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# Prevention culture as culture: Can we achieve it, and is it enough?

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As the 2008 Seoul Declaration on Safety and Health at Work states,

“...[a] ‘Prevention Culture’ is one in which society as a whole promotes high levels of safety and health at work.... A national preventive safety and health culture acknowledges and supports the right to a safe and healthy work environment that is: respected at all levels; actively participated in by governments, employers, and workers; [and] defined in systems of responsibilities and duties. It is a culture where the principles of prevention are accorded the highest priority” (1).

So what does “prevention culture as culture” mean? Culture is defined in many ways and generally refers to “that complex whole which includes knowledge, beliefs, acts, laws, morals, customs, and any other capabilities acquired by man as a member of society” (2). Anthropologist Clifford Geertz’s definition of culture—one that is widely cited in organization studies (3)—argues for a complex and dynamic conception of culture that is

“...essentially a semiotic one. Believing, with Max Weber, that man is an animal suspended in webs of significance that he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law, but an interpretative one in search of meaning” (4).

As Geertz’s description implies, because of its meaning-centered and dynamic nature, culture is mutable, and humans can act collectively to change it to reflect shared norms and beliefs. As Geertz envisioned, the social web we weave can be expansive and simultaneously limiting, depending on the collective choices we make. The public health community can foster the expansion of a conception of culture that includes a focus on protecting and promoting the health of the whole person in all of his or her environments—from home, to work, to the community.

Many organizations and standard-setting bodies have already taken important steps in advancing a culture of prevention, including the European Commission’s Advisory Committee on Safety and Health at Work. Although promoting a culture of prevention is critical to the health and safety of all individuals, the question remains, “Is preventing risks enough?” People do not live just to be unencumbered by injury

and disease; they live to pursue dreams, to build relationships, and to experience personal achievements. Scholars and practitioners in a variety of disciplines commonly ascribe these aspirations to the construct of “well-being,” which encompasses both work- and non-work-related factors and has been defined at the individual, organizational, and societal level (5, 6). Within the field of public health more generally, and occupational safety and health specifically, the workplace has become an important site for discussions of well-being (7). Though there is no consensus on how to define well-being (related to work or to life in general), some common elements are in evidence. In their expansive definition, Waddell and Burton describe well-being as the “subjective state of being healthy, happy, contented, comfortable, and satisfied with life” (8). Well-being is thus aspirational (9), characterized by flourishing, happiness, wherewithal, positive emotion, and self-determination (10-16). Well-being may be fostered by different sources (friends, family, employers, co-workers, community, health, wealth, social class, human and natural resources, and personal freedom, among many others) (6, 11-13, 16-23). Moreover, work *per se* is generally a promoter of well-being, whereas unemployment presents a threat to well-being (24, 25). In sum, well-being is both an absence of negative circumstances and the presence of an abundance of positive aspects in an individual's life.

To fully realize a culture of prevention in the broadest sense, it should thus foster the prevention of direct threats to well-being; increase the avoidance or mitigation of factors that may lead to the absence of well-being; and promote the factors that increase well-being. To foster a well-being culture, both prevention and promotion measures need to be advanced as constructs that align with values, norms, actions, policies, customs, and beliefs. To help achieve such alignment, six necessities bear further investigation and discussion:

- 1) Reduce the tendency to compartmentalize work from the rest of life.
- 2) Understand the value of good jobs to a culture of well-being.
- 3) Integrate into educational systems a focus on career and job readiness that promotes skills for risk prevention.
- 4) Advance evolved notions of work, health, and prevention.
- 5) Advance a preventative approach to chronic disease.
- 6) Identify the means to make both prevention and promotion integral parts of a culture of well-being.

### *1) Reduce the tendency to separate work from the rest of life.*

The separation between “work” and “non-work” domains is historical, political, and due in large part to the labor/employment contract and its intent to limit liability (26). Given that injuries and illnesses that result from work affect our home lives, and vice-versa, the false dichotomy between work and life leads to an underreporting of occupational injury and disease and an incomplete characterization of the societal burden

of work-related injuries and illnesses. Moreover, work in the 21<sup>st</sup> century is rapidly evolving to include new methods for organizing the workplace that further erode the work/home divide. These include non-traditional work schedules, extensive labor contracting, expansion of service and knowledge sectors, increased worker mobility, and increases in small businesses (27). A culture of well-being must therefore span work and non-work environments and address both areas together— and their interactions.

## *2) Understand the value of good jobs to a culture of well-being.*

Scholars have long contended that work gives meaning to life and dignity to the individual (28). However, the fundamental shift in the global economic order that has occurred over the past several decades has resulted in fewer good-paying jobs, a situation exacerbated by advances in technology and automation (29, 30). The effects of precarious employment (i.e., work that has no implicit promise of continuity) and long-term unemployment are explored in a large, growing body of literature (31-37). However, job creation is not the only issue; research indicates that the quality of those jobs is also critical (38). Any focus on increased access to good jobs for all workers must be concerned with a range of policy-related issues that affect job quality and thus have an impact on health and well-being of individuals who work. In the United States (and elsewhere), these issues include the value of the minimum wage, the erosion of health and retirement benefits, and the declining bargaining power of workers (39).

## *3) Integrate into educational systems a career- and job-readiness focus that promotes skills for risk prevention.*

Promoting and sustaining a culture of well-being would require use of all available means to increase general awareness—as well as understanding— of hazards and risks and how these might be prevented or controlled (40). Research indicates that attitudes toward risk are mutable (41); thus, education pathways provide an invaluable opportunity to facilitate a change in values, norms, and beliefs about the importance of prevention. To be most effective, education and training should not be restricted to the prevention of occupational hazards but should be integrated with the “whole person” by extending coverage to all areas of hazards or risks that an individual, whether an adult or child, is likely to face (40). This training should begin in early childhood to establish good habits and preventative reflexes that continue to serve the individual throughout life, especially in novel situations (42). In Europe, numerous efforts are under way to integrate basic workplace safety and health skills into education pathways (43). In the United States, the Safe-Skilled-Ready Workforce Initiative (SSRWI) recently developed by the National Institute for Occupational Safety and Health (NIOSH) focuses on creating the foundation for a culture of prevention. The ultimate goal of the SSRWI is that every person in the United States, before entering the workforce, will have the knowledge and skills to stay safe and healthy

at work and to contribute to a safe, healthy, and productive workplace. There are eight foundational workplace safety and health competencies promoted through the NIOSH SSRWI:

- Recognize that although work has benefits, all workers can be injured, become sick, or even be killed on the job. Workers need to know how workplace risks can affect their lives and their families.
- Recognize that work-related injuries and illnesses are predictable and can be prevented.
- Identify hazards at work and predict how workers can be injured or made sick.
- Recognize how to prevent injury and illness. Describe the best ways to address workplace hazards and apply these concepts to specific workplace problems.
- Identify emergencies at work and decide on the best ways to address them.
- Recognize employer and worker rights and responsibilities that play a role in safe and healthy work.
- Find resources that help keep workers safe and healthy on the job.
- Demonstrate how workers can communicate with others—including people in authority roles—to ask questions or report problems or concerns when they feel unsafe or threatened.

Central to the SSRWI competencies are the understanding and application of the concepts of hazard, risk, and control to all areas of a person's work, home, school, and community life.

#### *4) Advance evolved notions of work, health, and prevention.*

Evolved notions of work, health, and prevention—which provide the foundation for a culture of well-being—may find their theoretical moorings in the salutogenic perspective on work, organization, and organizational change (44), which is based on a “sense of coherence” (SOC) framework. This model posits that how an individual makes sense of his or her world has a significant impact on how he or she manages stress, stays healthy, and achieves well-being (45, 46). A systematic review of the knowledge base on salutogenic research indicates that the SOC framework has demonstrated utility as a health-promoting resource (47). The application of this framework to public and occupational health interventions at the individual, organizational, and societal level has potential to inform and inspire the development of sustainable policies that promote a culture of well-being.

#### *5) Advance a preventative approach to chronic disease.*

Chronic disease is the leading cause of death in the world; by 2020, the burden is predicted to increase (48). The social impact of chronic disease is far-reaching and often not quantifiable (49). Chronic disease places a burden on a nation's health, quality of life, productivity, and econom-

ic growth. As populations age and the incidence of chronic disease increases, so does its prevalence. Socio-cultural determinants of health have an impact on—and are impacted by—chronic disease, and these interrelations are varied and complex (50, 51). There is a pressing need to intervene in this trend by moving from a palliative medical model to a prevention-based approach (52). Preventing chronic diseases can provide better quality of life, reduce unnecessary medical costs and lost productivity, strengthen national economies, and advance a culture of well-being.

## *6) Identify the means to make prevention—and well-being—an integral part of culture.*

To make prevention an integral part of culture requires a multi-pronged approach aimed at changing values, norms, beliefs, and policies at all levels of society. As mentioned previously, programs provided in kindergarten through 12<sup>th</sup> grade in various countries—including the United States, through the SSRWI—focus on creating the foundation for a culture of prevention. Central to the SSRWI competencies is an understanding of the concept of hazard, risk, and control, which is important throughout a person's life and in all environments in which that individual will live, work, and play. Broadening the concept of prevention to address well-being and demonstrating the relationship between workforce well-being and national productivity are also important ways to influence policymakers to develop policies and laws supporting prevention and well-being.

A positive relationship between workforce well-being, variously defined, and productivity has been reported, but the literature supporting such a relationship is not robust (5). More work must be done in this area to establish the links between well-being and productivity. Also essential to promoting workforce well-being is for nations to maintain a viable dependency ratio, defined as the number of persons of “dependent” age (under 20 years or over 64 years) to those of “economically productive” age (20 to 64 years) in the population (53). Though this concept has its limitations (for example, it does not take into account that many people over age 64 are still active in the workforce), it is generally considered a valuable indicator of a country's economic health—as well as an indication of a population's well-being (5). A viable dependency ratio can be maintained by considering the needs of aging workers (54) and by creating sensible immigration policies that increase the number of new entrants to the labor force (55).

To fully integrate prevention and well-being into culture, business leaders must place a high value on workforce well-being, and government leaders and regulators need to support the inclusion of well-being in risk assessments, guidance, policies, and laws. These approaches require the operationalization of well-being in the workplace, even though this effort will confront numerous definitional, logistical, legal, and financial challenges and constraints. A coherent, conceptual framework for pro-

moting well-being and a robust evidence base related to the determinants of well-being are required for the concept to be more forcefully addressed in various policy areas (56). At the organizational level, contemporary practice "... calls for a paradigm shift in occupational health from a treatment orientation to a holistic approach focused on mitigation of the causes of ill health and the promotion of well-being" (57). How to do this is the question. There is a need for public health and occupational health intervention strategies to come together to create a holistic approach to workforce well-being. Both the U.S. Total Worker Health™ (TWH) initiative and the European Healthy Workplaces initiative, have begun to build up the linkages between work and non-work, while helping to tear down the artificial divide between them. These approaches promote a culture of prevention in the workplace but also advance the well-being of the workforce. However, more etiologic research is needed to investigate the interaction of occupational and personal risk factors (ORFs and PRFs) (5). At the societal level, promoting the health (in all of its facets) of every person who works is vital to the welfare of all people, both in and out of the workforce. Creating and sustaining a culture of well-being ensures that the social fabric that binds us promotes the highest possible quality of life for every individual.

<http://www.cdc.gov/niosh/TWH/>

<http://www.healthy-workplaces.eu/en>

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Occupational Health

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Editors: Markku Aaltonen, Arja Äyräväinen, Harri Vainio

English Language Editor: Alice Lehtinen

Layout: Tuula Solasaari

ISBN 978-952-261-428-5 (PDF)