Research on the periphery: the SafetyNet Centre for Occupational Health and Safety Research

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There are many parts of the world with very limited research, training and clinical capacity in the field of occupational safety and health (OSH). These can be found even within advanced industrial countries such as Canada. In Canada, which is governed by a federal state, OSH is primarily the responsibility not of the central government but of each of the 10 provinces and three territories, and the same is true of the related domains of health, education and social policy. Historically, most of Canada’s OSH research, training and clinical capacity has been concentrated in two or three of Canada’s provinces, with only limited resources being dedicated to knowledge transfer within Canada or into Canada from international sources of experience and expertise.

This issue of Policy and Practice grew out of a research initiative on Canada’s east coast, in the province of Newfoundland and Labrador. The co-editors of this issue are part of a group that has been seeking to enhance OSH research, training, clinical capacity and knowledge exchange, not only in this province but also in the other three jurisdictions (Nova Scotia, New Brunswick and Prince Edward Island) that comprise the region called ‘Atlantic Canada’. This initiative, SafetyNet, began in 2001 with funding from the Canadian Institutes for Health Research and a focus on OSH in marine and coastal occupations. When it was established, SafetyNet was the first OSH research centre east of Québec. The underdevelopment of OSH research and practice in our region led us to an emphasis on the development of interprovincial and, in some cases, international partnerships. It also led to a focus on knowledge transfer (KT). Our intention was to work on bringing to Atlantic Canada the results and products of OSH research developed elsewhere, particularly Québec, and on evaluating these efforts at KT. This issue of Policy and Practice reports on some of the research we have done as a team in our first eight years, as well as on our KT initiatives.

The six papers in the issue offer a representative picture of what we take to be the distinctive features of our approach to OSH research, and involve a wide range of expertise and methods, combining, often in a single study, input from such diverse OSH-related fields as ergonomics, toxicology, sociology, political science, gender studies, education and psychology. We hope that, taken together, they reveal the broad-based interdisciplinary strategy we have consistently taken, drawing on expertise and resources from a wide range of academic disciplines at our base in Memorial University and at our partner universities elsewhere.

The papers also give a sense of the way we have sought to combine paying attention to the marine and coastal occupations and enterprises that have traditionally dominated the economies of our region, with a broadening of our focus on other sectors. Three of the contributions involve marine and coastal occupations and workers. Power & Baqee examine efforts to develop a safety culture through OSH training programmes for fish harvesters, as well as for high school students, in introductory courses in Newfoundland and Labrador; Power et al. synthesise the results of two studies, one on primarily female crab processing workers and the other on primarily male fish harvesters, and seek to examine how these two groups of workers speak about their bodies and the risk and reality of injury; while the paper by Wareham-Fowler & Fowler on fibreglass boat-building and repair examines the factors that affect perceptions of risk among Newfoundlanders working with styrene, a known neurotoxin.
On the other hand, two of the other papers we have chosen to include reflect the growing interest at SafetyNet in a broader range of occupations and sectors. The report by Bornstein & Hart analyses an intervention to evaluate the health and safety management system at a large iron mine and mill, while Julia Temple Newhook’s contribution examines workload issues among primary/elementary schoolteachers. This combination of an emphasis on marine and coastal occupations and a growing interest in other sectors continues to be a distinguishing feature of SafetyNet’s work. Our current roster of interests includes work on OSH risks on commercial wharves, chemical exposures in the holds of fishing vessels, research on asbestos miners and their families, and a focus on the health and social impacts of employment-related geographic mobility.

Many of the papers we have selected reflect another feature of SafetyNet’s approach: a heavy emphasis on KT by seeking to work actively with collaborators from other universities and other sectors, not only regionally in Atlantic Canada but more broadly both within Canada and internationally. This emphasis on KT is inherent in all of the papers, but is most explicitly present in Coombs-Thorne et al.’s contribution. This paper describes and evaluates the effort by a group of SafetyNet researchers to work with partners in Québéc to bring to workplaces and sectors in our region OSH programmes and products that had been developed and implemented successfully in Québéc, the part of Canada with the longest and most impressive history of research and evidence-based interventions in OSH. The paper reveals a mixed record of success and failure in adapting Québéc products for the distinctive context of the Atlantic Canada region and implementing them there.

Finally, all of our papers call attention to another distinctive feature of the SafetyNet approach: an intensive effort to involve non-academic partners in our work. We have used what we call a ‘community alliance’ approach to KT, with a particular emphasis on building enduring partnerships with key stakeholders in workplaces, sectors and public administrative units, and on involving those stakeholders in all phases of our work, from the initial design of research projects, through to their implementation, dissemination and publication. The design and implementation of every study described in this issue reveal this ‘community alliance’ approach, its features, its advantages and, often, its limitations. Perhaps the most clear-cut example is Bornstein & Hart’s paper, which describes in detail the prominent and demanding role played in a workplace intervention by senior management and union leaders, as well as by the local joint OSH committee, at a large iron ore company, and which examines both the advantages and the drawbacks of this highly inclusive approach to OSH intervention research.

We look forward to receiving comments by email from readers of this issue. You can write to us at safetynet@mun.ca. We are currently involved in a wide range of studies extending the methods, scope and partnerships of our original work. Our work on issues such as the health impacts of asbestos, the risks of fish harvesting and processing, and the implications of employment-related mobility, will benefit from feedback on the studies presented in this issue.