

# THE OCCUPATIONAL HEALTH AND SAFETY CLIMATE AT MEMORIAL UNIVERSITY

A Study by the SafetyNet Centre for Occupational Health & Safety Research  
Prepared for the Office of the Chief Risk Officer, Memorial University

July 2018

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In 2013, the University's Chief Risk Officer commissioned a study of the health and safety climate at Memorial by an outside consultant. In March 2017, the SafetyNet Centre for Occupational Health & Safety Research, Memorial University (SafetyNet) was asked to design and undertake a follow-up study to examine what changes had occurred since 2013. SafetyNet agreed and this report is the result.

This report is based on three types of input: the results of an electronic survey for Memorial University employees; two rounds of focus groups; and, an examination of available documents provided by Environmental Health and Safety, Memorial University. The survey consisted of 88 questions in four sections (See *Appendix A* for the full Employee Survey Instrument):

- Part 1: 50 questions on workplace safety adapted from the Nordic Occupational Safety Climate Instrument (NOSACQ-50)
- Part 2: 12 questions about psychosocial work climate at Memorial taken from the Psychosocial Safety Climate questionnaire (PSC-12) instrument
- Part 3: 17 Memorial-specific (MUN-specific) questions to allow comparison with the findings of the 2013 report
- Part 4: 9 demographic questions to pinpoint key characteristics of each respondent without identifying them in any way.

The responses to the NOSACQ-50 questions in Part 1 averaged around 3.0 of a possible maximum of 4.0 with the mean scores for all seven of the dimensions into which those questions are divided all being very close to the international benchmark scores reported by the NOSACQ team for employees of approximately 185 companies in a variety of countries in recent years. On the psychosocial health and safety questions posed in Part 2, the mean scores of our respondents, as compared to the benchmarks provided by that survey's authors, suggested that many Memorial employees were at risk of depression and stress.

There was substantial variability in the responses to many of the questions in these two parts of the survey. This variability was associated with several demographic characteristics -- employee categories, gender, length of service, and location of workplace. Most notable was that faculty members were, on average, more critical than other employee groups of the University's policies, programs, and safety

conditions and of the occupational health and safety (OHS) knowledge and commitment of their managers, while management and professional staff were less critical.

We also found an association between favourable attitudes and perceptions and the extent to which respondents had been involved in Environmental Health and Safety-led orientation and training programs. Also noteworthy were the numerous differences between the responses to the MUN-specific questions in Part 3 of the 2018 survey (such as awareness of key policies and confidence in health and safety management at Memorial) and the responses to similar questions in the 2013 report. All these differences involved better scores in 2018 than in 2013.

The focus groups were organized in two rounds:

- a set of groups for co-chairs of Memorial's Workplace Health and Safety Committees held prior to the launch of the survey; and
- a second set of sessions for any employees who had completed the survey, expressed an interest in participating in a focus group, and were available when these groups were held in the spring of 2018.

Discussions at these groups generally confirmed many of the findings in the survey such as:

- the comparatively low level of engagement by faculty members in organized OHS activities;
- the highly differentiated working conditions and health and safety climates perceived by employees working in different buildings or faculties; and
- concern among some participants about the limited attention paid by the University to issues of mental health in the workplace compared to issues of physical safety.

Most participants also confirmed the improvement in the health and safety climate since 2013 noted above and they attributed it to the work of Environmental Health and Safety. Participants also emphasized the barriers to effective action on health and safety by Environmental Health and Safety and by the Workplace Health and Safety Committees that they felt were associated with financial constraints and competing priorities, especially where repairs to infrastructure were needed.

The report concludes with eight recommendations for action to enhance the health and safety climate at Memorial based on the findings of our survey and focus groups. Our suggestions include several measures for action by the University's senior administration as well as a number of changes and enhancements to the programs and activities of Environmental Health and Safety with a particular focus on its training and orientation programs and its work with the University's Workplace Health and Safety Committees.

**For more information about this project please contact:**

Dr. Stephen Bornstein

[sbornste@mun.ca](mailto:sbornste@mun.ca) or 709-864-7245