

Framing, Resources and Repertoire of Local Trade Union Action for Health and Safety: A Study Conducted with a Quebec Central Labour Body

Cadrage, ressources et répertoire de l'action syndicale locale en santé et en sécurité du travail : une étude conduite auprès d'une grande centrale syndicale au Québec

Modulación, recursos y repertorio de la acción sindical local en defensa de la salud y la seguridad: Estudio realizado con una Central sindical de Quebec

Geneviève Baril-Gingras et Sarah Pier Dubois-Ouellet

Volume 73, numéro 3, été 2018

URI : <https://id.erudit.org/iderudit/1053836ar>

DOI : <https://doi.org/10.7202/1053836ar>

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Éditeur(s)

Département des relations industrielles de l'Université Laval

ISSN

0034-379X (imprimé)

1703-8138 (numérique)

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Citer cet article

Baril-Gingras, G. & Dubois-Ouellet, S. P. (2018). Framing, Resources and Repertoire of Local Trade Union Action for Health and Safety: A Study Conducted with a Quebec Central Labour Body. *Relations industrielles / Industrial Relations*, 73(3), 429–460. <https://doi.org/10.7202/1053836ar>

Résumé de l'article

Les conditions d'emploi et de travail affectant la santé et la sécurité constituent les préoccupations les plus importantes des travailleurs. Parmi les moyens par lesquels les syndicats contribuent à la prévention, l'action des représentants des travailleurs en santé et sécurité du travail (RPSST) et leur participation aux comités conjoints de SST sont les plus étudiés. Étonnamment, peu de travaux s'intéressent à la place de la SST dans l'action collective des travailleurs. Cette étude menée auprès d'une grande centrale syndicale québécoise vise à comprendre comment des syndicats, à l'échelle du lieu de travail, prennent en charge cet enjeu, à décrire le répertoire d'actions déployées et les leviers et obstacles contextuels. Le cadre conceptuel utilisé est basé sur nos travaux précédents sur le contexte, le processus et le contenu d'interventions en prévention, et il inclut les ressources de pouvoir et les capacités stratégiques syndicales définies par Lévesque et Murray (2010).

Dans la phase 1, onze entrevues semi-dirigées ont été conduites avec des permanents et des élus syndicaux de différents secteurs économiques et activités : syndicalisation, formation, négociation, prévention en SST et indemnisation. Nous évoquons également cinq études de cas (phase 2) auprès de structures syndicales à l'échelle du lieu de travail particulièrement actives en prévention.

Nous examinons le processus par lequel ces enjeux sont ou ne sont pas conçus comme du ressort de l'action syndicale, et nous identifions les ressources de pouvoir agissant comme levier, notamment l'intégration des RPSST au cœur de la structure syndicale et un temps de libération substantiel dévolu à la présence sur le terrain. Nous décrivons un répertoire d'actions diversifiées, dépassant les moyens prévus par le régime de SST, incluant des mécanismes de relations de travail (négociation collective, recours à la grève, etc.). Ce répertoire est soutenu par un agenda syndical autonome, incluant la mobilisation. Nous discutons du potentiel des enjeux de SST pour la revitalisation syndicale.

Framing, Resources and Repertoire of Local Trade Union Action for Health and Safety: A Study Conducted with a Quebec Central Labour Body

Geneviève Baril-Gingras and Sarah Pier Dubois-Ouellet

Employment and working conditions having an impact on health and safety are some of the most important workers' concerns. Conducted with a large Quebec Central Labour Body, this qualitative study aims to understand why and how local-level unions concentrate on these issues. The process by which health and safety are framed (or not) as trade union issues is examined, and levers and barriers are identified. Resources supporting trade union autonomous action aimed at prevention are highlighted. A widely diverse repertoire of means of action is identified, not limited just to the means provided by the Quebec OHS regime. It includes the recourse to labour relations mechanisms and to an autonomous agenda, including mobilization. The potential of OHS issues for union revitalization is discussed.

KEYWORDS: occupational health and safety, trade union revitalization, framing, trade union power resources, trade union strategic capabilities.

Introduction and literature review

This paper presents some results of a study conducted in Quebec (Canada), with the objective of understanding how local trade unions act on working and employment conditions that influence worker health and safety, and what are the conditions conducive to such actions. Indeed, union density is the most sig-

Geneviève Baril-Gingras, Full Professor, Département des relations industrielles, Université Laval (genevieve.baril-gingras@rlt.ulaval.ca).

Sarah Pier Dubois-Ouellet, M.A. in Industrial Relations, Département des relations industrielles, Université Laval, Québec, Canada (sarahpier.dubois@hotmail.com).

Acknowledgements: The authors acknowledge financial support from ARUC *Innovation, Travail et Emploi* (from a SSHRC Community-University Research Alliance Funding) and sincerely thank the FTQ and CSN for participating to the study from which these results are extracted. We also thank the members of the monitoring committees, all participants, the students who transcribed the interviews, and Kevin Villeneuve-Tremblay, Shirley Chabot, Jean-Noël Grenier and François Bolduc. Finally, we thank Martine D'Amours for her insight and encouragement, David Walters, with whom the idea of this research was first discussed, for sharing his experience, knowledge, and the anonymous reviewers for their constructive suggestions.

nificant macro-level factor explaining differences in workers' self-reported health at the national level, as shown by a study comparing 31 European countries (Dollard and Nesar, 2013). However, at the workplace level, the trade union effect on occupational health and safety (OHS) is said to be difficult to measure (Morantz, 2009); in fact, working conditions negatively affecting OHS may encourage unionization, and union presence may increase the reporting of work-related injuries (Nichols, Walters and Tasiran, 2007: 212). Despite these confounding factors, the positive role of trade unions has been demonstrated both in the European and North American contexts: using sophisticated statistical analysis of United Kingdom WIRS data, Nichols, Walters and Tasiran (2007) showed that: "cases where trade unions have an input into health and safety committees and where there are representatives are to be preferred to those where there is no such trade union input or no representatives" (p. 211); similarly, when using appropriate methodology and data (least subject to under-reporting), Morantz (2013) demonstrated that unionization predicts a "substantial and statistically significant decline in traumatic injuries and fatalities" in bituminous coal mining in the USA.

This suggests the need to better understand "how" this effect is produced, i.e. the processes by which trade unions contribute to worker health and safety at the workplace level. In the North American context, Schurman *et al.* (1998) and Morantz (2009) list some means by which unions act on OHS-related issues; those related to the workplace level may be grouped into four categories: participating in joint OHS committees (JOHSC), making them more effective; nominating Worker Safety Representatives (WSR) who will develop different types of action; interacting with fellow workers, with employer representatives and with the inspectorate; and using collective bargaining to obtain preventive measures.

The extent of knowledge varies considerably as to the use, modalities, preventive effectiveness and conditions of effectiveness of these different means of action. Indeed, much research has been conducted on Joint OHS Committees (JOHSC). Yassi *et al.*'s. (2013) systematic review suggests that the mere presence of a committee is not sufficient to produce results: its effectiveness is based on several conditions such as information and training, adequate composition, management commitment, a clear and broad mandate and empowerment either by legislation or the presence of a union.

The other most extensively studied trade union means of action on OHS issues is WSR action. Menéndez, Benach and Vogel's (2009) literature review and consultation of informants (WSR, trade unionists and experts in Europe) concludes that the influence of OHS representatives is related to a set of macro social and political conditions (social policies, labour market structure, labour laws, trade union relative power, collective bargaining coverage, etc.), and to conditions at the meso workplace level (economic sector, size, production process, financial

situation, labour relations) and employer level (commitment to prevention, work organization, etc.). The authors also highlight the role of resources and actions of trade unions (ideologies, level of power and participation, strategies to support WSR and level of collective bargaining, etc.) and of workers themselves. At the more micro level, two successive studies from Ontario, Canada (Hall *et al.*, 2006 and 2016) draw up a typology of the strategies used by WSR: based on the effects reported by these representatives, the second study established that the most effective strategy was what the authors called “knowledge activism”, which places emphasis on knowledge-based political activity, and leads to more ambitious interventions and more significant impacts across different aspects of the work situation, instead of a strategy called “technical-legal representation”, relying essentially on recourse to formal technical procedures and the application of legal requirements. Paid release time, experience, position as co-Chair of the OHS committee and perception of support on the part of management are conditions supporting the most effective strategy.

Surprisingly, many of the studies on WSR give little information on their relationship with trade unions. Among the studies that do, Walters and Gourlay (1990) suggested that WSR action is made more effective when some specific trade union factors are present, i.e. when OHS is a trade union priority; collective guidance is developed; OHS representatives are integrated into the local trade union organization; and the union supports OHS representatives in the form of information and training. Similarly, Menéndez *et al.* (2009) also highlighted the role of ideology and the political orientation of trade unions; unions’ strategies and support to WSR; integration of WSR functions into workplace-level trade union organization; and the influence of collective bargaining on WSR activities. The role of mobilization in obtaining preventive measures is rarely described in studies on WSR: in fact, Ollé Espluga *et al.* (2014), Hall *et al.* (2006) and (2016) are among the few studies that look at the relationship WSR establish with workers.

The third element in the aforementioned list regarding the workplace level means of action of trade unions is collective bargaining in relation to OHS. This appears far less documented than the other means in the list, and there seem to be strong variations from one jurisdiction to another. For instance, in Quebec, the dominant discourse surrounding the adoption of the *OHS Act* in 1979 was that worker health and safety “should not be negotiated” by fear it would be exchanged for something else (see Sauv , 1978); trade union OHS action had to use the vehicle of OHS committees. Such a separation of OHS from one of the trade unions’ main tools to achieve better work and employment conditions—collective bargaining and eventually, strike—is present elsewhere (see Quinlan, Bohle and Lamm, 2010, in the Australian context). However, there seem to be other traditions: in the USA, local collective bargaining over OHS matters appears

more prevalent (Gray, Myers and Myers, 1998, Labor Occupational Health Program, 2000)¹. In Europe, negotiation on OHS risk identification and preventive measures is present at different levels (local, branch or economic sector, national or European: Moncada *et al.*, 2011; Uberti-Bona *et al.*, 2002; Gregoire, 2015, etc.). Menéndez *et al.* (2009: 19) explain that collective bargaining may support WSR either by extending their presence and improving their resources, or by specifying some preventative measures. However, the extent of recourse to this means of action, and the reasons for the variations between countries and trade unions at the national and local levels remain to be explored. For example, in the case of France, Mias (in Goussard and Tiffon, 2017) reports that some accords focus more on methods to further examine psychosocial risks than on concrete changes to working conditions.

In the end, there are surprisingly few studies examining the place of OHS as an issue of worker collective action. Indeed, Walters and Nichols (2009: 15) note that in the “plethora of publications [on union organizing strategies and renewal], little mention has been made of the role of occupational health and safety”. Yet, the relationship between work and health does represent a strong concern for workers and is, therefore, seen by some scholars and trade unionists as presenting a high mobilization potential (Loudoun and Walters, 2009). Barry and Loudoun (2006) are among the few who examined the place taken by OHS in trade union organizing efforts in Australia. They concluded that OHS had strong potential as an organizing issue, but that such efforts were still isolated; most unions continued to focus on those issues that were perceived as more central to industrial relations or more “mainstream” (p. 31). Among the barriers they identified are the low priority assigned to OHS by some union leaders, a lack of information, awareness-raising, training and resources, as well as distance between unions and OHS representatives. Loudoun and Walters (2009), replicating the study in the UK, observed some developments, but still many obstacles. In the case of France, the collective work directed by Goussard and Tiffon (2017) reports diverse attempts to strengthen WRS presence “in the field”, aimed at discussing with colleagues their concrete work activity, its impact on health and safety, and at building mobilization. These authors conclude by asking if unions’ capacity to focus upon OHS matters may be a way to revitalize unions and get out of what is described as a crisis. This is particularly important as trade unions need to develop their response to the OHS consequences of work intensification (e.g. Moncada *et al.*, 2011) and employment precariousness (e.g. Quinlan and Sokas, 2009).

In the case of Quebec², studies are particularly scarce, whatever local unions’ mode of action is in the repertoire established by Schurman *et al.* (1998) or Morantz (2009). Desmarais’ (2004) synthesis of research on JOHSCs shows the influence of the presence or absence of a union, but does not shed light on local union strategies. Two studies examined WSR activities: Simard’s survey (1986) showed

that their presence is associated with JOHSCs carrying out a wider scope of activities; Brun and Loisel (2002) observed that the majority of WSR were acting at an operational (or technical) rather than strategic level. Again, these studies do not explain how WSR interact with their union, what place OHS occupies in local unions' preoccupations and actions, and how this may influence WSR action.

Indeed, the two Central Labour Bodies participating in the research project from which some results are presented here are looking for strategies that better support local unions in their efforts to improve work and employment conditions having an impact on their members' health and safety, in the context of rising psychosocial risks. In particular, the members of the monitoring committee in Central Labour Body A (representatives from its central OHS, training and research services) were preoccupied by the higher than expected turnover of WSR, who seem to encounter some barriers when coming back from the OHS training sessions provided by the union. They shared some hypotheses about the causes of this turnover, including a lack of support from employers and also from some local union officers. After discussions with them, as with the monitoring committee of Central Labour Body B, we agreed on a two-phase research project whose ultimate objective was to answer the following questions:

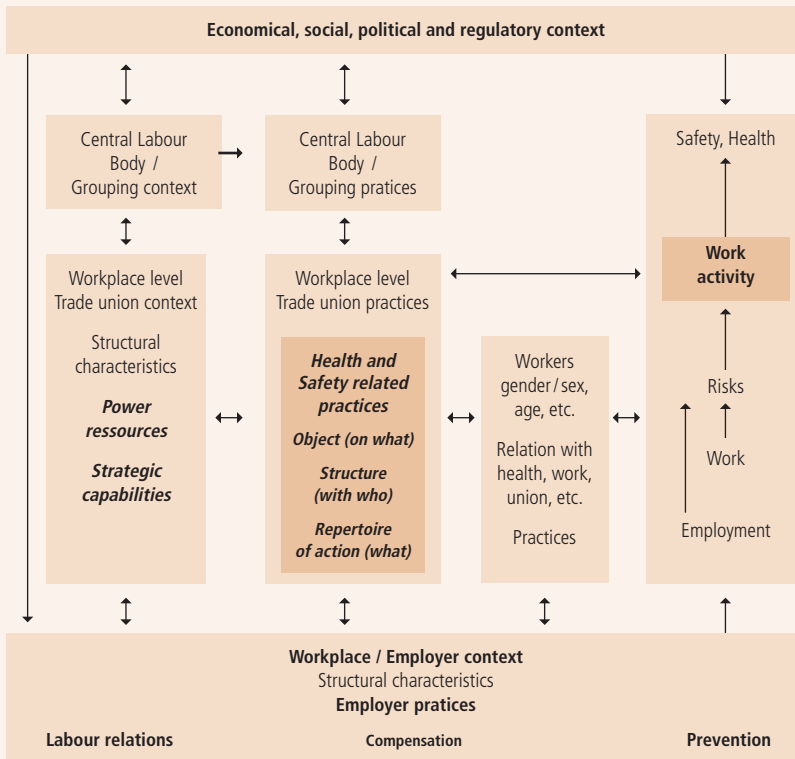
1. How do workplace-level trade unions act, in a significant manner, on working conditions that influence worker health and safety?
2. What are the conditions conducive to such actions?

Conceptual framework

The conceptual framework used for this study (Figure 1)³ was inspired by our previous work (Baril-Gingras, Bellemare and Brun, 2006), and aims to carry out "realistic evaluations" (Pawson and Tiley, 1997) of OHS preventive interventions by placing them in their context (levers and barriers), understanding their content and processes (in search of change mechanisms), and describing their outcomes. It seeks to integrate various contributions that help us understand the micro, meso and macro social processes by which health and safety at work is "produced" (Benach, Muntaner and Santana, 2007, Baril-Gingras, 2013). It shares important similarities with the model proposed by Menéndez *et al.* (2009).

To answer the first research question ("How?" or mechanisms), the conceptual framework is centred on local-level trade union practices that affect OHS, which are described according to their object (on what risks, what dimensions of work and employment?), their structuring (by which union actors are they conducted?), and the means of action deployed among a possible repertoire. As suggested by Gall and Fiorito (2016), the proposed model includes 'outcomes', limited here to the intermediate outcomes represented by employers' prevention practices obtained by trade unions.

FIGURE 1
Conceptual Framework



In order to respond to the second research question (“In what conditions?” or context), trade union OHS practices are seen as being influenced by the union local and national context, and the macro social context. In this paper, we choose to focus on the internal union context, a choice that does not imply a totally voluntarist stance. Thus, the framework includes the ‘power resources’ and ‘strategic capabilities’ concepts proposed by Lévesque and Murray (2010) as the basis of union power. We briefly illustrate how these concepts help articulate previous research results.

A first power resource is internal solidarity: various studies reported by Ollé-Espuga *et al.* (2014) highlight the determining role of the WSR capacity to mobilize workers. Network embeddedness refers to “horizontal and vertical links with other unions and with community groups and social movements.” (Lévesque and Murray, 2010: 336). Menendez *et al.* (2009) mention the creation of networks as a resource provided to WSR by their union. Narrative resources “refer to the

existing stock of stories that frame understandings and union actions, and inform a sense of efficacy and legitimacy” (Lévesque and Murray, 2010: 336). Last are infrastructural resources: for example, Shannon *et al.* (1992) observed that each additional delegate per 100 workers was associated with a reduction of 8% of lost time injury frequency. Menendez *et al.* (2009) refer to many other types of infrastructural resources, including the provision of knowledge, information, and training and creation of useful and regular information channels, provision of legal and technical advice, logistical support, practical tools, and independent technical and legal professional advice.

Lévesque and Murray (2010: 341) state that: “Unions can have power resources (or attributes) but not be particularly skilled at using them”: power resources must be developed, used and transformed by union leaders and activists, depending on the context. Thus, strategic capabilities are defined as “sets of aptitudes, competencies, abilities, social skills and know-how” (*ibid.*). Intermediation refers, among other things, to the ability to “mediate between contending interests” (*ibid.*: 342), such as OHS versus narrowly defined mainstream economic interests (Barry and Loudoun, 2009). Furthermore, framing capabilities “characterize a union’s ability to define a proactive and autonomous agenda” (Lévesque and Murray, 2010: 343). Menéndez *et al.* (2009) insisted on the role of ideology and political orientation of trade unions, which includes their commitment to the improvement of occupational health.

Articulation concerns the relationships between levels of action, in both temporal and spatial terms (Lévesque and Murray, 2010: 343); we interpret it as the articulation between different means of action in a repertoire, different “places”, including the shop floor itself, with union members, and between action on OHS and on other work, and employment issues. The use of collective bargaining (Menéndez *et al.*, 2009) may be looked at both in terms of articulation and intermediation. Finally, learning capabilities relate to “the ability to foster, reflect on and learn from past and current changes in contexts and organizational practices and routines” (Lévesque and Murray, 2010: 344).

Methods

This paper presents some results of a larger project⁴ involving the two largest Central Labour Bodies in Quebec (Canada), the *Fédération des travailleurs et travailleuses du Québec* (FTQ) and the *Confédération des syndicats nationaux* (CSN)⁵. Together, they cover about 80% of all unionized workers (estimate based on Direction de l’information sur le travail, 2015). Only results for one of these two central labour bodies are presented here⁶. As mentioned earlier, two monitoring committees, each composed of the head research team and three members of the Central Labour Body’s training, OHS, coordination or research

staff, collaborated on the problem and methodology definition, recruitment, results validation and decisions about knowledge transfer.

Central Labour Body A, from which the results are presented here, covers a great diversity of economic sectors. It is composed of what will be called 'groupings' that cover one or more type of economic activity. For this research, what we will call 'workplace-level trade union'⁷ is the elected structure in a specific workplace. Each bargaining unit receives services from salaried personnel from the 'grouping', either 'generalists' (bargaining, grievance handling, sometimes OHS compensation, etc.) or specialists (e.g. prevention and defence for compensation).

Study design

Phase 1 consisted of interviews with people in a position to describe local trade union OHS prevention activities, the place it occupies in the life of a workplace-level union and the conditions in which these practices occur. We needed to obtain a picture covering a range of economic sectors and the perspectives of the different aspects of local union life, from unionization, training, negotiation, to day-to-day activities, including support related to injured workers' compensation claims, as well as prevention-oriented activities, whatever the means taken. Individual interviews and focus groups were held. Only results from individual interviews are presented here, but results from both do converge.

Phase 2 consists of case studies of workplace-level unions identified by phase 1 respondents as significantly active in relation to prevention. To date, five case studies have been completed in Central Labour Body A, based on individual or collective interviews (7 elected union officers, 4 worker safety representatives, 2 union advisors) and document analysis (e.g. collective agreements, JOHSC proceedings, union newsletters, etc.). Due to space constraints, only some of the results are presented here, just as brief examples of diverse modalities in the trade union repertoire of action in OHS matters.

Participants

For phase I, we asked Central Labour Body A monitoring committee to help us identify people corresponding to the criteria mentioned above. They suggested a list of 32 names. As we asked for access to people operating in a variety of functions apart from prevention, and as our partner knew staff members might be more easily reached than elected officers, the vast majority were in fact current staff members of a grouping or of this Central Labour Body. Moreover, groupings do not necessarily have an elected officer in charge of OHS. We accepted this limit knowing these results would be triangulated with those coming from other data

gathering methods and research phases⁸. Thus, we progressively contacted 19 people by email and eventually by phone. In the end, 11 people were interviewed until we covered what we considered to be a sufficient diversity of groupings and functions and reaching analytic saturation, for a total of 7 men and 4 women. The people contacted but not interviewed either did not answer our emails (2) or were not available to participate at that time (6).

Through the local unions they represent or serve, participants cover a wide variety of sectors of economic activity (extraction, manufacturing, trade and private services, public services and health, etc.). Six participants out of 11 currently occupy an OHS function, all of them in relation to both OHS prevention and the defence of injured workers in matters of compensation and return to work. In fact, we were told that in Central Labour Body A, this combination is the rule rather than the exception for staff members taking care of prevention. The other half of the sample (5) has various functions, ranging from unionization, trade union training (all areas), and legal representation (all areas, including compensation). If we include past union activities, all but one have some experience in prevention, including 6 as elected members of a JOHSC or as WSR in their workplace of origin. Eight have defended or still defend injured workers. As elected representatives, or as union staff members, most of the interviewees have held more than one trade union function: 6 were or still are union trainers, 7 participated in the negotiation of collective agreements or still do. We consider that this sample, although limited, provides an overview of all of the key activities of local union life, both from people who experienced it in the past as elected officials, in their workplace of origin, and from people who have to give advice and support to local unions.

Data gathering method

The semi-structured interviews, based on the conceptual framework, began by exploring the participant work history, union activism and employment experience, including prevention-related activities. The following parts of the interview had two objectives: 1- to collect data concerning participants' experiences and perceptions relating to the grouping and local union contexts, the place OHS (as they define it themselves) occupies in unions' preoccupations and actions, the nature of risks that are present and acted upon (or not), the types of actions engaged and by whom, the results obtained, the conditions that explain, from the respondents' points of view, the difference between local unions significantly active in relation to OHS prevention and those not significantly active, and the conditions acting as levers or as barriers to these actions; an important question was, what would they do to invigorate their union preventive action if they had a "magic wand"?; 2- to identify local trade unions that have attempted significant

OHS preventive actions, by diverse means, to be documented by case studies in phase 2 of the research. Interviews lasted from one to three hours and were recorded and transcribed.

Data analysis

Transcribed interviews were analyzed using the QDAMiner software; codes were both based on the conceptual framework and emerging ones. Four interviews were coded by two researchers from an initial list of codes. Emerging codes and diverging ones were discussed to reach a consensus. Coding of the subsequent interviews was done by one researcher on the basis of this second list and segments that were difficult to code were reviewed by the same two investigators.

Results

The presentation of results is structured as follows. To answer the first research question ('How?'), we describe the place occupied by prevention in workplace-level trade union action, which leads to the framing of what "OHS" is and what the union's role is in relation to it. Passing to the second question, we then describe the conditions in which union OHS-related activity takes place: we focus here on the internal union context, identifying power resources and strategic capabilities from the participants' discourse. We end by returning to the first question, reconstituting the trade union repertoire of action on work and employment conditions affecting health and safety.

Framing health and safety, and prevention as trade union issues

What place is there for prevention⁹ in workplace-level trade union action?

Interviews illustrate an important variability as to the place occupied by prevention in the concerns and activities of workplace-level unions. At the local level, some explain this variability by the level of risk and by the greater or lesser recognition or 'conventionalization' of these risks, particularly psychosocial risks. Some point to union members' lack of OHS awareness or to external factors, such as an adverse economic context that leads to a defensive position. However, others suggest that if union leaders would focus on OHS-related demands, such as handling equipment, workers would support it, even in a low-wage sector: if the union does not initiate preventive action, it leaves the impression that workers do not give OHS a priority, which may not be the case. Case E illustrates this: these retail workers unionized in order to recover the possibility to sit down at work.

Some participants, evaluating the status given to prevention by their grouping and its leadership, consider that: "As most other unions, community groups or

mutual support groups, etc., we try to give as many services as possible with the means we have" (Participant #07), noting that this is still not sufficient compared to everything that should be done. However, some interviewees observe what they interpret as a gap between an official discourse to the effect that OHS is a priority, and the weakness of means devoted to prevention, especially in terms of staff; prevention is described by some of the interviewees as the 'poor cousin'.

Thus, for some respondents, priority is given to the defence of economic gains (retirement funds, wages) and to more 'mainstream' requests (access to permanent employment, task definitions); thus, demands more directly related to OHS may be relegated to the back burner when preparing and completing collective bargaining. If some seem to attribute this to the external context, others report a contrasting response to a similar situation, where OHS issues are taking a more prominent place and even a growing one. Indeed, a respondent from a grouping that just completed a merger and reorientation reported that a concern for OHS taken in a broad sense is clearly in progress: "It's difficult now to achieve the 3% [of salary increase] and things like that. So people think more and more of their quality of work, quality of life." (Participant #10)

Young workers' concerns over work organization in relation to work-life balance are mentioned to support this view. Similarly, trade union action for prevention is said to rely on a vision that deleterious working conditions should be eliminated, not compensated by a bonus.

Too much overtime, it's harmful, (...); spending time with family is important, (...) getting home healthy is important, (...) So, (...) you tell the boss: (...) "You should wash my coveralls." "Why?" "Because when I go home, I don't want to contaminate my children." (...) there are unions who say: "I'm negotiating (...) \$100 more per year because you wash your work clothes at home". While we're going to say: "No, what we want is to have someone here who'll take our work clothes and wash them." (Participant #07)

More generally, this is related to the priority given to health and safety issues when competing with other workers' interests, which will be examined later in relation to collective bargaining.

What are the risks acted upon? Or, what is "OHS"?

Another framing issue coming out of the interviews is the trade union's scope of action: some express the idea that effective prevention requires that it extends to concrete conditions under which work is performed, pushing back the 'frontier of control' up to work tools and organization. This is illustrated by the nature of the risks addressed. Of course, this partly reflects the sectors covered. However, variations between groupings covering sectors exposed to similar risks may be observed. The interview scenario was to ask about the risks perceived

as a preoccupation in the grouping covered by each respondent. Safety risks (those arising from a sudden event, resulting in a traumatic injury) are consistently mentioned. Risk factors for musculoskeletal disorders and back pain are not always mentioned as being the object of preventive actions, even when it can be assumed that they are widely present in the sector covered by the participant, based on survey data (Stock *et al.*, 2011). Similarly, risks related to work organization are referred to by some respondents, but not by others. Mental health issues may be mentioned only as effects of problems arising outside of the workplace (alcohol, divorce, debt, etc.). However, when later questioned about the presence of work-related psychosocial risks, all the respondents did say these are present, but some talked mostly about recognition and compensation problems, and strategies. Similarly, when asked about the OHS issues that were a preoccupation in their sector, some respondents did not spontaneously mention issues like excessive workload, although fatigue and stress issues were clearly recognized. Thus, what is 'tagged' as an OHS issue seems to depend on both the prevailing vision of what a union may act upon and how far it can push back the limits of the 'right to manage', and on the existing 'division of work' in the union; thus, some work conditions affecting health are not being 'tagged' as OHS because they are not treated by OHS actors: precarious is an example, even its effects on health were mentioned by some.

Resources for trade union autonomous action aiming at prevention

Integration as a power resource

The attribution of responsibility for OHS matters in local-level trade union structures takes variable forms. First, the presence of a union member designated (appointed or elected) to deal with OHS is said to be more likely in sectors covered by legal provisions regarding OHS committees and safety representatives, as is the probability that this person is provided with time off from his or her regular job.

Unsurprisingly, workplace size is said to play a role: in fact, some workplace-level union structures, generally small ones, have no one in charge of OHS. Prevention functions may be assumed by a member of the elected workplace-level structure, 'by default', as no one is available to take responsibility for it, like in some small union units or in low-wage sectors where union resources (released hours) are low. In this case, defence and prevention responsibilities may be one of their many other tasks. This person may be overridden and unable to do much in terms of prevention, as support to injured workers may have priority. However, some small unions may decide to tackle an issue, handle it successfully, and then forget OHS matters for as long as no other problem emerges, thus staying in a reactive pattern.

When one or more people explicitly and specifically assume prevention functions, one scenario is that such people are not part of the workplace-

level union structure and are either named by the executive, or elected by the workplace-level union assembly. Some respondents suggest election brings more legitimacy and stability. Using the vocabulary proposed by Loudoun and Walters (2009), the situations of these WSR may be described as going from isolation to integration. Isolation is exemplified by the case where none of the worker representatives participating in the JOHSC is part of the workplace-level union executive and contacts are rare. Conversely, various levels of integration were mentioned: a WSR was systematically attending meetings of the local executive and reported back on his interventions; a worker representative on the JOHSC ensured regular exchanges of information between his colleagues and the local union executive, etc.. The scenario most commonly described corresponds to the one advocated in Central Labour Body A training, according to which a member of the local executive is responsible for prevention, and coordinates a union OHS committee. Integration is also said to facilitate access to the labour relations tools by which trade unions demonstrate the importance of an issue.

Several respondents reported the very positive role of people acting as WSR or worker representatives in JOHSC, describing many of these people as very dedicated, developing their knowledge and skills over the years. However, some interviewees highlighted a significant turnover rate of participants relating to basic union OHS training and the exhaustion of some seasoned activists, as their duties encroach on their time off work and as some face strong employer opposition.

Some large unions seek to increase representation density in respect of prevention, either by sharing the release time provided by the employer between a full-time WSR and representatives by department, by negotiating more time or by using union resources to relieve more WSR; some other unions provide prevention training to their 'generalist' delegates. Overall, prevention integration into the trade union structure is always perceived as the most effective strategy.

Time as a power resource

Release time is a highly valued resource mentioned by each of our respondents. This is why complete coverage by the *Workers Prevention Representative Regulation* is much hoped-for. In fact, strong disparities are reported in respect of access to release time, which seem only partly related to workplace size and risk level: some OHS representatives do not have any other release time than for participating in the JOHSC meetings; conversely, some unions successfully negotiated more time than the minimum provided for by the regulation. This is perceived as an indication of the importance given to OHS matters by the union.

Both integration and time are also said to act as levers to OHS at the grouping level. Staff members who act as 'generalist' advisors, dealing on a daily basis with

the individuals elected at the workplace level or with members requiring help are said to have a significantly variable level of knowledge, experience and ease with OHS prevention matters, and already have a heavy workload, which does not help in encouraging local union actors to involve themselves in preventive action.

The issue of time for prevention is strongly related to the burden imposed on trade unions by the necessity to defend their members' access to compensation for work-related accidents or disease¹⁰. Defending workers facing problems with workers' compensation is not a legal obligation for trade unions, but much resources are devoted to offer this services, as it is viewed as an essential economic security issue for which members count on their union to support. However, the level of services and the proportion of the costs assumed varies (members may have to pay for a certain proportion of medical or other types of expertise costs).

Thus, although interviewees had been informed that the study was about prevention activities, when answering our deliberately broad questions about their groupings' and workplace-level union 'OHS activities', some respondents concentrated on describing compensation-related activities as long as the interviewer did not specifically question them on prevention issues, even if they had responsibilities for both compensation and prevention matters. We provide here a short description of the various organizational arrangements adopted to support workers facing difficulties with the compensation system, which will highlight the difficulties some unions experience in going beyond this resource consuming task, to allocate time to preventive efforts.

Thus, in Central Labour Body A groupings, workplace-level union officers are generally supposed to help workers in making the first steps of the claim and to ensure some type of follow-up; support for the rest of the sometimes long and complicated process may be provided, either by workplace-level union members trained in that function, or by union staff. When the compensation board or the employer contests the recognition of the injury or some other aspect, this process may include someone pleading the case in front of an administrative tribunal, a task requiring much knowledge and ability. Respondents who could remember the situation before the introduction of experience rating (in the 1990s) described how the union's energy has been absorbed by this 'service'. Whatever the level, defence is perceived as intrusive from the point of view of prevention, especially when both tasks are assumed by the same person. Help from the grouping level relieves the local level. Conversely, an overly significant separation of defence from prevention is seen as detrimental for both.

Another reported barrier to prevention is that training on compensation matters is said to 'divert' good activists: defence is sometimes viewed as more

attractive, providing more immediate results, and may be seen as a way of accessing staff positions in the union.

Many groupings' OHS staff members interviewed would like different people to be assign to defence and to prevention and thus ask for more resources to support workplace-level preventive action.

Illustrating the possible 'articulation' between necessary compensation support and preventive efforts, a few examples were given of cases where successful battles for work injury recognition both facilitated the process for fellow workers exposed to the same risks, and were followed by local trade union action leading to the implementation of prevention measures. The same attempt to pass from individual 'reactive' servicing to collective preventive action was also reported in relation to psychological harassment: in using 'strategic learning' following the introduction of legal obligations over the treatment of individual harassment complaints, one grouping prepared tools for union intervention where these cases are treated as collective instead of individual problems, addressing organizational causes, including when it occurs between workers. However, these efforts to articulate defence and prevention, and individual and collective cases, seem difficult to generalize.

Training as a source of narrative resources and networking

Trade union training is quasi-systematically mentioned as a very important lever for preventive action. All groupings offer a large array of training content, with collaboration from the Central Labour Body. OHS matters are said to be perceived by most union actors not in charge of it as 'very complicated' and thus left to 'specialists'; this is why some interviewees would like to extend union OHS prevention training to local executives and delegates. This is viewed as a way to reinforce the support given to OHS and to achieve effective strategies such as 'at the source' measures.

Advanced trade union training on specific risks—like noise effects and noise reduction, or musculoskeletal disorders and their prevention—seemed particularly stimulating, providing the type of 'narrative resources' (stories respecting actions, strategies, ways to convince) necessary to demonstrate first to colleagues, then to an employer, that 'at the source' prevention is needed and feasible. Training is also reported as the way to get to know the existence of a network of resources, internal or external to the grouping or Central Labour Body, what Lévesque and Murray (2010) refer to as 'network embeddedness'. If all groupings tend to organize their own OHS committees and some networking activities (meetings, weekday evening conferences, electronic network, etc.), some seem more active or able to find resources to do so than others. These are said to be particularly important in supporting small workplace-level union structures, who can benefit

from the advice of larger ones (e.g. on how to deal with potentially contaminated syringes found in city parks, back alleys, etc.). Groupings also seem to differ in the intensity of their collaboration with researchers or external prevention professionals, to support prevention initiatives.

Framing ‘What is to be done’ to improve OHS conditions: a trade union repertoire of actions for prevention

The framing of ‘what is to be done’ to improve OHS conditions is also mentioned by our respondents when discussing what makes the difference between significantly active unions and others. Some respondents point to the problem of understanding ‘health and safety’ as if it is a ‘service’ just as any other (such as collective insurance). The framing of what ‘representing the members’ means also appears to be at stake. Indeed, many of the stories reported involved dedicated individuals, devoting energy, time, and much accumulated knowledge to obtain preventive measures, sometimes leading to difficult individual situations or burn-out. One of our respondents referred to his own experience as a WSR, remembering telling his fellow workers:

I’m not an insurance company! I’m doing departmental inspections, you bring me this problem, but when I get to the OHS committee I’m all alone. The company knows very well that in the end, you’re not there. I want them to know you’re with me now. (...) I was giving my guys a show (...) I decided to stop it, I ended up with people behind me. (Participant #01)

If some improvement of OHS conditions may be obtained through the work of dedicated individuals, cases referred to as ‘big victories’ either relied on strong support from union leaders, expressed among others things through the allocation of time and financial resources (as for expert consultation to demonstrate the relationship between workplace exposure and health problems, leading to prevention measures), or on extensive mobilization involving the whole union membership, of which examples will be provided in the next sections.

One participant reflected that the *OHS Act* adoption in 1979 was followed by an over-reliance on its effect, at the expense of collective mobilization.

When the *Health and Safety Act* was adopted in the early 1980s, we were all delighted (...). We had a government that had pulled up its socks (...) we said well, we’ll stop fighting, the law is there. (...). We stopped motivating, mobilizing, educating our members to fight (...). The law made us sit (...) and then we made beautiful lawyers of ourselves and went pleading. (Participant #06)

The impetus given to participants of trade union OHS training sessions is said to be sometimes hampered by union leaders who want to avoid labour conflict and who see OHS demands as interfering with more mainstream ones. To some

union leaders, appearing to employers as a not too disturbing union, by not raising 'too high' demands, may be seen as a viable strategy to expand union presence without too much employer opposition in a difficult to unionize sector. However, this may mean limiting the pressure on employers in order to obtain long-awaited improvements to very concrete day-to-day working conditions with clear impacts on health, but to which employers express no enthusiasm. In these cases, the government inspectorate is not using an enforcement-oriented approach either.

Yet, some participants expressed the double role that could take a more prominent place in terms of prevention as a trade union priority, both to help improve workers' everyday lives, and to strengthen union relevance from the workers' point of view: "If we want to keep our members, let's talk about their comfort, their work conditions. How can we do it? Through health and safety. The discourse, I've got it. My colleagues in OHS have it. But we have the impression it doesn't find its way to the top." (Participant #05)

Reflecting on their experiences, some respondents shared elaborated reflections on the potential of health and safety as a mobilizing issue for union revitalization:

If we don't take care of OHS, we don't take care of our members. (...) You negotiate a contract, you'll have it for 3 years. However, health and safety is a day-to-day job. (Participant #11)

I think we'd better develop it [union action for prevention], if we want to survive as a union. Because we have it hard on the rest! It's an interest of the members, new members. It's winning, OHS (...) it's a contact that is direct, it's not like a president who, from time to time, speaks to the Assembly (...) your OHS delegates, they are close to people. They intervene directly, they are in the workplace. (...) They are not a union bureaucracy, sitting in an office, managing the union. (Participant #08)

The presence 'on the shop floor', with union members, and the capacity to address problems encountered 'here and now' are stressed as key ingredients in this testimony, as in many others. As we will now show, such a vision translates into choices respecting means of action among a possible repertoire.

Thus, the following sections describe the diversity of workplace-level trade union means of action aimed at prevention, as reported by respondents. To avoid inducing bias, we did not immediately question participants as to whether they had knowledge of the use of this or that type of action. Again, the first questions were deliberately general, pertaining to the means used by the workplace-level unions with which respondents were connected. We then introduced specific questions on the presence of certain strategies (e.g. collective bargaining). Results from phase I interviews are supplemented here by short examples from case studies (phase 2).

Repertoire: Local means of action related to the OHS prevention regime¹¹

Respondents first mentioned various means of action related to prevention mechanisms established by the Quebec *OHS Act* (or its equivalent for Federal jurisdiction), or a negotiated version of it in sectors not covered by these provisions. The use of a JOHSC is the most frequently mentioned means of action. Paradoxically, in non-covered sectors, interviewees wanted committees to be mandatory, but those pertaining to sectors covered by the regulation on JOHSC described their many limitations. Among unions identified as especially effective, some developed strategies to 'activate' this committee. Case A is considered exemplary: this recently unionized group of professionals and technicians (of which a large proportion work in laboratories where chemical and biological risks are present) included in its first contract the creation of a JOHSC. One member of the small advisory team dedicates most of his time to prevention. The union used a questionnaire to survey its members aimed at identifying risks and priorities, then suggested to the employer a comprehensive action plan, completed by a joint workplace inspection calendar, covering the very diverse work activities.

Designation of a Worker 'Prevention Representative', as provided for by the *OHS Act*, is a highly valued tool. In sectors not covered by this provision, the negotiation of an equivalent is viewed as an important gain. In Case D, a non-covered large public service manual workers' union negotiated the full-time release of a team of WSR covering the diversity of trades and work sites, in coordination with locally-elected members who participate in sites' JOHSCs, referring to the labour relations committee when discussions do not lead to acceptable preventive solutions. WSR sometimes assist union members who propose innovative changes to equipment design as a way to reduce chemical or musculoskeletal risks. In a similar fashion, in Case C, a large process industry union (also not covered by the JOHSC and WSR regulations) negotiated and has maintained for more than 30 years now a full-time WSR (with more release time than the union president), elected by union members. This person, which assists fellow workers in analysing risks and requesting changes to their supervisors, is quasi-systematically and daily consulted by employers' representatives on problems and preventive measures choices and implementation, and trains workers, etc. Threats from the employer of controlling the WSR activities led to a strike. However, WSR existence and independence was maintained. Other types of WSR practices described as particularly efficient are: support for a 'collective' use of the individual 'right to refuse' dangerous work, well-prepared complaints to the inspectorate and, in the case of refusal or contestation by the employer, appeals to the tribunal.

Repertoire: Means of action related to labour relations mechanisms

When mentioned spontaneously by the interviewees, the use of means of action related to labour relations mechanisms generally referred to the integration in a collective agreement of clauses of the *OHS Act* (LSST) respecting OHS committees or WSR, either to make it applicable to an employer not covered, or to reinforce these provisions by specifying supplementary resources (time, etc.) and rights (for a union advisor to visit the workplace, to be informed of any accident, etc.).

A second type of use of labour relations mechanisms sometimes mentioned focuses on integrating into the collective agreement an employer's general duty requirement to provide diverse types of protective equipment, definition of a process for assigning injured workers to 'light duty' tasks etc., all subjects already at least partly covered by laws or regulations. Reported advantages of the integration into contract language include facilitating enforcement through the use of grievance and arbitration if not respected, again improving the basic requirement of laws and regulations, and making provisions better known by workers than the regulations are.

Another use of collective bargaining on OHS matters is, however, mentioned much less often: it concerns the introduction of clauses respecting the control of working conditions that may negatively affect health (e.g. number of rooms to be cleaned in a hotel), or the implementation of preventive measures (ventilation to extract a chemical contaminant).

Overall, there seem to be variations in the resort to collective bargaining between groupings but, even respondents coming from groupings recognized as particularly active considered this option as rarely used (without saying it was not important). Reported barriers include the fact that preventive measures were perceived as corresponding to the JOHSC's mandate and that changes to working conditions affecting OHS are often too specific to a few workers' tasks to be included in contract language. Some said proposals of OHS clauses were sometimes discussed between union officers and activists, but either were not selected to be presented to the employer or, were among the first to be left out in the course of negotiation. The absence of union OHS representatives at bargaining tables is named as an obstacle.

Respondents also talked about the recourse to labour relations committees (a local structure bringing together employer and union representatives), to examine problems that have remained on the JOHSC's agenda for a long time without answers, or problems that are beyond the JOHSC's usual scope of action such as technological change, work schedules, workload or other aspects of the psychosocial work environment. Indeed, risk factors for mental health are not easily integrated into JOHSC's discussions. Some respondents to the case study

interviews (phase 2) reiterated the idea that OHS and labour relations should not be mixed. Interestingly, they said so while sometimes themselves referring to their Labour Relations Committee when discussions at the OHS Committee were not resulting in any solution.

The passage from a narrowly-defined repertoire of action (the separated channel provided by the OHS regime) to means of action that express a collective voice and a certain level of pressure is illustrated by Case B, as well as the articulation, in time, of diverse means of action. The problem was a high level of an irritant and carcinogen chemical contaminant in the air, affecting all plant workers. Case B is described as exceptional but also exemplary. After unsuccessful attempts to solve the problem by the means of the JOHSC and a complaint to the government inspectorate, the union decided that this was its priority for the next collective bargaining round. Workers went on strike. Finally, the company agreed to conduct a study aimed at designing a ventilation system capable of reducing the contaminant concentration to acceptable levels. The union settled for a one-year only contract, in order to regain the right to strike if not satisfied with the results of the study.

Repertoire: Autonomous means of action, not related to labour relations or OHS prevention regime mechanisms

This section completes the repertoire of actions identified so far. It includes means that do not directly correspond to labour relations mechanisms, nor to the model promoted by the OHS prevention regime. It refers, firstly, to the development of an autonomous trade union agenda on OHS matters, which is the prerequisite to some initiatives previously cited, such as the 'activation' of the JOHSC (Case A) and the recourse to collective bargaining to reduce chemical exposure (Case B). Most of this work takes place 'behind the scenes', to document problems and search for solutions in response to members' demands, as illustrated here:

If you take it seriously, you'll go digging (...), find information, (...) how far can I go? Are there standards? Did the [Quebec OHS Research Institute] make a study? The Americans, (...) the English? (...) So, it's a lot more that type of work [that makes the difference]. The OHS Committee is somewhat the last step (...) you're faced with a problem, you've studied it and you go to the Committee saying: «(...) here is what we are asking for, here are the methods that should be used.» (...) it becomes a debate until we convince the employer or until there is enough money. (Participant #07)

Forming and promoting such an agenda is said to be amongst the most important challenges met by WSR: "it's difficult (...) for them to take their place (...) they do not insist, it's their own boss who is the co-Chair..." (Participant #02)

A case we were told of illustrates how an autonomous agenda may require the union gathering its own information instead of relying only on what is provided by the employer: this service sector union led its own investigation into the degradation of the psychosocial environment, particularly in relation to workload, and its consequences on workers' mental health. They used a questionnaire prepared with university researchers, and developed their own demands in preparation for discussions at the Labour Relations Committee.

Other forms taken by these autonomous means of action are various initiatives to get workers' input at diverse stages, to get their support for what was initiated by a smaller group, and to demonstrate worker mobilization over a specific problem and demand a solution. We were told, for example, of shop workers using the managers' restrooms with their dirty clothes, hands and boots, to protest against the dirtiness of their own restrooms and the work overload of the employee assigned to sanitation responsibilities; however, this specific action took place in the 1970s, and the respondent telling this story viewed it as illustrating an effective strategy (where humour has an important role), and felt it was characteristic of a context where unions were more powerful. However, we were also told of a spontaneous (thus illegal) work stoppage taking place in the 2000s. Aiming at a major increase in production, the company had hired hundreds of new workers and increased the line speed. Saying they could not take it any longer and that they were running all the time and making errors, all workers gathered in front of the union office door. Workers won a reduction of the line speed for some weeks, the time needed for new workers to learn the job.

Thus, in all cases involving extensive mobilization (or large demonstration of what Lévesque and Murray designate as 'internal solidarity'), preventive measures asked for were risk elimination or control 'at the source' (e.g. chemical or work organization risks). It contrasts with other reported situations where OHS representatives experience difficulties in raising members' awareness of the need for prevention; in these cases, preventive measures were instead related to personal protective equipment or safety rules: WSR were told they were 'doing the boss's job'.

A last type of autonomous action mentioned is the building of alliances with the community. This type of strategy is rarely mentioned, probably but not exclusively because it supposes that the risk may affect both workers and community members. An example comes from a plant union who engaged in a long but ultimately successful battle for noise reduction, gaining support from neighbours also affected by the high noise levels outside the building.

Discussion

We will discuss this study's results from two points of view: first, from the perspective of the much needed development of preventive action, to which trade unions have an indispensable role to play in the context of work intensification and employment precariousness; second, from the perspective of union revitalization. Thus, this study contributes to a better understanding of levers and barriers to worker collective action on employment and working conditions negatively affecting their health and safety. As previously showed by Walters and Gourlay (1990), placing WSR action in its larger trade union context helps understand these levers and barriers. Moreover, our study illustrates the relevance of examining not only WSR action, but workplace-level trade union OHS related action as a whole, as it reveals a larger repertoire of action, including the recourse to labour relations mechanisms that express a stronger worker 'voice'. Cases illustrating this category of the action repertoire we established contradict the unitarist view of OHS as a matter of common interest, which justifies its strict separation from labour relations.

We observed that variations in OHS-related trade union action at the workplace level are not only related to objective factors (the presence of risks), but to union power resources, and more importantly to unions' orientations, as already proposed by Menéndez *et al.* (2009). We identified cases that illustrate the potential of OHS being taken in charge as a central issue conducive to significant improvements in health-related working conditions.

As for structures (as in infrastructural power resources), we observed the same isolation problem identified by previous researchers (Walters and Gourlay, 1990; Barry and Loudoun, 2006; Loudoun and Walters, 2009). However, we also identified various ways by which OHS is integrated into workplace-level structures and day-to-day life. Unsurprisingly, the perimeter of action, both respecting the types of risks covered and their sources also varies considerably, with psychosocial risks and work organization again representing important challenges, as observed by Walters (2011). These challenges were, however, overcome in various cases in a way that may encourage other workplace-level unions to engage in such actions and higher-level union structures to devote resources and develop tools to support it.

We identified a three dimensional action repertoire, which shares similarities with the typology that emerged from Hall *et al.*'s first study (2006). Their technical-legal WSR type may be related to a narrow use of our first category, regrouping actions based on what is planned for by the OHS regime, mainly the use of a JOHSC; the political-activist type reflects actions that can be placed in our second category, where labour law mechanisms are used to promote the

improvement of work and employment conditions related, directly or indirectly, to OHS. The knowledge-activist type, identified by Hall *et al.* (2006) as being more efficient, shares similarities with what we called the autonomous action category, based on a self-defined trade union OHS agenda. We observed that this third category is at the basis of initiatives to 'activate' the JOHSC and, learning from previous attempts to make use of this committee or of complaints to the inspectorate, to turn to labour relations mechanisms and let worker mobilization be expressed in various ways. Hall *et al.*'s second study (2016) confirmed the presence of both a technical-legal type of WSR action and of knowledge-based activism; the aforementioned politically active type was not confirmed, which is interpreted as a possible consequence of "the current political conditions where unions and regulators are relatively weak, and workers are increasingly insecure" (p. 54). In our study, cases of extensive mobilization, resorting to labour relations mechanisms like strikes for OHS issues, are indeed reported as quite rare. However, over the last few years, we can observe that the growing concern over work intensification and its consequence on workload and other psychosocial work environment aspects is provoking the re-appearance of these issues in the labour relations arena, which has been more occupied during previous decades by narrowly-defined defensive economic issues. The importance of worker representative presence "on the shop floor" and of worker mobilization as a driving force for change, is stressed both by our study and by many contributors to the collective work under the direction of Goussard and Tiffon (2017).

As noted by Hall *et al.* (2016: 54), there is a need to better understand the conditions conducive to the development of different typologies of action and "whether recruitment, education and support strategies can make a difference in shaping the forms that representation takes in different workplaces". Lévesque and Murray's concepts of 'power resources' and 'strategic capabilities' helped identify some levers and barriers from which policy implications may be derived, both for unions and regulators. We will insist on paid release time, which is one of the most important resources, as already concluded by Hall *et al.* (2016). This again demonstrates the need for the long-awaited application of the Quebec *OHS Act* to worker prevention representatives in all economic sectors (as well as for OHS committees, prevention program and health program). Without denying the limiting role of low economic and infrastructural trade union resources, it must be acknowledged that many of the levers and barriers to more significant trade union action on OHS issues depend on unions' own orientations. The potential of OHS issues as a union revitalization theme may encourage discussions and initiatives in this manner.

Finally, the importance of the efforts that unions have to devote to defend injured workers claiming for compensation is definitely a cause for great concern.

The medical and legal battle injured workers have to fight is itself a source of harm (Lippel, 2007). The considerable energy (and financial resources) unions have to devote to that indispensable task cannot be allocated to prevention initiatives. This constitutes another argument against the current type of financial incentives based on experience rating compensation schemes as well as against any system feature that encourages adversarial relations at the expense of the injured workers' rights and dignity (Lippel, 2012). This contributes to maintaining unions in a 'servicing' role. Thébaud-Mony (in Goussard and Tiffon, 2017) illustrates the possibility of successfully combining a battle for recognition and compensation relating to negative work effects on health, and for prevention. Again, the conditions for this passage should be better documented in further studies.

We complete this discussion by examining the possible implications of this study on the debate on union revitalization, following the reflections of Barry and Loudoun (2006) and Loudoun and Walters (2009). As reported by Lowe (2007) from a 2004 survey, a healthy and safe workplace is amongst the most important job characteristics for Canadian workers; however, it is one of the characteristics for which there is the largest gap (and a very important one) between what workers expect and what they encounter in their current jobs. The same is observed in the United States (Freeman and Rogers, 2006). Such a gap may fuel collective action, leading to unionization and to union action and mobilization, if favourable conditions are present. Amongst these conditions are the framing, by existing union structures, of such issues as union issues. In fact, our results suggest that OHS issues, defined broadly to include all employment and working conditions affecting health and safety, represent a strong mobilization potential, far from being fully utilized. As expressed by Trentin (2012) and followed up by Goussard and Tiffon (2017), this necessitates that the trade union role is conceptualized (or framed) as not only to compensate the damages and wear of work on health, but to call for changes to work itself.

Our study also suggests that obtaining significant results is not compatible with a top-down trade-union functioning, limited to a narrow partnership approach and to the negotiation and surveillance of the application of a collective contract.

Conclusion

Phase one of this study of course has some limitations. The most important one concerns the sample: almost all respondents were not, when interviewed, workplace-level trade union actors, as staff members were easier to reach in this first research phase; moreover, our sampling does not permit us to judge the prevalence of any of the structuring features, the repertoire components of

action, or the distribution of resources and capabilities in Central Labour Body A. The pursuit of phase 2, consisting of case studies, will make it possible to meet workplace-level elected actors, thus allowing us to better document workplace-level trade union strategies and the conditions that promote them. It should also permit us to examine actions 'on the shop floor', including the construction of worker mobilization and the arrangements for relations with members (as studied by Ollé-Espluga *et al.*, 2014). The completion of phases 1 and 2 in the second participating Central Labour Body (B) will help to validate and, eventually, to expand the results presented here.

This study highlights some important conditions, relevant to workplace-level unions, which appear to be conducive to a more significant involvement in a diversity of actions to improve work and employment conditions having an effect on worker health and safety. Among these conditions are the framing of health and safety, including psychological health, as a trade union issue, including action on work organization; the integration of WSR into trade union structures; the attribution of union resources as time; and OHS prevention training for a variety of union actors. Significant improvements are not obtained only by the means provided by the OHS regime, but also by strategic recourse to a larger repertoire of labour relations tools, including collective bargaining and industrial conflict, despite the prevailing discourse that OHS should be separated from labour relations. An autonomous union OHS agenda is at the foundation of successful efforts; WSR presence 'on the shop floor' and strategies aimed at letting workers express their interest in their own health and safety, through mobilization, appear to be key ingredients. The factors conducive to such mobilization, and the comparison between those that are successful and those that are not (yet), should be examined by future research, as has already been done for union organizing campaigns.

Notes

- 1 This may be explained by the fact that only a few States of the USA require the creation of OHS committees, not requested by the Federal legislation, which applies by default (Labor Occupational Health Program, 2000).
- 2 Quebec *OHS Act* (LSST, 1979) is inspired by the Robens' model and by a public health approach. It provides that an OHS committee "may" be created in "priority" designated economic sectors: it is not automatic, but becomes mandatory when requested by the trade union association (in the absence of a union, by a specific number of workers); in this case, a prevention representative may be appointed. This representative has certain rights (investigate, assist workers exercising a right of refusal, etc.) and release hours depending on workforce size. Contrary to what was planned, regulations on OHS committees and worker prevention representatives have been promulgated in only 10 economic sectors out of 30, leaving about 85% of Quebec workers (mainly women) without coverage.
- 3 Due to space constraints, we only develop elements of Figure 1 referred to in this paper.

- 4 See <https://www.aruc.rlt.ulaval.ca/recherche/organisation-de-la-recherche/projets-de-recherche>
- 5 Quebec trade union presence is 39.6%, 24.9% in the private sector, 83.2% in the public sector (Labrosse, 2016). In the private sector, collective bargaining is held at the local level, apart from a few exceptions. In the public sector, most matters are negotiated at the national level and some left to the local level.
- 6 Ethical requirements prevent the identification of the Central Labour Body from which the results are presented. This project was approved by the Ethics Committee of Université Laval (Certificate no 2014-240 R-2 / 20-03-2015).
- 7 We chose not to use the term 'local union' as in the North American context, it may refer to a structure covering more than one workplace, i.e. more than one 'bargaining unit'.
- 8 Results shown here were presented to our monitoring committee and to a group of about 20 people, both staff and elected OHS representatives from almost all groupings of Central Labour Body A. These discussions confirmed our analysis, as did three focus groups on WSR activities, levers and barriers, involving people with responsibilities on OHS matters, again in a large array of groupings, from which about one third were elected officers (Pelchat, 2018); moreover, case studies (phase 2) involved elected representatives from local labour unions. The type of sample used here makes it irrelevant to analyse the quantitative distribution of different points of view. Nevertheless, we did not observe any divide between staff versus elected respondents, and the most critical views were expressed by both categories in our sample. These results were also presented at an OHS colloquium organised by Central Labour Body A, followed by workshop discussions on how to strengthen local union action respecting prevention.
- 9 For the purposes of this text, we focus on primary prevention, excluding secondary and tertiary prevention (a union supports an addiction rehabilitation centre, accessible for its members performing emotionally demanding tasks, another manages the employee assistance program, etc.). Primary prevention relates to any measure acting on work or employment conditions intended to eliminate at the source a risk to health or safety, to reduce it, or to control it. All categories of risks are considered, including those related to work organization and affecting mental health.
- 10 Although Quebec's Compensation Regime is based on the 'no fault' principle, it is in fact strongly adversarial (Lippel, 2007). A high proportion of workers claiming for compensation see their applications refused by the Workers' Compensation Board or challenged by their employer. A significant number of claims go to the tribunal. This situation is largely associated with experience rating.
- 11 The use of political influence to obtain better legal or regulatory measures (see Schurman *et al.*, 1998) is generally seen as falling under the responsibility of trade unions at the national level, and is thus not examined here, as we focus on workplace-level labour union actions.

References

- Baril-Gingras, Geneviève, Marie Bellemare and Jean-Pierre Brun (2006) "The Contribution of Qualitative Analyses of Occupational Health and Safety Interventions: An Example through a Study of External Advisory Interventions", *Safety Science*, 44 (10), 851-874.
- Baril-Gingras, Geneviève (2013) « La production sociale de la santé et de la sécurité du travail », in Sylvie Montreuil, S., P.-S., Fournier, G. Baril-Gingras, dir. (2013) *L'intervention en santé et en sécurité du travail – pour agir en prévention dans les milieux de travail*, Quebec : Presses de l'Université Laval, p. 23-108.

- Barry, Michael and Rebecca Loudoun (2006) "Industrial Relations, Occupational Safety and Health and Union Organising in Australia: Lessons and Opportunities". *Policy and Practice in Health and Safety*, 4 (1), 31-44.
- Benach, Joan, Carles Muntaner and Vilma Santana (2007) *Employment Conditions and Health Inequalities. Final Report to the WHO Commission on Social Determinants of Health (CSDH) Employment Conditions Knowledge Network (EMCONET)*. Geneva: World Health Organisation.
- Brun, Jean-Pierre and Claude D. Loiselle (2002) "The Roles, Functions and Activities of Safety Practitioners: The Current Situation in Quebec". *Safety Science*, 40 (6), 519-536.
- Desmarais, Lise (2004) *Évaluation de l'implantation des comités de santé et de sécurité du travail: une étude de cas multiples réalisée dans les petites et moyennes entreprises au Québec*. Thèse de doctorat, Montréal, Université du Québec à Montréal.
- Direction de l'information sur le travail (2015) *Portrait statistique des conventions collectives analysées au Québec en 2014*, Québec: Ministère du Travail, de l'Emploi et de la Solidarité sociale.
- Dollard, Maureen F. and Daniel Y. Nesar (2013) "Worker Health is Good for the Economy: Union Density and Psychosocial Safety Climate as Determinants of Country Differences in Worker Health and Productivity in 31 European Countries". *Social Science and Medicine*, 92, 114-123.
- Freeman, Roger B. and Joel Rogers (2006) *What Workers Want*. Updated Edition, Ithaca and London: ILR Press, an imprint of Cornell University Press and New York: Russell Sage Foundation.
- Gall, Gregor and Jack Fiorito (2016) "Union Effectiveness: In Search of the Holy Grail". *Economic and Industrial Democracy*, 37 (1), 189-211.
- Goussard, Lucie et Tiffon, Guillaume, dir. (2017) *Syndicalisme et santé au travail*, Vulaine-sur-Seine (France): Éditions du Croquant, 275 pages.
- Gray, Georges R., Donald W. Myers and Phyllis Myers (1998) "Collective Bargaining Agreements: Safety and Health Provisions", *Monthly Labor Review*, May, 13-35.
- Grégoire, Denis (2015) "Occupational Health: A Starting Point for European Social Dialogue", *HesaMag*, 11 (spring-summer), ETUI, 21-25.
- Hall, Alan, Anne Forrest, Alan Sears and Niki Carlan (2006) "Making a Difference: Knowledge Activism and Worker Representation in Joint OHS Committees". *Relations industrielles/Industrial Relations*, 61 (3), 408-436.
- Hall, Alan, John Oudyk, Andrew King, Syed Naqvi and Wayne Lewchuk (2016) "Identifying Knowledge Activism in Worker Health and Safety Representation: A Cluster Analysis". *American Journal of Industrial Medicine*, 59 (1), 42-56.
- Labor Occupational Health Program (2000) *Collective Bargaining for Health and Safety: A Handbook for Unions*, Berkeley: University of California, 124 pages.
- Labrosse, Alexis (2016) *La présence syndicale au Québec en 2015*, Direction de l'information sur le travail, Québec: Ministère du Travail, de l'Emploi et de la Solidarité sociale.
- Lévesque, Christian and Gregor Murray (2010) "Understanding Union Power: Resources and Capabilities for Renewing Union Capacity". *Transfer: European Review of Labor and Research*, 16 (3), 333-350.

- Lippel, Katherine (2007) "Workers Describe the Effect of the Workers' Compensation Process on their Health: A Quebec Study", *International Journal of Law and Psychiatry*, 30 (4), 427-443.
- Lippel, Katherine (2012) "Preserving Workers' Dignity in Workers' Compensation Systems: An International Perspective". *American Journal of Industrial Medicine*, 55 (6), 519-536.
- Loudoun, Rebecca and David Walters (2009) "Trade Union Strategies to Support Representation on Health and Safety in Australia and the UK: Integration or Isolation?" in David Walters and Theo Nichols (eds), *Workplace Health and Safety: International Perspectives on Worker Representation*, Basingstoke, UK: MacMillan Publications, p. 177-200.
- Lowe, Graham S. (2007) *21st Century Job Quality: Achieving what Canadians Want*. Ottawa: Canadian Policy Research Networks.
- Menéndez, Maria, Joan Benach and Laurent Vogel (2009) *L'impact des représentants pour la sécurité sur la santé au travail: une perspective européenne*, Bruxelles: ETUI.
- Moncada, Salvador, Clara Llorens, Neus Moreno, Fernando Rodrigo and Paul Landsbergis (2011) "CC.OO. ("Comisiones Obreras")-ISTAS (Union Institute of Work, Environment and Health) Participatory Action Plan for a Healthier Work Organization: A Case Study". *Safety Science*, 49 (4), 591-598.
- Morantz, Alison D. (2009) "The Elusive Union Safety Effect: Towards a New Empirical Research Agenda". *Proceedings of the 61st Annual Meeting of the Labor and Employment Relations Association* (San Francisco, Jan. 3-5, 2009). Champaign, IL: Labor and Employment Relations Association, p. 130-146.
- Morantz, Alison D. (2013) "Coal Mine Safety: Do Unions Make a Difference?". *ILR Review*, 66 (1), 88-116.
- Nichols, Theo, David Walters and Ali C. Tasiran (2007) "Trade Unions, Institutional Mediation and Industrial Safety: Evidence from the UK". *Journal of Industrial Relations*, 49 (2), 211-225.
- Ollé Espluga, Laia, Maria Menéndez Fuster, Carles Muntaner, Joan Benach, Montserrat Vergara Duarte and Maria Luisa Vázquez (2014) "Safety Representatives' Views on their Interaction with Workers in a Context of Unequal Power Relations: An Exploratory Qualitative Study in Barcelona (Spain)". *American Journal of Industrial Medicine*, 57 (3), 338-350.
- Pawson, Ray and Nick Tilley (1997) *Realistic Evaluation*. London: Sage.
- Quinlan, Michael and Rosemary K. Sokas (2009) "Community Campaigns, Supply Chains and Protecting the Health and Wellbeing of Workers: Examples from Australia and the USA". *American Journal of Public Health*, 99 (Supplement 3), 538-546.
- Quinlan, Michael, Philip Bohle and Felicity Lamm (2010) *Managing Occupational Health and Safety*. Basingstoke (Hampshire), UK: Palgrave Macmillan.
- Sauvé, Robert (1978) "Regulation through Legislation – Perspectives for Health and Safety in Quebec", Montréal, *McGill University Industrial Relations Centre 26th Annual Conference*, 28-30 mars 1978.
- Schurman, Susan J., David Weil, Paul Landsbergis and Barbara A. Israel (1998) "The Role of Unions and Collective Bargaining in Preventing Work-related Disability". *New Approaches to Disability in the Workplace*. Madison, WI: *Industrial Relations Research Association*, p. 121-154.
- Shannon, Harry, Vivienne Walters, Wayne Lewchuk, Jack Richardson, Dave Verma, Ted Haines and Lea Anne Moran (1992) *Health and Safety Approaches in the Workplace: A Report*

Prepared by the Interdisciplinary Health and Safety Research Group of McMaster University in Hamilton, Ontario. Toronto: Industrial Accident Prevention Association.

- Simard, Marcel (1986) *Les représentants à la prévention: principaux résultats d'un sondage auprès d'établissements syndiqués*. Document de recherche. Montréal, Groupe de recherche sur les aspects sociaux de la prévention en santé et sécurité du travail, Université de Montréal.
- Stock, Susan, Amélie Funes, Alain Delisle, Marie St-Vincent, Alice Turcot and Karen Messing (2011) «Troubles musculo-squelettiques », in *Enquête québécoise sur des conditions de travail, d'emploi, de santé et de sécurité du travail (EQCOTESST)*, Québec, Institut national de santé publique du Québec et Institut de la statistique du Québec - Institut de recherche Robert-Sauvé en santé et sécurité du travail, Chapitre 7.
- Trentin, Bruno (2012) *La cité du travail: la gauche et la crise du fordisme*. Paris: Fayard. Translated from Italian by Jérôme Nicolas, *La città del lavoro: sinistra e crise del fordismo* (1997) Milano: Feltrinelli Editore.
- Uberti-Bona Valeria, Fernando Rodrigo, Jesus Camacho and Pedro Briso (2002) *La salud laboral en la negociación colectiva en España (1995-2002)*, *Recopilación de buenas clausulas*, Instituto Sindical de Trabajo, Ambiente y Salud (ISTAS), 247 pages.
- Walters David and Theo Nichols (2009) *Workplace Health and Safety: International Perspectives on Worker Representation*. Basingstoke, UK: Palgrave McMillan.
- Walters, David (2011) "Worker Representation and Psycho-social Risks: A Problematic Relationship? *Safety Science*, 49 (4), 599-606.
- Walters, David. R. and Stephen Gourlay (1990) *Statutory Employee Involvement in Health and Safety at the Workplace: A Report of the Implementation and Effectiveness of the Safety Representatives and Safety Committees Regulations 1977*. Health and Safety Executive Contract Reports No. 20. Bootle.
- Yassi, Annalee, Karen Lockhart, Mona Sykes, Brad Buck, Bjorn Stime and Jerry M. Spiegel (2013) "Effectiveness of Joint Health and Safety Committees: A Realist Review". *American Journal of Industrial Medicine*, 56 (4), 424-438.

SUMMARY

Framing, Resources and Repertoire of Local Trade Union Action for Health and Safety: A Study Conducted with a Quebec Central Labour Body

Employment and working conditions having an impact on health and safety are some of the most important concerns of workers. Amongst the various means by which trade unions contribute to prevention, the contribution of Worker Safety Representatives (WSR) is well-established and the most studied, including their participation in joint occupational health and safety committees (JOHSC). However, there are surprisingly few studies examining the place of OHS as an issue of workers' collective action. Conducted with a large Quebec Central Labour Body, this study aims to understand why and how local-level unions concentrate upon these issues, the repertoire of means that they employ and the context that

supports or hinders such actions. The conceptual framework is based on previous realistic evaluations of OHS preventive interventions and includes Levesque and Murray's (2010) trade union power resources and strategic capabilities.

In phase I, eleven semi-structured interviews were conducted with union staff members and elected representatives from different sectors, covering a wide array of activities such as unionization, training, negotiation, OHS prevention and compensation. Results also refer to five case studies (phase 2) of local-level trade unions identified by phase 1 respondents as particularly active in relation to prevention.

The process by which working conditions having a negative impact on OHS are framed (or not) as trade union issues is examined. Levers and barriers are also identified. Factors affecting the presence of resources for trade union autonomous action aimed at prevention (like the integration of WSR to the union core structure, release time for prevention, etc.) are highlighted. A widely diverse repertoire of workplace-level trade union means of action for OHS is also highlighted by the interviews and case studies, not limited just to those provided by the Quebec OHS regime. It includes the recourse to labour relations mechanisms (e.g. negotiation and strike) and is based on an autonomous agenda, including mobilization. The potential of OHS issues for union revitalization is discussed, as well as the barriers that must be overcome.

KEYWORDS: occupational health and safety, trade union revitalization, framing, trade union power resources, trade union strategic capabilities.

RÉSUMÉ

Cadrage, ressources et répertoire de l'action syndicale locale en santé et en sécurité du travail : une étude conduite auprès d'une grande centrale syndicale au Québec

Les conditions d'emploi et de travail affectant la santé et la sécurité constituent les préoccupations les plus importantes des travailleurs. Parmi les moyens par lesquels les syndicats contribuent à la prévention, l'action des représentants des travailleurs en santé et sécurité du travail (RPSST) et leur participation aux comités conjoints de SST sont les plus étudiés. Étonnamment, peu de travaux s'intéressent à la place de la SST dans l'action collective des travailleurs. Cette étude menée auprès d'une grande centrale syndicale québécoise vise à comprendre comment des syndicats, à l'échelle du lieu de travail, prennent en charge cet enjeu, à décrire le répertoire d'actions déployées et les leviers et obstacles contextuels. Le cadre conceptuel utilisé est basé sur nos travaux précédents sur le contexte, le processus et le contenu d'interventions en prévention, et il inclut les ressources de pouvoir et les capacités stratégiques syndicales définies par Lévesque et Murray (2010).

Dans la phase 1, onze entrevues semi-dirigées ont été conduites avec des permanents et des élus syndicaux de différents secteurs économiques et activités :

syndicalisation, formation, négociation, prévention en SST et indemnisation. Nous évoquons également cinq études de cas (phase 2) auprès de structures syndicales à l'échelle du lieu de travail particulièrement actives en prévention.

Nous examinons le processus par lequel ces enjeux sont ou ne sont pas conçus comme du ressort de l'action syndicale, et nous identifions les ressources de pouvoir agissant comme levier, notamment l'intégration des RPSST au cœur de la structure syndicale et un temps de libération substantiel dévolu à la présence sur le terrain. Nous décrivons un répertoire d'actions diversifiées, dépassant les moyens prévus par le régime de SST, incluant des mécanismes de relations de travail (négociation collective, recours à la grève, etc.). Ce répertoire est soutenu par un agenda syndical autonome, incluant la mobilisation. Nous discutons du potentiel des enjeux de SST pour la revitalisation syndicale.

MOTS-CLÉS: santé et sécurité du travail, revitalisation syndicale, cadrage, ressources de pouvoir syndicales, capacités stratégiques syndicales.

RESUMEN

Modulación, recursos y repertorio de la acción sindical local en defensa de la salud y la seguridad: Estudio realizado con una Central sindical de Quebec

Las condiciones de empleo y de trabajo que tienen un impacto sobre la salud y la seguridad son algunas de las más importantes preocupaciones de los trabajadores. Entre los diferentes medios por los cuales los sindicatos contribuyen a la prevención, la contribución de los Trabajadores Representantes de la Seguridad (TRS) está bien establecida y bastante estudiada, incluyendo su participación en los comités conjuntos de salud y seguridad ocupacional. Sin embargo, de manera sorprendente, hay pocos estudios sobre la importancia la Salud y Seguridad Ocupacional (SSO) como tema de la acción colectiva de los trabajadores. En colaboración con una gran central sindical de trabajadores en la provincia de Quebec, este estudio busca a comprender por qué y cómo los sindicatos de nivel local se concentran en estos temas y que repertorio de medios utilizan. El marco conceptual está basado en previas evaluaciones realísticas de las intervenciones preventivas en SSO e incluye el enfoque de Lévesque y Murray (2010) sobre los recursos de poder y las capacidades estratégicas de los sindicatos.

En la fase I, se realizaron once entrevistas semiestructuras con miembros del personal sindical y los representantes elegidos de diferentes sectores, cubriendo un amplio espectro de actividades tales como el sindicalismo, la formación, la negociación, la prevención y las compensaciones en SSO. El estudio integra también los resultados de cinco estudios de caso (fase II) de sindicatos locales identificados en la fase I como particularmente activos respecto a la prevención.

Se examina el proceso mediante el cual las condiciones de trabajo que tienen un impacto negativo en la SSO se convierten o no en preocupaciones sindicales.

Se identifican también ciertos facilitadores barreras. Se resaltan los factores que afectan la presencia de recursos para la acción autónoma del sindicato dirigida a la prevención (como por ejemplo la integración de TRS provenientes de la estructura central del sindicato, la liberación de tiempo para la prevención, etc.). Se remarca además un repertorio diversificado y amplio de medios de acción sindical en el lugar de trabajo en defensa de la SSO, que no se limita a aquellos ofrecidos por el régimen de SSO de Quebec. Esto incluye el recurso a mecanismos de relaciones laborales (por ejemplo, la negociación o la huelga) y a medios autónomos de acción y movilización. El potencial de las cuestiones de SSO para la revitalización sindical es discutido, así como las barreras que deben ser superadas.

PALABRAS CLAVES: salud y seguridad ocupacional, revitalización sindical, modulación, recursos de poder sindical, capacidades estratégicas sindicales.