

## **Further development of the competence field Workplace Health Management**

### **Objective**

The European Network Education and Training in Occupational Safety and Health (ENETOSH) is the first and currently only transnational network for education and training in safety and health in Europe. The Network provides a forum for a systematic exchange of knowledge and experience to improve the quality of education and training in safety and health. The Network addresses end users, intermediaries and policy makers working on mainstreaming occupational safety and health into education on national and European level.

The members of this Network have developed a standard of competence for instructors and trainers in safety and health. This standard covers four fields of competence:

1. Education and training
2. Safety and health at work
3. Workplace Health Management
4. OSH-Management

The field of competence Education and Training is based on an empirical requirement analysis for instructors and trainers in safety and health. The results of this analysis were used for the development of this standard. So, the latter is based on a scientifically verified approach (Koch, Kici, Strobel & Westhoff, 2006) and has been revised already. The fields of competence 2 through 4 have been worked out by ENETOSH experts who have long-years' experience in the fields concerned. They used a situational approach, i.e. the educational/training situation and the ideal behaviour of instructors/trainers were described. These descriptions were complemented by the necessary knowledge an instructor/trainer should have for a certain situation. The common structure developed for the standard is based on requirements (categories and descriptors) of the European Qualification Framework (EQF). The ENETOSH competence standard has been acknowledged by 14

organizations of 10 European countries. The fields 2 – 4 constitute a solid foundation that are now continuously upgraded using scientific methods. Thus, it is made sure that the standard is always up-to-date and changes can be incorporated. This is an important measure of quality assurance and improves in general the validity of the standard.

Unlike the fields 2 through 4 a scientific approach was selected for Education and Training from the first step already. In a first step typical and essential work situations and the behaviour of instructors and trainers in these situations were listed. Based on the question which requirement is fulfilled by an instructor or trainer when he/she displays certain behaviour, these behaviours were grouped as requirements in a second step and these requirements named. For this purpose 45 instructors/trainers were interviewed thus providing a broad base of data that was analysed for its validity.

When it comes to a competence standard it should always be examined in how far it really reflects the requirements in the application field concerned. Only a real picture will make it possible to use the results profitably for future training measures or as a basis for certification. Since this analysis was still outstanding for the fields 2 to 4, it was the aim of the further development to check the field of Workplace Health Management (partial standard 3) as a pilot field with respect to its validity.

The current competence field Workplace Health Management covers in addition to the descriptions of the training content that has to be implemented, the personal competence as it is called. For the time being there exist headlines, i.e. competence terms, which, however, are not defined or operationalized so that they could be observed in the work of instructors and trainers in Workplace Health Management. That's why it was a further objective of development to describe these terms of competence in more detail by means of concrete work behaviour to make them easier to handle.

## Method

Since the approach used for Education and Training has proved its worth in the past a similar one was used this time. For data collection Task Analysis Tools (TAToo, Koch, 2007, 2008) were used. This tool builds on the basic assumption that high performing holders of positions show by efficient behaviour at work that they meet certain requirements (Flanagan, 1954). The requirements as such cannot be observed but the behaviour by which they show up at work. Therefore not the requirement itself is collected that is not always immediately accessible for a person, but work situations and work behaviour are asked and requirements derived from it inductively. In addition to this theoretical assumption the TAToo cover questions regarding the description of specific duties itself and questions regarding the qualifications and knowledge required for this work. The questions also contained in this tool regarding future work situations and the related successful behaviour, were excluded for this purpose because they were beyond the scope of validation.

Table 1 below gives the individual steps of analysis and the groups of persons involved.

**Table 1: Steps of data collection**

	Steps		
	Step 1: Collecting	Step 2: Grouping	Step 3: Assessing
Content	Interviewing the participants: - Job description - Necessary qualification - Required knowledge - Typical and essential	The information of step 1 was compacted as requirements	Interviewing the participants: - Importance of requirements and behaviour - Trainability of requirements - Compensability of requirements - Completeness

	work situations and related behaviour - behaviour-based definition of personal competences from standard		
Method	Telephone interviews	Data analysis	Workshop/Questionnaire
N	N <sub>tot</sub> : 4 AT: 1 DE: 3 ENETOSH member 0	Investigator	N <sub>tot</sub> 4 AT:             1 NL:             1 PL:             0 CZ:             0 FIN:            1 DE:             1 ENETOSH member 3

Notes : N = random sample size ; N<sub>tot</sub> = total sample for analysis step; AT= Austria;  
NL = the Netherlands; PL = Poland; CZ = Czech Republic; FIN =Finland; DE =  
Germany.

### *STEP 1 – Collection*

In the Step 1 four participants were interviewed by phone. For this purpose the structured guideline of Tool 1 of TAToo was used and adapted to the Workplace Health Management field. The interviews were divided into six sections; (I) Initially the participants were explained the content of the interview and what the project was about. (II) Then the participants were to describe their work as teacher or trainer in Workplace Health Management. The participants described the aims of their work, what exactly they do and at which place they are involved in the working process and with whom they work with. (III) In the 3<sup>rd</sup> section the participants were asked for the qualification and knowledge that according to their opinion a trainer or teacher of Workplace Health Management required. In this connection one question was asked on qualification and others on specialist knowledge, methods knowledge, engineering knowledge, EDP skills and one question on other knowledge. (IV) Thereafter the participants were asked for their work situations they have themselves experienced or observed in the past and that were successfully managed by an teacher or trainer in Workplace Health Management. They were asked how it came to these situations, what exactly happened there, what the teacher or trainer did and how it ended. The participants could report as many situations as they could remember (V) Section 5 was the last one that dealt with the content of the interviews where the personal competences were to be operationalized. For this purpose the participants were asked in which situations they think a teacher or trainer shows the relevant competence and based on which behaviour this could be observed. These questions were asked for the following competences: (a) Experience in facilitating Workplace Health Management measures, (b) ability to cooperate, (c) owns strategies to healthily treat himself/herself and the participants, (d) has the ability to convince, (e) is a good networker. (VI) After that the participants had the opportunity to add things they had not yet spoken about. Then, the interview was concluded. The telephone interviews took between 1 and 1.5 hours.

### *Step 2: Grouping*

The data of Step 1 were grouped by the investigator in accordance with the instructions of Tool 2 of the TAToo. The described objectives and tasks were listed and harmonized as regards wording and redundancies deleted without abridging the

content. The described qualifications and knowledge were also listed. The requirements were designated according to the questions of the interview, e.g. qualification or expert knowledge. As regards the described work situations the behaviours were extracted as a first step and put on a list. Similar to the procedure for qualification and knowledge, redundancies were removed and the wording harmonized. After that they were grouped by similarities.

In her approach the investigator always asked the question: Which requirement is met by a teacher or trainer when he/she displays certain behaviour. The names of the requirement categories were assigned at the end so that they were similar to the extent possible to the behaviour descriptions of the relevant competence. Finally the behaviour-based definitions of personal competences were added.

### *Step 3: Assessing*

The lists of Step 2 were integrated in a rough questionnaire taken from Tool 3 of TAToo. The participants had to assess each requirement and behaviour. The questionnaire consisted of two parts: (I) Assessment of qualifications and knowledge and (II) assessment of behaviour-related requirements. The following assessment criteria had to be considered: (a) Importance of requirement or behaviour, (b) trainability of requirement, (c) compensability of requirement, (d) completeness of requirements. The importance of the requirements and behaviours were assessed based on a 5-level rating scale with the extreme levels *1 = unimportant* and *5 = highly important*. Trainability and compensability of requirements were assessed based on a 4-level rating scale with the extreme levels of *1 = no* and *4 = yes*. The criterion of completeness was assessed by open feedbacks. In a workshop the questionnaire and the task of the participants were explained. The questionnaire was then filled in by the participants independently and returned by mail to the investigator.

## **Results**

The answers from the questionnaires of step 3 were analyzed to create the final requirement profile. For this purpose the median of all answers was determined for each aspect assessed. If the median was in the range of 1 up to including 2 (unimportant), the requirement or behaviour was not included in the result. If the median was in the range of 3 to including 5 (highly important), the aspect was

incorporated in the final requirement profile. Trainability and compensability were also assessed by way of medians. Accordingly all those requirements were trainable or/and compensable which had a median of 3 and 4 (yes). The comments on the completeness of the requirement profiles were assessed descriptively and any amendments to the profile or suggestions on alternative wording checked.

The Tables 2a and 2b below are a summary of the assessment results. Table 2a gives the qualifications and knowledge assessed by the participants. The categories *competence*, *know-how*, *methods knowledge* and *computer applications* were asked successively during the interviews as shown above. For the category *engineering knowledge* no requirements were mentioned for Workplace Health Management. For the sake of clarity this category was not included in Table 2a. The lines below the relevant categories show the items of the questionnaire. They correspond to the answers from the interviews and are grouped for Qualification by different fields of education. Each aspect has been assessed as regards importance for education and training in Workplace Health Management. This assessment is shown as median of all answers. The participants assessed the individual aspects and then the requirement as such (assessment highlighted in grey). The assessments of trainability and compensability are also shown for each field.

Table 2b has a comparable structure: It shows the individual behaviours described in the interviews and the requirement categories allocated by the investigator, For each behaviour and each of these requirements there is also a median of all assessments made by the participants.

Table 2a Assessment results of qualifications and knowledge

Trainable & Compens.	Rating	Trainable & Compens.	Rating	Trainable & Compens.	Rating	Trainable & Compens.	Rating
Qualification		Expert knowledge	Quite	Methods knowledge	Quite	PC skills	Quite
Education:	Quite	Level of research on work and health	Highly	Empirical social research	Highly	Statistics programme	Quite
Basic studies: Psychology, sociology, pedagogics	Quite	Level of research Work organization and health	Quite	Basic knowledge of epidemiology	Quite	Excel for graphic charts	Quite
Study Health management	Quite	Socio-epidemiological studies	Quite	Statistics	Quite	Developing and providing Power Point presentations	Quite
Training in health care	Quite	Industrial and organizational psychology	Quite	Knowledge of and ability to apply psychological diagnostic procedures; using what, when, what for	Quite	MS Office	Quite
Sports science (rehabilitation/prevention)	Quite	Fundamentals of psychology of human behaviour	Quite	Carrying out and evaluating staff surveys in the framework of Workplace Health Management measures	Quite	Media for teaching	Quite

Physiotherapy training	Quite	Business administration	Quite	Project management for Workplace Health Management measures: Organizing objectives, cooperations, allocating resources, dividing work	Quite	Video training in Workplace Health Management training	Quite
Nutritionist	Less	Knowledge on group interactions	Quite	Project work at enterprise in Workplace Health Management measures	Quite		
<b>Additional qualifications</b>	Quite	Management	Quite	Establishing and managing working groups, steering groups	Quite		
Advanced training courses Workplace Health Management	Quite	Management tools	Quite	Facilitation of Workplace Health Management measures	Quite		
Training of presentation	Highly	Management/Management systems	Quite	Presentation skills: ability to create input at the beginning of Workplace Health Management training both	Highly		

				rhetorically and in terms of presentation			
Back exercise class licence	Quite	Knowledge of the field in which one works	Highly	Mainly applying group work methods for Workplace Health Management training: facilitation, structured group work, motivation in groups	Quite		
Relaxation techniques	Quite	What are organisations	Quite	Dealing with own feelings and those of others in Workplace Health Management training	Quite		
Further training in ergonomics	Quite	Which forms of organization exist?	Quite				
Labour safety	Quite	Organization development	Quite				

(cont. Table 2a)

Trainable & Compens.	Rating	Trainable & Compens.	Rating	Trainable & Compens.	Rating	Trainable & Compens.	Rating
Target groups of Workplace Health Management training	Quite	Reporting	Quite				
Company medical officers	Quite	What is health?	Quite				
Personnel management	Quite	How to measure health?	Quite				
Works councils	Quite	Which approaches exist from different disciplines?	Quite				
Safety officers	Quite	Health and conditions for it	Quite				
Staff of health insurers	Quite	Anatomy/Physiology	Quite				
Accident insurance company	Quite	Legal basis e.g. Code of social law	Quite				
Trade supervisory office	Quite						
Health and HR experts	Quite						

Notes: Rating scale with the levels "- -" = unimportant, "-" = less important, "0" = moderately important, "+" quite important, "++" = highly important. All aspects having a median larger/equal 3 were incorporated in the final profile; all aspects having a median below/equal 2 were not included.

**Table 2b: Results of assessment of behaviour-related requirements**

		Rating
<b>A</b>	<b>Using Workplace Health Management fundamentals for practice also for teaching</b>	<b>Quite</b>
	Creating well-being also in Workplace Health Management training	Quite
	Noticing when getting abstract with Workplace Health Management subjects and presenting case studies from enterprises	Quite
	Planning active games/breaks for activation	Quite
	Implementing Workplace Health Management principles also in training	Quite
<b>B</b>	<b>Teaching basic principles and a basic understanding of Workplace Health Management</b>	Quite
	Improving the understanding of prevention	Quite
	Teaching facilitation skills for Workplace Health Management measures	Quite
	Communicating the subject "psychic stresses"	Quite
	Presenting Workplace Health Management examples from corporate practice	Quite
	Presenting different theoretical models	Quite
	Comparing different models and deriving measures	Moderately
	Testing measures as exercises in seminar: self-awareness	Quite
	Brief motivational speeches on Workplace Health Management subjects (max 30')	Moderately
<b>C</b>	<b>Creating the basis for the transfer of Workplace Health Management contents</b>	Quite
	Bringing together views of participants on Workplace Health Management subjects and trainer's view by examples	Highly
	Causing participants to change views by discussion	Quite
	Working out compromises with participants for Workplace Health Management measures	Quite
	Presenting oneself to participants as equal in Workplace Health Management subjects	Quite
	Showing leeway in rules/measures	Moderately
	Connecting examples by participants from corporate practice with theory	Quite
	With highly psychological subjects linking to examples from private life of participants	Less
	Collecting good practice examples from participants: how are problems solved in practice, what works well?	Quite
	Working out solutions together with participants and discussing the same: compile catalogue	Moderately

(cont. Table 2b)

		Rating
<b>D</b>	<b>Convincing participants of Workplace Health Management</b>	Quite
	Visualizing problems at enterprises by pictures, graphic charts	Highly
	Being convinced of own subjects and Workplace Health Management	Quite
	When it comes to health-promoting measures admitting own weaknesses/problems	Moderately
	Incorporating socio-political conditions in Workplace Health Management subjects (austerity mentality)	Quite
	Taking seriously the participants' problems in implementing the Workplace Health Management measures and being appreciative	Quite
	Taking and displaying clear stands in Workplace Health Management training	Quite
<b>E</b>	<b>Actively involving participants in Workplace Health Management training</b>	Highly
	Asking every group of participants in Workplace Health Management training to present practical examples from their organizations	Quite
	Involving all participants of Workplace Health Management training in discussions	Highly
	Giving the opportunity to ask questions in the Workplace Health Management training	Quite
	Asking all participants whether any detailed question on a specific situation at an enterprise is to be discussed in the big round	Quite
	Letting participants finish what they are saying in the discussion on Workplace Health Management	Quite
	If participants talk longer on Workplace Health Management subjects, refer to time schedule	Quite
	Picking out a central theme when superiors of participants want to join the Workplace Health Management training unexpectedly with the staff	Quite
	Gathering situations on health-related subjects from the participants' daily work	Quite
	Generalizing individual experiences of participants in health-related subjects as rules	Quite
<b>F</b>	<b>Preparing and holding Workplace Health Management seminars</b>	Quite
	Obtaining the mandate for a Workplace Health Management measure from management	Moderately
	Laying down management's approval of Workplace Health Management measure by informal written statement	Moderately
	Involving staff in Workplace Health Management measures by participation	Quite
	Evaluating Workplace Health Management measures and changing if necessary	Quite

	Planning group work for Workplace Health Management measures	Quite
	Preparing suitable learning locations and discussion rounds for Workplace Health Management measures	Quite
	Giving speeches in Workplace Health Management training	Moderately
	Having the content of speeches on Workplace Health Management topics exercised in groups	Moderately
	Modulating speech in Workplace Health Management training	Moderately
	Identifying highlights in the Workplace Health Management training and generating attention	Moderately
	Working with different media in Workplace Health Management training	Quite
	Demonstrating pleasure in teaching in Workplace Health Management training	Quite
	Incorporating own experiences in corporate counselling for Workplace Health Management	Quite

(cont. Table 2b)

		Rating
<b>G</b>	<b>Adapting Workplace Health Management training to target groups</b>	Quite
	Doing a needs assessment prior to Workplace Health Management training/measure with customer: what does enterprise need; adaptation to changed needs; put away norms that something has to be taught.	Highly
	Watching the target group in Workplace Health Management training, adjusting and adapting the concept/didactics	Highly
	Adapting concept during breaks of Workplace Health Management training and being able to change plans	Quite
	Being able to adjust the concept of Workplace Health Management training to new seminar situations or participants	Quite
	Assessing potentials of group/organisation for Workplace Health Management measures by questioning techniques	Moderately
	Talking about concrete problems in group/organisation in Workplace Health Management training	Quite
	Having executives and staff participate in Workplace Health Management training in separate groups	Moderately
<b>H</b>	<b>Being open to other views of participants in Workplace Health Management training</b>	Quite
	Incorporating and weighing up other views regarding Workplace Health Management topics or measures	Moderately
	If solutions are worked out in the Workplace Health Management training regarding issues at an enterprise, putting back own opinion and moderating	Quite
	Listening to participants when they explain problems or present possible solutions	Quite
<b>I</b>	<b>Broadening own knowledge of Workplace Health Management subjects/content</b>	Quite
	Taking up and incorporating new/current subjects/content of Workplace Health Management in seminar	Moderately
	Recognizing trends of Workplace Health Management subjects/content	Moderately
	Lifelong learning of new subjects/content of Workplace Health Management	Highly
<b>J</b>	<b>Cooperating with others in Workplace Health Management training/measures</b>	Quite
	In breaks of Workplace Health Management training discussing with co-trainers what was observed with participants and which issues have shown up.	Quite
	Follow-up of Workplace Health Management measures and exchange with colleagues.	Quite

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