

Workers' Knowledge and Views on Interaction with Health and Safety Representatives: An Exploratory Qualitative Study

Connaissances et opinions des travailleurs sur les interactions avec leurs représentants en santé et sécurité : une étude qualitative exploratoire

Conocimiento y Opiniones de los Trabajadores sobre la Interacción con Representantes de Salud y Seguridad: Un Estudio Exploratorio Cualitativo

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Volume 74, numéro 4, automne 2019

URI : <https://id.erudit.org/iderudit/1066832ar>

DOI : <https://doi.org/10.7202/1066832ar>

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Éditeur(s)

Département des relations industrielles de l'Université Laval

ISSN

0034-379X (imprimé)

1703-8138 (numérique)

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Citer cet article

Ollé-Espluga, L., Vergara-Duarte, M., Menéndez-Fuster, M., Benach, J. & Vázquez, M.-L. (2019). Workers' Knowledge and Views on Interaction with Health and Safety Representatives: An Exploratory Qualitative Study. *Relations industrielles / Industrial Relations*, 74(4), 719-741. <https://doi.org/10.7202/1066832ar>

Résumé de l'article

L'action des représentants en santé et sécurité du travail (RPSST) s'est avérée bénéfique pour la santé au travail des travailleurs. Cependant, l'efficacité des RPSST peut être diminuée par un certain nombre de facteurs déterminants. L'un des facteurs sous-étudiés est l'interaction qui existe entre les travailleurs et les RPSST, c'est-à-dire la relation que les travailleurs et leurs représentants établissent les uns avec les autres dans une vaste gamme de processus.

Nous explorons les connaissances et les opinions des travailleurs sur leurs interactions avec les RPSST et leurs déterminants. Nous avons entrepris une étude qualitative exploratoire et descriptive-interprétative, à travers 22 entretiens semi-structurés grâce à un échantillon théorique de travailleurs de Barcelone et de Gérone (Espagne).

Les résultats montrent une grande méconnaissance de l'existence et des fonctions des RPSST parmi les travailleurs; seuls ceux qui connaissent personnellement les RPSST décrivent les processus d'interaction avec ces derniers, principalement en ce qui concerne l'identification des dangers. Parmi les travailleurs, certains ont mentionné des processus d'interaction avec les syndicats concernant la santé et la sécurité au travail. Ces processus consistent principalement à soulever les problèmes avec les représentants syndicaux et, de manière plus limitée, à s'associer à des mobilisations liées à la santé au travail et à participer aux processus de prise de décision.

Parmi les facteurs qui sont fortement déterminants dans l'interaction entre les travailleurs et leurs représentants — que ce soient des délégués dans le domaine de la prévention ou des représentants syndicaux —, l'on retrouve des aspects qui ont un rapport avec les représentants et les travailleurs, et, de manière plus diluée, des facteurs liés au contexte ou à l'entreprise.

L'étude contribue à la recherche sur l'importance d'établir des relations de représentation, afin de mieux comprendre (et représenter) les besoins des travailleurs et de permettre que les organismes collectifs représentatifs retrouvent leur légitimité.

Workers' Knowledge and Views on Interaction with Health and Safety Representatives: An Exploratory Qualitative Study

Laia Ollé-Espluga, Montse Vergara-Duarte, María Menéndez-Fuster, Joan Benach and María-Luisa Vázquez

The action of health and safety representatives (HSRs) has proven beneficial for workers' occupational health, but a number of determining factors can diminish HSRs' effectiveness. In this qualitative study, we explore the workers' knowledge and opinions of their interaction with HSRs and its determinants by means of semi-structured interviews with a theoretical sample of workers from Barcelona and Girona (Spain). A vast unawareness of HSRs' existence and functions among workers is found: only the few workers who know the HSRs personally describe interaction processes with them, while some others identify occupational health-related interaction processes with unions. HSRs' limited interaction with workers can lead to a lack of awareness of their existence and role within the firm.

KEYWORDS: occupational health, worker participation, interaction, Spain.

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Funding: This work was supported by the project "Evaluating the impact of structural policies on health inequalities and their social determinants and fostering change (SOPHIE)" funded by European Commission (FP7/2007-2013), [Grant Agreement 278173].

Introduction

Research on union renewal has addressed how the way in which worker representatives relate to their constituents affects the legitimacy of worker representation bodies and the support they receive. Worker representatives with a higher “capacity for representation” stand out for their proximity with workers, which strengthens their credibility, and for their capacity for building a coherent group of representatives (Dufour and Hege, 2013). In the area of occupational health, the subject of how worker representatives act and safeguard workers’ interests, and to what extent this contributes to encouraging greater participation of the workers in health and safety issues has been scarcely studied. In this paper, we present the results of a study conducted in Catalonia (Spain) analyzing the relationship between workers and worker representatives in occupational health from the workers’ perspective.

Background

Promoting and maintaining health and safety in the workplace has always been one of the primary functions of worker representative action and, also, one of the main concerns of workers (International Labour Office, 2002). Accordingly, the first legally recognized form of worker representation corresponded to workers’ representatives in occupational health (Thébaud-Mony *et al.*, 2015: 514). Currently, a wide variety of forms of worker representative participation in occupational health exist around the world. In Europe, it is estimated that the most widespread form of representative participation in occupational health are health and safety representatives (HSRs), workers with the mandate to represent the workers’ health and safety interests at work. However, this role can be developed either by general mechanisms for worker representation (e.g., shop stewards or works councils) or by specialized representative bodies in occupational health and safety (e.g., HSRs or Health and Safety Committees, a joint representative body with HSRs and management representatives, see Menéndez *et al.*, 2009).

Considering the national employee thresholds for the right to worker representation in occupational health, in 2015 HSRs were estimated to be present in 58% of establishments in the European Union’s 28 member states (EU-28, (see European Agency for Safety and Health at Work, 2015); and in 50% of establishments in Spain (INSHT, 2015). These employee thresholds vary throughout Europe. In Spain, there must be a health and safety representative if there are six or more workers on site and a mandatory Health and Safety Committee if there are 50 or more workers. HSRs are most frequently appointed by and from among the worker representatives, although the *Spanish Act on Preven-*

tion of Occupational Risks allows for other forms of designation if set by collective agreement. Theoretically, any worker may be designated as an HSR. In practice, unions play a central role in workplace representation and the vast majority of HSRs carry out their tasks under the auspices of a union (Menéndez *et al.*, 2009). The existence of worker representatives in occupational health is highly dependent on the firm's size—being more common in large firms—but also on the sector of the firm, with a higher prevalence in sectors such as public services or manufacturing (European Agency for Safety and Health at Work, 2015; INSHT, 2015).

The action of worker representative participation in occupational health has proven beneficial for workers' occupational health. For instance, it has been associated with a reduction in work-related diseases and injuries, the provision of more and better information on occupational health and safety for workers, and better enforcement of the rules (Coutrot, 2009; Mygind *et al.*, 2005; Reilly *et al.*, 1995). However, many factors can alter the effectiveness of HSRs (Menéndez *et al.*, 2009), one of which is the interaction that exists between workers and HSRs.

By interaction, we mean the relationship that workers and their representatives establish with each other throughout a wide range of processes: from information or consultation on occupational health-related matters to collective action. There is much evidence on the macro-level context within HSRs perform their function and how it shapes their interaction with workers. The de-collectivization of labour relations has weakened worker collective power and eroded occupational health and safety standards (Johnstone *et al.*, 2005); the spread of flexible employment policies has given rise to groups of workers facing difficulties (or impossibility) in being involved and protected by the action of worker representatives (Quinlan and Johnstone, 2009); and the growth of non-pluralist management approaches in health and safety is marginalizing worker representatives' action and vision, whilst increasing workers' direct participation and responsibility in occupational health issues (Walters *et al.*, 2016; Walters and Wadsworth, 2019).

However, the study of interaction processes between representatives and their constituencies alludes to the implementation of everyday practices at the micro level to build and maintain a representative link (Dufour and Hege, 2013) and it has been highlighted as a source of strength for collective representation bodies to regain their legitimacy (Dufour and Hege, 2010). In the field of occupational health, there is less research devoted to this topic, although it is starting to receive attention as a resource for collective action in health and safety issues (Baril-Gingras and Dubois-Ouellet, 2018). Pieces of evidence suggest that worker-HSR interaction affects HSRs' knowledge of workers' problems, workers' awareness

of hazardous work conditions and rights, and ultimately, workers' support for their representatives (Carpentier-Roy *et al.*, 1998; Granaux, 2012; Hall *et al.*, 2016; Ollé-Espluga *et al.*, 2014; Walters *et al.*, 2016).

Some studies in Canada (Carpentier-Roy *et al.*, 1998; Simard *et al.*, 1999) showed that workers' support was linked to how effective they perceived the representatives' actions to be and how their representatives interacted with them (i.e. to what extent representatives took on board and solved their demands, and provided feedback on activities carried out). In this regard, the way representatives perceive and fulfill their role has an influence on the amount and scope of interaction they have with workers. Higher levels of interaction with workers have been observed among HSRs with a "knowledge activist" perception of their role. These HSRs spend significant time dealing with workers on health and safety-related problems and complaints, providing them with health and safety training, as well as building and organizing worker support. Knowledge activists differ from other HSRs in that they are more likely to mobilize information, education and research in order to effect change in the workplace (Hall *et al.*, 2016; Walters and Wadsworth, 2019). In contrast, HSRs with a technical-legal understanding of the role and its duties have a more a restricted view of occupational health and limited interaction with workers—for instance, in Spain, they confine interaction with workers to providing information and requesting feedback regarding identification of occupational hazards (Ollé-Espluga *et al.*, 2014), and in Canada, they invest less time in providing health and safety training to workers (Hall *et al.*, 2016).

With respect to interaction processes led by workers, data would indicate that workers tend not to address complaints about their working conditions to their representatives but rather to their superiors (TNS Political and Social, 2014; Walters and Haines, 1988b). This is so because workers tend to regard management as the most capable actor to solve their problems (Olsen, 1993: 278-279). Factors stopping workers from addressing these types of issues include: the perception of work-related problems as being minor or an inevitable part of the job; the fear of negative repercussions on their job and the priority of keeping their job rather than airing health and safety grievances; and the view that the worker is generally to blame for health and safety problems encountered in the workplace (Bluff, 2011; Gunningham, 2008; Olsen, 1993; V. Walters and Haines, 1988b). Other factors that can hinder collective action within firms—for any kind of grievance—are workers' negative views on labour unions, endangering their legitimacy (Murray, 2017), and the overall economic context, for instance, unemployment rates (Badigannavar and Kelly, 2005).

Given the lack of studies analyzing the relationship between workers and HSRs, in this paper we explore workers' knowledge and opinions on HSRs, the circum-

stances in which workers interact with HSRs, and their determining factors in Barcelona and Girona—two provinces in Catalonia (Spain)—in the period 2013-2014.

Methods

Study design, sample and recruitment

A qualitative, exploratory, descriptive-interpretative study (Vázquez *et al.*, 2006) was conducted to analyze the interaction processes between workers and their representatives in occupational health from the workers' perspective. This is a qualitative study with a phenomenological perspective as it analyses the phenomenon under study (the interaction processes between workers and their representatives in occupational health) based on the experience and opinions of one of the main social actors' perspective, the workers, and focuses on exploring how individuals make sense of it. Its exploratory nature stems from the fact that there was limited research on the topic and it is descriptive-interpretative because not only does the study aim to provide insightful accounts into the individuals' subjective experiences, but also to identify the underlying main interaction processes and their determining factors.

This paper is part of a dissertation on worker-HSR interaction in Spain. In the previous study, we focused on the HSRs' viewpoint (resulting in the publication of Ollé-Espluga *et al.*, 2014), while this second study is focused on the perspective of workers employed at the same firms. As such, workers employed at firms with HSRs formed the study population and a theoretical sample in two stages was designed. In the first stage, the study contexts—the firms—were selected. Drawing from the same firms included in the first study, firms were chosen according to criteria affecting union activities at workplaces (Pitxer and Sánchez, 2008) and HSRs' interaction with workers (García *et al.*, 2004) such as: size (under 50 workers/50 or more workers), branch of economic activity (industry/services/construction) and sector (public/private), in order to yield a maximum variation sample (Miles and Huberman, 1994; Patton, 2002). Six of the original firms from the province of Barcelona were included and a supplementary firm from the province of Girona with similar characteristics to the initial sample was added. This incorporation was due to difficulties in getting access to some of the firms during the fieldwork such as delays or a lack of response from HSRs.

Once firms were selected, maximum variation sampling was also applied to select informants with the aim of exploring a broad range of workers' opinions in the second stage. The criteria were defined according to factors influencing the relationship between workers and their representatives, such as sex and type of contract (Alós, 2014; Dufour and Hege, 2010). Spanish law gives HSRs the capacity to intervene in worksites involving subcontractors when these workers

do not have any form of collective representation (*Royal Decree 171/2004*, art. 15.2). As a result, the criterion of ‘contract type’ (permanent/temporary) evolved into ‘type of employment relationship with the HSRs’ firm’ (stable/temporary) in order to also include self-employed workers who worked as construction subcontractors for the HSRs’ firm. Public sector employees and workers with permanent contracts were included in the category of stable employment relationship, whilst the category of temporary employment relationship covered temporary workers, temporary public sector employees and subcontracted self-employed workers. During data collection, we observed that most of the participants had a stable link with the firm. Therefore, we also decided to incorporate age as a variation criteria (<35 years/35-50 years/50 years or over), due to the relationship between age and employment precariousness, and between precarious employment and workers’ relationship with their representatives (Alós, 2014; Dufour and Hege, 2010; see Table 1). Originally, tenure was also considered as a selection criterion but it had to be discarded because we could not reach workers with longevity, i.e. with three or more years of service, probably due to the context of the economic crisis (job destruction has chiefly affected short-tenured workers). The final sample size (n=22) was determined by data saturation.

Workers were selected in three ways. Firstly, HSRs from the firms included in the first study phase were asked to provide a list of workers along with their profiles for the researchers to contact (4 interviews). Secondly, in large firms, participants fitting the criteria were also reached through researchers’ contacts, as well as snowballing from these informants (11 interviews). Finally, in some firms

TABLE 1
Final composition of the study sample

Criteria for variation		Women	Men
Branch of economic activity	Industry	2	3
	Construction	0	4
	Services	5	8
Economic sector	Public	5	5
	Private	2	10
Firm size	< 50 workers	0	3
	≥ 50 workers	7	12
Age	<35 years	3	3
	35-49 years	2	7
	≥ 50 years	2	5
Relationship with HSRs’ firm	Stable	4	12
	Temporary	3	3
Total		7	15

in which participation was especially difficult to achieve, workers were directly recruited at their workplaces after seeking permission from their managers (7 interviews). A number of candidates declined to participate (17 out of 39). The main reasons given for not participating were lack of interest, the length of the interview, and the fact that it was not an initiative of their firm.

Data collection

We collected data through semi-structured interviews, with a topic guide (Patton, 2002). We followed an iterative process of data collection and analysis so that the interview topic guides were refined during the initial phase according to the initial interview results.

The main topics of interest for the interviews were workers' knowledge and opinions regarding HSRs, interaction processes between workers and HSRs, and factors that could influence these (e.g. work and working conditions; risk perception and knowledge on occupational health; unions and collective action), although all emerging themes relevant to the study objectives were followed up during the interview. During the fieldwork, workers' unawareness of HSRs emerged strongly so the topic guide was refined in order to ask in detail about occupational health-related interaction processes between workers and those whom they identified as union representatives.

The data were collected from February 2013 to April 2014 by the first and third author. Most of the interviews lasted between 40 and 60 minutes (ranging from 30 to 80 minutes). Interviews were conducted in locations chosen by the interviewees such as workers' homes (n=8), their workplace (n=12), the research group premise (n=1) or public spaces (n=1). No honorarium was offered for participation.

Data analysis and quality of information

The interviews were first transcribed verbatim and textual data were coded and categorized, with support from the Atlas.Ti® program (version 5.0). Thematic content analysis was performed (Patton, 2002; Vázquez *et al.*, 2006), by paying attention to regularities, convergences and divergences in the content of text data. The various themes were constantly compared and classified into codes and sub-codes. The initial analytical categories were derived from the topic guide, while others were identified in the data and developed as the analysis evolved. Final categories of analysis included: workers' knowledge and opinions regarding worker representatives (HSRs and unions), and worker-representative interaction processes in the occupational health problem-solving cycle (including problem identification, decision-making and problem-solving, see Table 2).

TABLE 2
Categories and sub-categories of analysis

Categories	Sub-categories	
Knowledge and opinions regarding worker representatives	Knowledge of health and safety representatives' (HSRs) existence	
	Opinions regarding the HSRs	
	Factors influencing knowledge and opinions regarding HSRs	
	Knowledge of unions' existence	
	Opinions regarding unions	
Interaction with worker representatives in the problem-solving cycle	Factors influencing knowledge and opinions regarding unions	
	Interaction in problem identification	From worker representatives to workers
		From workers to worker representatives
		Influencing factors in problem identification
	Interaction in decision-making	From worker representatives to workers
		Influencing factors in decision-making
	Interaction in problem-solving	From worker representatives to workers
		From workers to worker representatives
		Influencing factors in problem-solving

Data analysis was performed by the first author and audited by the second and last authors. The researchers involved in the analysis had different backgrounds and in-depth knowledge of qualitative methods, as well as the research topic and its context.

Ethics Review and Approval

Ethical approval was granted by the Clinical Research Ethical Committee of the Parc de Salut Mar (2012/4791/I), Barcelona (Spain). Candidates and participants were informed of the study goal and that they were free to participate and to withdraw at any stage of the research. All participants gave their written consent to participate prior to data collection. Interview contents were anonymized and confidentiality was assured.

Results

In this study, the workers who are aware of the existence of a worker representative in occupational health in their workplace fall into two different cat-

egories: firstly, those who are aware of the existence of HSRs (in some cases, knowing them personally and interacting with them, and in others, knowing they exist but not knowing them in person) and secondly, those who are aware of the existence of worker representatives, yet do not associate them with the figure of a HSR, but rather with the figure of a union representative devoted to occupational health issues (again, having interacted with them in some cases and not in others). For this reason, the results section is separated into two subsections, one on knowledge of the figure and another on interaction processes with worker representatives.

Knowledge and opinion regarding worker representatives: HSRs and unions

Among the participants, we observe a predominant unawareness of the existence of HSRs. In general, workers do not know the person performing the HSR role and/or what the role itself entails. HSRs are mostly equated with occupational health and safety technicians or other people in charge of the Health and Safety Department, while other workers identify HSRs with workers trained to act in case of fire, and in the construction sector, with the construction foreman. The few workers who know about the existence of HSRs identify them as worker representatives, either through the union or as a co-worker devoted to health and safety matters. However, even among this group of workers, lack of awareness emerges regarding HSRs' functions or the actual person holding this position. Workers who are aware of HSRs' existence are either closely related as a friend or work colleague (generally in small firms or with a job post linked to occupational health issues), or are involved with a trade union, either currently or in the past. Identified factors determining unawareness of HSRs are not having received information about them, or the lack of proactiveness in the way HSRs act: "If they [HSRs] are waiting, they will only receive critical cases, not the rest of us on the Gauss curve who just keep going. We won't go to them, only those who are in a very extreme situation will." (Man, Industry, 35-49 years).

The widespread unawareness of HSRs contrasts with the sweeping knowledge of the existence of unions in the interviewees' workplaces. However, workers commonly associate unions' activity with labour rights and employment conditions, not with occupational health. Workers' employment conditions emerge as a factor hindering awareness of the existence of trade unions, as subcontracted workers, and in some cases short-term contract staff, do not know whether they have unions.

Concerning workers' opinions of their representatives' unions, these are divided between those holding a minority and very positive view of unions; those perceiving unions as necessary to defend workers' interests but flawed in the way

they function, especially at the workplace level; and those displaying a strong rejection of unions at all levels. Strong criticism of unions emerges particularly among construction workers, as they feel they were left in the lurch by unions during the crisis.

Workers who know about the HSRs perceive that their action is generally positive: “I think that what X [HSR’s name] is doing is good. I mean, he is proactive, he visits the workplaces, he visits the firms, he works them hard, because I saw it.” (Man, Services, 35-49 years). The HSRs are also seen as an intermediary between workers and management or a counterbalance to the power of management, working more or less effectively according to their resources (in terms of time, information, support and power). However, for some workers, HSRs’ link with the union is troublesome. Workers at middle-management level consider that HSRs’ connection with unions turns health and safety into an issue with an adversarial stance when it should not be dealt with in such a way. Most of the construction workers—those with a more negative opinion of unions—regard HSRs as union-involved colleagues with no proficient knowledge in health and safety.

Workers’ views on worker-representative interaction in the health and safety problem-solving cycle

Only those workers who personally know HSRs elucidate interaction processes with them; otherwise, workers do not identify worker representatives as HSRs but as union members. From the workers’ discourse, it emerges that workers-representatives interaction processes are scarce: these mostly involve the identification of detrimental working conditions and requests for help to solve occupational health-related problems (in the case of both HSRs and union representatives), while workers’ participation is limited in terms of deciding what problems and issues to address, and regarding joining health and safety mobilizations (processes associated with unions).

The experiences and opinions on the interaction processes between workers and HSRs within the different phases of the problem-solving cycle—i.e., problem identification, decision-making, and problem solving—are further analyzed in the following sub-sections.

Interaction processes in problem identification

Interaction processes led by representatives in the problem-identification phase predominantly refer to information processes in the workplace in which workers were approached in order to identify any problems with their working conditions. This form of interaction was associated with both HSRs and unions. With regard to HSRs specifically, workers mentioned information processes to

investigate the circumstances surrounding work-related accidents, as well as processes to educate workers in which HSRs send them supplementary materials or information on courses in risk prevention. However, almost all of the workers report that they were informed on occupational health risks and preventive measures by management sources.

Interaction processes that originated from workers only emerged marginally in the discourse and dealt with situations in which the workers raised occupational health issues with HSRs or unions. They involved workers contacting HSRs to warn them of problems and risks of which they may be unaware, because they think their information may be of help to the HSRs, or sending help requests to HSRs or union representatives. Help requests are used to put pressure on management to solve unaddressed health and safety problems and are used as a last resort. Examples provided include inquiries regarding contact with chemical products, requests to reduce the physical burdens of a job, and a request for help concerning detrimental psychosocial conditions (low esteem leading to mobbing).

Being consulted by unions about working conditions is mostly described by construction and industry workers, whereas contacting the HSR to report on detrimental situations is only mentioned by those workers who have fully internalized the function of HSRs, either as a result of friendship or union membership. As for factors contributing to the lack of interaction with worker representatives, unawareness of HSRs and their functions was highlighted: "...maybe you don't even consider asking [HSRs] something until you really have a problem [...] maybe due to unawareness of what they do and how they can help you before having the problem..." (Woman, Services, <35 years). Another factor is workers' perception of the limited capacity of HSRs and unions to effect change. In some cases, referring to unions, workers think that union representatives, as co-workers, should already know about their working conditions and, among construction workers, a negative attitude toward unions makes them reluctant to interact with union representatives. Finally, it has been pointed out that the identification of problems is hindered by a lack of proper training/information of workers regarding occupational health. For instance, while workers describe being exposed to detrimental psychosocial conditions these are not conceived by the workers themselves as an occupational health problem.

Interaction processes in decision-making

In the decision-making phase, interaction processes are scarce and confined to the unions. Workers signal that they do not participate in taking decisions regarding what topics to address: "The way they [union representatives] choose the topics to deal with is opaque, you don't know how it works. Nor do you know how they search for solutions..." (Man, Services, <35 years). Only one case

emerged where workers were consulted by the union regarding an occupational health-related matter: the introduction of new products involving a change in the employees' workload, "... when we were about to [introduce a new product model], [the unions] did ask the workers' opinion... In fact, we voted in order to see whether we wanted it to happen or not" (Woman, Industry, ≥ 50 years). However, the informant did not regard it as an occupational health issue, but rather a productive one. One factor related to reporting being consulted by unions is holding a positive opinion of unions.

Interaction processes in problem solving

Two types of interaction processes emerge in the problem-solving phase. Firstly, there are information processes led by worker representatives. As regards HSRs, only a few workers describe processes in which HSRs report back on the contents of meetings and agreements reached on occupational health issues through formal communication channels. Information processes in which oral feedback is provided on actions taken regarding occupational health issues raised by workers are mainly associated with union representatives. A second form of interaction is workers supporting the union in the case of mobilization; however, only one informant employed in the industry sector took part in an occupational health-related mobilization, which was in response to an issue perceived as grave by the worker: the claim that an ambulance and further medical equipment should be present at the factory at all times to prevent deaths due to excessive waiting times. Most commonly, workers do not inform anyone nor ask for help in the case of problems related to working conditions; at best, they turn to their supervisors.

Worker-related factors shaping the (absence of) interaction with representatives in the problem-solving phase include: the workers' view that their work-related problems are an inherent part of the job and, thus, cannot be changed; their risk awareness and the perception that problems are of minor importance, especially among those doing clerical work; the minority view that workers are to blame for their work-related health problems, which arises more prominently in the discourse of middle-management workers; the perception, especially among workers in unstable employment, that taking action will involve more costs than benefits (e.g., salary reduction, or future retaliation), which is closely related to the context of high unemployment and economic crisis and, in some cases, to fear of losing their job; and, to a much lesser extent, an attitude of not wanting to get involved.

With regard to unions, some workers complain about a context in which a direct relationship with union representatives is lacking, and in which union representatives do not actively seek workers' support: "... [In the work center], there

is no such nice activity from the union representatives. They send you emails, they send you I don't know what or they come and give you a flyer, but they do not stop and say: 'Come on, fellow workers, this is being done for this reason and we are negotiating on this, and if this amount of people join up such a thing will be achieved'." (Woman, Services, 35-49 years). With respect to contextual factors, the fragmentation of workers into multiple groups with different employment and working conditions makes it difficult to share a joint claim, and the existence of different worksites proves an obstacle for finding time and space to meet.

Discussion

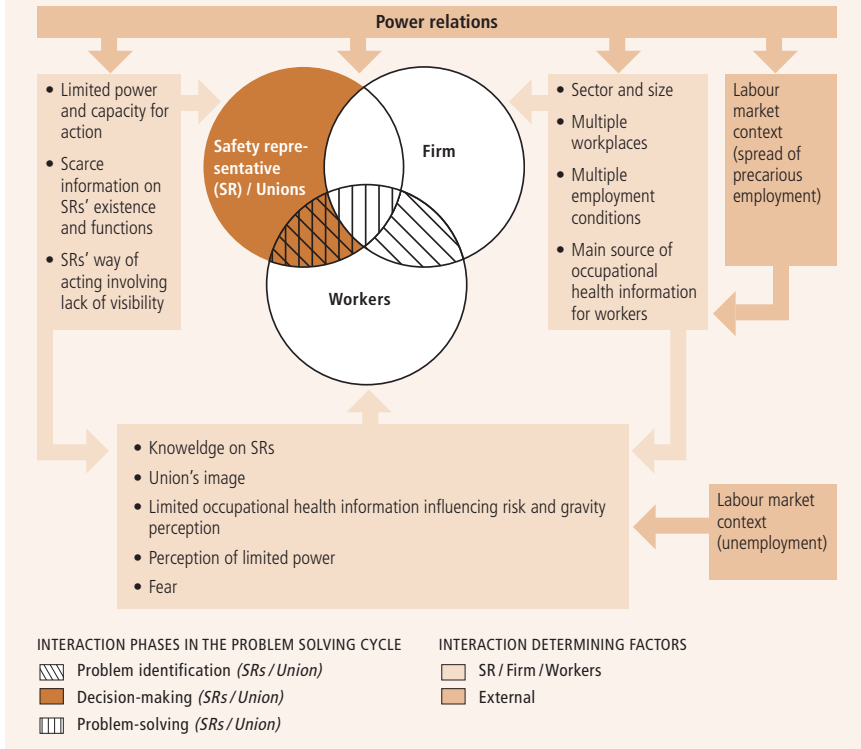
This paper analyzed workers' views on the relationship between workers and their representatives in occupational health and its influencing factors. One striking result is the widespread lack of knowledge and misconceptions surrounding HSRs and their functions. Due to this, we also explored the interaction processes in occupational health matters between workers and those they identified as union representatives. Interaction between workers and their representatives is very scarce and restricted to those few workers who meet personally with them, whereas the rest know neither who they are nor what their role is in the firm. In contrast, workers tend to be aware of the existence of unions at their workplaces, yet worker-union interaction regarding health and safety matters still appeared to be rather limited. Moreover, most workers tend not to raise grievances with the health and safety or union representative in cases of occupational health-related problems and when they do so, it is as a last resort as found in (Gray, 2011; Walters and Denton, 1990). We observed only a slight difference in content depending on whether interaction concerns health and safety or union representatives: while workers' interaction with—both health and safety or union—representatives is mostly associated with information sharing or help requests, some worker-union interaction processes also emerge (though to an extremely limited extent) in health and safety-related mobilizations and decision-making processes (Figure 1).

As for determining factors of the interaction between workers and -health and safety or union-representatives, these emerge strongly in relation to representatives and workers and, in a more diluted way, with regard to the labour relations context or the firm (Figure 1).

The opinions of workers as well as those of HSRs (Ollé-Espluga *et al.*, 2014) point to the fact that the way representatives (inter)act seems to feed into a circle of workers' having scant knowledge of HSRs and little interaction. Thus, workers' unawareness is not only a consequence of a limited interaction with HSRs, but also a main factor influencing workers' interaction with HSRs. This is because

FIGURE 1

Interaction between workers and representatives in occupational health in the problem solving cycle: phases and influencing factors from workers' perspective



representatives tend to interact with workers and encourage their participation at the information level and, to a lesser and more restricted degree, consultation level. From the 'participation ladder' perspective—where the higher the rung, the more control there is over decisions taken—information and consultation are intermediate rungs that do not ensure that workers' views are taken into account (Arnstein, 1969). Secondly, because workers' voices are mainly sought for the identification of occupational health problems and are largely excluded from decisions on how to act on problems. Finally, the sense of remoteness may be reinforced by representatives mostly resorting to some form of problem solving, such as negotiation with management or assisting the *Labor Inspectorate* (Ollé-Espuga *et al.*, 2014), in which workers can only participate in a passive way, by being informed about the outcomes.

This finding is relevant because, from the workers' perspective, it does not seem that HSRs are implementing successful practices leading to deliberative vitality. In the literature of union renewal, deliberative vitality is part of the power

resource corresponding to internal solidarity and it refers to the existence and regularity of mechanisms and procedures that allow the relationship with members, the existence and effectiveness of communication channels, or the existence of policies and programs to integrate new members (Lévesque and Murray, 2010: 338). On the contrary, the interaction practices undertaken by HSRs could be leading to a lack of visibility of worker representatives and a poor knowledge of their existence and functions among workers, as well as it does not promote an informative conduit (or at least does not succeed in reaching workers) on occupational health matters, as also found in Dugué *et al.*, 2012. As a consequence, this could widen the gap between representatives and workers by shaping the amount and type of workers' knowledge on HSRs' existence, on occupational health, as well as their perception of risks and rights.

Workers' awareness of HSRs has been associated with being more protected by preventive action (Ollé-Espluga *et al.*, 2015) and with a greater knowledge of occupational health and safety legislation (Walters and Denton, 1990). In our interviews, workers reported that most of the information they receive about health and safety topics comes from management, and relevant gaps in awareness of risks were observed, for instance, not regarding psychosocial working conditions included in the domain of occupational risks. Whilst workers describe company campaigns and actions to promote occupational health, they do not report that these made them aware of the role of the HSR. Nor do they describe situations in which the HSRs introduced themselves in person. If HSRs do not develop an informative function, they give way to the spread of a more traditional technical-scientific vision of health and safety, which could result in workers being unaware of issues that they and their representatives can act upon. This is all the more important given the general context of spread of direct communication between workers and management regarding occupational health and the promotion of occupational health conceptions increasing personal accountability described by Walters and Wadsworth, 2019.

In addition, the spread of a traditional vision of health and safety could influence the way in which workers conceive of the HSRs' role and their source of legitimacy. In our studies, we observe a prevailing non-collectivistic, technical-scientific paradigm of health and safety that is influencing both workers and HSRs. At the same time, the close connection between unions and HSRs can affect workers' inclinations to resort to HSRs, curtailing their interaction with them. In accordance with the socio-political climate in the country at the time the study was undertaken, in our results unions have been subjected to several criticisms and, for some workers, this very link with unions compromises the HSRs' technical legitimacy. On a more optimistic note though, if trade union crisis is a matter of legitimacy that can be regenerated through the construction of rela-

tions of representativeness at the workplace level as suggested by Dufour and Hege (2010), encouraging worker-representative interaction might be a way of reversing this crisis (for a further analysis on how unions frame health and safety issues, see Baril-Gingras and Dubois-Ouellet, 2018).

Despite emerging less strongly than in the study with HSRs' opinions (Ollé-Espugla *et al.*, 2014), some of the worker-related factors affecting the interaction with their representatives also reflect the context of unequal power relations in which worker representation in occupational health occurs. The spread of job precariousness and the fragmentation of the workforce weaken the power of workers on both the individual and the collective level. In Spain, while workers such as self-employed or informal workers, or employees in small firms cannot have HSRs due to legal impediments (Calderón and López, 2010), other groups of workers—e.g. subcontract labor, teleworkers or temporary workers—may have the collective representation right but their employment situation hinders their possibility of raising occupational health issues to safety representatives, or being aware of their existence (Johnstone *et al.*, 2005; Alós, 2014: 7). In our results, most workers do not address health and safety issues due to reasons such as feeling that their working conditions cannot be changed, fear of reprisals, or the result of weighing up costs and benefits when no serious problems are perceived, as observed in other studies (Gunningham, 2008; Walters and Denton, 1990; Walters and Haines, 1988a). All of this signals the existence of an ever growing segment of workers—in our study, those in unstable employment—who despite having the right to representation, in practice have difficulties exercising it, especially within the context of massive unemployment, increasing devaluation of labour rights and deterioration in employment and working conditions in which the study was undertaken. While unemployment fuels workers' fears and hampers their propensity to take action, the spread of employment precariousness limits the action of organized labour in the workplaces (e.g. by dividing the workforce and its interests or by introducing job instability and, thus, making it more difficult to get involved, see Johnstone *et al.*, 2005; Dufour and Hege, 2010). As a result, workers perceive themselves as powerless while their representatives, at best, are seen as necessary but unable to effect change (and at worst, fall short of legitimacy among the workers).

A last set of factors determining interaction seem to suggest that some firm-specific characteristics have a role to play. For instance, workers in industry and construction, which are more associated with "traditional" and serious/imminent occupational hazards, are the most aware of processes involving interaction with trade unions regarding health and safety matters. In a similar vein, results from a study in a hazardous industry such as the coalmines showed a context in which workers interacted with their representatives by addressing concerns and

complaints despite the uncooperative labour relations environment (Walters *et al.*, 2016). On the other hand, establishing a close relationship with workers is particularly difficult in some firm contexts. Although HSRs are legally entitled to paid time off to perform their tasks, they face communication difficulties when the firm is very large, it has several work centers or subcontracting (Ollé-Espluga *et al.*, 2014; Johnstone *et al.*, 2005). Conversely, workers employed in small firms tend to have a greater awareness of the HSRs' existence due to close relationships with the representatives, although other characteristics emerge in relation to awareness of HSRs such as friendship, having an occupational health-related job or having a union background

Study limitations

This study has several limitations. The way the study sample was designed may have narrowed the study findings. The sample consists primarily of workers with relatively advantageous working conditions: it does not include workers from the agricultural sector and most of the informants are in stable employment. This is because the way participants were recruited tended to leave out short-tenured workers and because every firm in our sample went through some sort of restructuring process due to the economic crisis (e.g. redundancies, salary cuts/freezes) which could have intensified workers' reluctance to participate in any activity that could endanger their job. It is likely that short-tenured workers are less aware of the existence of HSRs and have fewer interaction experiences with them. In addition, 17 of the 39 workers contacted refused to participate in the study, perhaps coinciding with those more reluctant to participate in the study due to a more precarious employment situation. Overall, we acknowledge biases that may also have affected discourse saturation regarding factors influencing workers' (lack of) interaction, such as fear of job dismissal. However, we believe these limitations do not undermine the results of the study, since the sample distribution is similar to that of the labour market distribution in Catalonia, with a minority of workers in the agricultural sector, and a large share of the employed population with longevity in their firm of three years or more. As one of the strategies for reaching participants was through HSRs, our sample might also have been affected by the difficulties encountered in reaching some HSRs due to workload, illness, or lack of interest. Nonetheless, firm diversity has not been compromised by this fact since we sought to secure maximum variation, even including a new firm with similar characteristics.

Concluding remarks and directions for future research

The study provides insight into the building of relations of representativeness in occupational health from the workers' perspective. It shows the very limited interaction processes they establish with their representatives (and *vice versa*),

workers' vast unawareness of HSRs and their function, as well as prevalent gaps in knowledge regarding occupational health rights and scope.

Our research also points to determining factors on which HSRs can act upon such as the way HSRs (inter)act and the prevailing conception of occupational health. HSRs should adopt a more pro-active type of action, encouraging communication with workers and their participation in decision-making, paying special attention to workers in more precarious working conditions. HSRs should also boost an educational role regarding work-related health in which an own, broader perspective in occupational health is developed and workers' knowledge is given value. Additional measures enabling worker-HSR interaction entail the participation of other actors in making workers aware of HSRs and their function (e.g., other types of representatives at the workplace, unions or the public administration, among others). Lastly, interaction would be facilitated by the incorporation of clauses in collective agreements facilitating workers' participation during the working day and the communication channels between HSRs and workers or the reform of the number of representatives to reduce the ratio of workers for each HSR (especially in large companies), including a special criterion in cases of companies with multiple work centers (Johnstone *et al.*, 2005).

Our analysis hints the potentialities of interaction to implement effective worker participation in occupational health. Yet, further research efforts are needed to better examine the impact of worker-HSR interaction on the effectiveness of HSRs and the improvement of health and safety in the workplace. Moreover, it would be interesting to develop studies on worker-HSR interaction focusing on successful occupational health-related experiences of union organizing and worker mobilization, in such a way that individual components are singled out for the specific part they play, with particular interest paid to factors such as health and safety representatives' legitimacy, type of action performed, prevailing health and safety vision, and the role of workers' employment conditions.

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SUMMARY

Workers' Knowledge and Views on Interaction with Health and Safety Representatives: An Exploratory Qualitative Study

The action of health and safety representatives (HSRs) has proven beneficial for workers' occupational health, but a number of determining factors can diminish HSRs' effectiveness. One understudied factor shaping HSRs' effectiveness is the interaction that exists between workers and HSRs, that is, the relationship that workers and their representatives establish with each other throughout a wide range of processes.

In this paper, we explore the workers' knowledge and opinions of their interaction with HSRs and its determinants. We undertook a qualitative exploratory and descriptive-interpretative study by means of 22 semi-structured interviews with a theoretical sample of workers from Barcelona and Girona (Spain).

Results show a vast unawareness of HSRs' existence and functions among workers; only the few workers who know the HSRs personally describe interaction processes with them, mainly concerning hazard identification. Some of the workers mentioned processes of interaction with unions regarding health and safety at work. These processes consist mainly in raising issues with union representatives and, in a more limited way, in associating with occupational health mobilizations and participating in decision-making processes. Determining factors of the interaction between workers and -health and safety or union- representatives emerge strongly in relation to representatives and workers and, in a more diluted way, with regard to the context or the firm.

The study contributes to the research concerning the building of relations of representativeness as a way to better understand (and represent) workers' needs

and provides strategic insight for collective representation bodies to regain their legitimacy.

KEYWORDS: occupational health, worker participation, interaction, Spain.

RÉSUMÉ

Connaissances et opinions des travailleurs sur les interactions avec leurs représentants en santé et sécurité : une étude qualitative exploratoire

L'action des représentants en santé et sécurité du travail (RPSST) s'est avérée bénéfique pour la santé au travail des travailleurs. Cependant, l'efficacité des RPSST peut être diminuée par un certain nombre de facteurs déterminants. L'un des facteurs sous-étudiés est l'interaction qui existe entre les travailleurs et les RPSST, c'est-à-dire la relation que les travailleurs et leurs représentants établissent les uns avec les autres dans une vaste gamme de processus.

Nous explorons les connaissances et les opinions des travailleurs sur leurs interactions avec les RPSST et leurs déterminants. Nous avons entrepris une étude qualitative exploratoire et descriptive-interprétative, à travers 22 entretiens semi-structurés grâce à un échantillon théorique de travailleurs de Barcelone et de Gérone (Espagne).

Les résultats montrent une grande méconnaissance de l'existence et des fonctions des RPSST parmi les travailleurs; seuls ceux qui connaissent personnellement les RPSST décrivent les processus d'interaction avec ces derniers, principalement en ce qui concerne l'identification des dangers. Parmi les travailleurs, certains ont mentionné des processus d'interaction avec les syndicats concernant la santé et la sécurité au travail. Ces processus consistent principalement à soulever les problèmes avec les représentants syndicaux et, de manière plus limitée, à s'associer à des mobilisations liées à la santé au travail et à participer aux processus de prise de décision.

Parmi les facteurs qui sont fortement déterminants dans l'interaction entre les travailleurs et leurs représentants — que ce soient des délégués dans le domaine de la prévention ou des représentants syndicaux —, l'on retrouve des aspects qui ont un rapport avec les représentants et les travailleurs, et, de manière plus diluée, des facteurs liés au contexte ou à l'entreprise.

L'étude contribue à la recherche sur l'importance d'établir des relations de représentation, afin de mieux comprendre (et représenter) les besoins des travailleurs et de permettre que les organismes collectifs représentatifs retrouvent leur légitimité.

MOTS-CLÉS: santé et sécurité au travail, participation des travailleurs, interaction, Espagne.

RESUMEN

Conocimiento y Opiniones de los Trabajadores sobre la Interacción con Representantes de Salud y Seguridad: Un Estudio Exploratorio Cualitativo

La acción de los delegados de prevención (DPs) ha demostrado ser beneficiosa para la salud laboral de los trabajadores, pero la efectividad de los DPs puede verse disminuida por una serie de factores determinantes. Un factor poco estudiado que moldea la efectividad de los DPs es la interacción que existe entre los trabajadores y los delegados, es decir, la relación que los trabajadores y sus representantes establecen entre sí a través de una amplia gama de procesos.

En este artículo exploramos el conocimiento y las opiniones de los trabajadores sobre su interacción con los DPs y sus determinantes. Se realizó un estudio cualitativo exploratorio y descriptivo-interpretativo, mediante 22 entrevistas semiestructuradas con una muestra teórica de trabajadores de Barcelona y Girona (España).

Los resultados muestran un amplio desconocimiento de la existencia y funciones de los DPs entre los trabajadores; solamente los pocos trabajadores que conocen personalmente a los DPs describen procesos de interacción con ellos, principalmente referidos a la identificación de peligros. Algunos trabajadores mencionan procesos de interacción con sindicatos por temas de salud ocupacional. Estos procesos se refieren principalmente a presentar problemas a quienes identifican como representantes sindicales y, si bien de forma muy limitada, a haberse unido a movilizaciones relacionadas con la salud ocupacional y participado en procesos de toma de decisiones. Emergen con fuerza como factores determinantes de la interacción entre los trabajadores y sus representantes -ya sea delegados de prevención o representantes sindicales- aspectos relacionados con los representantes y los trabajadores y, de forma más diluida, factores contextuales o de la empresa.

El estudio contribuye a la investigación sobre la importancia de la construcción de relaciones de representatividad en tanto que vía para entender (y representar) mejor las necesidades de los trabajadores y como una fuente de fortaleza para que los cuerpos de representación colectiva recobren legitimidad.

PALABRAS CLAVES: salud laboral, participación de los trabajadores, interacción, España.