

**Inclusive Workplace Health and Safety in Hospitality:
The Models that Support Ethnic Diversity**

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Abstract

According to the Ministry of Business, Innovation, and Employment (2018) New Zealand has some population groups which are at larger risk of harms in New Zealand, such as Māori, Pasifika, migrants, elderly workers, and young workers. While New Zealand's work-related accident rate is steadily rising, this dissertation focuses on an ethnically diverse workforce, including migrants, and considers them as a significant factor that affects New Zealand's overall workplace health and safety (WHS).

This dissertation aims to identify the best health and safety practices that encourage an inclusive workplace health and safety culture for an ethnically diverse workforce, especially in New Zealand's hospitality industry where an ethnically diverse workforce, including migrants, are prevalent. Academic journal articles, relevant to WHS of an ethnically diverse workforce, were critically reviewed and analysed to identify a gap in research and practice and to create an effective health and safety model that supports ethnic diversity. Related reports written by WorkSafe and the New Zealand Government had also been used for analysis.

The dissertation provides insights on the various ethnically diverse workers' perspectives of WHS. It was found that ethnically diverse workforce is highly exposed to work-related hazards, and the main reasons were: 1) language barrier, 2) cultural difference, 3) job insecurity, 4) discrimination, 5) isolation. This means that an ethnically diverse workforce faces more challenging situations in the workplace and there is a high chance of an ethnically diverse workforce being affected by both physical and psychosocial hazards which could damage their health and safety.

Table of Contents

Abstract.....	i
List of Figures	iv
List of Tables	iv
Attestation of Authorship.....	v
Acknowledgments.....	vi
Chapter 1: Introduction.....	1
1.1 Philosophical Framework.....	2
1.2 Research Methodology.....	4
1.3 Research Method and Data Analysis.....	5
1.4 Research Sample and Data Source.	5
1.5 Organisation of the Dissertation.....	6
Chapter 2: Defining Workplace Health and Safety and Best Practice.....	8
2.1 Introduction.....	8
2.2 Workplace Health and Safety and Best Practice.....	8
2.3 WHS Training.....	9
2.3.1 Accident reporting.....	10
2.4 Conclusion.....	13
Chapter 3: The New Zealand Context: Workplace Health and Safety and the Hospitality Industry.....	14
3.1 Introduction.....	14
3.2 Description of the hospitality industry in New Zealand and its workforce.....	14
3.3 The common risks in the hospitality industry.....	16
3.4 Workplace Health and Safety in New Zealand.....	18
3.4.1 Legislation in New Zealand.....	19
3.5 Role of WorkSafe.....	20
3.6 Causes of Accidents and Injuries in New Zealand.....	23
3.7 Psychosocial Stress Factor.....	24
3.8 Conclusion.....	27
Chapter 4: Workplace Health and Safety and Ethnically Diverse Workforce.....	28
4.1 Introduction.....	28
4.2 Ethnically Diverse Workforce and WHS.....	28.

4.3 Conclusion.....	32
Chapter 5: Discussion and Conclusion.....	33
5.1 Introduction.....	33
5.2 The First Model.....	33
5.3 The Second Model.....	35
5.4 Conclusions.....	38
5.4.1 Recommendations for Future Research.....	38
5.4.2 Final Remarks.....	38
References.....	40

List of Figures

<i>Figure 1: Diagram of health and safety at work strategy 2018-2028.....</i>	<i>21</i>
<i>Figure 2: Psychosocial Stressors Model for an Ethnically Diverse Workforce in the Hospitality Industry.....</i>	<i>34</i>
<i>Figure 3: Best Practice Model for Enhancing Health and Safety of Ethnically Diverse Workforce.....</i>	<i>35</i>

List of Tables

<i>Table 1: List of search terms.....</i>	<i>6</i>
<i>Table 2: The most common risks in the hospitality industry.....</i>	<i>17</i>

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Maria Eugene Won

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Chapter 1: Introduction

In 2013, the New Zealand government announced its goal to reduce work-related accidents and fatalities by 25 per cent (WorkSafe, 2017). However, the number of work-related injury claims steadily rose from 207,800 in 2012 to 238,800 in 2018 (Statistics New Zealand, 2019). Given this increase in work-related injuries, it is vital to understand which problems need to be improved in order to reduce the accident rate in New Zealand significantly. It has been recognised by many researchers (Perez et al., 2012; Probst et al., 2013) that ethnically diverse workers suffer from poor working arrangements compared to local workers. These poor working arrangements include long shifts, weekend shifts, frequent changes in their work schedule, limited opportunities to choose to go on holidays, and a lack of employment contract. Moreover, it has been noticed that ethnically diverse workers, including migrant workers, are more exposed to hazards and they face more challenges, such as language barriers, cultural differences, isolation and discrimination, even if they are working for the same organisation as locals (Perez et al., 2012). However, the requirement for a more specialised approach or strategy to enhance the workplace health and safety (WHS) of an ethnically diverse workforce has not been studied specifically. In this dissertation, migrant workers are often highlighted as they are an important part of an ethnically diverse workforce.

In New Zealand, the WHS of ethnically diverse workers is critical as it is a country with 213 different ethnicities (Statistics New Zealand, 2013). This means diverse cultures of workers are common among most industries in New Zealand, and the health and safety of a migrant and ethnically diverse workforce can have a significant impact on New Zealand health and safety overall. Considering that ethnically diverse or migrant workers have different issues and difficulties at work, this dissertation focuses on best practice that could enhance the WHS of an ethnically diverse workforce in the hospitality industry. This dissertation focuses on hospitality as cultural diversity is common in the hospitality industry in general (Reynolds et al., 2014) and an ethnically diverse workforce, including migrants, plays an essential role in New Zealand's hospitality industry (New Zealand Immigration, n.d.). Therefore, this dissertation identifies ethnically diverse workers as an essential factor of New Zealand's WHS and focuses on this group within the hospitality industry where they are prevalent.

This chapter introduces the primary research topic and explains that the main purpose of the study is to investigate best practice WHS that can enhance the WHS of ethnically diverse

workers working in the New Zealand's hospitality industry. Furthermore, the philosophical framework, research methodology, research method, and data analysis used in this dissertation are discussed.

1.1 Philosophical Framework

The purpose of this dissertation is to critically review and analyse the research of the past ten years on inclusive workplace health and safety in hospitality and to find answers to the primary research question, "What practices encourage an inclusive workplace health and safety culture for an ethnically diverse workforce in New Zealand's hospitality industry?"

In particular, this dissertation will address the following questions:

1. How can we define workplace health and safety?
2. What is considered to be best practice workplace health and safety?
3. What are the work-related health and safety challenges that an ethnically diverse workforce faces in the hospitality industry?
4. How can best practice workplace health and safety be inclusive of ethnically diverse workers in the hospitality industry?

As explained in Chapter 3, migrant workers form a significant part of the hospitality workforce in New Zealand. Therefore, this dissertation refers to both ethnically diverse workers and migrant workers.

The philosophical framework of research is based on the researcher's thoughts, ideas and values on ontology, epistemology and the research paradigm. Gray (2014) stated that this philosophical framework, including ontology, epistemology and the research paradigm, is an interlaced aspect of the researcher's approach towards carrying out research. Crotty (1998) defined ontology as part of philosophy studying of being. Typically, ontology is known as the study of being, especially becoming, existence and reality (Crotty, 1998). In addition, it begins with a question of what the beginning of everything was (Denzin & Lincoln, 2005). It is also the general pursuit of viewing the existence of things as they are (Denzin & Lincoln, 2005). Grant and Giddings (2002, p.12) referred ontology to as "our most basic beliefs about what kind of being a human is and the nature of reality". Ontology can be divided into two categories: realist and relativist ontology. The realist ontology has the notion that there is an

objective reality or a belief in the existence of a single objective truth (Merrill, 2010). In other words, the belief of realist that the social world consists of objective truths that someone can discover (Ding & Foo, 2002). Contrary to the realist ontology, the relativist ontology has the concept that there are various realities within the social world, and that social reality is composed by the way people view the social world (Grant & Giddings, 2002). Levers (2013, P.6) explained that the relativist ontology believes that subjective experiences construct reality, and everything exists in our thoughts. The most appropriate ontology for the research question of this dissertation is relativist ontology. The research question of this dissertation focuses on identifying practices to promote the WHS of ethnically diverse workers in New Zealand's hospitality industry. An ethnically diverse workforce has different experiences, perspectives, and understandings of WHS. Given that there is no single answer as to an effective practice for an ethnically diverse workforce, the researcher believes that there can never be a single truth. Therefore, this dissertation is based on relativist ontology.

Epistemology is defined as the nature of knowledge, justification, and the rationality of belief (Morgan & Smircich, 1980). Levers (2013) explained that it is about how people understand and explain how and what they are aware of. Moreover, epistemology is based on finding the answer to the question of the relationship between the person and the knowledge of the person, and how the world is known by them (Denzin & Lincoln, 2005). When epistemology is divided into three categories such as objectivist, constructivist and subjectivist (Sale et al., 2002), the epistemology of this dissertation is based on a constructivist epistemology. Constructivist epistemology has the concept that the world is separated from human thoughts, and knowledge of the world is composed of humans and society (Morgan & Smircich, 1980). Sale et al. (2002) explained that in a constructivist view, a human could understand the natural world without scientific measure. Moreover, meaning and truth are composed by the interaction between subjects with the world (Grant & Giddings, 2002). This dissertation will be based on a constructivist epistemology as it focuses on the interactions between people's experiences, their identity such as migrant or ethnic minority, and New Zealand laws to find the answers to the research question.

Crotty (1998) defined paradigm as a total framework or collection of concepts clustered by scientific awareness, theory, customs, thinking, ideas and values. The most appropriate paradigm for the research topic, 'Inclusive workplace health and safety in hospitality: a model that supports ethnic diversity', is interpretivism. According to Grant and Giddings

(2002), interpretivism is one of the main theoretical paradigms. Moreover, Gray (2016) stated that the key idea of interpretivism is about interpreting the research factors, and therefore, interpretivism is about human interests. The primary aim of this dissertation is to find what practices encourage an inclusive workplace health and safety culture for an ethnically diverse workforce in New Zealand hospitality industry. As the researcher considers the differing perspectives and experiences of health and safety in the hospitality industry for ethnically diverse workers, interpretivism is the most suitable paradigm for this dissertation.

1.2 Research Methodology

Rajasekar et al., (2006) defined methodology as the research procedure or technique that can be used by researchers to identify, describe, explain and analyse their study. It is also described as a “systematic way to solve a problem”, “a science of studying how research is to be carried out” and “the study of methods by which knowledge is gained” (Rajasekar et al., 2006, p. 5). Gray (2014) defined methodology as a research strategy that outlines how the research will be done within a particular research paradigm and epistemology when a method is only a research tool that can be used to find the answer to the research question.

Interpretive description is an appropriate methodology for this dissertation as it allows the researcher to explore the cultural, social and environmental impacts on individual hospitality employee’s behaviour and experience of health and safety issue. The interpretive description is originally an “analytical, inductive approach designed to create ways of understanding human health and aspects related to the experience of a disease that have consequences for the clinical context and practice in health and which are of interest for nursing researchers (Teodoro et al., 2018, P. 2)”. Thorne (2004) stated that interpretive description starts with a traditional qualitative descriptive approach in that they assume that researchers do not only focus on description, but they will also investigate meanings and explanations that may affect their application. Interpretive description will not limit the researcher to only “describing” the work-related health and safety issues of an ethnically diverse workforce, but further allows the researcher to conduct critical analysis about how their experiences affect future perceptions of workplace health and safety. Interpretive description methodology guides the critical review of existing research articles, facilitating an understanding of how various human aspects related to the experience of health and safety issues within the hospitality industry. It is vital to understand human aspects in this

dissertation since the primary research question is related to an understanding of various perspectives of ethnically diverse workers in the hospitality industry.

1.3 Research Method and Data Analysis

Thematic analysis, which aligns with a constructivist paradigm, is a well-known analysis method for qualitative data (Willig & Rogers, 2017). It is known as a research method that allows the researcher to explore data in detail to identify common themes that can be found from recurring ideas, topic and patterns of meaning (Gordon, 2006). Thematic analysis is an appropriate research method for this dissertation as its primary purpose is not to limit the researcher to only “analyse”, but also synthesise the past research with the purpose of developing themes prevalent in the literature. Braun and Clarke (2006) explained that thematic analysis applies less description to data sets but interprets multiple aspects of the research topic. Therefore, thematic analysis aligns well with interpretive description methodology, which is designed to find ways of understanding multiple human aspects related to the specific experience (Teodoro et al., 2018).

Following Thomas and Harden’s (2008) recommended data analysis guideline, the data will be analysed through three procedures. The procedures are 1) the coding of text; 2) the development of descriptive themes 3) the creation of analytical themes (Thomas & Harden, 2008). Firstly, this dissertation has manually organised and structured the journal articles instead of using software. To begin this analysis process, the researcher of this dissertation initially read all the relevant articles to identify the problems that current researchers addressed, the current research structure, and different methodologies that have been applied. Then the researcher identified and developed common themes that were found from the initial reading of the relevant research articles. The researcher did not put a focus on the introduction or literature review on the research articles to focus on the primary problems, findings, and recommendations that research articles were covering. Finally, the described themes were developed into analytical themes by relating those commonly identified themes into five research questions that were mentioned above.

1.4 Research Sample and Data Sources

This dissertation is based on a critical literature review, incorporating international academic research on workplace health and safety; as well as relevant documents on workplace health and safety in hospitality in New Zealand.

In this dissertation, the researcher used the following databases, through the Auckland University of Technology's library portal, to search for relevant journal articles, Emerald, Directory of Open Access Journals and EThOS. The search terms that were used to find the relevant journal articles included health and safety, culture, hospitality, and diverse workforce. Table 1 presents the search terms used with various combinations to find the correct journal articles that are relevant to the research topic.

Table 1: List of search terms

Search Terms	Health and Safety	Culture	Hospitality	Diverse Workforce	Best Practice
	Health	Cultur*	Hospitalit*	Diverse Workforce	Best Practice
	Safety		Service sector*	Migrant*	Guidelin*
	Health AND Safety		Service industr*	Ethnic*	Good Practice
				Diversity	

This dissertation limited the use of journal articles to the ones that were published within the last ten years, except for when referencing such terms such as ontology or epistemology.

1.5 Organisation of the Dissertation

This dissertation includes five chapters. The first chapter introduces the main topic and explains that the aim of the study is to determine best practice WHS that can enhance ethnically diverse workers working in the New Zealand hospitality industry. The philosophical framework of this research and the appropriate methodology that has been used are also explained, along with the research method and data analysis.

The second chapter defines WHS and best practice in general. It follows that with an overview of the hospitality industry including WHS issues specific to this industry. It focuses more on explaining what is generally accepted as a best practice to improve the WHS. Then it ends with identifying gaps that are found during this literature review.

The third chapter provides the New Zealand context of WHS and the hospitality industry. This chapter begins with describing the New Zealand hospitality industry along with its workforce, including migrant workers, and the most common hazards and risks in the workplace. Then it moves on to a discussion of the importance of best practice, New Zealand's WHS legislation, the role of WorkSafe, causes of work-related accidents and

injuries in New Zealand and psychosocial stress factors.

The fourth chapter is focused on the relationship between WHS and an ethnically diverse workforce in the hospitality industry. It discusses the common challenges that ethnically diverse workers face and how it affects their WHS. This chapter argues that cultural factors need to be considered when New Zealand is aiming for a safer and healthier working environment overall.

The final chapter is a discussion and conclusion of this dissertation. This fifth chapter introduces two models, developed by the researcher, which can benefit the WHS of ethnically diverse workers in the hospitality industry and argues that the two models are a useful model in New Zealand where cultural diversity is prevalent. Final recommendations are also given.

Chapter 2: Defining Workplace Health and Safety and Best Practice

2.1 Introduction

Prior to a discussion on improving workplace health and safety (WHS) of an ethnically diverse workforce, this chapter begins by defining keywords and identifying significant concepts of this dissertation's topic. Firstly, WHS and best practice are explained in a general context. This includes a discussion of the causes of WHS issues and preventing workplace accidents and injuries. Secondly, this chapter identifies the key characteristics of the hospitality industry and WHS issue within the industry in general. Examples of best practice, including best practice for health and safety training, WHS communication and accident reporting are also presented.

2.2 Workplace Health and Safety and Best practice

Workplace health and safety (WHS) can be defined as a field related to health, safety, and well-being issues in the workplace (Bohle et al., 2010). One element of this is considering hazards and risks. A hazard can be anything that can potentially cause damage or injuries, and risk is the possibility of such damage or injuries (Theodore & Dupont, 2012). For example, WorkSafe (2019) identified that workplace hazards could be categorised into five different types, including physical; chemical; biological; ergonomic; and psychosocial hazards. This dissertation has focused on two main workplace hazards: physical hazards and psychosocial hazards, as they have been identified as the main factors that affect worker's health and safety (WorkSafe, 2019). While physical hazards describe any exposure of a body part to harmful physical forces, a psychosocial hazard refers to workplace hazards that could harm psychological well-being (Worksafe, 2019).

In addition, Zanko and Dawson (2012) stated that WHS is also a field of public health which looks into trends in both illness and injury occurring within the workplace. WHS, they suggest, is a system or practice to implement effective strategies, guidelines, programme and health and safety regulations to avoid workplace accidents (Zanko & Dawson, 2012). A workplace accident is defined as a discrete occurrence in the process of work, resulting in physical or mental harm or injury (Palali & Ours, 2017). Kim et al. (2016) stated that it is critical that every organisation has its own best practice to prevent or reduce any work-related accidents. Best practice is commonly agreed to include guidelines, policy and practice to improve workplace health and safety, such as preventing or reducing accidents and injuries,

protecting or enhancing employees' physical and psychological well-being, and creating a safety culture (WorkSafe, 2016; Memish et al., 2017; Oakman et al., 2018). The purpose of having accepted best practice in the WHS field is to encourage high-quality performance in improving the WHS issues and further improve the life quality of employees and their work efficiencies (Weiss, 2013). Vinodkumar and Bhasi (2010) stated that more accidents and injuries in the workplace could be reduced if the organisation understands best practice and encourages everyone to follow that practice. After reviewing past research, it has been found that there are three main factors that comprise WHS best practice: 1) appropriate WHS training; 2) accurate WHS communication; 3) accurate accident or injury reporting (Evia & Patriarca, 2012; Probst & Estrada, 2010; Probst et al., 2013; Ricci et al., 2016; Robson et al., 2012). These factors contribute to what is known as a workplace health and safety culture. However, this dissertation has more focus on under-reporting of work-related accidents because research has shown that accident reporting, and factors that may reduce it, are critical to inclusive WHS cultures for ethnically diverse workers.

It has been recognised by many researchers that unregulated or dangerous working conditions such as physical hazards and absence of health and safety practices are a significant factor in work-related accidents and injuries (Palali et al., 2011; Wilkins, 2011; Moyce & Schenker, 2018; Lingard et al., 2019; WorkSafe, 2019). It is also widely recognised that a good safety culture that is organisation-wide can reduce the incidence of work-related accidents and injuries, and positively affects worker's attitudes and behaviours towards the WHS (Wilkins, 2011; Henriqson et al., 2014; Kim et al., 2016; Wilkinson et al., 2019).

2.3 Workplace Health and Safety Training

Yanar et al. (2018) agreed and mentioned that workers with higher work-related health and safety vulnerability are more exposed to work-related accidents and injuries due to poor work arrangements and job insecurity. Robson et al. (2012) found that in order to create a positive safety culture, providing appropriate WHS training is vital, and training that involves higher engagement is more effective. According to the study by Robson et al. (2012), WHS training has a significant impact on worker WHS behaviours. Ricci et al. (2016) agreed and stated that a lack of WHS training has a negative impact on workers to carry out their daily tasks at work. Also, a worker without sufficient WHS training is more likely to suffer from work-related accident and injury (Ricci et al., 2016). However, it was found that there was no sufficient

evidence of the effectiveness of training on worker's health, such as their injuries or symptoms.

2.3.1 Accident reporting

Reporting accidents at work is crucial as it allows employers to prepare for prompt medical treatment, and take action to make sure that accident does not happen again in the working environment (De Silva et al., 2018; Fanca et al., 2016; MacKenzie, 2015; Palali & Ours, 2017; Probst & Estrada, 2010; Probst et al., 2013; Symonette & Geary, 2013). Symonette and Geary (2013) stated that the primary purpose of an accident report is gathering information, processing and evaluating an emergency response. Besides, the accident report is used to record information about the injured employee's condition and any treatment that was given (Symonette & Geary, 2013). Feng et al. (2015) stated that accidents and injuries in the workplace not only create stress but also anxiety for employees. However, it is crucial to make sure that any accidents, the causes of accidents and the injury are recorded and reported (Symonette & Geary, 2013).

Reporting accidents will raise an organisation's awareness of the various threats to employees' health and safety (Palali & Ours, 2017). Reporting accidents allows an organisation to identify gaps to improve workplace health and safety and allow better investigation of the accident, so it can help the organisation to prevent the similar future accidents (Symonette & Geary, 2013). These threats and hazards can be unnoticed or unresolved if the accidents are not reported immediately (De Silva et al., 2018). In addition, reporting workplace accidents immediately prevents either under-treatment or overtreatment for the employees as the correct accident report with accurate information of the injury can suggest an adequate medical treatment (Probst & Estrada, 2010).

Many researchers state that the accident reporting rate is poor and that under-reporting workplace accidents will harm an employee's health and safety (De Silva et al., 2018; Fanca et al., 2016; MacKenzie, 2015; Palali & Ours, 2017; Probst & Estrada, 2010; Probst et al., 2013; Symonette & Geary, 2013). Probst and Estrada (2010) defined under-reporting as a ratio of the number of accident reports, compared to the number of actual accidents. It is agreed that under-reporting of work-related accidents is very common worldwide (De Silva et al., 2018; Fanca et al., 2016; MacKenzie, 2015; Palali & Ours, 2017; Probst & Estrada, 2010; Symonette & Geary, 2013). Although the issue is well recognised and occurs globally and

across different industries, the research tends to focus on the problem of reporting the accident itself, rather than countermeasures to address under-reporting. The importance of training and communication is further discussed in chapter 3.

There are a number of reasons for the under-reporting of health and safety incidents. These include job insecurity, lack of feedback or follow up, lack of knowledge, and practical reasons. Probst et al. (2013) stated that job insecurity negatively affects the reporting of the work-related accident because of the motivational factors. For example, in an effort to retain their position or promotion, the employee may not report the accident (Probst et al., 2013). Palali and Ours (2017) agreed and found that employees are more likely to under-report accidents when the unemployment rate is high. This is because employees tend to speak up less and not to be involved in raising any negative issues due to their job insecurity (Palali & Ours, 2017). Similarly, temporary employees, who experience insecurity, are more likely to under-report accidents (Palali & Occurs, 2017).

Through the reviewed academic articles, it is apparent that under-reporting is not just a matter of the employee's decision or behaviour, but it is also interconnected with the health and safety culture of the workplace and the broader work environment. Some researchers (De Silva et al., 2018; MacKenzie, 2015; Probst, 2010) have argued that one of the main reasons for under-reporting work-related accidents is the lack of response from management to reported accidents. The experience of not hearing back from employers about the improvement plan after accident reporting can cause repetitive accident under-reporting of employees as employees tend to believe that accident reporting is meaningless when employers do not actively participate in the improvement of preventing accidents (Mackenzie, 2015). Probst and Estrada (2010) agreed and found that the response of management was vital for employee's learning of health and safety procedures.

Many researchers also recognise that a lack of knowledge on accident reporting procedure was common among employees (De Silva et al., 2018; Fanca et al., 2016; MacKenzie, 2015; Palali & Ours, 2017; Probst & Estrada, 2010; Symonette & Geary, 2013). For example, De Silva et al. (2018) noted that many employees in the construction industry did not know how to report an accident or where to report it. Therefore, following the best practice of reporting accident and injuries needs to be considered more seriously and organisations need to recognise the importance of training in how to report accident without fail.

Under-reporting is a critical issue because it leads to unreliable data collection and fewer opportunities to perform or prepare for emergency response (De Silva et al., 2018; MacKenzie, 2015). In contrast, accurate accident reporting leads to reliable and transparent occupational accident data, so it can help improve safety issues in the industry with more accurate data (Symonette & Geary, 2013).

It is apparent that active accident reporting is necessary for a successful accident prevention system. Therefore organisations should improve employees' negative perception of accident reporting (MacKenzie, 2015; Palali & Ours, 2017; Probst & Estrada, 2010). Although the impact of job insecurity was mentioned as a fact in under-reporting earlier, some researchers suggest that the reason for under-reporting is not job insecurity, but rather that accident reporting system is difficult and time-consuming (De Silva et al., 2018; Fanca et al., 2016; Symonette & Geary, 2013). Symonette and Gary (2013) suggested that best practice is to design and develop a user-friendly accident reporting system. De Silva et al. (2018) and Fanca et al. (2016) agreed and claimed that the main reason for the under-reporting of work-related accidents is caused by the reporting and recording systems. It has been discussed that both reporting and recording systems are inefficient, slow, and time-consuming job. Both articles suggested that new technology which can enhance work-related accident reporting systems should be implemented, collaborating with employees who are more likely to be exposed to workplace hazards (De Silva et al., 2018; Fanca et al., 2016). It is a good suggestion, but the most important part that must be considered is creating an environment where employees can actively participate in accident reporting.

There is very little research on how cultural factors can affect work-related accident under-reporting. According to Sinha (2009), cultural values have a significant impact on human behaviour. Three articles were based on specific countries including Sri Lanka, New Zealand, Spain and Italy respectively, but their primary purpose was to find the number of accidents and under-reporting happening within those countries using quantitative data (De Silva et al., 2018; MacKenzie, 2015; Palali & Ours, 2017). They did not investigate the role of cultural and ethnic diversity in reporting and the WHS. Therefore, this dissertation specifically focuses on the hospitality industry for the research about whether ethnically diverse employees have different perspectives on accident reporting.

2.4 Conclusion

This chapter defined WHS and best practice in a general context for a better discussion of what encourages an inclusive workplace health and safety culture for an ethnically diverse workforce in New Zealand's hospitality industry. The examples of best practice, such as providing appropriate health and safety training, more effective communication of the WHS between the organisation and workers, and accurate accident reporting were presented. The related WHS issues in the New Zealand context will be discussed in the next chapter.

Chapter 3: The New Zealand Context: Workplace Health and Safety and the Hospitality Industry

3.1 Introduction

The previous chapter identified WHS and best practice in a general context to build up the general idea of WHS problems and characteristics. In this chapter, WHS and WHS and hospitality industry are studied in the New Zealand context, including New Zealand legislation, statistics, and description of New Zealand's hospitality industry and its workforce. The most common risks within the hospitality industry and recommended action to avoid risks are also presented.

3.2 Description of the hospitality industry in New Zealand and its workforce

As was mentioned in the previous chapter, the hospitality industry is known as a fast-paced and rapidly changing working environment (Sonmez, 2017). There are various types of jobs within the hospitality industry. The hospitality industry can be separated into two main sectors such as food and beverage and accommodation, with the main jobs including catering assistant, server, restaurant manager, chef, hotel receptionist, concierge, housekeeping and hotel management (Cothran & Combrink, 1999; Poulston, 2008). According to the New Zealand Immigration (n.d.), in New Zealand, almost 130,000 people were employed in hospitality in 2018. More than half of them were employed in the food and beverage sector with a rate of 55.7 per cent and most of them worked in Auckland. According to the Ministry of Business, Innovation, and Employment (2015), temporary workers, including casual, temporary agency, fixed-term and seasonal workers, comprised a relatively high proportion of the employment status in New Zealand's hospitality industry. Furthermore, temporary migrant workers in New Zealand's hospitality industry made up 30 per cent of New Zealand's total temporary migrant worker population. New Zealand Immigration (n.d.) also stated that the hospitality industry suffers from long-term skill shortages. Among all the hospitality employees, front-line workers are responsible for meeting customers' basic or even higher needs and demands, and a kind, friendly and welcoming attitude are expected as a basis (Kim et al., 2012). The hospitality industry, where customer service is the main business, is often seen as a risk-free industry (Shani & Pizam, 2009), but statistics provided by Accident Compensation Corporation (ACC) indicate that the hospitality industry could

also be risky. While 238,800 occupational injuries were claimed to the ACC in 2018, the hospitality industry was ranked 10th largest for injury claims out of 20 industries counted (Statistics NZ, 2019). Also, Shani and Pizam (2009) stated that considering that there are many jobs involved with a heavy workload, stress, emotional labour and customer violence, hospitality is a higher risk industry business.

New Zealand is known as one of the most culturally diverse countries in the world, with a population that includes 213 different ethnicities (Sibley & Ward, 2013; Statistics New Zealand, 2013). The hospitality workforce is no different from the general population and is more diverse. According to the New Zealand Immigration (n.d.), migrant workers are a significant part of the hospitality workforce in New Zealand, filling both labour and skills shortages. Employing migrants is different and also could be more complex, compared to employing locals (Employment New Zealand, n.d.). New migrant workers require more help and support, especially when they start their job at first, to settle in their workplaces (Joppe, 2012). This includes providing a healthy and safe workplace for migrant workers in the industry. Zopiatis et al. (2014) stated that well-adapted and satisfied employees could make a big contribution to success in business.

In order to create a useful WHS model for an ethnically diverse workplace considering various cultures, it is vital to first learn about the ethnically diverse workforce. As was mentioned in the previous chapter, migrant workers play a significant role in the hospitality industry in New Zealand where there are diverse cultures (Sibley & Ward, 2013; New Zealand Immigration, n.d.). Moreover, the ethnically diverse or migrant workers bring their potential to gain an advantage, such as knowledge and skills from their diverse experience to host countries (Baum, 2012). According to the New Zealand Immigration (n.d.), an ethnically diverse workforce makes a significant contribution to the hospitality industry in New Zealand. For example, taking hotels as one of the main businesses of the hospitality industry, many of the customers coming to the hotel come from overseas and therefore, more employees with diverse cultural backgrounds are needed (Sourouklis & Tsagdis, 2013). Considering that not only the employees but also the customers they serve have diverse cultural backgrounds (Sourouklis & Tsagdis, 2013), diversity is an essential factor when aiming for successful WHS in the hospitality industry. For this reason, the organisation should ensure its workers are aware of various situations that may occur with customers in a culturally diverse environment and provide appropriate training accordingly.

Within the hospitality industry, numerous problems that affect WHS have been identified, such as high turnover rate; younger employee demographics; lower average rate; and job status. According to Williams (2016), the hospitality sector had a turnover rate of 52.7 per cent in New Zealand. There are several factors that are understood to contribute to high turnover. The most known causes are the lower average wage, the higher number of student workers comparing to other industries, employees upgrading their job positions in other companies, and many jobs mainly being part-time, temporary or seasonal (Friberg & Midtboen, 2018). According to McPhail et al. (2015), the hospitality industry has a younger workforce than any other major industry. ADP Research Institute (2013) stated that Hospitality workers were the youngest workforce with an average age of 34. There are many young students and teenagers employed within this industry as part-time workers and as their first job (McPhail et al., 2015).

In general, most jobs in the hospitality industry do not require more experience than other industries, and many jobs do not require higher education degrees (Mooney, 2016). These job requirements make it relatively easy to attract young students or young people to the industry. This is one of the key issues in the hospitality industry because young students and teenagers in the workforce are more likely to have a lack of experience in the workforce and life, and they could make more mistakes or ignore the seriousness of haphazard behaviour (Barron et al., 2014). Prejudice could be behind some of the findings in Barron et al's research (2014). It seems that prejudice against youth and young workers may have higher risk for WHS, and should be considered a critical factor in WHS in the industry given the large cohort of younger workers. The high turnover rate and high number of part-time jobs in hospitality mean that organisations need to ensure they provide WHS for all new employees. This means that in the hospitality industry, organisations will need to train new employees or the employees with a new position for their job and also have more health and safety training to ensure they are aware of what WHS is.

3.3 The common risks in the hospitality industry

The hospitality industry is known as a fast-paced and rapidly changing working environment (Sonmez, 2017). Despite the intensity of labour, the work of the hospitality industry is often generally considered relatively less risky than other sectors such as fishing, agriculture and forestry industry (Sonmez et al., 2017). The most common risks found in the hospitality industry include: overexertion; burns; cuts; unguarded machinery; slippery floors; sprains and

strains; biohazards; chemical exposures; and falls (Oakman et al., 2018; Mission: Zero, 2015; Jeong, 2015; Bohle et al., 2010). These common risks in the hospitality industry are similar to the common risks that are identified by WorkSafe (2019) in general. However, the commonly identified risks in the hospitality industry are mostly physical. The table below summarises recommended actions to prevent these common risks in the hospitality industry, as well as identifying the usual causes of accidents related to these risks. The recommendations in the table are actions that individuals can take, but do not take into account organisational practices and responsibility. Furthermore, analysis of the root cause of the accident or situations where it is difficult for employees to comply with health and safety rules were missing in the table below (See Table 2).

Table 2: The most common risks in the hospitality industry

RISKS	Cause of Accidents	Recommended Actions
Overexertion	Canadian research (Mission: Zero, 2015) found that more than 25 per cent of over-exertion accidents, especially within the accommodation industry, happens from moving furniture and objects.	Workers should safely move objects and furniture using the safe lifting techniques, such as avoiding turning or twisting their back; ensure bending knees while carrying heavy object; keeping the load close to their body; and not lifting any heavy object above their shoulder level (Oakman et al., 2018; Bohle et al., 2010)
Burns	The most common risks, especially in the restaurants, as it contributes to 14 per cent of accidents in restaurants according to Canadian Research (Mission: Zero, 2015). It is typically caused by getting exposed to splashing hot liquids such as oil and hot surfaces (Jeong, 2015).	Using proper equipment such as dry clothes when touching hot surfaces or objects, ensure the handles of pans are away from stoves, be gentle when putting food into hot oil, and ensure cooking utensils are dry when using with hot oil (Oh, 2015 & Jeong, 2015).

Cuts	Along with burns, cuts are also one of the most common risks in the hospitality industry (Oh, 2015). This is because cooks and servers in the restaurants and cafes are always handling knives at work (Jeong, 2015). Cuts are often considered lightly among workers, but Canadian research (Mission: Zero, 2015) stated that injuries are not always minor cuts but the loss of finger.	Knives should be used on a flat surface and away from their body (Mission: Zero, 2015).
Sprains and strains & Trips and falls	Mostly happen from wrong manual handling and wet floors (Verma et al., 2011).	These incidents can be prevented by placing rubber mat where it is needed, maintaining clean floors, posting warning signage, and following the guidelines for lifting a heavy object (Verma et al., 2011).
Biohazard	Chemical exposure that cleaners are often exposed to.	Using adequate personal protective equipment (PPE) such as gloves or masks (Hassam et al., 2012).

3.4 Workplace Health and Safety in New Zealand

Many articles (Bohle et al., 2010; Theodore & Dupont, 2012; Ricci et al., 2016, Starren et al., 2013; Wilkinson et al., 2019) agreed that there are a lot of consequences of poor WHS management, such as poor performance, reduced productivity, increase in absenteeism, higher turnover, reputational accidents or injuries, and legal ramifications. In New Zealand, good performance of health and safety can lead to rewards in the form of discounted levies for any business with low work-related injury claims (Accident Compensation Corporation, n.d.). Otherwise, New Zealand organisations have to face claims for compensation and higher

ACC levies (Accident Compensation Corporation, n.d.). Organisations which fail to perform the legal obligations of the WHS can be fined or be liable for prosecution by regulatory authorities (Accident Compensation Corporation, n.d.). Therefore, a monitoring system is required to prevent a situation in which an employer creates a culture where it is difficult for employees to report an accident to decrease accident claims.

3.4.1 Legislation in New Zealand

As mentioned in the previous section, poor workplace health and safety management can have legal ramifications for employers. In 2013, the New Zealand government announced a plan to reduce work-related accidents and the fatality rate by at least 25 per cent by 2020 (WorkSafe, 2017). As part of the government's plan to reduce this rate, the Health and Safety at Work Act 2015 (HSWA) came into effect in 2016. The HSWA highlighted the significance of "leadership, participation, and accountability by government, business and workers" for a good health and safety system (WorkSafe, 2019. p. 9). This means the HSWA puts a serious focus on employers to engage with their workers about improving WHS. The HSWA identifies the principles, duties and rights of WHS, including that all workers should be protected from any WHS risk at a maximum level (WorkSafe, n.d.). This means, regardless of the industry, all employees should be provided with a safe working environment. Moreover, under the HSWA every business should have regular discussions between employers and workers about WHS (WorkSafe, 2017), and many workplaces now have Health and Safety Committees (HSCs) and health and Safety Representatives (HSRs). The key changes made in HSWA from the Health and Safety in Employment Act 1992 (HASE) were that the main focus on recording and monitoring the WHS incidents has shifted to identification and management of risk for everyone at work (WorkSafe, n.d.). Furthermore, larger fines for a person conducting a business or undertaking (PCBU) were introduced, and offences under the HSWA include any failures to perform health and safety duties, such as reckless conduct in respect of duty, and failure to follow a duty that exposes a worker to a risk of serious injury or fatality (WorkSafe, 2017). Also, stress and fatigue have been added as a hazard at work and HSWA highlighted that PCBUs are required to manage any risks caused by stress and fatigue (WorkSafe, 2017). However, PCBUs do not hold the sole responsibility to manage employee's stress and fatigue at work. Under the HSWA, it has been highlighted that everyone is responsible for the WHS (WorkSafe, 2017). While employers must provide a healthy and safe work environment, appropriate training, personal protective equipment

(PPE), information about staying safe at work and basics such as drinking water, toilets, and resting facilities, workers are responsible for taking care of their own health and safety and following the WHS policy that their organisation has (WorkSafe, 2017). Under the Health and Safety at Work Act 2015 (HSWA), businesses are required to secure employee's mental health in the same way as physical health and manage psychosocial risks that could cause harm (WorkSafe, 2019).

3.5 Role of WorkSafe

New Zealand has a primary work-related health and safety regulator named WorkSafe, which aims to enhance New Zealand's WHS performance (WorkSafe, n.d.). According to WorkSafe (n.d.), the three fundamental roles are regulatory confidence, harm prevention, and system leadership. Firstly, regulatory confidence allows WorkSafe to take regulatory actions that workplace health and safety in New Zealand are being managed properly (WorkSafe, n.d.). For example, WorkSafe can give notice to business, including improvement, infringement, prohibition and non-disturbance notices which require businesses to make changes to improve risks, pay a fine for breaching the WHS rules and stop risky activities. Secondly, harm prevention targets all levels of risks that are critical, addresses harm drivers by delivering aimed interventions such as effective governance, worker engagement, and capability of workers, and has impacts on bringing positive behaviours and attitudes to enhance awareness of health and safety risk (WorkSafe, n.d.). WorkSafe inspectors assess the WHS practices, investigate when there are serious accidents or death in the workplace, and review and find a solution to the WHS issues (WorkSafe, n.d.). Finally, system leadership is impacting and correctly using the health and safety system to achieve health and safety results, supporting workplaces and workers health and safety leadership, and presenting good models with WorkSafe's own best practice (WorkSafe, n.d.). Other functions of WorkSafe include engagement with duty holders, providing education for duty holders about their responsibilities of the WHS, and accomplishing health and safety law and regulation (WorkSafe, n.d.).

Figure 1: Diagram of health and safety at work strategy 2018-2028

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The New Zealand government’s approach to WHS is outlined in its best practice strategy. By international standards, the level of occupational harm in New Zealand is high (Ministry of Business, Innovation, and Employment, 2018). The New Zealand government’s purpose of presenting the above strategic model is to set a clear direction to improve workplace health and safety in New Zealand and lowering New Zealand’s level of work-related harm, such as workplace accidents and injuries (Ministry of Business, Innovation, and Employment, 2018).

The model contains the key factors that can result in best practice for health and safety. These key factors are divided into two different categories. Firstly, the model explains that organisations need quality health and safety advice and tools; employees to be involved by using their experiences and knowledge; best practice with insights on how it works; understanding of organisational health and safety risks; and correct guidance and information from the regulator to manage risk effectively (Ministry of Business, Innovation, and Employment, 2018). Secondly, to maintain and improve their health and safety in the workplace, the employees require positive workplace culture; appropriate workplace environment and equipment; right communication; training, knowledge and ability to perform their jobs; systems and policies that are effective and clear; respect and understanding of their responsibilities and rights; and enough support when injuries occur (Ministry of Business, Innovation, and Employment, 2018). The main factors in the second part are enhancing workplace culture, communication and understanding rights which were mentioned in the previous chapter as WHS communication. Most importantly, the New Zealand government (2018) has explained that everyone's involvement is key in achieving this strategy. This means everyone will need to work on the same goals at an individual business, sector and society level, with the entire of New Zealand, and every party is interconnected to each other.

However, this model is not suitable for an ethnically diverse business or hospitality industry where ethnically diverse workers are widespread. A migrant worker is a worker "without nationality of the country of residence" (Perez et al., 2012, p. 1). There are some population groups which are at larger risk of harms in New Zealand, including Māori, Pasifika, migrants, elderly workers, and young workers (Ministry of Business, Innovation, and Employment, 2018). The above model highlights the importance of enhancing workplace culture, communication and understanding rights, but does not consider cultural diversity, cultural conflicts and difficult communication that can arise from multi-cultural backgrounds. Also, the above model does not discuss English language or literacy. International research identifies that the language barrier is often a critical problem that can lead to the absence of accurate communication in the workplace and further lead to accidents and injuries (De Jesus-Rivas et al., 2016; Moyce & Schenker, 2018). WHS communication is critical in creating a safety culture. Evia and Patriarca (2012) stated that migrant workers are disadvantaged in their health and safety due to cultural differences and language barriers in

many work situations. Lower levels of migrant worker's literacy skills in the additional language and absence of appropriate WHS training creates a serious problem. This clearly shows that developing and implementing effective WHS communication materials for migrant workers are a challenge for future research. Without considering the language barrier, effective communication which is highlighted in the model can never be achieved. Furthermore, a proposal such as providing the necessary tools and equipment is only a basic requirement, but not effective or innovative. Providing the necessary tools and equipment, such as personal protective equipment and appropriate machinery in the workplace, have been recognised for a long time as an essential element for safety in many research (Moyce & Schenker, 2018). However, this is only an essential practice, not one of the effective WHS methods.

3.6 Causes of Accidents and Injuries in New Zealand

To prevent these workplace accidents and injuries, it is important first to identify the causes. According to Statistics New Zealand (n.d.), a total of 231,100 work-related injury claims were made in 2017 in New Zealand. Out of the 231,100 work-related injury claims, soft tissue injury accounted for 62.5 per cent and was the most common injury in New Zealand (Statistics New Zealand, 2018). Soft tissue injury, the most common injuries at work, can occur in any industry or work environment such as factories, offices, retail work, restaurants and constructions (Bohle et al., 2010). Bohle et al. (2010) stated that the common causes of soft tissue injury are: excessive movement of pushing, pulling, lifting or carrying an object; trip over or falling from heights; twist while trying to reach, climb, bend, stand or sit; being hit by an object; more repetitive work; increased mechanisation; and longer working hours, especially in the service sector. *For example*, Moyce and Schenker (2018) stated that a hotel housekeeper needs to change their body position every three seconds while cleaning a hotel room. This often causes muscle damage because of the frequent change of the body position, heavy lifting of equipment and time-limited work (Zhang et al., 2019). The second most common injuries which were accounted for 18.8 per cent are laceration, puncture and sting (Statistics New Zealand, 2018). The other causes were a foreign body in eye, fracture and dislocation and burns (Statistics New Zealand, 2018).

A physically dangerous working environment is also known as one of the most common causes (Bohle et al., 2010). It is agreed that a dangerous working environment is where

occupational hazards exist such as physical or chemical hazards and the hazards that are particular in each industry (Hassam et al., 2012). However, psychosocial factors that can result in stress and fatigue are often ignored in the workplace. WorkSafe (n.d.) stated that stress and fatigue could create serious safety hazards at work. For example, stress and fatigue can lead to situations where even well-trained senior employees violate health and safety rules. It is important for managers or supervisors to be able to recognise when employees are under stress or fatigue, but there is no clear ways to recognise them. Therefore, an effective method to measure employee's stress and fatigue level needs to be implemented.

The hospitality industry is viewed as an industry which offers low or minimum wage shift work by youth (Douglas et al., 2020). Douglas et al. (2020) stated that the hospitality workforce generally suffers from enduring problems such as low pay and poor productivity. Sorensen et al. (2019) stated that workers on lower wages are more exposed to risk for a work-related accident, injuries and illnesses than workers on higher wages. Without any clear evidence, recent studies have found that low wages may be related to workers' health and safety (Sorensen et al., 2019; Cedillo et al., 2019). Moreover, Probst et al. (2013) stated that workers receive low-wage and suffer from job insecurity tend to do a lot of under-reporting when work-related accident or injury happens. In addition, Dale (2018) stated that such behaviours of the employer such as non-payment or underpayment of wages to workers are commonly found in the hospitality industry, especially among an ethnically diverse workforce. Often, along with the hospitality workers, an ethnically diverse workforce, including migrants, has been recognised as workers that receive low wages (Perez et al., 2012). It is no surprise that the ethnically diverse workers in the hospitality industry, who are paid low wages, could not consider their health and safety in the workplace while they have to survive in the workplace with poor employment arrangement. Employment opportunities given to ethnically diverse workforce, who may have many obstacles such as language and cultural differences, may be very limited. More research is required, especially within the hospitality industry, where there are a large number of migrant workers, to improve this matter (New Zealand Immigration, n.d.).

3.7 Psychosocial Stress Factor

As was identified above in this chapter (see Table 2), physical factors are commonly accepted as representative risks of the hospitality industry. However, the WHS does not only involve

physical hazards but also the psychosocial work environment (WorkSafe, 2019). Recent studies (Yousaf et al., 2020; Kim et al., 2012) have found that psychosocial factor hazards are significant or even more critical than physical hazards to employees. Psychosocial hazards are any work-related hazards harming employees' state of psychological well-being (WorkSafe, 2019). WorkSafe (2019) identified the negative health outcomes caused by psychosocial hazards at the workplace which include stress, depression, anxiety, sleep disorders, and suicidal ideation. This means psychosocial hazards can harm an employee's mental health. Although recently attracting attention from many researchers, historically, mental health has received less attention than physical health (WorkSafe, 2019). Mental illness or disorder can be defined as a health issue which affects one's thinking, feeling, and behaviour (Lamers et al., 2011). According to the Mental Health Foundation (2016), one in five New Zealand employees suffers from mental illness at some time in their lives. As such, employees working in New Zealand are at higher risk of being directly or indirectly affected by mental illnesses. Well-known examples of psychosocial hazards in the workplace are violence, harassment and bullying (WorkSafe, 2019).

Studies have also shown that hospitality workers are often exposed to customer violence (Tiyce et al., 2013). Dahlberg and Krug (2002, p.5) defined violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation". Canadian research (Mission: Zero, 2015) suggests that to prevent this workplace violence, employers should predict if workers are likely to be exposed to violence, prepare a solution to eliminate or reduce violence to a minimum, and train or educate workers on how to respond to violence in the workplace. Within the hospitality industry, workers are more likely to deal with intoxicated guests (Tiyce et al., 2013). Hu et al. (2018) stated that customer violence could negatively affect an employee's emotional exhaustion and stress. Therefore it is critical to educate workers to protect themselves from workplace violence. However, it is significant to be aware that violence may not only occur between workers and customers but also between employees.

Another risk factor that could lead to a lot of stress is harassment. Harassment refers to any offensive or inappropriate behaviours by a person that could be a threat to another person (Neall & Tuckey, 2014). Harassment can be divided into two main types. The first type of harassment is the mistreatment of a person based on their age, culture, race, religion, sex,

disability, physical size or appearance (Caponecchia et al., 2020). This type of harassment is crucial, especially in the hospitality industry, where ethnically diverse workers are common. The second type of harassment is personal harassment which affects the person's mental well-being where the other person is harassing this person on purpose (Caponecchia et al., 2020; Berry et al., 2016).

For an ethnically diverse workforce who may have many obstacles to communicate with their customers, co-workers or employers in the workplace, it seems that measures to minimise this problem and protect them should be further studied. Especially in the hospitality industry, where there are more workers with relatively diverse cultures than other industries, it is necessary to frequently monitor whether employee's safety is secure in the workplace. The main challenges that ethnically diverse organisations often face are miscommunication due to language barriers, different attitudes toward hierarchy and conflicting decision-making due to different perceptions affected by cultural difference (Wilkins, 2011).

WorkSafe (2019) also identified workplace bullying, which is also a psychosocial stressor, as a critical work-related hazard in New Zealand which could negatively impact one's mental health with stress, anxiety and depression. Workplace bullying can also have a critical impact on one's poor self-esteem, insomnia, burnout, fatigue and post-traumatic stress disorder in a serious situation (Laschinger & Nosko, 2015). In addition, workplace bullying could degrade functioning in an organisation as it leads to poor productivity and higher absenteeism (Magee et al., 2017). Psychologically anxious workers may have a lack of concentration and productivity and be more likely to be involved in work-related accidents by making more mistakes or being unaware of their health and safety (Day et al., 2012).

Past international based research on occupational psychosocial hazards highlighted harm that is more related to stress and identified general causes of psychological harm and its relationship with mental illness (WorkSafe, 2019). After reviewing existing research, it has been found that New Zealand based research on work-related psychosocial hazards follows a similar pattern. However, there was less research conducted in New Zealand, compared to other countries. This is because the need for research on psychosocial risks in New Zealand has only recently been embraced (WorkSafe, 2019). Therefore, more research seems to be required. In particular, this dissertation found that there was a lack of research related to particular occupational groups and industries about bullying and psychosocial factors.

3.8 Conclusion

This chapter studied and found issues of the WHS and hospitality industry in the New Zealand context, including New Zealand legislation, the role of WorkSafe and a living wage. Moreover, the key characteristics of the New Zealand hospitality industry have been introduced, such as work-related accident and injury rates in New Zealand, younger demographics, high turnover, and lower-wage along with their relationship with the WHS. Then it also described both migrant and ethnically diverse workers in New Zealand before going into a discussion of the WHS problems of an ethnically diverse workforce in New Zealand. Finally, this chapter introduced psychosocial stress factors as a significant WHS issue for the hospitality industry.

Chapter 4: Workplace Health and Safety and Ethnically Diverse Workforce

4.1 Introduction

The previous chapters identified and reviewed current research about the WHS and best practice and WHS in the hospitality industry in general and New Zealand context. However, it was found that there is a lack of existing WHS study which focuses on an ethnically diverse workforce. As it was mentioned from the previous chapter, there are some population groups which are at larger risk of WHS harm in New Zealand, including Māori, Pasifika and migrants, elderly workers, and young workers (Ministry of Business, Innovation, and Employment, 2018). This chapter covers the relationship between WHS and an ethnically diverse workforce. Specifically, it explores what has been found in academic research about ethnically diverse workforce and the WHS, including the factors influencing migrants and their workplace health and safety. Finally, this chapter ends with a discussion of best practice that could improve migrants' WHS.

4.2 Ethnically Diverse Workforce and Workplace Health and Safety

Ethnically diverse workers are welcomed to the hospitality industry as they bring a diversity of culture into the business, but Singal (2014) stated that they are vulnerable when it comes to WHS issues. With the rate of 158 claims per 1,000 full-time equivalent employees (FTEs), the group of workers categorised as 'other' ethnicity was found to be the group with the highest claim rate in 2018 overall in New Zealand (Statistics New Zealand, n.d.). This 'other' ethnicity includes Middle Eastern, Latin American, African, and other ethnicities (Statistics New Zealand, n.d.). They may have accidents or injuries in the workplace due to problems that are different from local workers. These problems include communication barriers, working conditions, job insecurity, workplace demands and different stressors (Singal, 2014).

Workplace health and safety issues can occur from a whole range of factors. However, the most common factor enhancing risk with migrant workers is miscommunication or inadequate communication, including lack of English skills in spoken, written or understanding, and lack of comprehension of non-verbal or body language (Arcury et al., 2010). Migrant workers had limited knowledge of WHS standards and employers'

responsibilities as migrant workers have fewer opportunities to receive WHS training, especially when working in smaller organisations (Yanar et al., 2018; Moyce & Schenker, 2018). This is because often migrant workers are in jobs with poor employment arrangements (Perez et al., 2012). According to Joppe (2012), most training efforts for ethnically diverse workers are less effective because of the gap of delivering information caused by the language barriers. Jonasson and Lauring (2012) stated that different styles of both verbal and non-verbal communication, created by different cultural backgrounds, tend to cause more misunderstanding and conflict in the workplace. This is critical as ethnically diverse workers may misunderstand significant communications of safety or signals from other workers, or not be able to use them properly to warn their colleagues in an emergency situation (Hare et al., 2013). Ethnically diverse employees may have more difficulty understanding companies' health and safety policies and procedures because of their lack of English skills, and it can lead to a serious health and safety issue within the workplace (Hare et al., 2013). This means accurate health and safety communication is vital to improve the health and safety of the ethnically diverse workforce and avoid communication failure.

For better communication with workers and frequent monitoring systems, recent research has discussed the importance of use of technology (Melvin et al., 2019; Torous & Roberts, 2017). Torous and Roberts (2017) stated that implementing the right technology can improve workers' mental health by removing long and difficult work communication through faster and accurate communication with smartphone applications. Torous and Robert's (2017) research is not specific to ethnically diverse workers. However, in particular, the use of a simple smartphone application can relieve the stress that migrant or ethnically diverse workers experience when communicating with their organisation by reducing the challenges associated with the process of writing an e-mail that can be more uncomfortable to them. Furthermore, the use of smartphone applications can solve errors in communication of safety issues through achieving more accurate and effective information delivery. Non-face-to-face communication can also benefit migrant workers who tend to be afraid to talk face-to-face with their managers, making it easier to report accidents (De Silva et al., 2018).

According to Joppe (2012), generally, many migrant workers are employed in part-time, temporary or seasonal jobs. Moreover, Moyce and Schenker (2018) stated that migrants are often employed in precarious jobs, which means they are not employed in decent work with sufficient wages. Moreover, Cedillo et al. (2019) stated that migrant workers often suffer

from increased workload without an increase in pay. As migrants are more likely to be in these insecure types of employment arrangement, they are less likely to report accidents at work because of fear of losing their job and not following their health and safety guideline provided by their organisations. Probst et al. (2013) stated that an employee who is afraid of losing their job might take safety shortcuts because of the pressure to finish their job by the deadline and to get high productivity. Workers who are employed on a temporary basis tend to hide or ignore accidents that occur on the job site as they know they will be leaving the workplace soon (Palali & Ours, 2017).

Migrant workers often face a stressful situation related to a time-limited or a fast-paced work environment (Moyce & Schenker, 2018). Many migrant workers reported that their managers were interested only in finishing the job quickly with low cost and did not care about employees' health and safety (Moyce & Schenker, 2018). In fear of losing their jobs, even if they get an unreasonable request from the management, migrant workers are under pressure to finish their work quickly without considering their health and safety. Overall, these problems could contribute to poor health and safety culture in the hospitality industry which has a significant proportion of migrant workers.

Not only do hospitality workers face these physical accidents at work, but the nature of the job of dealing with a lot of people including customers and work colleagues and supervisors can create stress as they all have different cultures and use different languages (O'Neill & Davis, 2011). O'Neill and Davis (2011) stated that hospitality workers often find themselves in stressful situations at work, and that stress negatively affects an individual's physical and mental health and it leads to lower productivity in work performance. According to Day et al. (2012), workers in stressful situations can have an ignorant attitude towards the workplace health and safety rules and therefore, it is critical to implement a system that monitors workers for compliance with work safety rules and ensure workers (Al-Dulaimi et al., 2019). Stress is a complicated factor that cannot be visually measured. In order to assist workers in reducing their stresses, having regular meetings in a comfortable atmosphere where employers can communicate with their workers about various issues is important (Lingard et al., 2019).

With the globalisation of the market, understanding and knowing cultural diversity and differences have become an essential element for thriving business (Bayer et al., 2017). Shen

et al. (2019) defined culture as a characteristic, idea, belief and social behaviour of an individual, community or group. Cronk (2017) stated that there is a direct relationship between culture and individual behaviour. Moreover, Yuan and Woodman (2010) reported that culture has a profound impact on value, work attitude and behaviour of an employee in the workplace. This means that the capability of accepting and understanding cultural difference is crucial in a culturally diverse work environment like the hospitality industry as it helps an organisation to understand employees better. Cronk (2017) mentioned that cultural aspects impact the employee's work behaviour and attitude, their way of conducting work, solving challenges, issues and conflicts and making decisions.

In addition to the communication issues mentioned above, De Jesus-Rivas (2016) stated that many of the fundamental causes of illnesses, injuries and fatalities in the workplace are due to a lack of understanding of cultural diversity and its impact on workers' WHS decisions. For example, migrant workers often may not agree with the information they receive from health and safety training because of different cultural viewpoints (De Jesus-Rivas, 2016). It was found that individuals with different cultures have different criteria for detecting dangerous situations and the tendency to deal with risks is different (De Jesus-Rivas, 2016). This means that even if different people perform the same action, such as carrying heavy bags, it may be perceived as highly risky action for some, but not for others. Moreover, for example, there are possibilities of employees not reporting the workplace accident because they think it is not a big deal or think it is too difficult to report, while others report accurately, depending on their cultures (Probst et al., 2013).

Migrant workers and cultural factors are often ignored in New Zealand when it comes to improving workplace health and safety, although New Zealand is a country of diverse ethnicities. Migrant workers have been mentioned in a government report of psychosocial hazards in New Zealand as one of the specific groups that are incredibly vulnerable to psychosocial stressors (WorkSafe, 2019). However, no discussion was made about this migrant group in order to make improvements. Most fundamentally, in order to improve the health and safety of ethnically diverse workers, it is essential to provide an environment where they can feel safe and comfortable at work. As migrant workers are a valuable workforce and part of a significant percentage of workforces in the hospitality industry (Employment New Zealand, n.d.), it is essential to create effective best practice aimed only at migrant workers. The use of best practice, such as providing adequate health and safety

training, reduces their workplace accidents and injuries and allows them to work more efficiently (Weiss, 2013). For ethnically diverse workers to work as members of a team that is harmonious with local employees, it is the same for both groups to receive cultural diversity training (CDT) that can eliminate cultural discrimination or prejudice against each other (Young & Guo, 2020). It is vital that the organisation takes responsibility for changing the cultural differences of workers to an opportunity to understand and learn from each other. Moreover, it will be a vital first step in reducing accidents that may arise from psychosocial stressors that migrant or ethnically diverse workforce can receive.

4.3 Conclusion

In this chapter, the relationship between an ethnically diverse workforce and the WHS was explored, including the factors influencing migrants or ethnically diverse workers such as communication barriers; working conditions; job insecurity; workplace demands; and different stressors, due to the focus on ethnically diverse workforce was missing from the existing research in the WHS field. Finally, the fact that an ethnically diverse workforce typically receives low wages and has more job insecurity due to poor working arrangement was discussed.

Chapter 5: Discussion and Conclusion

5.1 Introduction

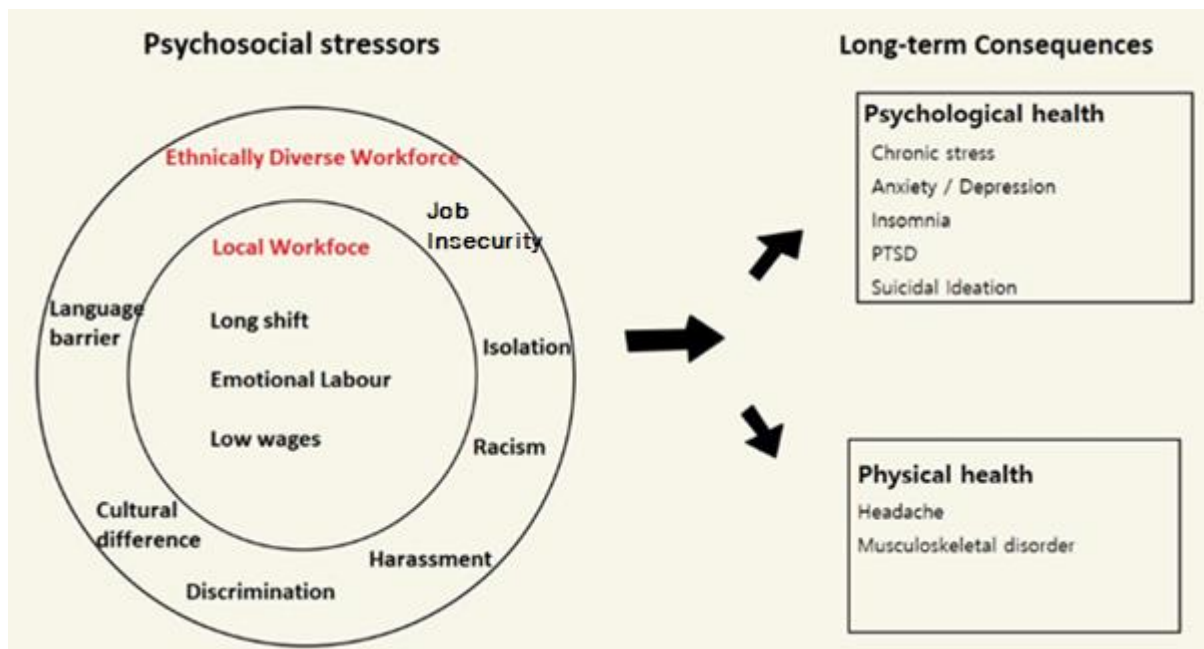
In the previous chapter of this dissertation, it has been identified that the best practice WHS is generally defined as a guideline to enhance employee's health, safety and well-being and increase productivity at the workplace (WorkSafe, 2016). Furthermore, it has been found that ethnically diverse or migrant workers are in more vulnerable positions when it comes to WHS, compounded by issues such as language barriers, cultural difference, discrimination, isolation, low wages, and job insecurity that contribute to more complex psychosocial environments (Perez et al., 2012). However, it has been found that many of the past research studies about the best practice of the WHS have left out cultural aspects and not considered an ethnically diverse workforce. This means, there is not enough consideration for a precarious worker or a requirement of a differentiated approach to an ethnically diverse workforce when developing health and safety strategy. If organisations generally approach the ethnically diverse workforce without understanding their characteristics or differences, efforts to follow the best practice of the WHS are pointless. In addition, there was a gap identified in the research: there is little research that suggest practical solutions or how to implement them to an ethnically diverse workforce. To benefit ethnically diverse worker's health and safety in the hospitality industry, this dissertation suggests two models: 1) Psychosocial stressors model for an ethnically diverse workforce in the hospitality industry and 2) Best practice model for enhancing health and safety of an ethnically diverse workforce. These two models are created by the researcher and support ethnic diversity.

5.2 *The First Model*

The purpose of creating this model is to enhance understanding of challenges that ethnically diverse workers have within the hospitality industry and the fact they require additional support to adjust to local culture. Through this model, organisations or human resources practitioners in the hospitality industry can understand how these hazards can have negative or severe consequences on workers' psychological and physical health and safety and that those migrant workers are more exposed to these risks. As it was mentioned in chapter three, New Zealand is a country with diverse cultures and 213 different ethnicities (Sibley & Ward, 2013; Statistics New Zealand, 2013). A better understanding of the psychosocial stressors

that affect ethnically diverse workers benefits not only the hospitality industry but also other sectors with diverse workforces in New Zealand. The model illustrated below is different to existing models as it claims that ethnically diverse workers are not completely different from local workers but have additional psychosocial stress factors including the stressors that local workers have (Perez et al., 2012). It also addresses a gap found in the existing research, which had not considered cultural differences and racism significantly as serious harm to an ethnically diverse workforce.

Figure 2: Psychosocial Stressors Model for an Ethnically Diverse Workforce in the Hospitality Industry

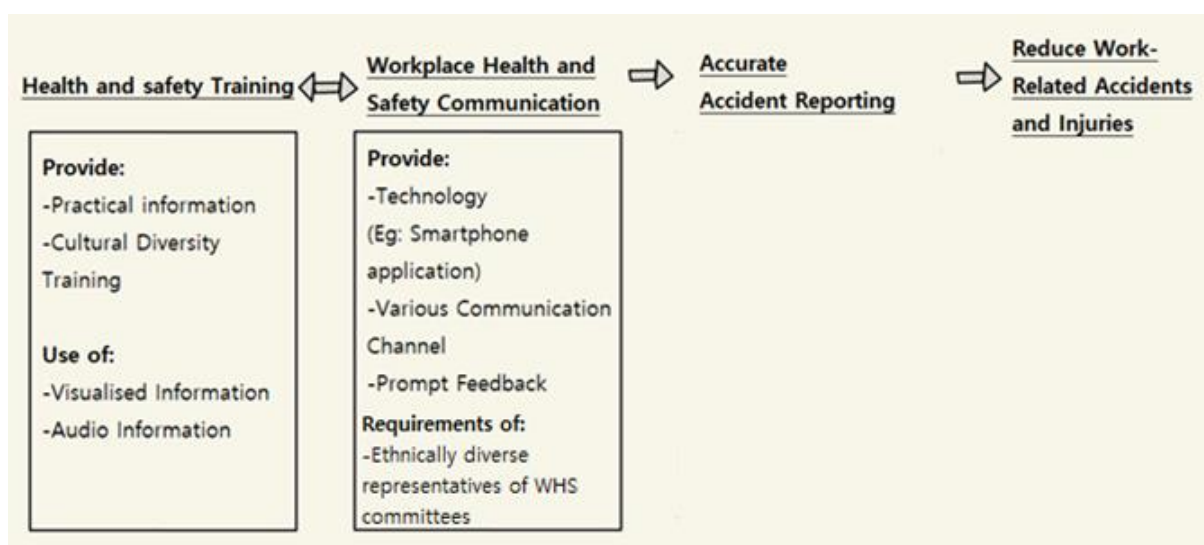


The first model is psychological stressors for an ethnically diverse workforce in the hospitality industry. It includes the general psychosocial stressors experienced by hospitality workers such as long shifts, emotional labour and low wages (WorkSafe, 2019). This model presents the additional psychological stressors that ethnically diverse workers experience, such as cultural difference, language barriers, vulnerability to violence and harassment, discrimination or racism and isolation (Tiyce et al., 2013; Hare et al., 2013; Arcury et al., 2010). The model indicates how these psychosocial stressors can lead to long-term consequences for employees. These consequences are divided into two different categories of psychological and physical well-being. Symptoms, when various psychological stressors affect the mental health of workers in the long term, include chronic stress, anxiety,

depression, insomnia, post-traumatic stress disorder (PTSD), and the desire to commit suicide (WorkSafe, 2019; Laschinger & Nosko, 2015). Symptoms of negatively affected physical health of workers include headache and musculoskeletal disorder (Statistics New Zealand, 2018; Arjona-Fuentes et al., 2019).

5.3 The Second Model

Figure 3: Best Practice Model for Enhancing Health and Safety of an Ethnically Diverse Workforce



The second model presents an effective way to enhance the ethnically diverse workforce's health and safety, and it can be a useful model for the hospitality industry as migrant workers are prevalent in this industry. This second model builds on the previous model as it suggests effective strategies that could eliminate or reduce psychosocial stressors that ethnically diverse workers experience. Again, this model can also benefit industries other than the hospitality industry. This model suggests best WHS practice across three main categories including health and safety training, WHS communication, accurate accident reporting, which can lead to better WHS of workers with diverse cultures. Primarily, this model argues that to provide more effective health and safety training to an ethnically diverse workforce, it is necessary to visualise educational information and minimise misunderstanding in the information. According to Pettit et al. (2011), visualisation technologies are very useful tools in communication and help better understanding when receiving information. When delivering safety information, it is critical to use more colours, videos, and photos to support workers' understanding. Furthermore, it is recommended to use audio information through

songs or videos to deliver accurate educational information rather than getting workers to read information by themselves. Joppe (2012) stated that the language barrier creates a gap in delivering information and decreases the effect of training for migrant workers. Any education or training that the recipient does not understand is meaningless. Therefore, simplification, visualisation, and sounding of information are critical to succeed in creating effective health and safety training for an ethnically diverse workforce.

Effective health and safety training can also lead to a good health and safety culture where workers are more motivated to perform their jobs safely. It is also important to create and provide cultural diversity training to alleviate the problems of bullying or discrimination at work that can be harmful to the ethnically diverse workforce (De Jesus-Rivas, 2016). This cultural diversity training must be provided to everyone, including local and foreign-born workers, managers and supervisors. The opportunity to understand that everyone may be different and to see why small and large misunderstanding may arise will be very helpful in eliminating discrimination at the workplace. If discrimination is eliminated or reduced, then it will lessen the likelihood of workplace stress.

It is necessary to use an effective training system that can accurately deliver safety information, and it must be repeated to remind employees of ensuring what WHS is and being aware of their own safety responsibilities constantly and periodically. Similar to health and safety training, it is vital to deliver WHS information in practical ways and accurately. It has been widely recognised that many workers, especially migrant workers, lack knowledge of health and safety legislation and critical safety procedures such as reporting accidents (De Silva et al., 2018; Fanca et al., 2016; MacKenzie, 2015; Palali & Ours, 2017; Probst & Estrada, 2010; Symonette & Geary, 2013). As it was mentioned in the previous chapter, the HSWA requires all New Zealand businesses to have a regular meeting or discussion with workers to enhance WHS (WorkSafe, 2017). For a better and diverse discussion, requiring ethnically diverse representatives as the WHS committees can be suggested (Ravenswood et al., 2013). This could lead to health and safety discussion with more diverse perspectives and create an opportunity for ethnically diverse workers to communicate more smoothly about their health and safety issues. To ensure that all employees, including migrant workers, know important safety information or their health and safety rights, periodic and repetitive training is key. It is also suggested to use technology that can convey important information so that employees can easily and promptly access the health and safety information. For example,

delivering information using a smartphone application developed within the organisation provides an opportunity for migrant workers to easily translate and view the information. Alternatively, for organisations that cannot afford to develop specific software different methods, such as social media, can be used to communicate with their workers instead of developing their smartphone application. However, since the use of this technology is not targeted at workers who do not have smartphones, solutions for workers without smartphones still needs to be considered. More various communication channels need to be opened, so all migrant workers can easily access WHS information and easily suggest their opinions. Moreover, this model suggests that organisations provide feedback when receiving ideas from employees. It has been argued that no response from management has a critical impact on employee's under-reporting their work-related accidents or injury (De Silva et al., 2018; MacKenzie, 2015; Probst, 2010).

Finally, in this model, good health and safety training and WHS communication are interrelated, and it is argued that well-established training and communication leads to accurate and voluntary accident reporting by workers, which can reduce work-related accidents and improves safety. However, fixing a lot of things at once might be challenging in terms of cost and time for small and medium-sized enterprises in New Zealand. In situations where it is difficult to follow the second model, it suggested at least fundamentally understanding that ethnically diverse workforce in the hospitality industry are under additional psychosocial stressors like the first model as it benefits in creating a friendly working environment for them. Since it is difficult for all companies to consider these problems mentioned in the above two models, decisive government intervention is also required. To guarantee minimum safety for all employees, including ethnically diverse workers, the New Zealand government will need to provide stricter safety guidelines such as ensuring all New Zealand business are providing cultural diversity training, to improve workplace health and safety, considering ethnic diversity. Furthermore, the New Zealand government's health and safety strategy model (see Figure 1) also needs to provide a guide to create further practical training to improve the WHS for all New Zealand workers including migrant and ethnically diverse workers along with a realistic method of effective WHS communication. This means the government's model needs an update to fit into the changing workforce instead of only providing a comprehensive guideline. The important points that significantly affect an ethnically diverse workforce are low wage and job insecurity. It has

not been addressed in two models that are developed in this dissertation as it is the complicated issue that cannot be resolved immediately (Perez, 2012). However, considering the wages and security of jobs for ethnically diverse workers is an essential part of a good WHS culture

5.4 Conclusions

5.4.1 Recommendations for Future Research

Training has been practiced for a long time and it has been well recognised as a significant factor that affects WHS (Martinez-Ros & Orfila-Sintes, 2012). However, a practical method of creating and providing effective training towards the specific workforce, such as ethnically diverse workforce, has not been considered sufficiently. In this dissertation, it is suggested that future research in the health and safety field should put more focus on developing practical best practice for enhancing the WHS of migrant and ethnically diverse workers that can be used widely. This dissertation suggests that future research should investigate the experiences of migrant and ethnically diverse workers of the WHS in order to understand their work-related psychosocial stressors which differ to locals.

5.4.2 Final Remarks

The primary aim of this dissertation was to discover what practices encourage an inclusive workplace health and safety culture for an ethnically diverse workforce in New Zealand's hospitality industry. To achieve this goal, this dissertation has critically reviewed and analysed relevant research articles published in the past ten years. From this critical review, it identified that there is a gap in our understanding of WHS. Specifically, this gap is a lack of investigation into the relationship between cultural factors and WHS, and a lack of focus on the WHS of an ethnically diverse workforce, and WHS in New Zealand's hospitality industry. Furthermore, as well as a gap in research, the New Zealand government's WHS strategy overlooks the context and needs of migrant and ethnically diverse workers in New Zealand. This is a serious oversight, especially in the hospitality industry, which has a significant migrant workforce.

Research suggests that three core elements of enhancing the WHS of an ethnically diverse workforce, such as appropriate training, effective WHS communication, and accurate accident reporting, need to be considered seriously. Therefore, this dissertation developed two

separate models that can inform both best practice WHS and policy. These two models are 1) Psychosocial stressors model for an ethnically diverse workforce in the hospitality industry, and 2) Best practice model for enhancing health and safety of an ethnically diverse workforce. The primary idea of the first model is that an ethnically diverse worker is more exposed to additional psychosocial stressors in the hospitality workplace, and how it negatively affects an ethnically diverse worker's physical and psychological health. Based on the understanding of the first model, the second model suggests effective ways to positively affect the health and safety of an ethnically diverse workforce.

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