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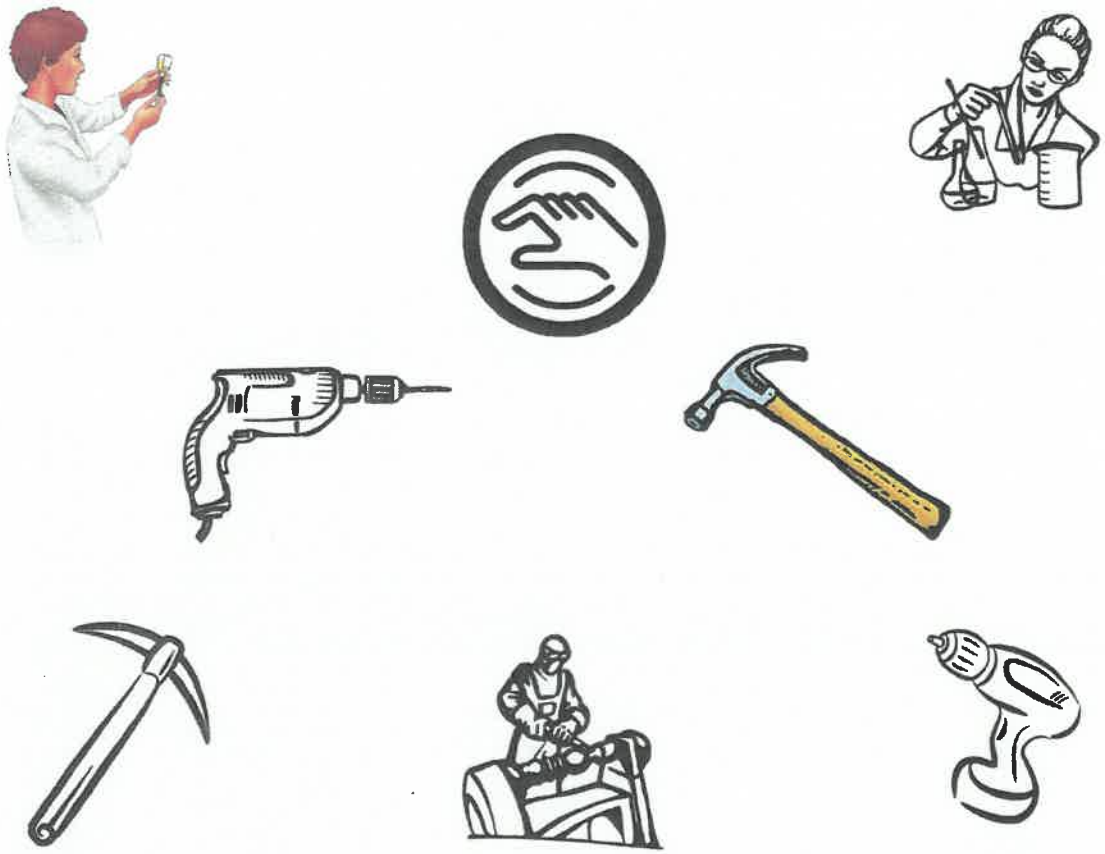

WORLD SAFETY ORGANIZATION (WSO)

Profile

The WSO was founded in 1975 in Manila, The Republic of the Philippines, as a result of a gathering of over 1,000 representatives of safety professionals from all continents at the First World Safety and Accident Prevention Congress. The WSO World Management Center was established in the United States of America in 1987 to be responsible for all WSO activities, the liaison with the United Nations, the co-operation with numerous Safety Councils, professional safety/environmental (and allied areas) organizations, WSO International Chapters/Offices, Member Corporations, companies, groups, societies, etc. The WSO is a not for profit corporation, non-sectarian, non-political movement to **"Make Safety a Way of Life"**.

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The World Safety Organization:

❖Publishes WSO Newsletters, World Safety Journal - ESP, and WSO Conference Proceedings.

❖Provides a network program linking various areas of professional expertise needed in today's international community.

❖Develops and accredits educational programs essential to national and international safety and establishes centers to support these programs.

❖Annual awards include the World Environmental/Occupational Safety Person Award, WSO James William Award, WSO Educational Award, WSO Concerned Citizen Award, WSO Concerned Safety Professional, WSO Concerned Company/Corporation Award, WSO Concerned Organization Award, Chapter/International Office of the Year Award, WSO Award For Achievement In Scientific Research and Development and International Award.

❖Provides recognition for safety publications, films, videos and other training and media materials that meet the WSO required educational standards.

❖Receives proposals from professional safety groups/societies for review and if applicable, submits them to the United Nations for adoption.

❖Establishes and supports divisions and committees to assist members in maintaining and updating their professional qualifications and expertise.

❖Chapters and International Offices located throughout the world provide contact with local communities, educational and industrial entities.

❖Organizes and provides professional support for international and national groups of experts on all continents who are available to provide expertise and immediate help in times of emergencies.

Membership Benefits

The World Safety Organization:

❖Publishes the "WSO Consultants Directory" as a service to its Members and to the Professional Community. Only WSO Certified Members may be listed.

❖Collects data on the professional skills, expertise and experience of its Members in the WSO Expertise Bank for a reference when a request is received for professional expertise, skill, experience.

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❖Awards a certificate of Honorary Membership to the corporations, companies and other entities paying the WSO Membership and/or WSO certification fees for their employees.

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Articles for inclusion in this journal will be accepted at anytime. However there can be no guarantee that the article will appear in the following journal issue.

All articles shall be written in concise English and typed with a minimum font size of 12 point. Articles should have an abstract of not more than 200 words. Articles shall be submitted as Time New Roman print and presented in the form the writer wants published. On a separate page the author should supply the author's name, contact details, professional qualifications and current employment position. This should be submitted with the article.

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Down and Out: Depression bought on by Mental Stress in the Workplace

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Abstract

There is often a tendency to focus on physical injury and illness when it comes to occupational health and safety in the workplace. Illnesses that affect the mental health of an individual, such as depression, can produce some confusion as it is not something that can be physically seen. This literature review focused on depression caused by work related stressors and the affects this has on the individual with the illness, their family and the individual's workplace. Other factors that have been discussed include the obligations of the employee who has developed depression due to workplace conditions, possible barriers that can prevent the ill employee from returning to work and problems that may hinder the employer and the insurer from carrying out legal obligations under the Workers Compensation and Injury Management Act of Western Australia 1981 of Western Australia.

Keywords:
Depression. Occupational Health and Safety. Mental Health. Mental Stress. Harassment. Bullying. Work overload.

Introduction: What is Depression?

In Australia, mental health disorders are a prominent problem in society with an estimated one in five people being affected at some point in their lives (Australian Institute of Health and Welfare & Commonwealth Department of Health and Family Services, 1997). Of these mental health disorders depression is the most common (Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare, 1999). It is estimated that depression will make up 15 % of the world's disease burden by 2020 (Ylipaavalniemi et al., 2005). Depression can range from mild to severe and can include the following symptoms: low mood, decreased energy and activity, reduced capacity for enjoyment and interest, reduced concentration, tiredness, disturbed sleep, decrease in appetite, weight loss, lowered self-esteem and self-confidence, agitation, loss of libido and feelings of guilt and worthlessness (World Health Organization, 2007). Severity ranges from a mild depressive episode, which will include two or three of these symptoms, to a severe depressive episode, which includes more of these symptoms and often suicidal tendencies (World Health Organization, 2007).

In its milder form, a depressive mood can be quite severe but will be brief, lasting minutes to days (Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare, 1999). A major depressive disorder is characterised by the individual being in a depressive mood for at least two weeks and including at least four of the symptoms mentioned above (American Psychiatric Association, 2000). These symptoms will be constant for a majority of the time over a consecutive two week period and will be new symptoms, or significantly worsened symptoms, for the condition to be classified as major depressive disorder (American Psychiatric Association, 2000).

The cause of depression is complex and involves many factors. Nemeroff (1998) looks into the role that genetics and the imbalance of certain neurotransmitters and hormones in the brain play on depression. There is evidence to suggest that the body's response to stress can cause these imbalances which then leads to depression (Nemeroff, 1998). Due to the complexity of the disorder the specific causes of depression are unclear but there appears to be evidence to support that its onset is caused by many factors ranging from biological levels to social factors and a combination of these (Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare, 1999).

Stress in the Workplace

There are many factors in the workplace that place stress on employees. Often, situations are assumed to be normal parts of work life when in fact, they can be more detrimental to the health of employees than they realise (Tennant, 2001). The world is developing in a fast paced manner and constant structural changes in workplaces, increasing job demands and fears of job insecurity place pressure on employees (Tennant, 2001). This can cause problems for the safety and health of employees but in particular psychological disorders, such as depression, are a major problem as they can go unrecognised and often occur frequently in the workplace (Tennant, 2001).

Tennant (2001) discusses many stressors in the workplace that predict mental stress symptoms which often lead to depression and other psychological disorders. The rise in mental stress claims, as found in the Compendium of Workers' Compensation Statistics Australia (Safe Work Australia 2011), resulted in the need for the Australian government to investigate the nature of these claims and these and other statistics have been discussed below in legal obligations. For this investigation workplace factors that may lead to mental disorders include work pressure, harassment, exposure to occupational violence, exposure to a traumatic event and other mental stress factors.

Work pressure includes responsibilities and workloads, interpersonal conflicts, performance or promotional issue and work related harassment that can involve bullying, sexual or racial harassment, threats, verbal assault and/or abuse, which is linked to occupational violence and being the victim of a single

assault (Australian Safety and Compensation Council, 2007). Tennant (2001) discusses work stresses involving co-workers that include negative work relationships, abuse, sexual harassment, bullying and lack of social support as being common contributors to psychological disorders. The Compendium of Workers' Compensation Statistics Australia 2004–05 documents that work pressure was the major stress factor making up 41% of claims, with harassment making up 22 % of claims and 16 % of claims were from both exposure to occupational violence and other mental stress factors (Australian Safety and Compensation Council, 2007).

Ylipaavalniemi et al (2005) investigates the Job Strain Model or Demand-Control Model when examining the relationship between work and health. Both models suggest employees working under high strain, high demand and low job control have a higher risk of health problems such as depression and poor mental health (Ylipaavalniemi et al., 2005). They found that poor team climate, including lack of clear and attainable objectives, low worker involvement and unjust and/or unfair behaviour of supervisors were very closely linked to frequency of depression in the workplace. Security of the employee's position and uncertainty about continuing employment are also a major source of mental stress (Plaisier et al., 2007). Tennant (2001) supports the findings that other risk factors in the workplace that can lead to mental stress and depression include work pressure and long hours, lack of independence or job controllability and role uncertainty. Exposure to a traumatic event such the witnessing of a fatality or another serious accident was also found to be associated with increased risk of mental stress, but this occurs less frequently (Australian Safety and Compensation Council, 2007).

Methodology:

The Curtin University Library catalogue search system and Google Scholar were used to search for relevant articles on the topic of depression in the workplace, the effects on the individual and the individual's family and workplace and legal conditions concerning compensation. The resulting searches were further refined with the key words *mental health*, *depression* and *occupational health and safety*. Forty six publications were reviewed in total and 16 are referenced in this article.

Effects of Depression on the Individual, their Family and their Workplace

Individual

A person with depression will experience some or all of the symptoms including low mood, decreased energy and activity, reduced capacity for enjoyment and interest, reduced concentration, tiredness, disturbed sleep, decrease in appetite, weight loss, lowered self-esteem and self-confidence, agitation, loss of libido and feelings of guilt and worthlessness which can lead to significant personal suffering and decreased quality of life (Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare, 1999). It is difficult to comprehend, for someone without depression, feeling these symptoms constantly for days to weeks to years.

Depression is classed as a psychiatric disability. People with psychiatric disabilities have difficulty coping with daily life, managing finances and other standard daily tasks and can also have difficulty gaining employment (Wakefield, 2010). There is also a large social stigma associated with psychiatric disabilities which will have a negative impact on people suffering from depression (Wakefield, 2010). In terms of depressions as a disability the Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare (1999) have identified the following outcomes that are commonly associated with depressive disorders; diminishing work productivity including many days taken off work, educational failure, poor family and social functioning, lack of sense of wellbeing and self-worth and a decline in utilisation of medical services.

Disabilities, including depression, can have different effects at different stages of the person's life. As young adults, people are growing in freedoms and responsibilities. For these people depression can impact on establishing and maintaining relationships, interaction with other adults and developing life management skills (Wakefield, 2010). During middle and later adulthood there are added stresses in a person's life that can add challenges to the effects of the disability. These include having dependents that they need to support, aging and focus on future plans and aspirations (Wakefield, 2010). All these things become hindered if not impossible to continue if a person lacks confidence, feels worthless and losses interest due to depression.

As well as these direct effects of depression on the individual, depression is also a contributing factor to other injuries and illnesses. Depression can lead to an increased likelihood of health risk behaviours (smoking, drinking use of illicit drugs and eating disorders) and can affect the physical health of the individual such as an increase in immune dysfunctions (Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare, 1999).

Family

Depression not only impacts on the individual but can have significant effects on the family, workplace and community of that person. Wakefield (2010) has suggested that diagnosis of family member with a disability can be one of the most challenging events for family. If the person diagnosed was the sole provider, or one of the main providers for the family, the family may struggle to cope with the increase stresses of less financial income. The roles of the family members may change which in itself places stress on other family members not used to this role. Family members may also have to deal with some of the stigmas the individual may face which can affect them. The emotional changes to the person with depression may affect the family and relationships may be affected. Tennant (2001) has found that when there is stress in the workplace and at home a majority of people believe the problems at home are due to the stress they feel at work. This contributes to depression and can have a major effect on both the individual and their family.

Workplace and Community

It is estimated that workers compensation claims for mental stress disorders cost around $200 million every year in Australia (Commonwealth of Australia, 2006). The Australian Safety and Compensation Council (2007) found that in 2003-04 the median time lost from work due to mental stress claims was 9.7 weeks

and the median cost was $12,800 per person. This more than doubled both the median lost weeks and direct cost for all new claims. Work pressure and harassment were found to be the main contributors to the mental stress causing these values (Australian Safety and Compensation Council, 2007). Between 2005 and 2008 the median time lost from work due to mental stress claims was 10.8 weeks (Safe Work Australia. 2011). The medium cost for mental stress claims for 2006 – 2007 was $17,400 per person (Safe Work Australia. 2011). These statistics indicate that both the number of weeks absent from work and the medium cost of workers' compensation claims for mental stress have increased since 2004.

When individuals develop depression due to work place induced mental stress this can have a negative impact on the company (Commonwealth of Australia, 2006). The company will experience absenteeism if the ill individual requires time off work and may experience high staff turnover. They may also experience decreased commitment to work, decreased productivity and an increase in unsafe working practices (Commonwealth of Australia, 2006). When people are depressed they are usually feeling down, lacking energy and motivation and may start to withdraw socially (Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare, 1999) which explain the impacts mental stress and depression can have on the workplace. Depression of an individual may negatively affect the work of other employees in the organisation. Absenteeism and high staff turnover may lead to responsibilities and duties being placed on other employees within the company who may already have a high workload. This added workload can cause an increase in the frequency of work related stress. Lack of caring about stressed employees can lead to unsafe work practices and also put other employees at risk.

Obligations of the Employee

In section 20 under the OSH Act (1984) of Western Australia employees have to take reasonable care of their own health and safety which includes the reporting of hazards in the workplace. For the well-being of themselves and for others that may be affected by the same mental stressors, employees should report stressful situations, conflicts with other employees, bullying and any other situations which may cause stress. It is only when the problem becomes acknowledged that action can be taken to prevent its reoccurrence.

The employee also has obligation to act truthfully and with responsibility when claiming compensation. The Workers Compensation and Injury Management Act of Western Australia 1981 states that serious and wilful misconduct of the worker leading to the injury/illness (Section 22) and false representation by the worker (Section 79) will result in the claim being disallowed. Workers who have claimed compensation are also obligated to inform their employer if they recommence renumerated work (Workers Compensation and Injury Management Act of Western Australia 1981, Section 59). In these cases, the employee is obligated to cooperate to avoid future complications that could result in a waste of time and expense for the employer, the workplace and the insurer involved.

Mental stress due workplace situations can become complicated when the employee is very ambitious or a workaholic as it can be themselves who increase their own stress (Tennant, 2001). The employer can also place unrealistic workloads on the employee which they endeavour to complete to maintain employment. In these cases it would be the obligation of the employee to know their limits and for the employer to know the rights of the employee. However, even when employees report unrealistically heavy workloads that cause them stress, some workplace managers ignore the reports until the employee becomes sick, injured or resign. In a workplace there are often people who have power, and those who are powerless to make the needed changes if they wish to remain employed in the company.

Plaisier et al. (2007) theorise that stable social networks in the workplace have a positive influence on mental health and could possibly reduce negative effects of poor workplace conditions. It can be said, in this case, that it would be an obligation of employees to help create a supportive working environment for their co-workers and for the employer to improve workplace conditions and work organisation.

Barriers for Return to Work

(Rechichi, 2010) discuss several barriers that can hinder the return to employment or the procurement of ongoing employment of those with disabilities. These barriers are relevant to people suffering with depression. Depression is considered a disability. Barriers include practical work skills, social barriers, lack of alternative options and community attitudes (Rechichi, 2010). Social barriers and community attitudes are the most likely to affect an individual suffering from depression returning to work. If the depression was bought on by mental stress in the workplace it is likely the individual will already possess necessary professional skills for maintaining employment. However, depression can be debilitating to the confidence and self-worth of an individual. The person may find they lack the social skills required for maintaining employment which include handling stress and conflict, taking responsibility, expressing feelings, self-advocacy and assertiveness (Rechichi, 2010). Community attitudes such as the stigmatisation of people with mental disorders and underestimation of people with a disability (Rechichi, 2010) may also prove to be a barrier for an individual with depression returning to work. This will only be a problem if the person chooses to inform the employer of their condition.

Mills (2009) discuses that one of the main factors that acts as a motivator or as a barrier to return to the workplace is the situation of the workplace before the illness occurred and how much the individual liked their job. Workplace conditions that act as a barrier to return to work include job dissatisfaction, poor teamwork and cooperation, unsupportive supervisors, repetitive physical or routine work, high job insecurity, a poor safety climate and organisational wellbeing (Mills, 2009). Many of these factors are associated with mental stress which exaggerates the reluctance the individual may feel towards re-entering the workforce.

Legal Obligations for the Employer and Insurer under the Workers Compensation and Injury Management Act, 1981

The term mental stress is used to describe the illness

classification when a worker's compensation claim is submitted regarding situations in which an employee has suffered a mental disorder, such as depression, as a result of mental stress or exposure to a mentally stressing situation (Australian Safety and Compensation Council, 2007). As stated in the Australian Safety and Compensation Council (2007) there was an increase in new mental stress claims by 83 % from 1996 to 2004 (7,935 new claims for mental stress in 2003-4) which was the opposite to the claims of all other categories of new compensation claims which decreased by 13% in the same time period. In 2003-04, mental stress claims represented 6% of all new claims, an increase from 3% in 1996-97. The Compendium of Workers' Compensation Statistics Australia (2008–09) has shown that there has been a 1% decrease in this number with mental disorders making up 5% of serious claims in 2008-09 (6,525 new claims for mental stress in 2008-09) (Safe Work Australia, 2011).

Employers are required to obtain insurance under the Workers Compensation and Injury Management Act of Western Australia 1981. Employers are liable to compensate workers for injuries and illness (Workers Compensation and Injury Management Act of Western Australia 1981 - Section 18) from the date of the injury resulting in incapacity of the worker (Workers Compensation and Injury Management Act of Western Australia 1981, Section 21). The employer, as well as the insurer, is required to correspond with WorkCover, as stated in the Workers Compensation and Injury Management Act of Western Australia 1981 and to keep the employee informed of compensation proceedings. The Insurer is required to notify the employer and employee, with whom the claim involves, notice within 14 days of acceptance or disputes of the claim (Workers Compensation and Injury Management Act of Western Australia 1981).

The employer and insurer have obligations in establishing an injury management system and return to work program in the workplace. These must be relevant for the workplace, the functions carried out within the workplace and must be in accordance with the Workers' Compensation (Injury Management) Code of Practice 2005 (Workers Compensation and Injury Management Act of Western Australia 1981). The insurer is to make the employer aware of their obligations under the Workers Compensation and Injury Management Act 1981 of Western Australia and is to assist the employer to comply with any of the employer's obligations.

Problems Carrying Out Legal Obligations

Work related stress consequences not only include those for the individual and their family, but it also has the potential for employer liability (Tennant, 2001). Employers and insurers have a vast number of legal obligations under the Workers Compensation and Injury Management Act of Western Australia 1981 and it is essential they address these or can face numerous penalties.

There are many Acts, Regulations and Standards regarding safety and health in the workplace and compensation and injury management that it can be quite overwhelming for anyone not familiar with them. A problem faced by employers, when carrying out their legal obligations, can be that they have a lack of understanding of legislative duties and responsibilities in terms of these Act's (Reed, 2010). This becomes a major issue to employers as current legislation places responsibility of understanding the legislation onto them, with penalties of fines for noncompliance (Reed, 2010).

As it states in the Western Australian Occupational Safety and Health Act (1984) under section 19 the employer has the responsibility of providing and maintaining a working environment in which employees are not exposed to hazards. If information regarding occupational safety and health and injury management is freely available, then it is within the employer's capability to gain and use this information. Therefore claiming they did not know of their requirements is unacceptable and may result in penalties if an employee does become injured or ill in the workplace. Reed (2010) has found that this unawareness of the extensive resources that are available to assist employers understanding legislation is a problem when employers are expected to carry out legal obligations.

Depression and other mental health issues often cause problems concerning liability. There is currently no reliable quantification for the degree of work related stress that causes psychological disorders and so claims are dealt with by individual cases with the use of experience clinicians (Tennant, 2001). There is also the issue of whether it was the workplace or the employee themselves who create the stressful situations that lead to mental health issues (Tennant, 2001).

Conclusion

Depression is a complex disorder often characterised by some or all of the following symptoms low mood, decreased energy and activity, reduced capacity for enjoyment and interest, reduced concentration, tiredness, disturbed sleep, decrease in appetite, weight loss, lowered self-esteem and self-confidence, agitation, loss of libido and feelings of guilt and worthlessness. These symptoms can have a major impact on the quality of life for the individual but also on their family who may have lost financial support do to loss of employment of a family member or who may have to support the ill person. Depression can also affect the workplace of the individual through absenteeism, loss of productivity and burdening of co-workers with extra duties and responsibilities. This article has reviewed what depression is and how stressors in the workplace can cause an individual to develop depression. The workplace obligations of the employee and barriers for their return to work have also been discussed as well as the legal obligations for the employer and insurer under the Workers Compensation and Injury Management Act of Western Australia1981.

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A Systematic Approach to Bullying in Workplaces

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Abstract

In today's society workplace bullying is becoming an increasing issue for many organisations. It can have devastating effects on the health and well being of individuals as well as for organisations, including high absenteeism, loss of productivity and turnover of staff. Bullying is an issue that is difficult to define and assess. This article reviews the definitional issues, causes, prevalence and effects of bullying as well as some of the strategies and approaches to combating bullying.

Key words: Workplace Bullying. Aggression. Mobbing. Safety. Health. Economics.

1.0 Introduction

This article provides an overview of the increasing issue of workplace bullying and outlines some of the causes, effects and prevention strategies that employers must implement. This paper outlines various aggressive behaviours and documents the devastating mental, physical and psychological effects that workplace bullying can have on employees and their families. The paper also looks at the legislative obligations of organisations, including the development of a systematic approach to the implementation of policies, procedures or conduct codes to enable awareness, prevention, reporting and management strategies to reduce bullying.

2.0 Method

A keyword search was conducted of the Health and Science databases using the search terms bullying, workplace bullying, aggression and mobbing. The search yielded a total of 125 references. Of the 125 reference a total of 15 peer reviewed journals were selected for further review and analysis. Twelve publications were selected for inclusion in the literature review.

3.0 Understanding bullying

3.1 Historical overview

Bullying is increasingly becoming a worldwide issue for organisations and unless it is addressed and preventative mechanisms developed, bullying may become a repeated and serious organisational issue (Saunders, Huyh and Goodman-Delahunty 2007).

Prior to the 1990's, racial discrimination and sexual harassment were primarily the main types of workplace harassment, and it was not until the early 1990's that the term "workplace bullying" was identified as a harassing behaviour which employees and employers may experience at some point during their working lives (Saunders, Huyh and Goodman-Delahunty 2007). Further, bullying does not single out age, ethnicity or gender (Saunders, Huyh and Goodman-Delahunty 2007).

It is understood that organisational restructures and job insecurity were some likely causes for bullying to occur, Bullying also extends to workload pressures and changes in procedures that causes perpetrators (including managers or supervisors) to bully co-workers – often resulting in workers resigning or having prolonged absenteeism (Law, Dollard and Ruckeya 2011).

Lind et al. (2009) suggests that there are certain characteristics such as personality traits that an individual has that predisposes him or her to being bullied. Targets of bullies have been characterised as being less extroverted, submissive and more sensitive which leads to being bullied (Lind et al. 2009).

3.2 Definition of bullying

Saunders, Huyh and Goodman-Delahunty (2007) reported that a standard universal definition of workplace bullying is difficult to achieve due to the type of behaviour that is exhibited. The authors reported that definitions vary between countries and are often dependant on the most frequent type of behaviour that occurs. Definitions of bullying include mobbing, usually as a result of groups of bullies; aggression; harassment or emotional abuse.

The Western Australian (WA) Code of Practice for violence, aggression and bullying at work (2010) defines bullying at work as repeated, unreasonable or inappropriate behaviour generally directed towards a worker or group of workers, that creates a risk to health and safety and as such is against the law under Section 57 of the Western Australian Occupational Safety and Health Act 1984.

3.3 Types of bullying

Typically, bullying occurs over a prolonged period of time, sometimes over 6-months.,It is classified as either overt or covert (Government of Western Australia 2010). Overt bullying is described as one of direct aggressive behaviour. This may include:

- teasing;
- threatening behaviour;
- spreading rumours;
- use of offensive language;
- yelling and shouting; or
- slander.

Covert bullying is described as treating someone less favourably or dis-empowering a worker. This type of behaviour may include:

- ignoring or social isolation;
- overloading a person with work or not providing enough work;
- setting unrealistic timelines;
- constantly setting tasks that are below or beyond a

person's skill level; or
- unfair treatment in relation to accessing workplace entitlements such as leave or training. (Government of Western Australia, 2010).

Hansen et al. (2006) found that characteristically there is disparity between the perpetrator and the victim. The bully thinks that they have the power to undertake this behaviour due to their status or for some reason or another is stronger than the victim - who feels inadequate, powerless or intimidated.

Often there is an inequality in power between the bully and the victim, where bullies select victims that may be younger, smaller or a weaker individual who is not able to defend themselves against the perpetrator. This results in victims feeling a sense of powerlessness and helplessness (Saunders, Huyh and Goodman-Delahunty 2007). Further, victims of bullies have reported that they feel defenceless when bullied by supervisors and individuals who possess more formal power than they do, including knowledge and experience or social affiliations within the workplace (Saunders, Huyh and Goodman-Delahunty 2007).

Workplace bullying may involve the use of coercive power to influence other's behaviour by means of punishment for adverse behaviour, including verbal reprimands or allocation of undesirable work duties (Cowie et al. 2002). This results in bullying going unreported as victims lack self confidence and self esteem to report the complaint, as they believe they are powerless to report the incident or fear job dismissal (Cowie et al. 2002).

4.0 Reasons for bullying

Often bullies use coercion and power to intimidate or influence behaviours and it is interesting to note that learned behaviour from family life or schooling may have conditioned the bully to behave in this manner (Hansen et al. 2006). This research suggests that bullying starts within the home environment, then continues at school or university and then into the workplace and often it causes impacts when the bully starts their own family.

The WA Code of Practice (2010) reports that not all incidents of bullying can be easily identified and sometimes there are various reasons and a combination of factors, including:
- the culture of the workplace that tolerates or condones behaviour such as intimidation, or use of strong abusive language;
- bias amongst minority groups;
- cultural, religious or political differences between groups in society;
- changes at the workplace;
- workloads; or
- poor interpersonal/communication skills and social interaction.

The report also states that it was important to differentiate between bullying and a manager's justifiable authority at work. Employee performance issues should be recognised and dealt with in a practical and objective manner that does not pertain to rudeness, slur, or offensive remarks by managers. The report indicates that workers who where dissatisfied with work or management practices should raise these issues in a professional and un-biased manner. However, in situations where employees feel powerless to raise issues and fear job dismissal, this may make it difficult for issues to be resolved.

Lind et al (2009) suggested that personality profiles are an important predictor of who in an organisation is most likely to be bullied. This research suggests that certain personality traits of bully targets were less dominant, less emotionally stable as well as being more anxious, apprehensive and sensitive and were more likely to experience difficulty in coping with personal criticism. The author suggests that during very stressful working conditions employees who portrayed apprehension, sensitivity and anxiousness may engage in annoying behaviours, which could lead to perpetrators bullying them.

5.0 Prevalence

WorkCover WA (2010) reported that mental stress accounted for 2.5% of all lost time injuries in 2008/09 and the average duration for a mental stress claim was 134 days. A recent Australian study found that almost 70% of Australians had reported being exposed to bullying, stating that bullying does not have a demographic bias; rather, anyone can bully or be bullied (McGrath 2010). The author found that 94% of female first year nurses were found to be frequently exposed to bullying, yet over half the incidents went left unreported and often victims felt powerless to report bullying. The author reported that new, trainee or contractor employees may not report bullying or abuse, for fear of losing their job or jeopardising their careers and were at greatest risk of being bullied. The report also stated that 20% of females were ignored by colleagues and 18% of males were victims of disrespectful gestures such as finger pointing. The study found that males reported using overt behaviour such as shouting, whereas covert behaviours were more commonly used by females (McGrath 2010).

The Australian Institute of Criminology (2009) reported that cyber bullying is becoming more prevalent and is on the increase. In cyber bullying perpetrators use technology and social media including emails, blogs and social networking media, to bully workers.

6.0 Effects of bullying

6.1 To an individual

The health effects of bullying can have a negative impact on the health and well-being to its victim. Ill heath effects may vary between psychological stressors such as depression to physical stressors including reduced immunity to infections such as colds or influenza (Law, Dollard, Ruckeya and Dormann 2011). These authors report some of the key health and psychological effects can include:
- Anxiety;
- mental stress, including poor concentration or confusion;
- depression or low self esteem;
- nervousness;
- overwhelming fatigue;
- colds, coughs, flu;
- negatively affect relationships and family life;
- prolonged absenteeism or resignation; or

- poor job performance.

Further the devastating and traumatising effects of bullying may result in the victim being unable to describe or report the abuse due to fear, embarrassment or shame (Law, Dollard, Ruckeya and Dormann 2011). This may result in long term incapacity to work or in some circumstances may extend to suicidal tendencies (Legal Aid Victoria 2010).

6.2 Costs to an organisation

There are both direct and indirect costs attributed to workplace bullying including financial costs and behavioural responses by employees (Productivity Commission 2010). Some of the direct costs reported include legal costs associated with lawsuits and litigation issues as well as business costs related to employee absenteeism, workers compensation claims and high staff turnover.

Whilst indirect costs may not be as apparent as direct costs, they do have an adverse effect and sometimes a detrimental impact on an organisation and its public image Indirect costs include low staff moral, poor productivity, high staff turnover and employee negativity to the organisations' brand and image (Productivity Commission 2010).

Alarmingly, the report indicated that the cost to businesses in 2000 was between $6 billion and $13 billion and that approximately 350,000 people were bullied across Australia based on a conservative prevalence rate. The report found that between 2.5 million and 5 million individuals experience some form of bullying over their working careers.

7.0 Developing a systematic approach

7.1 Legislative requirements

Workplace bullying is addressed in the *WA Code of Practice for violence, aggression and bullying at work* (2010) and is covered in section 57 of the Western Australian Occupational Safety and Health Act 1984. This Code lists a number of prevention and response strategies that workplaces should implement and include as part of their safety management plans.

The table below provides a summary of these strategies:

Prevention Strategies	Mitigation
Consultation with workers and safety representative	Develop a response plan
Develop a prevention response plan or policy	Develop complaint handling, investigation and reporting procedures
Manage the hazard	Where possible provide contact and grievance officers
Provide information, training and raise awareness	Ensure the rights of persons accused of bullying are respected
Monitor effectiveness of action	Continue to review outcomes and make improvements

Source: WA Code of Practice for violence, aggression and bullying at work (2010)

Cowie et al. (2002) reported that there are a number of effective strategies that organisations can use to mitigate bullying including the development of questionnaires and surveys. These use self reporting as a basis and include well defined questions regarding frequency, bullying actions, gender, job position and response. The data collected is invaluable for organisations in responding to current bullying issues, significance and prevalence of bullying in the workplace (Cowie et al. 2002)

Cowie et al. (2002) suggested that the implementation of focus groups where a small group of people were brought together to discuss and share their experiences, feelings and thoughts was another effective method of identifying bullying. This method has proven to be successful if the questions are well formulated and encourage discussion and differing viewpoints relating to bullying. The author reported that it was important for the facilitator to be well experience in this technique so as to allow for the gathering of trends, perceptions and opinions.

The establishment of appropriate procedures and policy statements are important to demonstrate that an organisation is committed to the safety and health of its employees and that bully is not an accepted or tolerated practice (Duffy 2009). Consulting with key personnel is an important tool in setting the foundation for the development of a policy. A workplace policy on bullying assists in a buy-in process, which is important, particularly at senior management level (Duffy 2009).

Duffy (2009) reported that the policy should include at least the following sections:

- a clearly stated purpose, that lists the core values of the organisation;
- a clear statement that bullying will not be accepted;
- examples of bullying behaviours in the workplace and what isn't considered to be bullying;
- a grievance and dispute resolution process for resolving the issue;
- time frames and accountabilities; and
- appeals process.

Lind et al. (2009) suggests that it is essential for an organization to analyse certain aspects of the working environment in determining possible bullying factors such as organizational changes, poor social climate, leadership behaviour and employee

workloads. It is equally important that human resource practitioners are appropriately educated in the process for investigating workplace bullying and that appropriate action is taken, including the development of grievance processes for victims (Duffy 2009). Reporting mechanisms should be put in place that enables senior management to be aware of the nature, extent and level of investigation that has occurred in such cases (Duffy 2009).

8.0 Conclusions

Workplace bullying has become a major issue of concern for employees, management and organisations. The existing data illustrates that bullying occurs in the workplace on a regular basis, however it goes unreported in a large number of cases due to fear of reprimand, embarrassment or shame.

This issue needs to be taken seriously to ensure that workplace bullying is addressed and adequately dealt with by the use of surveys and questionnaires or the establishment of focus groups to identify problems and the development of well documented policies and procedures which are integrated in safety management plans. It is important that senior management demonstrate their commitment and champion the implementation of this policy and procedures.

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Best Practice for Occupational Safety and Health Management

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Abstract

This paper reviews published literature concerning occupational health and safety management systems to identify what is required to have an effective safety management system. Having an occupational health and safety management system has become an important tool for companies and organisations. A safety management system includes an effective management structure, a policy and arrangements for a systemic approach to implement the policy, ensuring that work processes are performed safely, performance measurements, for reviewing and auditing all relevant workplace safety and health management factors. This review of published literature identified that in order to develop a successful health and safety management system key factors such as leadership, management and employee commitment to having a high standard of workplace health and safety practices, active involvement of everyone at the workplace in health and safety, effective communication, provision of information and training and risk assessments needed to be included in safety management practices to ensure that effectiveness.

Key Words: Health and Safety. Successful Safety and Health Management System.

1.0 Introduction

The term occupational health and safety management system is defined as "a combination of the planning and review, the management organisational arrangements, the consultative arrangement and the specific program elements that work together in an integrated way to improve health and safety performance".(Gallagher, Underhill, and Rimmer 2003, p.69) Occupational health and safety management systems (OHSMS) have both a long and a short history. The early developments of OHSMS started before the Second World War with the Safety First movement (Heinrich 1931), and the consequential development of management systems in large firms including to DuPont (Hopkins 2006). However, the history of OHSMS can also be said to be short since only in the 1990s, OHSMS developed into models which are now widely used (Hasle, and Zwetsloot 2011).

OHSMS have become an important tool for companies and organisations to ensure a healthy and safe working environment (Robson et al. 2007; Rocha 2010). The characteristic function of an OHSMS implies dynamic complexities, uncertainties and obscurity due to the recent developed concept of risk governance (Hohnen, and Hasle 2011; Renn 2008). This paper includes the process of health and safety management and key factors of the management system.

2.0 Method

A review of the best practice for occupational safety and health management was conducted using ScienceDirect, GoogleScholar, government websites, ingentaconnect, and WikiBooks. Included works were limited to English language and those published from 1992, up to and including, October 2011. In addition, one article was included that was published in 1931. As the main aim of this paper was to review the best practice of occupational safety and health management, this was the used as a keyword in all fields, giving 566 results. Among the 566 journal articles, 30 journal articles were selected by assessing each of their article title, abstract and keywords. Out of the 30 journal articles, only 21 were suitable to be used in this review.

3.0 Health and Safety Management System

Today, it is a necessity that health and safety management be established for every company. According to the Occupational Health and Safety Assessment Series (OHSAS) 18001 standard, a company is required to set up a management system which includes the procedures to govern, documentation and control the work environment. (Hohnen, and Hasle 2011) The system includes a working policy, an effective management structure and arrangements for implementing the policy, planning a systemic approach to implement the policy, performance measurements, and lastly, reviewing and audit all relevant factors. (Health & Safety Executive 1999; Hohnen & Hasle 2011; Hopkins 2000; Lindsay 1992). The following describes in more detail each component:

Policy

In this component, building up a policy for an organisation and including targets to be met is an essential phase of introducing the management system. It focuses on the primary impacts caused by the organisation. It is important that the system must lead to continued expansion on performance (Honkasalo 2000). A policy tells people in the organisation what to do. It provides the directions to follow to achieve a high standard that includes meeting legal requirements for occupational safety and health. Occupational Safety and Health (OSH) policy making includes involvement from stakeholders in design, implementation, training and review (Gallagher et al. 2003). This can be done by applying "Plan, Do, Check, Act" cycle created by Deming (Deming 2000).

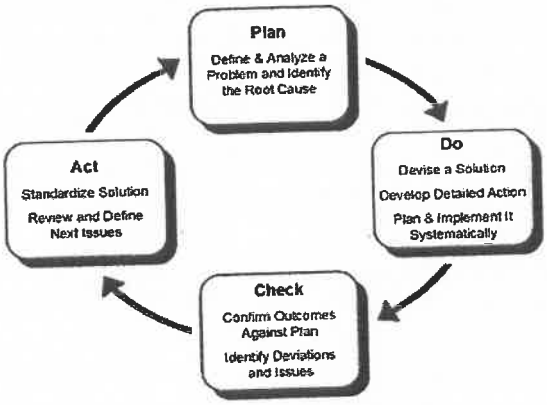

Figure 1. Plan, Do, Check, Act (Avalution Consulting 2009 p.1)

The key messages for developing an effective policy are the following:

- Support human resource progress;
- Ensuring an organized approach to identify risks and designate resolutions to control them;
- Distinguish that the improvement supportive of health and safety culture is required to accomplish sufficient control upon risks;
- Support initiatives for continuous improvement (Health & Safety Executive 1999).

Organising

The policy sets the direction of OHSMS (Health & Safety Executive 1999). The next component, which is organising, consists of the definition of responsibilities, relationships, structures, and processes in order to continue with the development of OHSMS. There are four important factors that assist this component which are:

- Control,
- Co-operation,
- Communication, and
- Competence (Health & Safety Executive 1999).

All four factors are interrelated and interdependent; however, each factor is needed to promote an environment where health and safety background can develop (Health & Safety Executive 1999).

Planning/Development and Implementation

The overall development of the planning and implementation component uses the concept of Figure 2 (below). To plan an OHSMS, the three stages in Figure 2 are applied.

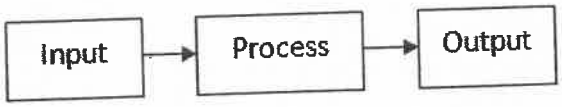

Figure 2 Input, Process, Output (WikiBooks 2011 p.1)

The three elements that contributed in effective planning process are:

- Providing a precise information about the current state of affairs of the company;
- Present suitable standards to make comparisons;
- Use of competent people to perform analysis and making judgements (Gallagher et al. 2003; Health & Safety Executive 1999; Ramli, Watada, and Pedrycz 2011).

After planning, the next stage is to use a Risk Assessment method to set priorities and develop objectives (Hohnen & Hasle 2011) to eliminate hazards and reduce risks. Risk matrix can be used to assess the risk. An example of a risk matrix is in Figure 3 below.

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H

Figure 3 Risk Matrix (Department of the Prime Minister and Cabinet 2010 p.3)

The success of OHSMS planning and implementation lies on adequate analysis for continuous improvement of implementation procedures, which supports prevention of accidents, injuries and work related ill-health (Gallagher et al. 2003; Parker 2006; Paul 2008; Ramli et al. 2011).

The key messages in planning and implementation of OHSMS are the following:

- Eliminate or control risks;
- Respond to changing demands;
- Maintain a positive health and safety culture within the organisation (Hasle & Zwetsloot 2011; Health & Safety Executive 1999; Hopkins 2000).

Measuring Performance and Evaluation

Performance measurement is an essential component of the health and safety management system. It consists of two types of monitoring systems; active and reactive. The active systems monitors the design, development and operation of the management arrangement while reactive systems monitors prevalence of accidents, illness and other health and safety performance deficiencies (Health & Safety Executive 1999; Robson et al. 2007). Monitoring the performance of an OHSMS should provide results that shows the most influencing factors for successful OHSMS practices (Ramli et al. 2011).

Review and Auditing

Auditing is well recognized as an important and also final component to develop a successful health and safety management system (Health & Safety Executive 1999). Besides that, it seeks to review the efficiencies and effectiveness of the system (Health & Safety Executive 1999; Lindsay 1992). Reviewing and auditing is expected to have beneficial effects towards health and safety performance for short term and long term continuous development processes overtime (Hasle & Zwetsloot 2011; Hohnen & Hasle 2011; Makin & Winder 2008).

Key messages for reviewing and auditing an OHSMS are the following.

- To make sure that appropriate management arrangements are in place;
- To make sure that appropriate workplace hazards are identified and appropriate control measures are in place;
- To make sure that the current risk control systems are adequate and well implemented (Health & Safety Executive 1999).

4.0 Key factors of health and safety management

Leadership and Commitment

Leadership and commitment are key factors in developing a successful OHSMS. The leader is responsible for making vital judgment in terms of priorities and future directions (Comcare 2005). Active leadership of directors and senior managers of the organisation is able to create and maintain a culture which is supportive of OHSMS (Lindsay 1992).

Active involvement

In order to put health and safety policies into effective practice involvement and participation of all levels of employees in the organisation are needed to create a positive health and safety culture (Lindsay 1992). Active involvement means that open communication between employees and the management of the organisation is encouraged (Comcare 2005). For example, in Sweden a process-based approached is used which is based on employees' and employers' participation and involvement to improve the work environment. This approach is based on the Scandinavian countries' tradition of collaboration (Dellve, Skagert & Eklöf 2008).

Effective Communication

Communication is a very important aspect in OHSMS. The lack of effective communication on health and safety issues may develop into an obstacle for employee to be involved in occupational safety and health improvement practices and

employees may then be unwilling to create a positive safety culture (Makin & Winder 2008; Stranks 2005; Vassie & Lucas 2001).

The benefits of effective communication relates to the following:
- Safe working environment;
- Creating a supporting workplace culture;
- Productive workplaces.

All of the above can be achieved by having participation from both employers and employees to improve health and safety of people in the organisation. For example, having a health and safety committee which consists of both employer and employee representatives (Comcare 2005; Lindsay 1992; Ramli et al. 2011).

Provision of information, education and training

For employees to make maximum contribution to health and safety the factors above are not enough. According to Subsection 16 (2) (e) of the Occupational Health and Safety (Commonwealth Employees) Act 1991, an employer is obligated to provide "to employees, in appropriate languages, the information, instruction, training and supervision necessary to enable them to perform their work in a manner that is safe and without risk to their health" (Comcare 2005; Health & Safety Executive 1999). This legal arrangement is made to ensure that all employees are competent (Health & Safety Executive 1999).

The following are examples of workplace safety and health education and training programs:
- Induction training
- On the job training
- Refresher training
- OHS consultation training (Health & Safety Executive 1999)

Hazard identification, risk assessment and risk control

OHSMS mainly relies on risk control, which is one of the processes of risk assessment (Health & Safety Executive 1999). It is an important part of good management practice and also good corporate governance. Risk assessment and risk management is the core of any OHS prevention program and the success of any of the program depends on the successful performance of this practice (Comcare 2005).

5.0 Conclusion

In conclusion, the best practice of OHSMS depends on the involvement of the organisation and its employees, characteristics of the workplace and the external environment (Robson et al. 2007). Besides that, all relevant experience and lessons learned are important factors in developing effective health and safety management systems by performing auditing, regular reviews of the system and facilitating continuous improvement where opportunities for improvements exist (Lindsay 1992).

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OCCUPATIONAL SAFETY & HEALTH IN AUSTRALIA

World Safety Organisation National Office for Australia Report

By Dr Janis Jansz.

Over the last year the World Safety Organisation National Office for Australia has worked with an affiliate arrangement with the SIWA to provide educational opportunities for our Members in Australia. The following are some of the events that our Members have been able to attend.

Educational Presentations

We had educational and networking meetings in Perth that have included the following.

Date	Presentation title	Presenter	Attended
30-4-10	Ageing of the Workforce.	Dr Philip Meyerkort	77
25-5-10	Montara Commission of Inquiry.	Greg Smith	42
28-5-10	What Makes People Tick?	Bryce Ridgeway	46
11-6-10	Contractor Management.	Greg Smith	20
25-6-10	Food Safety in the resources industry. What can go wrong and who is responsible?	Chris Richardson	23
30-7-10	Risk and Hazard Management.	David Lampard	25
10-9-11	Safety in employment equity. Women in Safety.	Sandra Cook	15
24-9-10	Safety Techniques.	Sacha Montgomery	42
5-10-09	Corporate Governance Training.	Mark Rudd	11
29-10-10	Bullying in the workplace.	Franca Sala Tenna	24
26-11-10	Some tools cannot be replaced.	Cathy Thomas	23
10-12-10	Women in Safety. IMW Campaign.	Julie Honore	10
25-3-11	Technologies and Workplace Safety	Frank Templeton & Tim Johnson	35

On 27-5-11 we have a scheduled educational and networking meeting titled "Coach to win: Tips for Safety Leaders from the footy field". Presenters will be Michael Broadbridge and Sacha Montgomery, both of whom are from DuPont Sustainable Solutions.

WA Safety 2010 Conference.

This conference was held at the Perth Convention Centre from 24th to 26th of August 2010 and was attended by about 350 people from Australia and overseas. The following is a list of conference speakers and their presentation topics.

Presenter	Topic
Maria Saracini Ian Munns	Safety culture, leadership & directors & officers due diligence
Toni Buti	Look to the right, look to the left, look right again: Is it safe out there?
Simon Ridge	An update of the national OHS reforms
Maria Saracin	My personal liability under the Model Act
Henry Jackson	Obligations of due diligence under the Model Bill
Damien Smith	Safety & governance in century 21 organisations
Duncan Fletcher	The morning after Cyclone George
Greg Smith	Beyond walking the talk: A framework for management participation in the safety management system
Jason Vidovich	Aligning HSE expectations across your business to ensure sustainable HSE performance
Janis Jansz Rob Winchester	Sick building syndrome: Health effects & risk control measures
Jacqueline Sherlock	Putting the Health back into occupational safety & health
Jacques Oosthuizen	Occupational solar radiation & melanoma: reducing litigation risks
Ken Malcolm	Groupthink & how it applies within a safety framework
Brett Hughes	Workplace transport safety: The mobile financial crisis
Helen Fitzroy	Just a number
Jeremy Stevenson	Risk management- Effectively applying AS/NZS/ISO 31000:2009
Lars Schiphorst	Systemic and cultural measures to ensure appropriate contractor management
Steve White	Insights to effective contractor management
Bernie Althofer	Fun Police & workplace behaviours – When workplace behaviours cross the line & cost you your job
Sharron O'Neill	Best practice OHS reporting
Ommid Nikraz	OSH improvement in the construction industry through benchmarking best practice aspects of the mining industry
Mathew Bowen	Leading Australians in safety: An alternative approach
Adrian Lang	Employer implemented fatigue risk management approach
Kevin Berry	"Employer 7" A step OHS&E Change management process
Robert Mc Cartney	Fitness for work
Kane Blackman	Improving product stewardship – An investment in safety & health
Cristian Sylvestre	Improving safety culture through increased personal safety awareness
Julie Honore Greg Lazzaro David Tregoweth	Up close and personal with safety leaders
Malcolm Gresham	Utilising a quality framework for incident investigation
Neroli Logan	Managing health & safety culture through increased safety awareness
Mark Greenwood Karina Hanssen	Measuring behaviour for targeted change
Le Jian Janis Jansz	The gap between professional competencies of OSH Representatives in China and Western Australia
Ken Roberts	Safety and values
Milos Nedved	The ion effect and its impact on safety and health
Mark Armstrong	Research & practice: The Telfer boot
Nola Hennessy	Managing change: From injury management to injury prevention
Rohan Page	Getting to grips with workplace hand injuries
Emma Humphreys	How you can impact on an organisations largest insurance spend
Julie Andrews	The cost of workplace stress in Australia
Alison Richmond	Mystery solved! Finally a common sense approach to reducing strain/sprain injuries – and one that has proven results.

Research

The following research studies are being conducted by World Safety Organisation Australian Members.

- Prevention of Long Duration Workers' Compensation Claims – Pre-Claim Intervention and Strategy.

- Cover violence in nursing – A Western Australian experience.
- Exposure to diesel particulates of employees in an underground mine in Western Australia.
- Lead exposure – health effects and environmental surveillance.
- International transportability of occupational safety & health credentials.

The following research studies were completed.

- Motivating multinational employees to work safely in Asia.
- Occupational Respiratory Health Surveillance at Murin Murrin Mine Site.
- Diesel exhausts – a study of chronic health effects and examination of a potential biomarker.
- Are performance indicators an effective measurement of occupational safety and health in the offshore drilling industry?

Peer Mentoring and Work Experience

Australian Members of the World Safety Organisation have provided peer mentoring and work experience for university students that are studying to become occupational safety practitioners. In this partnership the learning is two ways. The students learn about what really happens in the workplace and were given practical work experience. The Safety Professionals who provided the peer mentoring and/or the work experience were kept up to date with the latest developments in their profession through the learning activities and research work of these students. Members of World Safety Organisation have provided lectures to the occupational safety and health students at Curtin University to enhance students' practical occupational safety and health knowledge and skills.

Publication in the World Safety Journal

The following articles have been published in the World Safety Journal by Australians over the last year.

- Dr Khaled Chiri & Jane Kolobas. Knowledge sharing and organisational enabling conditions.
- Simon Hill. Best practice for health and safety management.
- Michelle Hyland. Safety management success: Directives of management.
- Dr Janis Jansz. Are wellness programs important? A Western Australian Perspective.
- Dr Janis Jansz. World Safety Organisation National Office for Australia report.
- Michael Lawrence. Literary review of hand injuries and rehabilitation / reintegration in the workforce in Western Australia.
- Professor Peter Leggat. Proceedings of WSO Global Safety Roundtable XI.
- Craig Manning. Impact of hand injuries on employees, employers and injury compensation in Singapore.
- Tracey Mizen & Janis Jansz. Emergency management in Western Australia.
- Joanne Monaghan. A critical literature review of stress as a work-related illness and its effects on employee and employer.
- Zeina Zubanch. Getting to the point: A review of the consequences of occupational needle stick injuries.

Call For News / Tech Letter and Journal Articles

The WSO realizes that not all of us are born authors, but we all have something to share with our colleagues. Whether it is experience, interesting topics, a problem you would like to share and ask for input or possible solutions, we encourage all of you to submit your articles today!

Articles for the News/Tech Letter should be less than 2000 words, but may be longer at the Editor's discretion and space-permitting. Supply brief details of the author's professional qualifications, current position and employer. Pictures and charts may be included. A listing of any references used must be included with the article. **Shorter articles, letters, announcements, Job Search/Job Offers** are also welcome.

Articles for the Journal must include an abstract of the article/paper, a brief biography listing details of the author's professional qualifications, current position and employer, and a listing of all references used. An email address may also be included.

References: Should be cited in the text by superior numbers and a full list of references given at the end of the manuscript in numerical sequence. References to books should include author's surnames, initials, full title, place of publication, full name of publisher and date of publication. Reference to journal articles should include author's surnames and initials, full title of article, full title of journal, date of publication, volume number, issue number and page. The accuracy of references is the author's responsibility.
Authors Are Responsible: For ensuring that their works do not infringe on any copyright.

How to Submit: The articles may be sent by email to wsowmc@embarqmail.com ; info@worldsafety.org, by mail to the WSO World Management Center, P.O. Box 518, Warrensburg, Missouri 64093, USA, or by fax to (660) 747-2647. If the article is being by email, we ask that it be sent as an attachment and also be formatted in either Word or WordPerfect if possible.

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Membership: The World Safety Organization has members that are full time professionals, executives, directors, etc., working in the safety and accident prevention fields and include university professors, private consultants, expert witnesses, researchers, safety managers, directors of training, etc. They are employees of multinational corporations, local industries, private enterprises, governments and educational institutions. Membership in the World Safety Organization is open to all individuals and entities involved in the safety and accident prevention field. Regardless of race, color, creed, ideology, religion, social status, sex or political beliefs.

Membership Categories

✓**Associate Member:** Individuals connected with safety and accident prevention in their work or interest in the safety field. This includes students, interested citizens, etc.

✓**Affiliate Membership:** Safety, hazard, risk, loss and accident prevention practitioners working as full time practitioners in the safety field. Only Affiliate Members are eligible for the WSO Certification and Registration Programs.

✓**Institutional Member:** Organizations, corporations, agencies and other entities directly or indirectly involved in safety activities and other related fields.

Annual Membership fee in United States Dollars is as follows:

Student Membership	$ 35.00	Associate Membership	$ 55.00
Affiliate Membership*)	$ 80.00	Institutional Membership**)	$185.00
Corporate Membership**)	$1,000.00		

Please circle the membership you are applying for

*) For your countries fee rate, please contact the World Management Center at info@worldsafety.org
**)For this membership, please indicate name, title and mailing address of the authorized representative.

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_____

_____

Work Telephone Number: _____ Fax Number: _____

Home Telephone Number: _____ email:

For Affiliate Members only

Only FULL TIME PRACTITIONERS in the safety/environmental/accident prevention and allied fields are eligible for the WSO Affiliate Membership. Briefly describe your present employment position, or enclose your CV. _____

_____

Please specify your area of professional expertise. This information will be entered into the WSO "Bank of Professional Skills" which serves as a pool of information when a request for a consultant/information/expertise in a specific area of the profession is requested.

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WSO Code of Ethics

Members of the WSO, by virtue of their acceptance of membership into the WSO, are bound to the following Code of Ethics regarding their activities associated with the WSO:

1.Members must be responsible for ethical and professional conduct in relationships with clients, employers, associates and public.

2.Members must be responsible for professional competence in performance of all their professional activities.

3.Members must be responsible for the protection of professional interest, reputation and good name of any deserving WSO member of member of other professional organization involved in safety or associated disciplines.

4.Members must be dedicated to professional development of new members in the safety profession and associated disciplines.

5.Members must be responsible for their complete sincerity in professional services in the world.

6.Members must be responsible for continuing improvement and development of professional competencies in safety and associated disciplines.

7.Members must be responsible for their professional efforts to support the WSO motto "Making Safety A Way Of Life...Worldwide".

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