

# Media Headlines - Occupational Health and Safety Communication Challenges

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At 5:26 pm on the 11<sup>th</sup> of May 2006 the following headline was published by the Australian Broadcasting Corporation (ABC) ***“Brain tumour cases prompt uni building closure”*** (ABCNewsOnline 2006). The article further stated that *“Royal Melbourne Institute of Technology (RMIT) has launched a second health and safety investigation in just five years, after seven staff members from the University’s Bourke Street campus were diagnosed with brain tumours.”* (ABCNewsOnline 2006)

This report was quickly followed by a range of media reports in which telecommunications equipment was highlighted as a causative factor for these tumours (Jones 2006, Morton & Rood 2006, Australian Associated Press 2006).

These media reports resulted in a large amount of work for health and safety professionals at RMIT University as well as at many unrelated sites. This paper will explore the impacts and communication challenges faced by occupational health and safety (OHS) staff at Monash University as a result of this issue at RMIT University.

## 1. Introduction

Risk communication is an integral part the role of OHS professionals. This communication may be within the organisation with management and employees (internal public) or external to the organisation with members of the public. To simplify the discussion throughout the rest of this paper we will use the term “public” to include both people within the organisation that we communicate with as well as members of the public.

Risk communication is also a part of the public relations function and to understand this claim we sought a definition. Finding a definition of public relations is not easy, a basic working definition is:

*public relations is about management of communications that help an organisation and its publics adapt mutually to each other.* (paraphrased, Pfau & Wan 2006 p. 111)

Given that public relations is about communication with the public we must recognise that as OHS professionals at least part if not all of our risk communication activities would fit within this definition. So even though we would not classify ourselves as public relations professionals we must agree that there is overlap within our roles. For this reason we would argue that it is important that OHS professionals need to understand the process of both risk communication and public relations or at least be conversant with the principles of both these disciplines.

The authors, whilst not expert in the fields of either risk communication or public relations, have had considerable personal experience of the pitfalls and challenges associated with communication of risk. This experience ranges from the routine communication of risks during normal activities, such as an ergonomic assessment, ranging through to managing communication campaigns in response to complex and changing situations. In 2006 a risk was perceived to exist at RMIT and this spread to Monash University resulting in fear and some very real public relations and risk communication challenges. One of the major influences on the spread of the fear or increase in perceived risk was a range of news stories within the mass media.

This case study reviews the impact of media reports on an example of a risk communication issue that flowed between non-related organisations. As a background to this case study the paper reflects on some of the key theories relating to both public relations and risk communication.

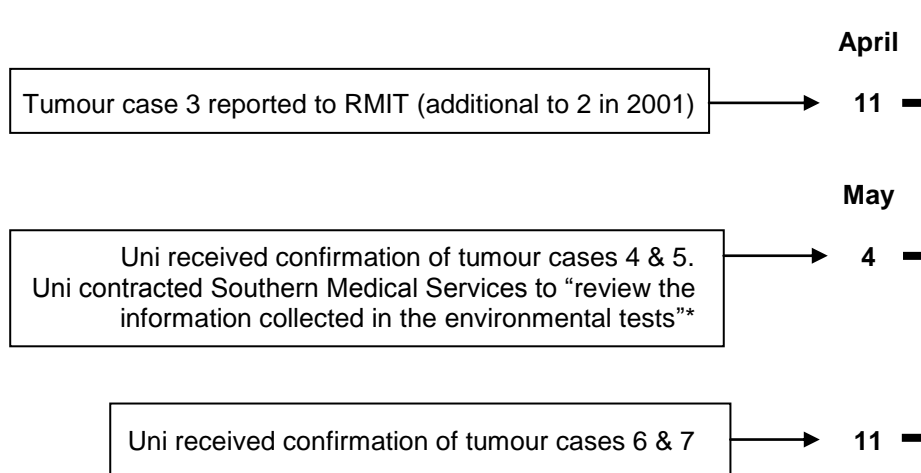
## **2. The Risk Communication Case Study**

Media reports of tumours being linked to telecommunications towers at RMIT resulted in major risk communication issue for health and safety professionals at RMIT University (ABCNewsOnline 2006, Jones 2006, Morton & Rood 2006, Australian Associated Press 2006). Concern raised by this issue spread to other unrelated organisations resulting in a risk communications issue within these organisations which the authors experienced within Monash University.

## 2.1 What happened at RMIT?

At RMIT there were two tumour cases reported in 2001 for occupants of one of its city campus buildings, Building 108 which is located on Bourke St (RMIT University 2006b). After these 2001 reports of tumours RMIT had a range of building tests done to identify the potential for building related issues (RMIT University 2006b). The results of the testing did not highlight any potential causative factors.

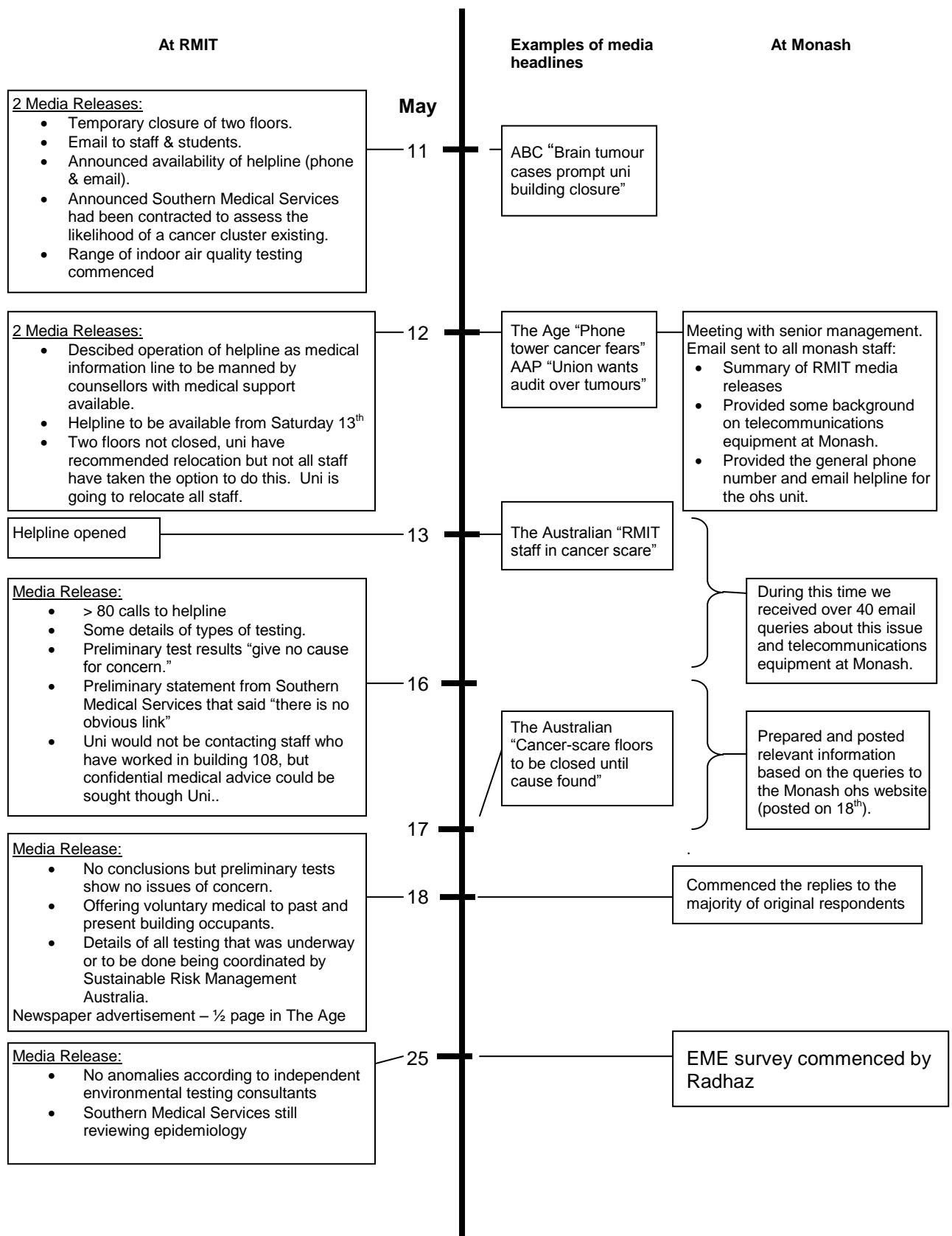
During April and early May 2006 RMIT received reports of 5 more tumour cases in people who had occupied building 108 (RMIT University 2006a). The timeline for the reporting of the tumours is shown in Figure 1.



**Figure 1: timeline for reports of tumour cases at RMIT in 2006**

[Note to figure \*reference: RMIT Portfolio Executive Group 2006a]

On the 11<sup>th</sup> May 2006 there were two media releases from RMIT as well as reports within the media. A summary of the chain of events that occurred between the 4/4 and 25/05/2006 regarding building 108 has been provided in Figure 2. This information is based on the RMIT media releases in 2006 that are available from RMIT's website (RMIT University 2006a – 2006g).



**Figure 2: Timeline of events at RMIT and Monash University in 2006**

### ***2.1 What happened at RMIT? (continued)***

In August 2006 the test and medical reports were released and in summary these stated that there was no evidence of a cancer cluster and that all of the test results were below relevant standards (Jacka 2006, LaMontagne et al 2006). The publishing of these detailed reports in August 2006 did not completely resolve the issue and the University and building 108 were still the subject of media interest (Donovan 2006). Internal university documents made note that “Issues remain regarding the return of staff to level 17” (RMIT Portfolio Executive Group 2006c). To address these remaining concerns an additional peer review of all reports was undertaken by a panel of experts jointly nominated by the university and the unions (National Tertiary Education Union and the Australian Education Union). This report by LaMontagne *et al* (2007) was published in February 2007 and appears to have finally resolved the issue.

### ***2.2 What happened at Monash?***

Early Friday morning on the 12<sup>th</sup> May 2008, two of the authors were called into an urgent meeting with senior management on telecommunications towers at Monash. This was in response to the senior managements viewing of the general media reports of the RMIT issue. A summary of the events that occurred at Monash are also included in figure 2.

Subsequent to this general email we received over 40 emails from concerned staff and students. The types of questions ranged from a basic enquiry for information about the location of towers through to emotive questions about health.

## **3. Risk Communication, PR and Perception**

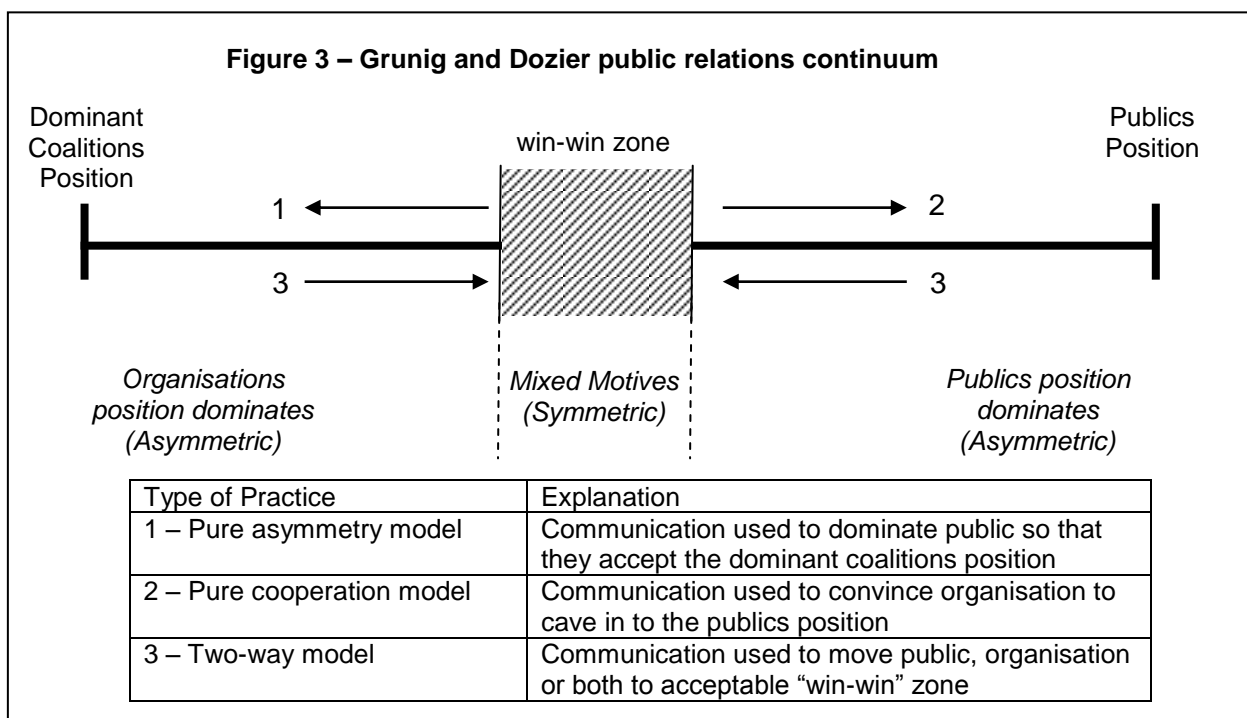
### ***3.1 Public relations overlap with OHS***

Historically the field of public relations has been focused on promotion, marketing or “image making”. During the 80’s and 90’s the field of public relations went through a process of remaking itself as a profession and broadened and shifted its focus from “image-making” to providing advice on how to communicate with the public effectively and ethically. With this shift in the field, Grunig and Hunt’s four models or paradigms of public relations came into prominence in the early 90’s. These were labelled: press agency/publicity; public information; two-way asymmetrical and two-way symmetrical. A short definition of these models is provided in table 1 (Lane 2003, p. 1).

Model/Paradigm	Definition
Press agency/publicity	Activities designed to achieve favourable media attention
Public information	The one-way distribution of objective information about an organisation to a public.
Two-way asymmetric	A system that allows an organisation to put out its information and to receive feedback from its public about that information. Note: Under this model the organisation does not change its stance, rather it changes the method of giving the information.
Two-way symmetric	A system that allows free and equal information exchange to occur. This may result in either of both or the organisation or the public changing their position.

**Table 1: Definitions of Grunig and Hunts four models of public relations (Lane 2003 p. 1)**

The two-way symmetrical model is often considered to be more ethical than an asymmetric model (Pfau & Wan 2006, p.102) . However it must be recognised as stated by Pfau and Wan (2006), that neither offers a single optimal approach to public relations and it is often necessary to use persuasion as part of the negotiation tactics to reach a satisfactory end point even when using a symmetrical approach. It is perhaps more useful to consider the symmetrical and asymmetrical models as being part of a continuum rather than as separate paradigms as proposed by Grunig (2001) as detailed in figure 3.



RMIT made significant efforts to provide opportunity for free exchange of information as can be seen from staff and student bulletins, however there appears to be some question over whether the organisation was originally pursuing an asymmetric

approach, i.e. trying to convince the public to accept the organisation's position without any change (Macnamara 2006).

It is important to note that many OHS risk communication efforts are more aligned with the two way asymmetric model. This is because we provide a lot of our risk communication in written form (either hard copy or electronic) which means there is less opportunity for a free and equal exchange of information between us and the public. When preparing risk information, real efforts need to be made to provide adequate information for people to come to their own conclusions of assessment of the risk. For example when preparing web content efforts should be made to provide a range of links to information to independent organisations.

### ***3.2 Aspects of Risk Perception***

OHS professionals and members of the public often have widely divergent perceptions regarding the seriousness of a particular risk. A widespread attitude of the scientific community regarding this divergence is that the public do not have adequate scientific literacy to correctly interpret risk. Based on the work of many risk communication and public relations experts there are a lot of other factors that contribute to this divergence in risk perception beyond scientific literacy, we will overview the following and discuss their relevance to the case study:

- The belief system or position of the OHS communicator
- The different perceptual aspects of risk – “Hazard and Outrage”
- The effect that fear has on risk perception
- The effect of the mass media on risk perception
- The effect of unions on risk perception

Finally we will consider an integrated approach to communication that takes account of all of these factors.

#### **3.2.1 OHS Professionals Risk Perception Beliefs**

One of the reasons why there can be a divergence in risk perception between the public and the professional is the belief system of the OHS professional. Generally OHS professionals start from a scientific factual basis in establishing an assessment of risk, as they perceive that this is the right way to view risk. Part of the development of

the OHS professional also includes reaching an understanding that it is reasonable for other individuals (including the public) to perceive risk based on different non-scientific criteria. The typical developmental stages of the communication beliefs of OHS professionals from the straight science approach to a more rounded understanding of communication issues are nicely illustrated by Fishhoff (1995) in figure 1.

**Figure 4: Developmental stages in OHS professionals**

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- All we have to do is get the numbers right
- All we have to do is tell them the numbers
- All we have to do is explain what we mean by the numbers
- All we have to do is show them that they've accepted similar risks
- All we have to do is show them that it's a good deal for them
- All we have to do is treat them nice
- All we have to do is make them partners
- All of the above

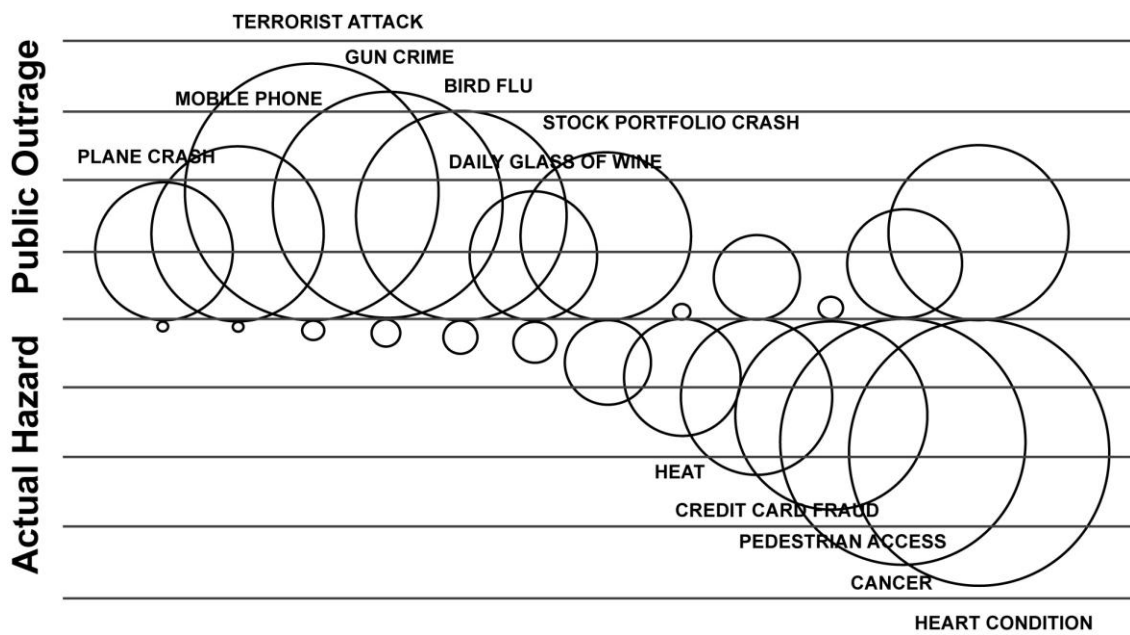
*Taken from Fishhoff (1995)*

Some media reports appear to indicate that during initial meetings with staff that RMIT was relying on the value of the scientific message of the tests in 2001 to prove that there was no issue and that people had no reason for concern (McNamara 2006). Whilst RMIT appears to have responded very quickly to their public's concerns, it did not result in reduction in the public's outrage.

### 3.2.2 Public Risk Perception Beliefs

In the late 80's to early 90's to bridge the gap between risk communicators and the public Sandman *et al* (1993), proposed the labels "hazard" and "outrage" to indicate the technical and non-technical aspects of risk (Sandman 1993, Sandman et al 1993). It is now well accepted that in general peoples' perception of risk does not match the actual seriousness of the risk.

Consideration and discussion of this mismatch is no longer confined to the OHS professional or the risk manager as can be seen by the graphic portrayal of threats vs hazard (see Fig 5 Hertrich 2006-8a) produced by designer and researcher Susanna Hertrich and by her projects such as the Alertness Enhancing Device (Hertrich 2006-8b).



**Figure 5: Hazard vs outrage diagram that forms part of an artistic work**

All of the strategies delineated by Sandman (1993) are essential in either providing (asymmetric) or exchanging (symmetric) information. It should be noted that the more the balance shifts towards asymmetry in favour of the organisation's position then the more the risk is likely to be perceived as an involuntary decision, i.e. one forced on the public.

One of the main actions or control strategies implemented to address concerns was to relocate building occupants from the upper floors of the building 108. This appears to have been formulated as a response to occupant concerns after initial communication meetings on the 11<sup>th</sup> of May 2008 (RMIT Workplace consultative committee 2006). This action may have had more value to the public if it had been seen as been a proactive measure rather than as a reactive one.

Based on media reports it would appear that the value of the relocation control was diluted by the University's allowing some staff to remain in occupation of floors 16 and 17 for at least some of the testing period (Australian Associated Press 2006, RMIT University 2006c). This action or omission provided the potential for people to question the University's commitment to managing the health concerns expressed by staff and students.

### 3.2.3 Fear and risk perception

There has been a large amount of research in the area of risk communication and perceptions in recent years as summarised in a review by Witte and Allen (2000). The review focused on how “fear appeals”, i.e. persuasive messages that arouse fear, affect behavioural change in the area of public health; for example the grim reaper campaign in the 1980’s. Witte and Allen (2000, p. 607) showed that a message that aroused fear was unlikely to promote positive behavioural changes unless the fear message was supported by messages that provided achievable controls or recommendations.

In the case of the RMIT issue there were not many options available to provide as counter controls once the mass media had moved the issue from public outrage to fear. A review of the staff and student information bulletins indicate that RMIT pursued an open communication strategy to the extent of providing copies of all of the expert reports openly on the internet (LaMontagne et al 2006, Jacka 2006, LaMontagne 2007). However the reports in the mass media sidetracked RMIT’s efforts and appear to have prolonged the risk concerns of the public.

At Monash we were mainly able to manage the fear aspect. A major factor in this was that we were not the organisation with the tumour cases. Thus we were able to provide advice to our staff the day after the news broke in the media. We also tried to ensure that our message was open and did not ask our public to believe our conclusions or perception of the risk. Thus our communications and activities were generally viewed as being proactive and this appeared to both assist staff in processing the risk and to reduce the outrage factor.

In addition at Monash in response to staff concerns regarding the levels of non-ionising electromagnetic radiation (EME) within offices below telecommunications equipment we were quickly able to advise staff that we would have independent experts undertake monitoring. As a result Monash contracted a radiation expert, RadHaz, to do additional monitoring in occupied areas of the upper floors of buildings with telecommunications equipment installed.

Due to the high work load being experienced by EME experts only a limited number of locations at Monash could be assessed initially. The locations chosen were based on

factors such as the concentration of telecommunications equipment. One of the buildings with the highest concentration of telecommunications equipment had also recently been undergoing major refurbishment with occupants still in place. This group had already been through a range of communication challenges ranging from asbestos issues through to noise from refurbishment activities. An additional communications bonus that occurred during the EME measurement process was that occupants of this building were able to directly question an expert in an informal setting as well as observe the measurement process. This direct access to an independent expert appeared to result in a rapid alleviation of concerns for many of the building occupants.

#### 3.2.4 Mass media and risk perception

The main goal of producers of mass media is to report newsworthy stories so that they will be read, viewed or listened to, by a broad range of people. There are many factors that influence the choice of newsworthy stories which range from production deadlines to the desire not to be left out of the major breaking story that will grab the attention of the public (Cliffsnotes.com.au 2008).

RMIT's communication strategy was effectively railroaded by the media with a great deal of speculation and public airing of concern around the existence and possible health effects of telecommunications towers.

Once the media is involved the communication challenge escalates and it is probably even more important to get both the science and the public relations strategy right, as well as ensuring that all messages given either verbally or through actions are consistent. To paraphrase Sandman - media respond to outrage; they don't create it, but they do amplify it. In summary a risk controversy which has the attention of the media is likely to grow (Sandman 1993, p.58).

Another issue with media reporting is that it can die down very quickly if the story is not spectacular enough. For example the initial story had longevity in the media whereas the final announcement that there was no actual identifiable problem nor in fact any brain tumour cluster was a very short lived story in comparison. This can leave people with the outrage impression created by the initial stories unmoderated by the final facts of the case.

### 3.2.5 Unions and risk perception

Whilst the involvement of unions is a necessary measure for ensuring that the imbalance of power that exists between an organisation and an individual employee is addressed, there is potential for the collective power to be used to pursue agendas that not necessarily related to health and safety. An example of this type of situation was experienced by one of the authors working as an OHS professional on the rebuilding of ESSO Longford after the 1998 incident. The contract workforce engaged to rebuild had concerns over asbestos and chemical substances, and despite a large risk communication effort there was an alternate campaign with different end goals to that of risk communication.

The unions were certainly actively involved at RMIT during the tumour issue, however there does not appear to be any reports of this having contributed to the escalation of the issue.

### ***3.4 Integrated approach to risk communication***

One thing that OHS professionals and their organisations need to realize is that “Crises can and will happen.” (Fearn-Bank 2001, p. 485) and that the best response is to be prepared. To be prepared we need to understand or appreciate the breadth of theory involved in the practice of risk communication.

Risk communication is a broad field and as such it can be difficult to keep abreast of the varying theories emerging across the professional disciplines as well as to effectively work as an integrated team with other professionals in times of emergency. The resource implications of reading the many different research papers and books within this burgeoning and cross-disciplinary field has been simplified by the Centers for Disease Control (CDC) who have e-published a book that takes research findings from a broad variety of experts and uses them to provide practical integrated risk communication guidance for the whole organisation (Reynolds et al 2002). We recommend the CDC guide as a good risk communication resource that is readily available on the internet that should be at least browsed by every OHS professional.

## 4. Conclusion

One of the major challenges experienced by Monash during the RMIT telecommunications issue was that responding to this type of communications issue requires a lot of time from OHS professionals and public relations or media units. This type of issue can also require significant time input from senior executives.

OHS professionals must:

- act as early as possible.
- manage their messages so that consistent, non-contradictory advice is given.
- avoid an appearance of stage managing the situation.
- heed the advice extracted from research by expert communicators [a good source of material is now available as an integrated manual through the CDC](Reynolds *et al*, 2002).
- provide straightforward control messages to avoid fear taking over.

The most effective results are achieved when communications between an organisation and the public match the two-way symmetric model (Grunig 2001), i.e. when free and open exchange occurs with both parties prepared to shift their position.

Finally we should never forget that “Crises can and will happen” (Fearn-Bank 2001, p. 485) and we need to be prepared to manage them. This means making the time available to effectively deal with the demands and the detrimental impact on other work. And always remember that - if you show them hell you must also offer a path to redemption and in the case of a health safety crisis the redemption better be achievable right now.

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