct and reconstruct organisational rules, norms and beliefs (Barley, 1986) but are more likely to conform to requirements imposed by others in an organisational position of power or authority (Zucker, 1977). Power is therefore an integral part of determining a firm’s health and safety practice and performance.

Institutional theory recognises the role of power. According to the early work of Selznick (1957) he describes institutional theory as a social process of instilling value to an organisational structure or process, with a common theme that social behaviour is mediated by rules and culture (Scott, 2004). The theory notes the beliefs that influence actions or practice repeated over time that become habitualised (Burger & Luckmann, 1967; Zucker, 1977), are independent of the actor’s individual’s views to determine the “way things are to be done” (Scott, 1987:496), and are represented as symbolic aspects of the organisation and the environment (Scott, 1987). These processes are an integral component of the organisational culture (Strang, 1994). Process takes on a “rule-like” status (Meyer & Rowan, 1977:341) that is regulated both internally and externally.

Internal regulation and codification is demonstrated in terms of written policy and procedures (Pfeffer & Salancik, 1978) to signal “good-faith compliance” and “due-process governance” (Sutton Dobbin, Meyer & Scott, 1994:946), to influence the beliefs and behaviours of actors (Scott, 1987) and to display to those outside of the organisation robustness in terms of health and safety management and “are less likely to trigger audits by regulatory agencies” (Edelman, 1992:1542).

External influence occurs through formal regulation structures, such as health and safety legislation, competition for commercial contracts and market position (DiMaggio & Powell, 1983) where organisations are “rewarded for effective and efficient control of the work process” (Scott & Meyer, 1983:140) with increased legitimacy and resources (Meyer & Rowan, 1977), and inducements

and sanctions by those further along the supply chain where evidence is sought to prove continuing structural and procedural conformity (Scott, 1987).

However, Meyer and Rowan (1977) argue that in order to achieve legitimacy and sanctioning by others, organisations may construct stories about what they should be doing that do not necessarily have any connection with what they actually did. Oliver (1991) suggested that organisations may not always respond with passive conformance, but instead will engage with compromise, avoidance, defiance and manipulation.

Institutional theory gives special emphasis to authority relationships that rely on legitimate coercion (Streeck & Schmitter, 1985; Scott, 1987). Inducements and coercion are examples of power and authority (Clegg, 1979; Clegg, et al, 2006; Dornbusch & Scott, 1975). In terms of improving safety culture organisations rely on internal and external inducements and coercion, even though social psychological scholars note that internal motivation and commitment is not reinforced by external sanctions and rewards (Deci, 1971; Staw, Calder, Hess & Sandelands, 1980). However, powerful actors are highly influential in determining organisational safety performance.

Zucker (1977) noted that actors are more likely to conform to requirements imposed by others if the latter occupy a position of power or authority in the organisation. Clegg et al (2006:17) argued that power and discourses are intermingled and constitute the political structure of organisations through “diverse circuits of power”. They explain that to understand power we need to be aware of the mechanisms organisational leaders use to perpetuate power and the structures of dominance that they create and strive to make legitimate and embedded within the culture. Linking power and institutional theory from this standpoint is extremely important in terms of safety performance, improvement and change because this discipline is highly practical and is limited in its application of theory to understand the underpinnings of process.

MODELLING INSTITUTIONAL THEORY AND TEMPORARY MIGRANT WORKERS

The preceding has shown that power plays a key role in determining organisational practices (Clegg et al, 2006). However, temporary migrant workers lack power (and voice). This lack of power arising from the nature of their work contract can affect their belief of their responsibility to address risk and their inaction can become habitualised. This is reinforced through poor supervision, a lack of

cultural awareness (Sargeant, 2013), limited training to address risk blindness (Bahn, 2012; 2013), and a lack of voice (Gravel, et al, 2013).

There is evidence that in Australia safety performance is highly important as is reflected with the almost complete harmonisation of work health and safety legislation to provide a minimum benchmark in terms of safety culture (SafeWork Australia, 2011). However, with the recent supply of temporary migrant skilled labour to the resources sector making up 20% of the workforce in 2012 (DIAC, 2013) what we don't know is the impact on that safety culture. Organisations are today more likely to operate simultaneously in a number of institutional environments as evidenced by multinational corporations (Westney, 1993) and employ global labour with possible conflicting cultural, regulative and normative practices (Scott, 2004). As Scott (2004) noted, in modern organisation's boundaries are often blurred and allow alternative and divergent models of behaviour.

With large numbers of workers with conflicting values and beliefs, how do Australian organisations remain compliant in terms of work health and safety? Will they adopt practices as reported by Meyer and Rowan (1977) that conflict with what they show to the outside world and what they actually do? With skilled labour in such short supply these actors have considerable power. Are these actors able to undermine the safety performance of organisations in the firms' attempts to remain commercially viable and profitable? What role does normative (e.g. minimum safety standards) and cultural-cognitive modes of influence (e.g. duty of care) or 'soft power' (Scott, 2004) have in this context to encourage improved organisational safety performance? Institutional theory that recognises the role of power, structure and agency is well positioned to make sense of the way organisations negotiate these problems.

Tolbert and Zucker (1996:185) noted the need for "champions" to support the structures that reflect the organisations values and beliefs and change processes for improvement to encourage embedded practices or institutionalisation. In terms of health and safety 'safety champions' such as those in leadership roles (managers and supervisors) play a crucial role in promoting robust organisational safety performance. What do organisations employing large numbers of skilled migrants need to have in place in terms of structures to maintain their current level of safety culture

and to continually improve as required by health and safety legislation? What role does agency play? Who are the influential actors – managers, co-workers or the migrant skilled worker?

Organisations practice internal regulation through policy and procedures (Pfeffer & Salancik, 1978) and draw on external factors (DiMaggio & Powell, 1983) to generate desired behaviours (Scott, 1987). A model of health and safety performance that clearly shows the dynamics of managerial and temporary migrant workers relationships in terms of power, structure and agency could go some way to help make sense of the way organisations negotiate these problems. Figure 1 provides a model that shows the factors that increase risk blindness in temporary migrant workers. The factors shown in the model are unlikely to be the definitive list; however they go some way in defining the problem in terms of risk blindness and temporary migrant workers.

Insert Figure 1 about here

The model depicts power relationships between the temporary migrant worker and their managers and the external factors that regulate the organisation and require compliance. Structures are shown in terms of working hours and temporariness of the employment contract. The factors affecting agency appear as: the values, beliefs and attitudes about health and safety practices held by the worker; the culture of the worker as well as the safety culture of the organisation; assimilation into the organisation and into the Australian way of life; and the knowledge, skills, English language proficiency and understanding by the worker in terms of hazard identification, that affect risk blindness. Additional factors that lead to risk blindness in temporary migrant workers include: their physical and emotional wellbeing; a lack of Union representation leading to an overall lack of voice; fear of their contract ending suddenly requiring them to find another source of full time employment or be deported within 28 days (DIAC, 2013); and the impact of their actions on their bid for permanent residency. The next section unpacks the model and highlights areas that need further applied research in industries that are high risk and high users of temporary migrant workers.

Temporary migrant workers enter Australian workplaces with their personal *beliefs, values and attitudes* towards health and safety practices that sculpt their perceptions of what is safe and what

is not. These values are shaped by the way work is carried out in the home country and impact on the perceptions and performance of the worker. Many temporary migrant workers come from countries with lower levels of health and safety performance and this difference affects the way that they view and address risk in Australia. This is important because Sargeant (2013) argued that in research conducted in the UK that migrant workers are twice more likely to be injured at work than domestic workers. In Australia there is tension between the expectations of how workers are to manage safety according to legislative requirements and how this plays out in the workplace. When you have workers on temporary visas that come from countries with lower expectations and substandard work practices they place themselves and their fellow workers at risk in their failure to recognise and address workplace risks because they don't see or acknowledge this risk.

The *temporary nature of their contract* exacerbates the value they place on addressing risk in terms of their responsibility in that Australia is not their home country and they may not be working here for very long (Vertovec, 2001). Given the short term nature of their contract it may be viewed easier to keep quiet about any risk that arises. These workers may not perceive that addressing risk is their problem; someone else can do it.

Temporary migrant workers may not have sufficient *knowledge* of hazards and risk in that they may not have worked in a similar environment in their home country. This is compounded by *language* skill inadequacy in that although they are required to have a minimum level of English language proficiency this does not ensure that these workers fully understand health and safety matters (Toner & Woolley, 2008). For example, being able to read the words 'hydrochloric acid' does not ensure that the worker understands the seriousness of handling such a chemical.

Assimilation and *cultural difference* affects risk blindness in that the temporary migrant worker may be trying to assimilate into the Australian way of life and may be *fearful* of raising issues regarding risk in that this action may cause them to stand apart from their fellow workers (Sargeant, 2013). Furthermore, speaking out and questioning organisational practice may go against inherent cultural practices (Asian workers, for example, view speaking out against their managers as a sign of disrespect (Hondagneu-Sotelo, 2007)). Cultural difference has a direct impact on risk blindness in that

people from different cultures have differing perceptions of risk, the acceptable way hazards should be managed and who has the responsibility to address workplace risk.

The fear of speaking out may be compounded when the worker takes up work in Australia as a mechanism towards seeking *permanent residency*. Under the temporary 457 visa requirements, workers can apply to become permanent residents after working in Australia for two years as long as their employer is prepared to sponsor them. This requirement sets up an unbalanced power relationship (Clegg, et al, 2006) in that the worker may be reluctant to question workplace practice (Zucker, 1977) in fear of sabotaging their efforts to remain in Australia permanently. Research that investigates this power relationship in terms on the effect on risk blindness is sorely needed. Do temporary migrant workers accept substandard and unsafe practice for the first two years of their contract? If so, how does this undermine Australia's efforts to improve organisational health and safety performance? Are they also placing themselves and their fellow workers at greater risk of injury, death and disease through inaction, under reporting and turning a blind eye to risk?

Under the terms of the temporary visa workers are *unlikely to be represented by a Union*. Oke (2010) and Jockel (2009) argued that due to the lack of union representation, workers on 457 visas in Australia are at risk of exploitation through reduced wages, conditions and political and social rights. Gravel, et al (2013) confirmed this argument and noted that migrant workers in Canada *lacked voice*. Without Union representation even if workers on temporary visas had the courage to speak out, they would lack collective support to ensure risk is adequately addressed by organisations.

Sargeant (2013) questioned the physical and emotional *wellbeing* of migrant workers in the UK arguing that these workers often endured long working hours and many held down two or more jobs. Long working hours can lead to fatigue which has been shown to significantly increase workplace injury (Safetyline, 2006). Temporary migrant workers may be under considerable stress that affects their wellbeing and has a direct impact on their level of risk blindness because they fail to sufficiently engage in the workplace or the work they undertake.

Finally, organisations are *regulated* by health and safety legislation and are required to *comply* and provide safe and healthy workplaces (Safe Work Australia, 2011). In terms of *power* (Clegg, et al, 2006) external regulation has a pivotal role in the ensuring the protection of temporary

migrant workers. However, in the case of temporary workers the precariousness of their employment arrangement (Mayhew, 2005) means that ‘difficult’ workers or those that question work practices can very quickly have their contract severed. This has two implications in terms of risk blindness. First, hazards could be ignored and remain unrectified for fear of losing the temporary work contract and is an example of legitimate coercion that encourages risk blindness (Streeck & Schmitter, 1985; Scott, 1987). Second, if an issue is raised, the temporary migrant worker may have their contract terminated under the guise that their work is no longer needed and the hazard remains once again unaddressed. This practice allows the organisation to keep hazardous practices behind closed doors all the while continuing to be viewed positively by their customers and competitors (Meyer & Rowan, 1977).

Conversely, tipping the power differential on its head in the case of temporary migrant workers we also see that power can shift in their favour. Migrant workers on temporary visas are often employed because they have specialised skills that can’t be sourced in the domestic labour market. Furthermore, firms employing highly skilled workers often pay considerable money to recruit a worker from overseas (Bahn, Yap & Barratt-Pugh, 2012) and may not wish to lose these workers to competitors. The balance of power may shift in these circumstances in that managers may be prepared to overlook discrepancies and underperformance of these workers’ health and safety practices accepting compromise (Oliver, 1991), thereby encouraging risk blindness. Research in this area remains limited to the work of Mayhew and Quinlan on precarious work and health and safety conducted in the last decade. Studies that investigate risk blindness, the management of risk and the uneven power differential in terms of the temporary migrant worker and their manager is yet to be done.

IMPLICATIONS FOR MANAGERS

For Human Resource Managers, Health and Safety Managers and Supervisors there are several implications and added responsibilities when employing migrant workers on temporary visas. These workers often require additional support to settle into working and living in Australia (Bahn & Barratt-Pugh, forthcoming). HR professionals should be aware of the additional time they will need to spend to assist workers on temporary visas to find appropriate housing, establish bank accounts, purchase vehicles and generally be made aware of Australian customs. Problems exist in that the

added multicultural skills required by HR professionals to manage these workers may not be within their existing skill sets.

Health and Safety professionals need to be aware that understanding risk and blindness to risk is a skill required of all workers and those workers on temporary visas may need extra training and mentoring to ensure they are keeping their fellow workers and themselves healthy and safe. Specific training in hazard identification skills has been called for as a strategy to reduce risk blindness (Bahn, 2013).

Supervisors are the first line of management and their role as mentors is crucial in settling sufficient standards to ensure workplace health and safety and the management of risk remains robust in the organisation.

Finally, domestic workers play a role in leading by example, reporting unsafe practice and generally looking out for their fellow workers, regardless of their employment conditions.

CONCLUSION

This paper introduced the prevalence of risk blindness among migrant workers on temporary visas. Factors that contribute to risk blindness were modelled to determine a future research agenda on this topic. These factors include: the power relationships between the temporary migrant worker and their managers and the external factors that regulate the organisation and require compliance; structures such as working hours and temporariness of the employment contract and workplace culture; agency factors, for example, the workers values, beliefs and attitudes, culture, assimilation; and the knowledge, skills and English language proficiency. Personal factors affecting temporary migrant workers include: their physical and emotional wellbeing; a lack of Union representation leading to an overall lack of voice; fear and the impact of their actions on their bid for permanent residency. There is limited research that investigates the level of risk blindness and workers on temporary migrant visas. We do not know whether they place themselves and their fellow workers at greater risk of workplace injury, death and disease because of uneven power differentials and the effect this has on their level of risk blindness and the management of hazards.

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FIGURES

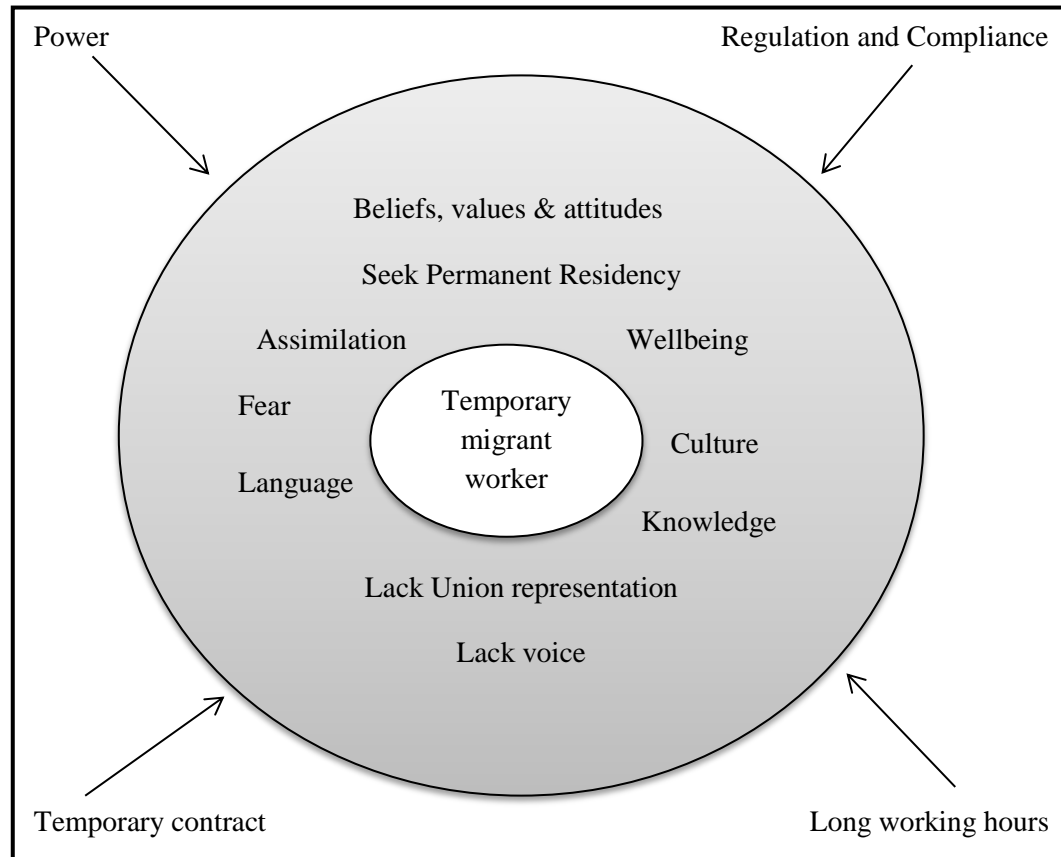


Figure 1: Temporary migrant workers and factors that create risk blindness