A Comparison of Health and Safety Concerns of Union and Non-Union Construction Workers

Introduction

Previous analyses of surveillance data by the Florida Department of Health, Occupational Health and Safety Program (OHSP) found that the construction industry is among the highest risk industries for work-related morbidity and mortality in Florida (1, 2). A 2007 study on Hispanics in the construction industry found that belonging to a union tended to lower injury rates (3). To better understand the health and safety issues that contribute to the disparity in morbidity and mortality between union and non-union construction workers, the OHSP initiated a pilot project to gain the perspective of workers and key informants.

Methods

The OHSP contracted with the Research Institute for Social and Economic Policy at the Florida International University to carry out this pilot project. The project had three components: 1) interviews with key informants (i.e., government, union, and construction company representatives), 2) a workplace safety survey of workers, and 3) focus groups with workers (conducted in English and Spanish among union and non-union workers). The study population included key informants and union and non-union construction workers in central and south Florida.

Results

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Key Informant Interviews

The main safety issues identified during key informant interviews were that, compared to non-union workers, union workers were more likely to:

- Receive more safety training.
- Have greater access to safety equipment.
- Speak up if they feel their work conditions were unsafe.
- Additionally, there is a concern that many construction contractors and especially subcontractors are not
 focused on worker safety. Subcontractors are paid for completing a job quickly and cost-effectively;
 therefore, there is a lack of incentive to take the time to provide safety training or to invest money in safety
 equipment. Some jobs have a high number of subcontractors involved. One informant reported working
 with 49 subcontracting companies on a single project.

Workplace Safety Survey

A total of 27 surveys were completed; 18 Hispanic workers and 9 non-Hispanic white workers. The number of surveys was almost equally distributed between union (n=14) and non-union (n=13) workers. All but one of the respondents were male.

Significant differences in training (e.g., Occupational Safety and Health Administration [OSHA] 10-hour training, hazardous materials training) between union and non-union workers were not observed. Differences were also not observed among safety issues, such as participating in weekly safety meetings or being provided a copy of the material safety data sheet. Results did reveal that a greater proportion of union (79%) compared to non-union workers (31%) were "always or sometimes" shown a copy of a safety program by the employer (p=0.02). A greater proportion of union (79%) compared to non-union workers (27%) reported they "always or sometimes" had access to safety data sheets for chemicals (p=0.02). For most employer practice related questions, such as "employer allows workers to clean up continuously throughout the day" or "employer supplies fresh drinking water," a significant difference was not observed between union and non-union workers.

Interestingly, the worker survey responses to the workplace safety environment questions frequently differed from the perspective of key informants (that construction contractors do not promote a safety culture).

Most workers agree or strongly agree that:

- New employees quickly learn that they are expected to follow good safety practices (93%).
 - There are no significant compromises or shortcuts taken when worker safety is at stake (78%).

- Employees and management work together to ensure the safest possible working conditions (89%).
- Employees are told when they do not follow good safety practices (81%).
- The safety of workers is a big priority with management where they work (77%).
- They feel free to report safety violations where they work (92%).
- Their job site has a good safety program (89%).

Most workers disagree or strongly disagree that:

- They have too much to do to be able to follow safe work practices (78%).
- Productivity is more important than worker safety where they work (59%).

Focus Groups

Two of the focus groups were held with union workers and one was held with non-union workers. The main safety issues identified during focus groups included:

- 1) Union workers felt strongly that they were better trained and thus better workers.
- 2) Due to a lack of available jobs, many union workers noted that they would consider working non-union jobs even though they pay less and have greater safety issues.

Conclusion

A contributing factor to morbidity in the construction industry is the high amount of subcontracting. Subcontractors are hired to complete a job quickly and are often not providing adequate training or safety equipment to workers. Nevertheless, both key informants and workers perceived that union workers receive more safety training and feel more free to exercise safe work practices than non-union workers. Despite this perception, aside from an increased access to safety data sheets and safety plans, the level of safety training identified in the survey does not generally support findings from key informants and focus groups. It is worth noting that the small number of workers who completed the survey resulted in a sample size too small to detect many differences that may exist between union and non-union workers. Future studies are needed to quantitatively assess the findings reported from informant interviews and focus groups in this pilot study.

For more information about this pilot study or to view the full report, visit http://www.risep-fiu.org/

References

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- 2. Work-Related Fatality Report. 2012. Florida Department of Health. http://www.floridahealth.gov/healthyenvironments/occupational-health/_documents/fatality.pdf
- 3. Nissen, Bruce. 2007. *Immigrant Construction Workers and Safety and Health in South Florida*. Miami: Florida International University, Research Institute for Social and Economic Policy.

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