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The State Of Health And Safety Program Management As It Pertains To OSHA In The Funeral Industry: A Formative Analysis

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THE STATE OF HEALTH AND SAFETY PROGRAM MANAGEMENT AS IT PERTAINS TO OSHA IN THE
FUNERAL INDUSTRY: A FORMATIVE ANALYSIS


By

Brad Kuchnicki

Thesis Approved:



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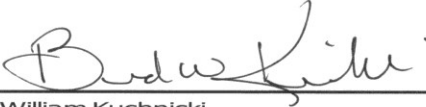


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Brad William Kuchnicki

Date: January 11, 2013

THE STATE OF HEALTH AND SAFETY PROGRAM MANAGEMENT AS IT
PERTAINS TO OSHA IN THE FUNERAL INDUSTRY: A FORMATIVE
ANALYSIS

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ABSTRACT

From a law perspective, contingency refers to possible events that may or may not happen, by which, when happening, some particular title may be affected. In the funeral industry, OSHA regulations govern a vast array of procedures directly related to day-to-day operations. If at any time one of these controls have or have not been implemented, enforced or altered, the organization could be influenced. This thesis will analyze the state of health and safety program management as it pertains to OSHA in the funeral industry.

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CHAPTER 1

INTRODUCTION

Background

The probability of organizational success in creating a safe and healthy work environment is dependent on capturing the specific needs and interests of stakeholders. If a company is at risk of being fined, implementing solutions will become important. The Occupational Safety and Health Administration (OSHA) developed the regulations to help organizations create an effective and comprehensive health and safety plan. OSHA regulates worker safety in the United States and its territories. Health and general industry safety standards are contained in Title 29 of the Code of Federal Regulations (29 CFR) (OSHA, 2012). Although each industry differs, OSHA has made significant contributions to accommodate the diverse workplace.

States operating one of the approved State OSHA Programs also have state-specific safety and health standards that apply to affected workers in their states. Most state OSHA standards closely mirror the Federal OSHA standards with small changes to reflect the state-specific differences. However, some of the state OSHA standards are significantly different from those promulgated by Federal OSHA. Regardless, if a business is within the scope of OSHA's general industry regulations, adjustments must be made to maintain compliance.

In today's workplace, specific needs may or may not reflect the input of stakeholders responsible for company-wide decisions. For example, marketing and advertising is considered an industry requirement. Effective advertising and marketing campaigns can strengthen an organizations relationship in their respective community.

This connection can be measured in terms of financial returns and economic stability. This would be reflective of a specific need sought out by stakeholders safety can be difficult to promote. It may not be about the item, in this case safety, but rather the relationship. The attempt of bringing an organization to a new level of safety performance, to obtain their undivided attention, and to deliver a message that will be heard, understood, and retained may be difficult. It could be argued that safety does not strengthen the relationship between the organization and the community. Regardless, it could benefit the entire organization to implement a formal safety process, manage safety accountability, and effectively navigate OSHA inspections. In addition, this could protect the organization by eliminating or minimizing violations or workers' compensation claims. This financial security would also be reflective of a specific need sought out by the stakeholders.

The state of health and safety program management in the funeral industry has been discussed only on a limited basis. Findings from research can help to shed light on a situation that over 23,000 funeral homes are facing.

Statement of the Problem

Within the funeral trade, OSHA inspections are not representative of all businesses. In 2011, Finch, compliance expert/writer for Yellow Books Funeral Home & Cemetery News stated, "OSHA is still the law. It is not going away. For some, it is still a monster. For us, the monster sleeps." It could be suggested that Finch is creating a specific dynamic emphasizing the lack of importance of OSHA compliance to stakeholders. OSHA compliance, in relation to all industries, differs among

organizations. The suggestion that a business could be limited in risk could persuade stakeholders to limit efforts to create a safe work environment.

OSHA regulations are expansive and determining what regulations pertain to a specific business can be overwhelming. In addition, Mortuary school educational requirements offer minimal OSHA training. As a result, the lack of being taught the importance of compliance, the absence of health and safety program management, and the lack of fear of actually being inspected could inhibit regulatory compliance activity. This may have an effect on the degree to which a funeral home is in compliance with OSHA requirements.

According to a 2006 report from the Bureau of Labor Statistics, organizations in the United States lose approximately \$170 billion annually due to work-related injuries and unsafe working environments (as cited in Towers Watson, 2010). The National Safety Council's (NSC) most recent data show annual losses can be as high as 183 billion dollars (National Safety Council, 2010).

Specific funeral industry data in relation to the 2006 report from the Bureau of Labor Statistics does not exist. However, it could be suggested that at least a portion of those numbers include the mortuary community. A small near-term investment in safety programs can potentially prevent large future costs due to an incident. These costs could include workers compensation payments, lost-time work, or substantial legal costs. Additionally, public reputation could be damaged if the incident was significant, and thus the possibility to hurt a company in the marketplace (Myers, 2010).

Furthermore, the fear of monetary penalties issued by OSHA could cause concern. In table 1, a Standard Industrial Classification (SIC) code 7261 (Funeral Homes &

Cemeteries) Market Analysis indicates total monetary penalties for the years 2006-2011. The following chart is representative of the data gathered. This includes the number of initial and current citations issued.

The propensity to increase citations is by no means unique to OSHA. In 2006, 29 funeral homes were cited initial penalties totaling \$51260. In comparison, 21 funeral homes were cited \$114967 in 2011. It could be assumed that the escalation in punishments represented by the chart validate funeral industry concerns. Furthermore, the chart did not represent how many funeral homes were actually inspected. This information could not be found.

As a result, table 1 could be used to identify a trend. Although it could be said that most trends are limited in time, it may be worth tracking to justify compliance based adjustments. What would be learned could benefit the funeral industry. The following chart represents funeral homes cited from 2006 to 2011.

Table 1*Market Summary Analysis 2006-2011*

Year	2006		2007		2008		2009		2010		2011	
	Initial Penalty	Current Penalty	Initial Penalty	Current Penalty	Initial Penalty	Current Penalty	Initial Penalty	Current Penalty	Initial Penalty	Current Penalty	Initial Penalty	Current Penalty
1	2500	2500	165	165	1200	800	100	100	11900	3570	200	200
2	1850	1850	810	810	8700	3937	4800	2340	200	200	16100	11270
3	1050	788	1900	1900	200	200	1500	1500	1200	1200	28200	16920
4	200	200	2625	875	1425	570	1500	1500	13500	7425	7800	2400
5	300	300	500	500	1500	1125	1050	1050	4800	3360	5400	3240
6	450	450	2850	1300	450	450	4200	1050	375	275	200	200
7	7500	7500	1950	1950	1575	1575	1575	525	6000	3600	4700	4700
8	610	610	600	600	850	680	1575	525	12600	4410	7650	1275
9	3000	3000	300	300	525	315	500	500	7170	1800	3500	2100
10	200	200	500	500	1160	1160	585	585	140	140	7650	3570
11	200	200	14700	7900	375	375	1500	600	400	400	5400	4100
12	1125	675	325	325	200	200	1500	1125	625	375	1125	675
13	1625	1625	4200	4200	1925	700	4650	1575	7500	3870	365	365
14	2200	2200	3600	3600	700	700	900	560	1350	450	9100	6000
15	4200	2730	300	300	1125	788	180	180	1575	1575	1000	800
16	700	700	100	100	1700	1700	100	100	3575	2875	700	700
17	350	350	300	195			165	165	3000	1800	300	300
18	750	750	600	600			900	900	3600	2700	7560	3240
19	200	100	6400	4000			1235	600	4950	4950	4717	3537
20	2400	1200	1750	875					800	800	1200	1200
21	5250	2625							2705	2705	2100	1400
22	1900	1900							1400	490		
23	750	750							1000	1000		
24	800	800							8400	3750		
25	2100	1050							150	150		
26	800	800							4050	4050		
27	375	375							1850	1850		
28	4050	2310							5700	4000		
29	3825	1275							1500	500		
30									650	300		
31									2250	2250		
32									750	750		
33									100	100		
34									945	567		
35									120	120		
36									675	507		
37									1200	900		
38									800	800		
39									1700	1190		
40									200	200		
41									1500	1500		
42									150	150		
43									1500	1000		
44									275	275		
45									1675	837		
46									75	75		
47									825	825		
48									2250	2250		
49									6165	3165		
50									4625	3167		
51									100	100		
52									365	125		
53									3150	2300		
Total Monetary Fines	51260	39813	44475	30995	23610	15275	28515	15480	144060	87723	114967	68192

Table 1 (Continued)

Penalty Amount: Total represents the amount currently assessed for the inspection. This may differ from the Initial Penalty if settlement or judicial actions resulted in reductions.

Note: The statistical analysis does not represent

- Number of funeral homes inspected
- Failure to Abate Penalties (FTA)
- Actual number of cited penalties (non-monetary and monetary)
- Reason for inspection. Inspections can be planned, random or based on a complaint
- Whether the inspections may have been partial or complete

Purpose of Study

Health and safety program management dictates that a funeral home should have adequate leadership, safety procedures, training, accessible documentation, and proper equipment for their employees. Geller (2001b) proposes that a positive safety culture focuses on preventive measures. In the funeral industry, this would include compliance with numerous OSHA regulations. Some examples are respiratory protection, personal protective equipment, hazard communication, exposure control, and general health and safety plans. The purpose of this study was to determine the degree to which safety programs exist in the funeral industry.

Potential Significance

The basic purpose of safety and health inspections are to ensure compliance with a facility's safe operating procedures as well as to evaluate a supervisor's safety and health performance activities (National Safety Council, 2010). Based on the results of the survey used within this study, the question and answer structure may be viewed as an organizational evaluation. The National Safety Council (2010) states that this could be viewed in two ways:

1. Negatively as fault finding, with the emphasis on criticism

2. Positively as fact finding, with the emphasis on controlling and eliminating recognized hazards that may affect the safety and health of all employees

The results of this research might also be a catalyst to create a greater focus on safety within the funeral industry. This could be manifested in the form of trade journal articles and session at trade conferences.

Definition of Terms

Government Agencies:

Bureau of Labor Statistics - The principal fact-finding agency for the Federal Government in the broad field of labor economics and statistics.

Environmental Protection Agency (EPA) - Agency of the federal government of the United States charged with protecting human health and the environment, by writing and enforcing regulations based on laws passed by Congress.

Occupational Safety and Health Administration (OSHA) - Agency of the United States that regulates workplace safety and health.

Funeral Industry Organizations:

National Funeral Directors Association (NFDA) - Worldwide resource and advocate across all facets of funeral service.

Order of the Golden Rule (OGR) - Serves the needs of the independent funeral home by providing the resources, tools and information needed to succeed and grow.

Assumptions

An assumption within the context of this research is that survey responses are truthful. As a result, the data collected accurately portrays the state of health and safety among organizations in the funeral industry.

Limitations

The thesis is presented with confidence regarding the scholarly aspect of the research. The findings and the significance of the work may be limited based on the number surveyed. The funeral industry includes more than 23,000 funeral homes nationwide. Throughout the chosen area of study, the number of funeral home locations equal 147. The survey conducted focused only on small portion of the country and is limited in its overall breadth. However restricted, the information surveyed is representative of the thesis topic as specified in the assessment. Additionally, even within the most comprehensive and large scale study, there are limitations by virtue of the possible scope, methodological restrictions, and practical realities. All claims and generalizations therefore, have to be tempered by this knowledge, and should be made using cautious language. The overall philosophy towards limitations has been appropriately applied.

Organization of the Study

Chapter 1: Introduction - This chapter provides explanations on the statement and context of the problem and also gives us an idea of the main research question, along with the various sub-questions. This chapter also has a descriptive section that presents the research design and methodology and the organization of the study.

Chapter 2: Literature Review – This chapter gives us a brief idea of the relevant literature currently available in the study. Numerous peer reviewed journals, book articles, etc., have been utilized to perform this study.

Chapter 3: Methodology – This chapter focuses on the overall context of the study, the selection of participants and the data received from the exploratory survey.

Chapter 4: Research Findings & Analysis – Based on the results, each phase of the data analysis and what the findings mean through critical analysis is thoroughly explored.

Chapter 5: Discussion & Implications – Throughout this chapter, I will discuss what I believe to be the implications of the research findings to be. The focus is on the identification of potential transferable elements on the generalizability if conducting future quantitative research.

CHAPTER 2

LITERATURE REVIEW

Introduction

The funeral industry is a business where funeral directors and embalmers get their first taste of learning, working with peers, communicating ideas, and being part of a group. Health and safety measures as defined by OSHA are integral in creating a protected work environment. After some preliminary investigation into numerous articles on the subject, several principles were identified as being essential in training current and future funeral industry professionals.

The funeral industry collaborates and communicates with many organizations, associations and third-party consultants. This exchange of ideas guides funeral directors, embalmers and stakeholders in the use of new and innovative ways of creating a safe and healthy work environment. With increased inspections occurring from both OSHA and state-plan-states, the development of both written and hands-on training courses have become both effective and necessary organizational programs.

But the many different people that help to make a health and safety program successful are only one of many components. Different situations require different tools. One of the sources, Guldenmund (2000), analyzes safety based on behavior and attitude. In opposition, Ribbers (2002) focuses on the stakeholder role in management as being the litmus test towards successful programs. The topical categories that follow are supported by numerous peer reviewed sources. These thematic reviews are organized around health, safety, OSHA and the funeral industry. The information helps support the statement to the problem.

Safety

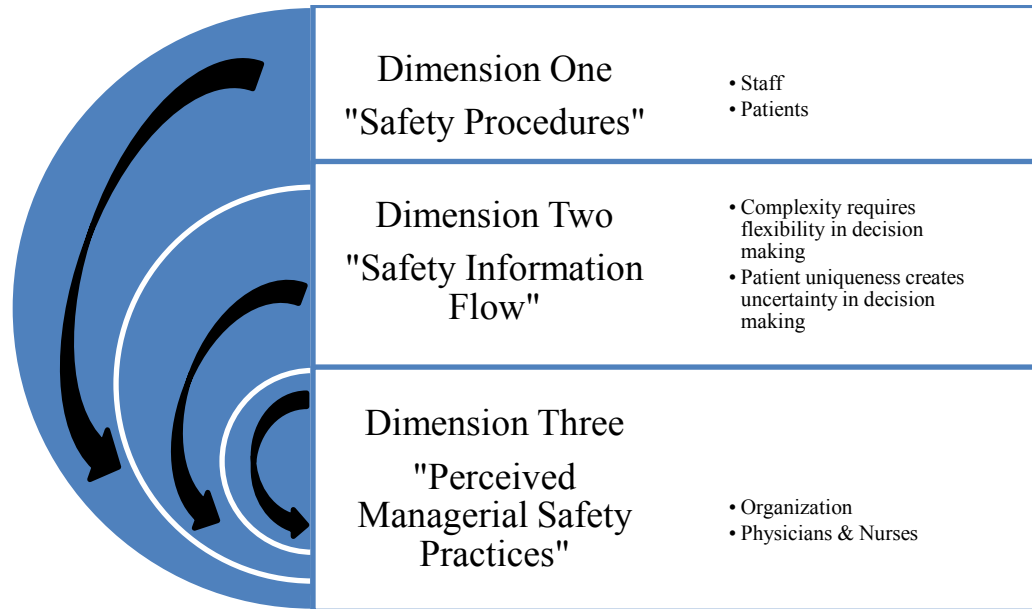
The safety function in organizations has changed greatly since the inception of the Occupational Safety and Health Act in 1970. Safety and health functions have continued to expand and develop. Presence from OSHA and State plan agencies create challenges brought forth from specific regulations.

Guldenmund (2000) proposes that safety culture is “[the] aspects of the organizational culture which will impact on attitudes and behavior related to increasing or decreasing risk (p. 251). Strategies which include preventative measures assist employers, to eliminate and/or minimize a multitude of risks.

Safety in organizations, in general, is defined as freedom from accidental injury (Perrow, 1984; Roberts, 1990) and is related to the safety of employees and other organizational stakeholders such as the organization’s customers. The implementation of formal safety programs and risk management systems support the premise of avoiding adverse events.

In figure 1, Katz-Navon, Naveh and Sterns (2005) explored four dimensions of safety climate and the interactions among them as predictors of treatment errors. A total of 632 participants in 46 hospital units assessed their units’ safety climate. The author’s point of view was directly related to the fact that safety climates have been focused on other industries rather than the health sector. It was assumed that this problem of research has gone relatively unexplored from the perspective of organizational behavior. The concept of safety climate in the health care industry requires further research, since the health care sector has several unique characteristics that differentiate it from other industries.

Multidimensional Study of Safety in Health Care Centers



The results of the study demonstrated a curvilinear relationship between the levels of the perceived detailing of safety procedures and the number of treatment errors. E.g. If the complexity of a patients illness is greater, the level of decision making by the staff (physicians and nurses) will determine the level of uncertainty. In conclusion, the study determined that the pattern of relationship changes over the range of inputted variables, thus making it curvilinear. This figure is representative of the results.

Figure 1 Multidimensional Study of Safety in Health Care Centers

First, in health care, the results of a safe environment directly affect not only an organization's staff members but also its customers – that is, the patients. Second, the health care environment is very complex in terms of task characteristics, since each patient is unique. This uncertainty promulgates flexibility and constant decision making in safety procedures. Third, in a health care setting, employee (safety) behavior is controlled not only by the organization but also by the health care professions (physicians and nurses). The aim of the study was to apply a multidimensional approach to safety

climate to understand the safety performance of health care organizations, as expressed in the occurrence of treatment errors.

The author's multidimensional construct encompasses individual perceptions of a wide range of safety aspects in a work environment. Dimension one focused on safety procedures. Analyzing how detailed implemented safety programs in place were and how effectively they are being utilized among all health care employees would in return determine whether or not the details need to be modified. Dimension two focused on safety information flow. This in collaboration with dimension one would determine how adequate current safety programs are and what needs to be addressed. Dimension three focused on perceived managerial safety practices. Focusing on the employee's perception of supervisors' safety-related activities and methods identifies both strengths and weaknesses of safety program management. Lastly, dimension four absorbed each participant's level of priority in regards to safety. Figure 1 breaks down in simpler terms the dominant features of the study and its conclusion:

Figure 1 Multidimensional Study of Safety in Health Care Centers

This multidimensional study of safety in health care centers identified that although hospitals try to ensure patient safety, they are not completely successful, and treatment errors are still a major problem. Furthermore, the study captures the importance of safety climate as a key factor in explaining patient safety. The consequences of the research may or may not have substantial influence on health care centers and the participants involved.

Despite the funeral industries lack of direct correlation to health care centers, similarities in risk are present. This would include occupational exposure to blood,

certain other body fluids, or other potentially infectious materials as defined by the following:

1. Blood is defined as first and foremost being human blood, human blood components and products made from human blood.
2. Bodily fluids include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and body fluid that are visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
3. Other potentially infectious materials means any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV) containing cell or tissue cultures, organ cultures, and HIV or hepatitis B virus (HBV) containing culture medium or other solutions; and blood, organs infected with HIV or HBV.

Safety Paradigms: As the culture of safety continues to evolve, industries are beginning to directly survey their work environment. In addition, finding commonalities in related industries, if available, is becoming an invaluable tool. Potential paradigms associated with the measurement of an industry's health and safety principles may be predicted to be:

- Safety Management Programs
- Peer Support for Safety
- Management Concern
- Employee Responsibility

The following sections will provide a thorough examination of funeral industry safety paradigms. Ultimately, the result will reflect the state of health and safety program management and how it relates to the funeral industry.

Management and Safety

Schneid (2000) states “[that] Safety and resource control management manages and controls the various resources and potential risks related to each various organizational resource proactively in a cost-effective and efficient manner designed to achieve optimal results”(Preface, xii). Dollard and Bakker (2010) found evidence that positive safety culture values can permeate an organization if top management leads safety efforts by communicating and exhibiting the importance of safety.

Dollard and Bakker constructed a model of workplace psychosocial safety climate (PSC) to explain the origins of job demands and resources, worker psychological health, and employee engagement. The research was commissioned by an organization, therefore there were constraints regarding the length of the tool, the content of the tool at various measurement points, and the number of items used. This limitation, although strong, would not reduce the strengths of the research and its overall ability to direct further research.

The exploration conducted by Dollard and Bakker utilized groups, randomly selected, yet all part one organization. The groups or teams were identified as either the control or the intervention group. Dollard and Bakker, using the job demands-resources framework they devised, hypothesized that PSC as an upstream organizational resource influenced largely by senior management, would precede the work context (i.e., job demands and resources) and would in turn predict psychological health and work

engagement via mediation and moderation pathways. The randomly selected subjects were measured repeatedly. Specific data tested included psychological distress, emotional exhaustion, work pressure and emotional demands. Through its relationship and skill discretion, the results show that the PSC construct is a key resource of work stress theory and a possible intervention site for work stress intervention. In conclusion, it was found that theoretical and empirical cases for managers to develop a robust PSC in organizations, to potentially reduce demands, bolster resources, and build environments conducive to health and engagement were deemed key. Furthermore, senior management involvement and commitment and the enactment of related policies, practices, and procedures, primarily dealing with safety climate, were lacking.

In many organizations, workforce populations are large and the risks involved can be dissected. In direct opposition to large corporations, the funeral industry is primarily comprised of small businesses. This dynamic harbors challenges unlike large companies which are generally under the regulatory agency microscope. Although large conglomerates have been introduced in the last 40 years, their organizational make-up is countless small businesses that run independently from corporate. Based on that premise, the mortuary community as a whole has not felt the impact managing safety. Regardless, Dollard and Bakker support managerial involvement and commitment in the implementation of a strong, safety climate. Schneid (2000) suggests “[the] lack of management commitment or management commitment that ‘ebbs and flows’ with circumstances will not permit the safety and resource control function the ability to achieve a sustained and consistent program that will achieve the necessary results” (p. 3).

Health and safety program management is often a staff role within the management. Research, design, creation and implementation of mandatory regulated standards can oftentimes be difficult, in particular where management does not offer support. This lack of peer support can determine whether goals and objectives can or cannot be achieved.

Program Management

Program management starts by defining the complexity of a company's current situation in a clear, concise context (Pfefferbaum, Reissman, Pfefferbaum, Klomp, Gurwitch, 2004). If possible, making it measurable will always be advantageous. This can be accomplished by incorporating benchmarking procedures that are directly related to functions of the business in accord to job classifications. How a business approaches these questions may be determined by the complexities encountered.

Projects are a structured set of activities concerned with delivering a defined capability to the organization on an agreed schedule and budget (Ribbers, 2002). As for OSHA compliance, utilizing trained and educated specialists in the field is one way to ensure that your compliance program is adequate. Regardless what route a funeral home chooses to incorporate, the receipt of a passable health and safety program will allow a business to go into the deployment phase of implementing said platforms.

Booth and Lee (1994) studied the evolution of safety management and the part played by human factors in accident causation. They identified the key elements of effective safety management and suggested that a crucial determinant of good safety performance is the safety culture of the organization. Booth and Lee outlined a detailed agenda of reviewing and improving safety culture among a group of participants. It was

their point of view that accidents in the workplace are directly related to how effective the safety management culture existed in organizations. It could be assumed that the cause and affect analysis of accident causation goes hand in hand. Upon conclusion of the study, Booth and Lee agreed through empirical evidence the need for management to take a stronger lead in safety culture. This ultimately led to the creation of thorough and adequate auditing activities which focused on controlling hazards that affected people, property and the environment.

Program Management can be conceptualized as a controlling instance for a transformation process, i.e., the design, development, and deployment of changes to the organization, following a result path (Ribbers, 2002). Current competitive agendas in many industries require timely and flexible responses to changing market conditions. It has never been more important to concentrate on core competencies (Ribbers, 2002). Regulations would be an example on one market condition.

On July 29, 2011, OSHA held an informal stakeholder meeting at the United States Department of Labor to solicit comments on a possible infectious disease program standard (NFDA, 2011). This meeting had more than 60 participants, representing various industries including the funeral business. This meeting brought to light once again how serious the government is in regards to compliance. How a business approaches regulation could be referred to as crucial element to organizational management. This supports the research conducted by Booth and Lee.

First funeral homes need to prioritize their vulnerability. Analyzing the work environment may be an effective first step. Preparing a business for OSHA inspections is one driving force towards the creation of a safe work environment.

OSHA is looking for the “low-hanging fruit” or more common safety and health violations, such as: Blocked exits and electric panels; Improper materials handling and racks; Personal protective equipment violations; Recordkeeping errors; Housekeeping problems, etc. (Mavity/Foulke, 2010). Hazards assessments and updated emergency action plans are some examples of what funeral homes may choose to do to minimize often cited violations by OSHA.

If a business has been issued a citation in the past, review them. It is essential to avoid “repeat” violations as this may bring with it an increased fine. In addition, this type of accountability is paramount for unforeseen issues.

The development of a comprehensive health and safety program which includes stakeholder’s commitment along with worker engagement may improve a business’s regulatory culture. Written programs are mandatory. Taking the time to ensure the compliance programs are implemented and enforced will propagate success.

The return on investment (ROI) argument may be eradicated by this type of program management. The overall reduction or minimization of workers’ compensation claims may offset unanticipated expenses. The connection between a verifiable health and safety program and competitive cost structures in the world of insurance oftentimes are related. Businesses are encouraged to put themselves in the most advantageous position.

Solving problems by solving safety problems shows employees that stakeholders care. This in return could prevent a multitude of legal problems if an accident or illness were to occur. Training along with a strong, implemented and enforced comprehensive health and safety program could minimize vulnerabilities.

When trying to create health and safety program, numerous steps are involved. To begin the process, creating an organized vision of what needs to be accomplished is essential. Figure 2 is an example of how an organization can look at each component of their newly created program:

Business Evaluation

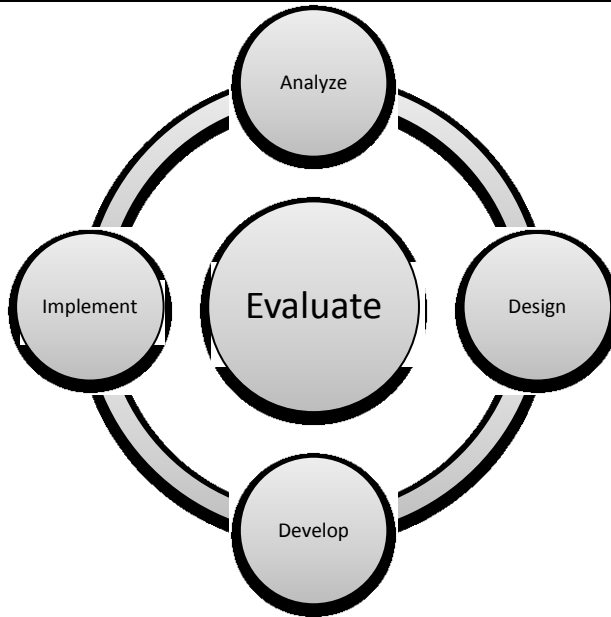


Figure 2 Business Evaluation

Using Respiratory Protection as an example, let's walk through the figure 2. First, the environment needs to be analyzed thoroughly. In this case the preparatory facility of the funeral home. Is an exhaust system present? If so, does the exhaust system perform to specifications? If so, are those specifications applicable to the chemicals being used? The analization stage must continue to its logical end whereupon the design of the safety program will begin.

During the designing phase, all aspects of the environment must be taken into consideration. This may or may not include current and future employees, respiratory

protection fit testing, training and program management procedures. When the design meets or exceeds the needs of the funeral home, the program must be developed. This would include the actual creation of all written programs, training programs, etc...

In conclusion, the funeral home must implement the respiratory protection program. Utilizing the resources developed, the funeral home has created a safety program. As the future progresses, through regulations and company growth, consistently evaluating the programs applicability will harbor a continued safe, healthy and compliant work environment.

Schneid (2000) states, “[that] Under Section 8(a) of the OSH Act, OSHA compliance officers have the right to enter any workplace of a covered employer without delay, inspect and investigate a workplace during regular hours and at other reasonable times and obtain an inspection warrant if access to a facility or operation is denied” (p. 99). Continued fear may exist as Schneid (2000) further deliberates, “OSHA does not have authority to impose criminal penalties directly; instead it refers cases for possible criminal prosecution to the U.S. Department of Justice. Criminal penalties must be based on violations of a specific OSHA standard; they may not be based on a violation of the general duty clause.” (p. 98).

The mortuary community, unique and independent from other industries, is similarly governed. The importance of “Program Management” can be accounted for by numerous factors, primarily monetary penalties. Funeral home management, at all levels should recognize that compliance issues, regardless of agency, are evolving. Companies need to accommodate changes pertaining to compliance, irrespective to agency.

Employee Responsibility

Vital to any organization is the ability of the company to communicate responsibility. The term “personal responsibility” is frequently found in organizational research and heard in daily life.

In literature, the term “responsibility” is used inconsistently, ambiguously, and variously. As a result, some researchers describe “responsibility” as “an essentially contested” notion and a “container” concept (Wajda, 2008). The research explored by Wajda incorporated the basic meaning of personal responsibility and how it encompasses a multidimensional approach in organizations. The study used Mokken scaling and exploratory factor analysis to investigate the responses from 677 individuals at a Swedish multinational organization. It was determined that employee responsibility was directly related to personal initiative, accountability and organizational obligations – three dimensions. Wajda wanted to understand how job characteristics influenced employee responsibility. As her exploration continued, she created two categories, manager and non-managers. The results determined that the three dimensions were precisely linked to job characteristics. Wajda concluded that variations on job characteristics could alter employee responsibilities as associated with the three dimensions. Changing one aspect of a job characteristic could change one or more dimensions.

Program management (when properly designed, created, implemented and enforced) assists in the creation of a dependable health and safety culture. The designations of specific responsibilities dependent upon the skill and ability level of an employee further controls accountability. Harvey et al. (2002) defined personal responsibility as the “perceived responsibility for involvement in safety issues” (p. 23). If

funeral organizations work to reduce risk, this in return should decrease or reduce unsafe practices. Furthermore, identifying job characteristics among both manager and non-managers may determine the level of employee responsibility.

Program Management: Resilience

Although resilience is fundamentally a metaphor, its meaning transcends into community. Communities are bound together geographically, sharing fate (Bodin and Wiman, 2004; Gordon, 1978). This commonality can be applied towards cities, neighborhoods, religious affiliations and business. For example: The funeral industry represents community; broken further down into a “mortuary” or rather a single entity. Whether numerous individuals or very few represent this entity, resilience is achieved by employing effective organizational processes.

From a cultural determination standpoint, concepts, theories and practices cannot be applied universally, disregarding cultural differences. Many researchers have expressed concern for whether what is learned or developed in one culture can be readily transferred with or without modification for effective use in another culture (Hofstede, 1993).

In Windle, Bennett and Naves research evaluation of interventions and policies designed to promote resilience, and studies to understand the determinants and associations, require reliable and valid measures to ensure data quality. The concept of resilience is gaining interest from policy makers in relation to its potential influence on health, well-being and quality of life and how people respond. Resilience in compliance could be the key to dealing with various challenges.

To further understand how resilience may play a role with compliance, “Psychometrics” is explored. Psychometrics is the field of study concerned with the theory and technique of psychological measurements, which includes the measurement of knowledge, abilities, attitudes, personality traits, and educational measurement. Combining Psychometrics with the study would both validate resilience studies as well as make it applicable. Cultural barriers could be eliminated.

The study consisted of eight electronic databases in addition to extensive internet searches. Reference lists were created and all the identified papers were hand searched. The focus was to identify peer reviewed journal articles where resilience was a key focus including an assessment. The research assumed the examination on how resilience could best be defined and measured in order to better inform studies, policy and procedures would benefit organizations. Unfortunately, the result found no gold standard.

Irrespective to the numerous measurements discovered, the researchers determined Psychometric properties of resilience are in its early stages of development. Further researches including better organizational reporting are sought. The benefit of resilience has been validated.

Resilience through compliance may prove to be more arduous in the future than previously thought. Organizations have to adjust their working environment to meet the needs of compensation, market shares, benefits, regulations, etc. Stakeholder’s specific interests may or may not be concerned with all necessary factors. This might affect employee commitment

In sum, there is something called management, but its meaning differs to a larger or smaller extent based on region, size of business, cash flow and organizational

commitment. It may be suggested that businesses take considerable historical and cultural insight into local and industry wide conditions to understand its processes, philosophies and problems. This may accomplished by industry organizations such as The National Funeral Directors Association (NFDA) and Order of the Golden Rule (OGR). Often times such groups keep statistics on funeral homes receiving violations, regulatory announcements, and other applicable current news.

The Occupational Safety and Health Administration has developed and defined countless standards. These regulations work together to create a safe and healthy work environment. This minimization of potential risk, both large and small help to create a fully functional, resilient and well managed communities. Future research in regards to resilience will be well received by all organizations

Conceptualization: Resilience

To further define resilience, respiratory protection will be used as the primary example. If technology is introduced that is more effective in its primary function, the resilience of the respiratory protection system and /or program should be able to adapt in response to the changes. These changes may be necessary if a disturbance is created. The time it takes to make said changes is represented by the term “rapidity.”

To represent community and resilience and its relationship to the state of program management in the funeral industry as it applies to OSHA compliance, figure 3 depicts Dohrenwend’s (1978) model of Psychosocial Stress and its application.

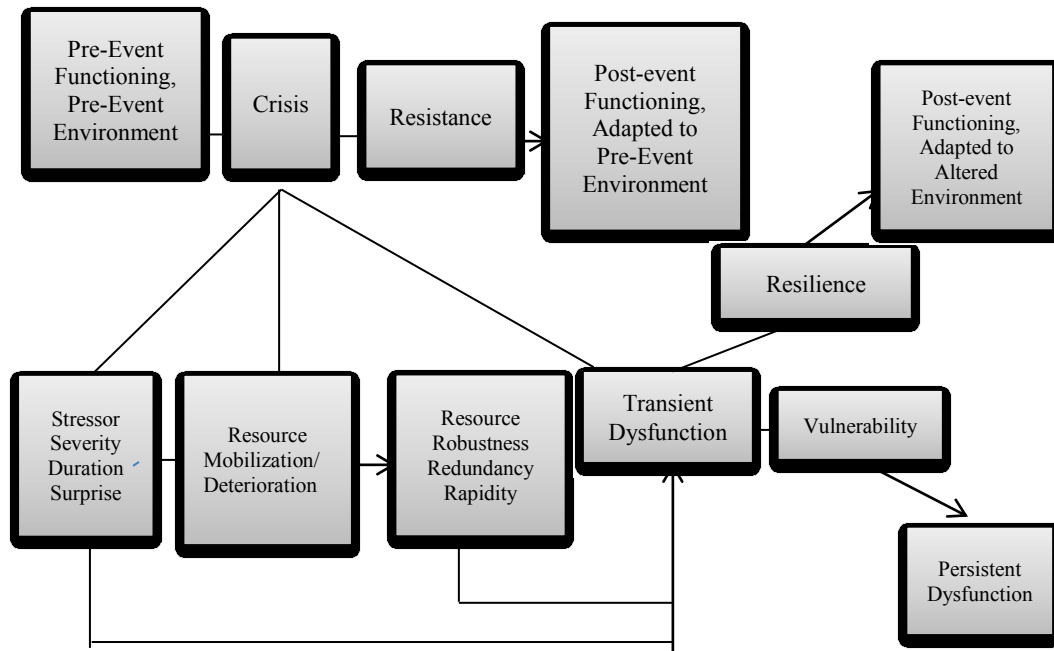


Figure 3: Depiction of Dohrenwend's Model of Psychosocial Stress (1978)

In figure 3, the timing of the intervention is critical. Generally, the more swiftly the intervention is applied following the onset of the crisis, the more likely it will be successful in providing effective help. Figure 3 provides a blueprint for understanding problems in living and for developing intervention strategies to promote mental health. In doing so, she opposed the medical model of her peers. The medical model sees symptoms as the effects of illness, and it stipulates that the root causes must be identified and treated in order for the individual to be healed. This view forces the helper to utilize only psychodynamic therapy or medication as treatment methods. In figure 3, Dohrenwend's Psychosocial Stress model was created in detail to encompass four key components:

1. To describe a major or minor stressful life event experienced or capable of occurring.
2. What personal factors (personality, resilience, skills, knowledge, habits, needs, etc...) that led to the event or helped or hindered your stress response?

3. What were the environmental factors (social/people, physical, cultural, political, economic...) that caused the stress and/or added to it?
4. What was the outcome of the event and its negative and or positive impacts on you or the workplace?

Figure 3 represents stress resistance and resilience over time. Dohrenwend's model of Psychosocial Stress can be appropriately applied to health and safety. For example, resistance will occur when the resources are robust enough to counteract the immediate effects of the stressor, such that no dysfunction will occur. Tuberculosis would be one example. If you do not apply the proper processes and/or system to offset the stressors/crisis, dysfunction could occur. This will affect the overall conclusion and possibly affect the entire community. Using Tuberculosis (TB) as the primary example, let's walk through Dohrenwend's Model of Psychosocial Stress. The Pre-Event Functioning, Pre-Event Environment is the actual compliance program. The Crisis at hand is TB. Resistance could be complying to OSHA's Personal Protective Equipment, Bloodborne Pathogens, Respiratory Protection, Sharps Control and Housekeeping standards. The Post-Event Functioning, Adapted to Pre-Event Environment is the conclusion of the process and the success of removing the crisis.

TB brings with it many different elements. This would include Stressors, Severity (to be determined at time of event), Duration and Surprises if applicable. This is simply referred to the community's weakness. Resource Mobilization/Deterioration reflects the steps being taken eradicate the problem. How adequate a business's resources, the robustness of the compliance program, how redundant, or rather, how susceptible to

change the program is and how quickly solutions are approached and enforced may be questioned.

Transient Dysfunction is the worst case scenario. This is the result of not having a program in place, or if in place, having a staff not properly trained to handle said crisis. If additional resilience is not created, the exposure to the risk will ultimately lead to persistent dysfunction. This lack of prevention can escalate the risk of contracting TB to the entire community. This is complete failure in program management. If by chance resilience is sought, found and implemented rapidly, this will lead the community to the Post-Event Functioning, Adapted to Altered Environment the population will remain safe.

By analyzing figure 3, it is very apparent that keeping the community safe can be accomplished in two ways. The first way may be the most prepared and thorough. This is achieved by having a competent compliance program in place including a well-trained staff. The second pathway is less prepared and thorough and may not have a positive outcome. Not having a well designed and implemented program via mortuary resilience heightens the risk for all members of the community. Vulnerabilities could be exponentially increased.

The unpredictable nature of dangers facing health and safety program management can be a challenge. It is a demanding task to cover all the specifics when problematic unforeseen hazards might present themselves. The community is faced with trusting stakeholders to harbor an innocuous environment.

Norris and Pfefferbaum (2007) state “most disaster studies find that event’s adverse effects dissipate over time, leaving only a minority of communities and a minority of

individuals within those communities chronically impaired.” Hypothetically, in many cases – especially if the severity of the stressor has lessened and resources have been replenished – transient dysfunction is followed by a return to pre-disaster levels of functioning. Adding to the theory, “the more rapid the return to pre-event functioning the greater the resilience. The concept of hazard management can be viewed as a dilemma. It is safe to say that most people identify safety by defining their current situation by themselves. Hazards in communities cannot be measured by one individual (Bonanno, 2004).” A whole is equal to the sum of the parts (Pfefferbaum et al., 2005; Rose, 2004).

Communities are subject to larger sociological and economic forces. Social resilience can be measured by livelihoods, neighborhood crime, growth of population and industry, housing, capital, health services, schools and employment opportunities. (Adger, 2000)” It could be stated that as one of the social resilient factors is altered, the community changes.

In order to offset regulatory issues, OSHA’s mandatory requirements increase industry importance. Adequate “Program Management” has the ability to create a resilient mortuary community.

Training

OSHA’s pamphlet on training (OSHA 7) states that an “effective training program allows employees to participate their skills or knowledge. This will help to ensure that they are learning the required knowledge or skills and permit correction if necessary” (OSHA, 1998). Learning occurs when behavior is changed.

It is safe to assume that management is responsible for day to day operations. The activities and/or tasks involved require adequate help. Moreover, organizations are comprised of staff members of varying levels of skill and experience. Health and safety,

both serious issues, have to be approached thoroughly and with competence. Training can be viewed as a solution to this dilemma.

Safety specific training demonstrates the company places a priority on safe work practices (Christian et al, 2009). This would be an example where leadership drives culture. Through peer support and up to date training tools, the workforce will have a propensity to approach each work day in a safer manner.

In the largest study of its kind, Gallup surveyed 80,000 supervisors and managers and 1 million employees in 400 top performing companies to determine what the world's greatest managers do (Buckingham, Coffman, 1999). The authors determine that the first-line manager (supervisor) is the key to attracting and retaining talented employees. No matter how generous the pay, training or status, a company that lacks great first-line managers will suffer.

Drennan and Richey in 2012 collaborated on an article for the American Society of Safety Engineers entitled, "Skills-Based Leadership: The First-Line Supervisor Part I." The authors used historical assumptions of leadership and used research from numerous peer reviewed sources to determine how accurate our perception is. From the information, Drennan and Richey were able to suggest alternatives in regards to the development of leaders. As a result, the implications and consequences would yield a more sustainable and effective workforce.

The development of leadership lends the organization towards the creation of training modules based on various methods. The literature review, "Relative Effectiveness of Worker Safety and Health Training Methods (Burke, Sarpy, Smith-Crowe, Chan-Serafin, Salvador, and Islam, 1995)" sought to determine the relative

effectiveness of different methods of worker safety and health training aimed at improving safety knowledge and performance and reducing negative outcomes (accidents, illnesses, and injuries).

The authors incorporated ninety-five quasi-experimental studies in the analysis. Three types of intervention methods were distinguished on the basis of the learners' participation in the training process: least engaging (lecture, pamphlets, and videos), moderately engaging (programmed instruction, feedback interventions), and most engaging (training in behavioral modeling, hands-on training) (Burke, et al, 1995).

The research conducted demonstrated that workers acquired greater knowledge as a result increasing performance improvements. In conclusion, Burke, et al found that training involving behavioral modeling, a substantial amount of practice and dialogue is generally more effective than other methods of health and safety training. The implications and consequences were found to have a direct effect on the current emphasis of training (passive computer-based and distance training methods).

In conclusion, for an organization to have an effective training program, it would be suggested that strong, competent leadership and proven training methods must be incorporated.

Safety Audits

Schneid (2000) states, “[that] in developing a written safety and resource control program, there is no substitute for knowledge of the OSHA standards, EPA regulations, or other applicable government regulations. Under the law, every organization covered under these regulations is bound to know the law (p. 11)”. This is applicable to the funeral industry.

Safety audits are essential elements of good management. The ability to identify program strengths and weaknesses and rate an organization's total safety and health program is advantageous to continual improvement and success (Esposito, 2009). The difficulty in safety audits lies in the selection and implementation of an applicable assessment.

In "Safety Audits: Comparing Three Types of Assessments," Paul Esposito has taken the liberty to breakdown safety audits into three primary categories; compliance audit, program audit and management audit. Dependent on your organization's need, companies will determine what assessment is implemented. In the case of health and safety, a compliance audit is the most logical first step. This audit is based on regulatory or other compliance issues and can help determine whether the company is providing a safe and healthful workplace. In the funeral industry, OSHA and state-plan-states have a list of mandatory regulations. The compliance audit will identify the funeral homes strengths and weaknesses. In conclusion, abatement procedures could be specifically promulgated. Esposito states, [that] "it is nearly impossible to have a workplace free from unsafe conditions all of the time, because conditions and people can change and the potential for an unsafe condition, equipment or people change, as well as legal requirements (2009)."

Program audits gauge the strategy and implementation of a safety program, regardless of whether that program is required by regulation. The goal is to ensure that the company has designed and follows its own procedures and policies (Esposito, 2009)."

Recording injuries on an OSHA 300 log and within one week would be one such example. Although difficult, a program audit knows what to use as a standard, how to

evaluate criteria and most importantly, how to implement said programs. Used with the compliance audit, program assessments are very powerful.

Lastly, management systems audits utilize supervisors to plan, do, check, and act. If a company chose a hybrid version of the three safety audit components, maintaining compliance may be more effective and eventually, more simple. Incorporating all three types of assessments depends on the development and maturity of its safety program.

In conclusion, safety audits should be performed both professionally and defensively. Furthermore, a strategy to effectively manage compliance programs simultaneously should be devised. Good management combined with adequate and appropriate assessments will aid the organizations in the development and implementation of health and safety training programs.

Worker Engagement

Funeral homes are comprised of various sizes and call volumes. In some cases, companies may have over 50 employees working in different locations all at once. The families being served bring forth different challenges as well. Nonetheless, compliance issues remain the same.

Dependent on the day, management may encounter a plethora of activities. Financial meetings, sales, advertising proposals and vendor negotiations are some examples. Managers rely on adequate training of staff members to accomplish the tasks when they are not available. Workers' strategies are one such way organizations can offset unforeseen circumstances.

Gavin Davidson performed a peer reviewed oral presentation in 2007. His primary focus was engagement, workers' strategies, therapeutic relationships, coercion

and outcomes in community mental health services in Northern Ireland. He explored possible associations between the level of engagement, the strategies workers use to encourage treatment compliance, the therapeutic relationship, perceived coercion and outcomes in a cohort of ‘difficult-to-engage’ clients receiving differentiating care.

Davidson used a quasi-experimental design due to the difficulty in randomly allocating groups. Various scales were used to interpret the data. The results fell short of assumptions. The research found it to be effective at reducing the need for both voluntary and involuntary inpatient hospital use. In considering therapeutic relationships, only a small percentage had the same key-worker after 18 months. Furthermore, engagements among workers were found to be limited. Personal traits as well as job characteristics led workers in a specific direction. Worker engagement increased for select voluntary and involuntary staff members. This occurred due the varying community health services. In conclusion, those voluntary and involuntary workers actively engaged in the workplace accomplished much more. This validated the need for a reduced workforce.

Although employee engagement may not directly affect organizational productivity, solutions may be suggested that solve a myriad of problems. Health and safety may be one such example. Stakeholders may observe the engagement process to ensure that staff engaged is willing to make the extra effort. As a result of the engagement process, Davidson’s research brings with the fear of possible employment reductions. However, in return, an actively engaged workforce may harbor benefits, including compliance.

Health and Safety Meetings

Depending on the nature of your business, health and safety meetings should be scheduled accordingly. Hale et al. (2010) stresses the importance of having a vehicle whereby workers and management can discuss and solve safety issues. The topics discussed should reinforce regulations pertaining to your organization. Furthermore, new employees should be brought current with all regulations pertaining to their occupation. Annual health and safety meetings should be performed for the entire organization.

Regulatory Concerns: Present and Future

When laws require citizens, businesses, or other entities to do what they would prefer not to do, enforcement may provide a critical link in achieving the goals embodied in such laws (Gray, Scholz, 1993). Regulatory agencies will continue to evolve and changes are often times mandatory. Organizational representatives responsible for maintaining current regulatory standards may or may not benefit from implementing required changes. Some examples would be safety meetings, training and internal compliance audits. History suggests that future opportunities to improve regulatory policy are best pursued in evolutionary, rather than revolutionary fashion (Percival, 1997). Concerns with regulations both present and future should be encouraged.

Discipline

Many employers have already implemented or wish to implement policies and programs that discipline workers who report work-related injuries, illnesses and accidents. Discipline can include counseling sessions, verbal and written warnings, suspension or unpaid time off work and termination (USWA, 2005). Organizations may or may not be on the fence over the effective improvement of workplace health and

safety as it relates to disciplinary policies. It may be suggested that disciplinary actions should be consistently fair and suitable.

Intangibles

Organizational assessments performed may bring forth unforeseen issues. It is these intangibles that may or may not need to be addressed. If applicable, seek counsel from appropriate resources. It is not unusual for a new organization, to start out with large amounts of imagination and goodwill, but little or no money. Still, if the organization is resourceful it can leverage these intangible assets into a financial base (Humphries, 2000). Organizations have numerous concerns. Having a strong health and safety program is one example. It is in a business's best interests to utilize each and every issue pertinent to compliance.

Conclusions

Compliance, difficult to develop and even more difficult to implement and enforce, has the potential of creating organizational conflict. The contingent ramifications of not being compliant could be felt by the entire staff. Regardless, regulation creates a multitude of issues that all require solutions.

The funeral industry has had to reinvent itself to a certain extent. The landscape has changed significantly in the last 40 years as seen by the introduction of large conglomerates. In addition, federal and state regulatory agencies have been created, developing extensive regulations over a myriad of issues. Program management has never been more important. The ability of stakeholders to make the correct choices is critical. The mortuary community is continuing to evaluate and unravel unforeseen circumstances on a daily basis. However, the lacks of implementing solutions increase

vulnerabilities. As a result, the lack of organizational resilience could put the population at risk.

In conclusion, being 100% compliant should be the logical endpoint.

Stakeholder(s) are recommended to understand the environment of the mortuary community. Health and safety continues to increase in importance. Resources are rapidly becoming available. Although taxing, understanding what applies to the funeral industry is becoming clearer and the solutions more accessible. It is with great importance that no area of any business is affected by the lack of institutional compliance administration.

The state of health and safety program management as it pertains to OSHA in the funeral industry may be in its initial stages. The results of the research and survey support progress.

CHAPTER 3

METHODOLOGY

Context of Study

The following exploratory survey factor structure was considered as a formative construct. Based on the literature review, owners were subjected to answering yes/no formatted questions based on efficacy, program implementation, training, and whether the funeral home had ever been inspected by a regulatory agency. Six metropolitan areas of over 100,000 people in close proximity of each other were chosen. Only funeral homes performing 300 or more death calls per year were included in the survey. Funeral homes conducting that level of business are considered to be large firms in the industry. This survey's goal was to determine trends and the possibility of a much larger, nationally based research study.

The information presented in the literature review was focused on the state of health and safety program management in the funeral industry as it pertains to OSHA. The culture of safety, management, training and surrounding factors were brought to the forefront. Additionally, the research studied could serve as a resource towards understanding the elements involved and encompassing OSHA compliance.

Selection of Participants

Throughout the entire country, the funeral industry faces similar regulations in regards to OSHA standards. State plan agencies may or may not include additional requirements. That said, the survey was administered by means of paper format to owners located in close proximity of each other. This study was approved by Eastern Kentucky University's Institutional Review Board (Protocol Number: 12-020, see Appendix A).

Research Hypothesis

A hypothesis is a tentative statement that proposes a possible explanation. A useful hypothesis is a testable statement which may include a prediction. This hypothesis should not be confused with a theory. Theories are general explanations based on a large amount of data. The results of the survey conducted are far too small to be considered a theory.

Usually, a hypothesis is based on some previous observation. Having no research available in regards to health and safety and how it pertains to OSHA in the funeral industry, the goal of this hypothesis proposes possible explanations. Further research could use this research to create a testable experiment.

The research survey conducted in this study was question based. Conditional or if, then statements may have been interpreted incorrectly based on my bias towards the funeral industry. There were four questions asked. Three of the questions encompassed numerous regulations. Each question and the results are represented in a table, more specifically tables 2-5. The questions were:

QUESTION 1(Table 2): Has your funeral home ever had an inspection from a regulatory agency?

Yes _____ or No _____

QUESTION 2 (Table 3): Efficacy

- OSHA Compliance
- OSHA Employee Training Programs
- Developing OSHA Programs

- Self-Audits
- Non-OSHA Regulatory Agency Standards

QUESTION 3 (Table 4): Do you have the following OSHA programs in place?

- Bloodborne Pathogens
- Respiratory Protection
- Formaldehyde Exposure
- Hazard Communication
- Personal Protective Equipment
- Fire Prevention
- Incident Investigation/Recordkeeping
- Accident Prevention Signs/Tags
- Emergency Action Plan

QUESTION 4 (Table 5): Do you have the following OSHA training programs in place?

- Bloodborne Pathogens
- Respiratory Protection
- Formaldehyde Exposure
- Hazard Communication
- Personal Protective Equipment
- Fire Prevention
- Incident Investigation/Recordkeeping
- Accident Prevention Signs/Tags
- Emergency Action Plan

Data Collection

Throughout the chosen area of study, the number of funeral home locations equal 147. However, only 86 different owners comprise that total number. This is due to multi-location funeral homes. Knowing this, I sent 86 surveys to the main locations of stakeholders. Prior to mailing the survey, a warning letter pertaining to the survey being conducted was delivered to the funeral director association in each city. No follow up surveys were sent. Each funeral directors association was contacted three weeks after the mailing of the initial survey. This method was chosen to eliminate funeral homes from sending duplicate responses. Additionally, the follow up encouraged the funeral homes that had not completed the survey to participate.

The following six metropolitan areas were chosen:

- Charlotte, North Carolina
- Chattanooga, Tennessee
- Johnson City/Bristol/Kingsport “Tri-City Area”, Tennessee
- Knoxville, Tennessee
- Lexington, Kentucky
- Louisville, Kentucky

Upon conclusion, 23 completed surveys were received out of 86 delivered. This number equated to 27% of the total sent. The 27% response rate represents 46 funeral homes out of the 147 chosen for the survey.

Data Analysis

The methodology used in the research was quantitative. This would be obtained by issuing surveys to the selected participants. The data, although simple, would be determined by a simple percentage based statistical equation. Although numerous statistical methods are available, the exploratory nature of this survey was constructed to validate whether a larger, more in-depth survey would be justified. Further research would include a more technical approach towards research findings and analysis, incorporating advanced statistical measurements.

Subjectivities or Bias

There is increasing concern that research findings could be viewed as false. The probability that a research claim is true depends on numerous variables. The research findings are less likely to be true when the studies conducted in a field are smaller; when there is a greater number and lesser pre-selection of tested relationships; where there are more definitions, outcomes, and analytical methods of delivery.

Having worked in the funeral industry for 15 years, the personal interest I have for conducting research is significant. Not only could light be shed on a normally undisclosed part of the industry, but working towards the creations of a safe and healthy work environment for my peers would be justified.

Controlling bias in the survey had to be accomplished by asking quantitative rather than qualitative questions. In addition, the anonymity of the participants would allow constructive, honest and accurate interpretation of the data. Accepting my personal interest in the funeral industry, eliminating my ability to incorrectly interpret the data was vital.

CHAPTER 4

RESEARCH FINDINGS AND ANALYSIS

The following tables represent the research findings. The data represented was based on four specific areas of question. Quantitative in nature, the data was interpreted in the research analysis section in percentages. The data received is assumed to be true and accurate.

In table 2, I asked what percentage of the funeral homes surveyed had been inspected from a regulatory agency. The results may or may not be applicable to additional data gathered.

Table 2

Has your funeral home ever had an inspection from a regulatory agency?

	Yes	No
Total	9	14

Note. Total based on 23 surveys received.

Note. Regulatory agency not specified.

In table 3, the focus was placed on efficacy towards compliance and the funeral homes overall ability to produce a regulated work environment was questioned.

Table 3

Efficacy

Question	Total
OSHA Compliance	7.36
OSHA Employee Training Programs	7.84
Developing OSHA Programs	5.78
Self-Audits	6.05
Non-OSHA Regulatory Agency Standards	5.63
Total Average	6.53

Note. Scale of 1 to 10, 10 being most knowledgeable

Note. Total based on 23 surveys received.

In table 4, the surveyed funeral homes were asked yes or no in regards to specific implemented OSHA programs. The funeral home may or may not have specific OSHA programs in place and the data received helps determine the conclusion. Furthermore, the data can be used to identify trends that may or may not be used for continued research.

Table 4

Do you have the following OSHA programs in place?

Program	Yes	No
Bloodborne Pathogens	17	6
Respiratory Protection	14	9
Formaldehyde Exposure	17	6
Hazard Communication	17	6
Personal Protective Equipment	16	7
Fire Prevention	15	8
Incident Investigation/Recordkeeping	13	10
Accident Prevention Signs/Tags	15	8
Emergency Action Plan	14	9
Total Average	15.3	7.6

Note. Total based on 23 surveys received.

In table 5, funeral homes were asked yes or no in regards to specific implemented OSHA training programs. The funeral home may or may not have specific OSHA training programs in place and the data received helps determine the conclusion. Furthermore, the data can be used to identify trends that may or may not be used for continued research.

Table 5

Do you have the following OSHA training programs in place?

Training Program	Yes	No
Bloodborne Pathogen	13	10
Respiratory Program	12	11
Formaldehyde Exposure	13	10
Hazard Communication	13	10
Personal Protective Equipment	12	11
Fire Prevention	10	13
Incident Investigation/Recordkeeping	9	14
Accident Prevention Signs/Tags	11	12
Emergency Action Plan	10	13
Total Average	11.4	11.5

Note. Total based on 23 surveys received.

The surveyed data received brought forth information on the state of health and safety program management in the designated region of study. Table 2 demonstrated that only 39% of the funeral homes studied have been inspected by a regulatory agency. The question however did not specify what agency. Although speculative, the 39% may or may not directly reflect OSHA as the regulatory agency of whom performed the inspection. Regardless, 61% of the funeral homes have never been inspected. This leaves little motivation for a funeral home owner to comply with regulations.

Table 3 focused on efficacy, the ability of a funeral home to produce a regulated work environment. Using a scale of 1 to 10, 10 being the most knowledgeable, the total average for all the questions asked was 6.53. The development of OSHA programs and non-OSHA regulations scored the lowest. This table points out the need for a funeral home to manage a program as opposed to the development of regulation based programs as being its strength. The results validated that compliance based services are needed in the funeral industry.

Table 4 simply asked what OSHA programs the surveyed funeral homes had in place. Nine specific OSHA regulated areas were targeted. 66% of those who responded to the survey claimed to have all OSHA programs in place. Incident Investigation/Recordkeeping and Emergency Action Plans scored the lowest. Knowing that a third of the surveyed funeral homes lacked in the implementation of any OSHA program was a concern. Health and safety in the workplace is a genuine issue. The fact that one-third of the funeral homes are not compliant brings forth the realization that numerous unsafe and unhealthy work environments exist.

Tables 5 used the same questions from table 4. The focus was on training. Fifty percent of those who responded to the survey had implemented training programs. Although 66% of the funeral homes have OSHA programs in place, only 50% are actually training the workforce on those programs.

Owing to practical difficulties of a large survey group, the limited nature of the research conducted was based on a small regional collection of funeral homes. The exploratory nature of the research was done in confidence and gauged as a pilot survey. A

much larger examination would need to be performed to create generalized, nation-wide assumptions.

OSHA has done extensive work in regards to the creation of safe work environment. Inspections are one such way regulatory agencies can measure an organization's health and safety program. However, the survey indicates concern in regard to organizational compliance in the funeral industry. Since the inception of the OSH ACT of 1970, 41 years of mandatory standards only influenced roughly 60% of the funeral homes surveyed. This presents the need for additional nationwide compliance education.

The constructs of the survey reviewed have never been included in a published survey of health and safety program management as it pertains to both OSHA and the funeral industry. Sample limitations do exist based on the breadth of funeral homes surveyed. A larger more in depth survey would be justified to further support initial evidence. Additional analysis in this study aims to clarify core factors that should be included in health and safety program management. Based on the literature review, potential major constructs should be included in future assessments of the funeral industry. Stakeholder efficacy of OSHA compliance would be one such example. Policy implications implemented by OSHA could influence current and future assessments as well. This would encompass all issues related to the 29 CFR 1910 General Industry regulations. Extensive research could further support the results of the research presented here.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

Throughout the thesis research, it was a known fact that the breadth and depth of the project was not nearly large enough. Although the data received is good information, the sampling is too small to create a nationwide assumption. Irrespective the results, potential transferable elements have been identified justifying a more complex and thorough study. The overall assessment of the thesis bears a strong suggestion that health and safety as it pertains to OSHA in the funeral industry is in its infancy stage.

While health and safety reflects one dimension of the funeral industry, beginning perceptions of program development and success are slowly being determined. For example, The National Funeral Directors Association has created a compliance department, focusing its efforts on a wide-range of regulatory issues. OSHA being just one part of this concentrated endeavor, the industry is evolving.

Trade publications such as “The Director” and “Southern Funeral Director” have done an excellent job in the creation of networked service offerings. From retail to marketing solutions, profit-increasing along with sustainability based programs are and will continue to be the focus. However, regulatory efforts are lackluster at best.

As prefaced earlier, the funeral industry is in its infancy stage. Continued challenges towards gaining market shares persist as the primary emphasis. How the funeral industry approaches health and safety are just starting to be spotlighted due to monetary citations. With penalties only affecting a small percentage of funeral homes, investing in compliance solutions has yet to be considered a necessary concentration.

Throughout the United States of America, influence from numerous regulatory agencies cannot go unnoticed. As the younger generation of funeral home employers and employees continue to grow, progressive measures are being implemented to offset unforeseen challenges. As a general rule, the workforce is much more conscience of health and safety. This can be credited to stronger educational curriculums and concerned industry-based resources.

Organizations are committed to serving clients. Stakeholders focus on a myriad of techniques to create revenue and a positive community opinion. The more important question should be focused on the organizations commitment to its employees. So what if the funeral home chooses not to be compliant? This lack of action, not only has a direct influence on the overall safety of the companies employees, but financial ramifications could be significant.

OSHA has extensively defined what is and what is not acceptable in all industries. Although regulations continue to evolve, the basics are clearly stated with little to no confusion.

So just like breathing, organizational compliance efforts should be performed, without excuses, without delay, without lengthy analysis and without complaining about how difficult it may be to implement. Resources are available oftentimes with hands on help to create a seamless, cost-effective transition.

The thesis research shows that nearly fifty percent of all funeral homes surveyed have implemented training programs for their employees. This is leaning towards a positive movement in the funeral industry. So what if the industries commitment towards

being even more compliant begins to regress? This would be a great concern for the general workforce. Regulatory changes are much more significant than can be assumed.

On March 20th of 2012, a final rule was published in the Federal Register effectively modifying OSHA's Hazard Communication Standard (HCS) to align it with the Globally Harmonized System of Classification and Labeling of Chemicals (known as the Globally Harmonized System or GHS). The HCS helps ensure chemical safety in the workplace by (1) requiring chemical manufacturers and importers to evaluate the hazards of the chemicals they produce or import, and prepare labels and safety data sheets to convey the hazard information to their downstream customers, and (2) by requiring all employers with hazardous chemicals in their workplaces to have labels and safety data sheets for their exposed workers, and to train them to handle the chemical appropriately.

The first and most important reason why this new rule is concerning is premised on the fact that the funeral industry is already lacking in its overall compliant efforts. The new adjustment was made primarily for two reasons. The first is because the GHS is out there and the United States wants to harmonize its hazardous communications with those of other countries for the promotion of international trade. The second is that the agency believed that GHS would represent a clear improvement in the hazardous communication standard and thus help protect employee safety. However, the GHS does not promote simple techniques in implementing said regulations. The transition period into the GHS will affect funeral homes and the vendors they have chosen for an undetermined amount of time regardless of GHS timelines.

It can be assumed that funeral homes sitting on the compliance fence may completely give up on being OSHA compliant. Stakeholders will risk being inspected

and fined. On the flipside, funeral homes may become exceedingly swayed towards becoming compliant. Rather than facing an even more difficult future transition, being ready for OSHA regulations today could be financially beneficial to the entire organization.

So what happens with the funeral homes that have shown diligence in doing the right thing throughout the years in maintaining a regulated, safe and healthy work environment? Not using the GHS as an issue taking away from the thesis, it is rather a great example of how regulations impact industries. The funeral industry as stated earlier is in its infancy stage towards regulations. Progress and momentum are vulnerable; similar to that of employees. When change is introduced, so goes everything else.

While changes reflect one dimension of OSHA's influence on the funeral industry, the perception of the implementation of regulations need a more detailed explanation why funeral homes are or are not compliant. The following implications are offered:

IMPLICATION 1: The funeral industry is committed to creating a safe and healthy work environment. OSHA regulations will be applied to the funeral home. Written programs and training will be implemented into the funeral homes overall program management model. Updated OSHA standards will be dealt with immediately including thorough training procedures. Resources will be sought out throughout each annual cycle to educate and further justify its importance. Workers will be actively involved in all health and safety procedures including implementation. Enforcement by a nominated staff member will be promulgated. Continued solutions to health and safety

issues will continue to be sought on a regular basis by the funeral home safety committee. Questions, comments and concerns will be approached immediately.

IMPLICATION 2: The funeral industry will continue to operate as it always has. Not discounting current regulations or government enforcement, the lack of industry specialists including the cost of performing such measures will not be attempted until information and resources are further developed. Requirements including training procedures, PPE, etc...will not be considered a priority. If an inspection were to occur, the funeral home would amend upon request. Upon conclusion the funeral home will either continue on as it has always done or it will more closely resemble the example in the first implication.

IMPLICATION 3: The funeral industry will continue to operate as it always has. No such measures will be promulgated to create a safe and healthy work environment. Regardless of citations issued via an inspection, worker concerns, etc...the funeral home will continue to ignore OSHA compliance as a priority.

IMPLICATION 4: This is the worst case scenario. Organizations such as the National Funeral Directors Association will discontinue compliance efforts. Dependent on numerous factors, including the lack of inspections, will justify the lack of importance in regulatory program implementation. Funeral homes will follow their lead.

IMPLICATION 5: Thesis based. The most straightforward implication is the one derived from a logical interpretation of this study's findings. What do the results tell us about underlying theoretical constructs, principles, and their relationships? When do these patterns emerge, and in what context? How do they refine appreciation of the underlying theory?

The surveyed funeral homes are just one sampling of a research idea that needs to be much more advanced. However, in a worst case scenario, the lack of breadth and depth of this study may be used to generalize an issue across a much larger target audience. Thirty-nine percent of the funeral homes surveyed have been inspected. In addition, it was not clearly stated what agency had inspected them. This in return can be interpreted numerous ways. In this situation, it would be concluded by stakeholders that the odds of being inspected are too low to justify the expense of becoming compliant.

Furthermore, the surveyed material outlines guidelines and indirect suggestions. It is equally important to recognize some of the common errors made in the thesis's theoretical contribution; sometimes overreaching. The primary concern of this implication is that a funeral industry stakeholder may review the thesis and derive a conclusion far different than the study's intention. This could have the ability to regress future efforts by funeral home stakeholders.

Overall Summary

Implications vary based on a collection of reasons. The "so what if" scenarios are important to define but difficult to determine. The regulatory issues surrounding the funeral industry are growing. Stakeholders are beginning to take notice and resources are increasing. Of course, a study's objective findings are not the exclusive source of valuable insight. Advanced research findings may introduce competing evidence.

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Appendix A:
Notice of IRB Exemption Status

Protocol Number: 12-020

Institutional Review Board IRB00002836, DHHS FWA00003332

Principal Investigator: **Brad William Kuchnicki** Faculty Advisor: **Dr. Scotty Dunlap**

Project Title: **The State of Health and Safety Program Management in the Funeral Industry: A Formative Analysis**

Exemption Date: **September 19, 2011**

Approved by: **Dr. Diana Porter, IRB Member**

This document confirms that the Institutional Review Board (IRB) has granted exempt status for the above referenced research project as outlined in the application submitted for IRB review with an immediate effective date. Exempt status means that your research is exempt from further review for a period of three years from the original notification date if no changes are made to the original protocol. If you plan to continue the project beyond three years, you are required to reapply for exemption.

Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects and follow the approved protocol.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a description of those changes must be submitted for IRB review and approval prior to implementation. If the changes result in a change in your project's exempt status, you will be required to submit an application for expedited or full IRB review. Changes include, but are not limited to, those involving study personnel, subjects, and procedures.

Other Provisions of Approval, if applicable: None

Please contact Sponsored Programs at 859-622-3636 or send email to tiffany.hamblin@eku.edu or lisa.royalty@eku.edu with questions.

Appendix B:
OSHA Compliance Survey

Has your Funeral Home ever had an inspection from a regulatory agency? Please check one: **YES** ___ **NO** ___

Survey Category One: Efficacy

Question	Using the following scale, please rate your level of knowledge in the following areas (1= very limited knowledge, 10=very knowledgeable about the topic).
OSHA Compliance	
OSHA Employee Training Programs	
Developing OSHA Programs	
Self-Audits	
Non-OSHA Regulatory Agency Standards	

Survey Category Two: Series of Programs

Please Check the Correct Answer

Do you have the following OSHA programs in place?	Yes	No
Do you have a Bloodborne Pathogen Program (29 CFR 1910.1030)?		
Do you have a Respiratory Protection Program (29 CFR 1910.134)?		
Do you have a Formaldehyde Exposure Program (29 CFR 1910.1048)?		
Do you have a Hazard Communication Program (29 CFR 1910.1200)?		
Do you have a Personal Protective Equipment Program (29 CFR 1910.132)?		
Do you have a Fire Prevention Plan (29CFR 1910.39)?		
Do you have an Incident Investigation and Recordkeeping Program (29 CFR 1904)?		
Do you have an Accident Prevention Signs and Tags Program (29 CFR 1910.145)?		
Do you have an Emergency Action Plan (29 CFR 1910.38)?		

Survey Category Three: Training

Please Check the Correct Answer

Do you have an active and implemented training program for the following OSHA General Industry Standards?	Yes	No
Bloodborne Pathogen Training Program (29 CFR 1910.1030)?		
Respiratory Protection Training Program (29 CFR 1910.134)?		
Formaldehyde Exposure Training Program (29 CFR 1910.1048)?		
Hazard Communication Training Program (29 CFR 1910.1200)?		
Personal Protective Equipment Training Program (29 CFR 1910.132)?		
Fire Prevention Plan Training Program? (29CFR 1910.39)?		
Incident Investigation and Recordkeeping Training Program (29 CFR 1904)?		
Accident Prevention Signs and Tags Training Program (29 CFR 1910.145)?		
Emergency Action Plan Training Program (29 CFR 1910.38)?		

Vita

Brad William Kuchnicki was born in Petoskey, Michigan on December 3, 1973. He attended both private and public school in the Emmett County school district where he graduated from Petoskey High School in June, 1992. In August of 1996 he entered Mid America College of Funeral Service in Jeffersonville, Indiana where he graduated with an Associate Degree of Applied Science in 1997. In 2005 he reentered college at Colorado Technical University where he received his Bachelor of Science in Software Engineering in 2006. In 2010 he entered Eastern Kentucky University and in December of 2012 he will receive a Master of Science degree in Safety, Security & Emergency Management.

He presently owns and operates Funeral Compliance, LLC in Knoxville, Tennessee as a funeral industry compliance consultant.