

**The State of Occupational Health and Safety in the
Maltese Construction Industry – Perceptions of
Occupational Health and Safety Practitioners.**

Raisa Marie Ferranti

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Abstract

This qualitative research aims to analyse in depth the state of occupational health and safety in the construction industry in the Maltese Islands from the perception of health and safety practitioners. More specifically, the study sought to determine any strategies that could be implemented to limit the number of accidents, based on the flaws identified. The importance of this study is amplified by the fact that fatalities occurring in the sector have been increasing in recent years.

Structured interviews were conducted with twelve participants. All participants were health and safety practitioners working in the construction industry for at least two years, and in possession of, at minimum, a Diploma in Occupational Health and Safety. The data collected was analysed using the Braun & Clarke (2006) thematic analysis approach.

The research's findings, analysis, and discussion show that all participants were in agreement that the state of occupational health and safety in construction sites in Malta has improved over time. It also demonstrates that the issues pointed out in the various reports issued in relation to the subject by local organisations are confirmed to be issues experienced by occupational health and safety practitioners employed in the sector.

Both long-term measures, like appropriate training, and short-term solutions, like enforcement, were cited as ways to improve occupational health and safety in the construction industry. The level of occupational health and safety at a construction site is significantly influenced by the type of contractors the client selects and the decisions the client makes at the outset of a project, with larger contractors having better standards of occupational health and safety than smaller ones. Therefore, it is fundamental to look at the perceptions of occupational health and safety practitioners on the current state of OHS in Malta, issues faced, and ways to improve.

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Abbreviations & Acronyms

| | |
|---------|---|
| AFs | Administrative Fines |
| BCI | Building and Construction Inspector |
| BICC | Building Industry Consultative Council |
| CEO | Chief Executive Officer |
| CLS | Centre of Labour Studies |
| CNFs | Construction Notification Forms |
| ETC | Employment and Training Corporation |
| EU-OHSA | European Agency for Safety and Health at Work |
| ESENER | European Survey of Enterprises on New and Emerging Risks |
| F/REC | Fema Ethics Committee |
| GVA | Gross Value Added |
| HS | Health and Safety |
| HSE | Health and Safety Executive |
| ILO | International Labour Organization |
| LN | Legal Notice |
| MDA | Malta Developers Association |
| MOHSA | Malta Occupational Safety and Health Practitioners Association |
| NAO | National Statistics Office |
| ND | Not Dated |
| NIOSH | The National Institute for Occupational Safety and Health (NIOSH) |
| OHS | Occupational Health and Safety |
| OHSA | Occupational Health and Safety Authority |
| PPE | Personal Protective Equipment |
| PS/PSs | Project Supervisor / Project Supervisors |
| REDP | Research Ethics and Data Protection |
| SOs | Stop Orders |

Chapter 1 – The Introduction

1.0 Introduction

In the European Union (EU) in 2020, construction accounted for more than one fifth (21.5%) of all workplace fatalities, with manufacturing having the next-highest percentage (15.2%) (Eurostat, 2020). Just like the rest of the EU, comparative sectoral statistics compiled by the National Audit Office (NAO) in Malta show that, per capita, the construction industry is associated with the island's highest accident rate (National Audit Office [NAO], 2016, 2020).

This has a significant impact not only on individual workers, their families, and companies, but also results in significant financial expense for the economy as a whole. Notwithstanding notable advancements enhancing working conditions within this industry, there remains a need for improvement.

This industry has been chosen since it has experienced consistent and significant growth in recent years in Malta, with its contribution to the economy, defined as gross value added (GVA), increasing from €240 million in 2000 to €560.1 million in 2021 (Central Bank of Malta, 2023). The construction industry employed 5.9% of Malta's workforce between 2014 and 2021 (Central Bank of Malta, 2023).

The researcher has personal experience within the field, both through work occupation and by attending a meeting held by the Malta Occupational Safety and Health Practitioners Association (MOSHPA). The meeting held in August 2022 brought together around 40 occupational health and safety (OHS) practitioners, with the main topic on the agenda being the situation being faced at the time, in which an OHS practitioner was criminally charged for a lack of adherence to OHS measures on a construction site. During this meeting, OHS practitioners raised many of the issues they faced and made recommendations to improve OHS in this industry, which encouraged the researcher to conduct this study.

The researcher therefore seeks to answer the following research question: -
In the opinion of Health and Safety practitioners what is the current state of Occupational Health and Safety in the Maltese construction industry and what could be improved?

The following sections provide an overview of OHS legislation related to construction, statistics of injuries and fatalities, and a mention of existing reports that offer insight into the current state of OHS in the construction industry, followed by the structure of the research and a conclusion.

1.1 OHS in Malta and Legislation Related to Construction

On the 29th of January 2002, Chapter 424 of the Laws of Malta, known as the Occupational Health and Safety Authority Act (XXVIII of 2000) was put *in vigore*, and is still applicable to this day. This act established the setting up of the Occupational Health and Safety Authority (OHSA). A number of stakeholders are defined in the act, together with their duties and obligations. The employer's duties, as the main stakeholder, are listed together with their responsibilities when deciding what measures to take by applying the 'Principle of Prevention'. Other responsibilities include the provision of information, instruction, training, and supervision to the workers, as well as the appointment of a representative on health and safety measures.

Later, several subsidiary pieces of legislation were published emanating from this act. Two of these are of particular interest to this study, since they stipulate the minimum requirements in construction sites, namely the following: -

- Legal Notice (L.N.) 36 of 2003 General Provisions for Health and Safety at Workplaces Regulations [S.L.424.18]. This regulation was put *in vigore* on the 24th of January 2003 with the scope of introducing measures to encourage improvements in OHS by eliminating risks and factors which contribute to accidents.
- L.N. 88 of 2018 Workplace (Minimum Health and Safety Requirements for Work at Construction Sites) Regulations [S.L.424.36]. This legislation became *in vigore* on the 1st of August 2018 and includes

regulations on the minimum OHS requirements for work at construction sites. It also implements the requirements of EC 92/57 and repeals L.N. 281 of 2004 [S.L.424.29].

This L.N. identifies a number of stakeholders in a construction site, namely the client and the project supervisor (PS). The definition of the client is stipulated in Regulation 2, being the legal person for whom a project is carried out. The duties of the client are listed in Regulation 3 of this L.N., with one of the duties being to appoint a PS or assume the role if competent to do so. The PS is defined as “any natural or legal person responsible for health and safety supervision of a project, appointed by a client”.

Regulation 5 of this same L.N. lists the duties of a PS, which include, amongst other duties, applying the principles of prevention which emanate from the act and other subsidiary legislations as appropriate. Other duties include coordination with contractors or subcontractors and monitoring of works. Monitoring of works is held by carrying out meetings with all involved as well as carrying out site visits.

OHS practitioners can be involved in a construction site if they are engaged by the client (on full time or job-based employment) to take the role of PS, act as independent consultants to the contractors/subcontractors, or be engaged as full-time employees of the contractors or subcontractors (this is usually relevant for large construction companies).

1.2 Construction-Related Statistics

The construction industry is "a major contributor to economic development" as well as "an accident-prone industry," according to an annual report by the OHSA (2022, p. 12). Two strategic plans were issued by the OHSA covering the periods of 2014-2020 (OHSA, 2015) and 2022-2027 (OHSA, N.D.) In both of OHSA's strategic plans, the OHSA includes in its reports analysis of statistics which confirm that the construction sector is associated with higher

risks with foreign workers within this sector being more at risk (OHSA, 2015b, N.D.)

Historically, the manufacturing industry has been the one with the most reported injuries. Throughout the years, injuries in manufacturing have decreased, most likely due to reduced employment within the sector and improved levels of safety. Between 2002 and 2019, the construction industry was the second most dangerous sector, reporting 519 injuries in 2002 alone. This number peaked at 698 in 2006, with a decrease to 441 in 2019 (Fiorini & La Ferla, 2020). Exercises conducted by the NAO (2016, 2020), however, have found that the construction industry has the highest injury rate per capita, eclipsing even the manufacturing sector.

As shown in Table 1, injuries in the construction industry decreased further in the following years up to 2022 (NSO, 2018–2023). However, it should be noted that statistics in each sector can often be underestimated. A study found that over a period of 12 months, 75% of occupational injuries and ill-health cases were not reported (OHSA, 2011a).

Table 1 shows that from 2016 to 2022, a total of 48 deaths were reported, with 34 of these being in the construction industry (71%) (NSO, personal communication, March 22, 2023). The spike in reported fatalities in the construction industry led a British citizen to raise a petition claiming that Malta is not in compliance with OHS standards. This petition led the European Parliament's Commission on Petitions to request more information on the lack of OHS measures. As a response to the petition, the OHSA's Chief Executive Officer (CEO), Mark Gauci, stated that Malta has aligned its legislation according to EU regulations. He also asserted that accidents and fatalities had decreased and that resources had been increased to strengthen enforcement (Xuereb, 2022).

| Year | Total number of persons employed | Workers in the construction industry | Injuries in the construction industry | Percentage of workers injured in construction (%) | Fatalities at work | Fatalities in construction sector |
|------|----------------------------------|--------------------------------------|---------------------------------------|---|--------------------|-----------------------------------|
| 2016 | 208,132 | 14,063 | 473 | 3.36% | 7 | 4 |
| 2017 | 220,489 | 15,186 | 485 | 3.19% | 1 | 1 |
| 2018 | 232,306 | 14,578 | 482 | 3.31% | 4 | 4 |
| 2019 | 251,398 | 16,149 | 444 | 2.75% | 3 | 3 |
| 2020 | 261,839 | 15,195 | 407 | 2.68% | 8 | 4 |
| 2021 | 266,226 | 17,176 | 389 | 2.26% | 9 | 9 |
| 2022 | 283,341 | 17,526 | 362 | 2.07% | 16 | 9 |

Table 1 – Injuries and Fatalities covering the years from 2016-2022 (NSO Accidents at work reports verified by NSO, personal communication, March 22, 2023)

1.3 Insight on the Current State of OHS in Malta: Local Reports

Several groups have contributed to the discussion on standards within the construction industry in Malta. The Kamra tal-Periti (Chamber of Architects and Civil Engineers) issued several recommendations in 2007, including the setting up of a construction platform, training and professional development, certification of tradesmen, and the certification, licensing, and classification of service providers (Kamra tal-Periti, 2007).

In a later document, the Kamra tal-Periti referred to the general sense of lawlessness at construction sites in Malta, where no responsibility is shouldered by either the public or private sectors (Kamra tal-Periti, 2019).

They subsequently put forward a number of recommendations, which included consolidating the building regulations into one act. It was argued that this would allow building codes to be published and enforced by a single entity, thus fostering better and simpler standards. The proposal was endorsed by many entities and organisations (Kamra tal-Periti, 2020).

Whilst the OHSA does not appear to have publicly commented on this topic, the proposal was presented to the European Commission and to the Maltese Opposition, and in August 2019, the government issued a letter of commitment regarding the reform of the industry, in line with the proposals made by the Kamra tal-Periti. The final document issued in 2020 was presented to an expert committee established by the then-Prime Minister in March 2020 (Kamra tal-Periti, 2020).

Variables associated with accident rates in Malta within the construction industry were presented in a report by the NAO published in 2016. Of the studied variables – hours worked, weather, and age of workers – it was concluded that none of the factors had a strong correlation with the occurrence of occupational accidents in the construction industry, except for heat. The factor of heat explains 31.5% of the variability in the rate of accidents, while the remaining 68.5% is attributed to factors that the NAO was unable to define. The NAO also speculated that, apart from random factors, these predictors include a disregard for OHS due to cultural influence and a lack of regulatory enforcement (NAO, 2016). In light of this, the NAO conducted a performance audit to evaluate the OHSA's efficacy in this area. The report issued by the NAO in 2016 and the follow-up report in 2020 are of particular interest to the study since some of the observations and corresponding recommendations are related to the improvement in construction OHS.

1.4 Structure of the Research

This dissertation is divided into five distinct chapters. The first chapter of the research paper presents the research question and objectives, legislation pertaining to the construction sector, statistical data on injuries and fatalities, a brief reference to the most frequently cited reports in the study, the structure of the study, and a concluding section.

Chapter 2 concentrates on the subject at hand while presenting a critical evaluation and analysis of the pertinent material that is currently available. The research methodology used to carry out this qualitative study, including the

sampling procedure, data collection method, and data recording and analysis method, is covered in Chapter 3. This chapter also discusses the ethical issues that emerged while carrying out the study and the study's limitations.

Actual quotes from the interviews serve to further support the conclusions presented in Chapter 4. This chapter provides a comprehensive analysis of the findings as well as a description of the results in relation to the primary research question and their application to the evaluated literature.

The last chapter, Chapter 5, gives an overview of the important findings, their implications, recommendations for overcoming the difficulties discovered, and recommendations for additional research on the topic.

1.5 Conclusion

This chapter has established the dangers of the construction industry, not only in Malta but also within the EU. Although, historically, OHS has not been particularly well implemented within the construction industry, nowadays the media provides an eye-opening grasp of the subject. With OHS being of particular interest to the researcher, and to the rest of the country, it seems only natural to study this industry closely as it continues to experience growth in Malta.

Apart from the obvious positive results that could arise from the conclusions of this research, it is interesting in and of itself to study where and why failings in OHS occur. The statistics in the construction industry related to injury and/or death are alarming. A good way to start understanding what is happening behind closed doors, on construction sites, and between workers is to listen to the OHS practitioners and practitioners who work in the industry. This is what this research is aiming to do.

Chapter 2 – Literature Review

2.0 Introduction

This research analyses the current state of OHS in construction sites in Malta by exploring the perspective of OHS practitioners working in the construction industry. Several reports have been issued by various entities and authorities on the issues of OHS within the industry. Although many recommendations on improving the state of OHS in construction sites have been made in these reports, no reports issued by OHS practitioners themselves were found.

This chapter examines key issues addressed in papers produced by various entities and organisations to examine the state of OHS on construction sites. The search engines HyDi and Google Scholar were used to compile this literature review. Reports by the OHSA and NAO were found by browsing through their respective websites.

This chapter is divided into sections, each of which focuses on a different defined theme, including; enforcement, migrant workers, construction stakeholders, the role of OHS practitioners, and training. The mentioned themes are further subdivided into two sections, one listing the current state and issues, followed by a section on the recommendations for improvements proposed to tackle the issues listed.

2.1 Enforcement: Site Visits and Issuing of Fines by the OHSA

2.1.1 The current backdrop of OHS in the construction industry in Malta

The NAO noted that the OHSA mission statement, “Working with others to ensure healthier and safer workplaces in Malta”, upon which its operational processes are based, does not fully reflect the role of an autonomous regulatory authority (NAO, 2016, p. 6). It also remarked that the target of achieving a self-regulating system is “utopian and unrealistic” (NAO, 2016, p. 50), that it goes against the role of the authority being a regulatory body and prevents it from carrying out its duty as an autonomous regulator (NAO, 2016). The NAO insisted that the regulatory aspect is essential in the local scenario,

given the cultural disregard and lack of compliance with OHS standards (NAO, 2016).

The OHSA holds the belief that “the only way by which health and safety in the workplace will improve is if the process is self-regulating” (OHSA, 2015a, p. 8). The OHSA goes further, stating that its aim is to have a self-regulating process by which all persons involved in the construction project are aware of the benefits of a good standard of OHS (NAO, 2020). With this stance, OHSA asserts that those involved in a construction project must not take the measures simply to comply with the law, but to protect and ensure the OHS of all workers (NAO, 2020).

The OHSA's regulatory function is based on on-site visits. These site visits are carried out by the OHSA's inspectors, during which any OHS shortcomings are identified. In its 2011 annual report, the OHSA reported that it had received 250 Construction Notification Forms (CNFs) and that its officers carried out physical inspections of each site (OHSA, 2011c). By 2019 the number of CNFs received increased drastically to 2,450 forms. By that time OHSA had implemented a sampling programme to identify which sites are to be subjected to an inspection (OHSA, 2020).

The NAO raised its concern regarding the fact that no systematic approach was in place for the selection of sites to be inspected. Coupled with this, the NAO argued, is the disconcerting way these inspections are carried out, when on-site OHSA inspectors abide by the OHSA's policy of not carrying out exhaustive inspections, but rather focusing on the obvious risks (NAO, 2016). Between 2005 and 2006 a checklist was issued by the OHSA, which targeted builders, clients, contractors, sub-contractors, and clients for the purpose of making it easier for those in the construction sector when it comes to measures they must adopt (OHSA, 2006). The researcher was unable to retrieve this checklist from the OHSA website or any other guidance issued.

Enforcement on construction sites is done through three main tools. These are: Stop Orders (SOs), Administrative Fines (AFs), and prosecution. Whenever major OHS infringements are identified, inspectors working with the OHSA have the power to issue an order to stop works; whereby all operations

in the respective construction site are to stop immediately. These SOs are first issued through a verbal instruction, followed by a documented order, which is issued within three days. Unless action is taken to tackle the infringement/s identified, the SO will still hold (NAO, 2016).

During the audit conducted by the NAO, five sites were visited, of which four were issued a SO. The following day, one of the sites that was issued with a SO was found to have continued with its operations. This observation raised concern on the effectiveness of this enforcement measure (NAO, 2016).

OHSA officials also issue AFs, in line with L.N. 36 of 2016 Appendix C. The fines vary from €250 to €450. Whenever these fines are issued, a follow-up visit is held to ensure that action was taken to address the identified infringements. If these infringements are not actioned, the OHSA can prosecute. According to the NAO (2016), the administrative fines are not proportionate to the nature of some of the infringements they are meant to deter, highlighting that the maximum fine was only €450.

2.1.2 Recommendations for improvement

Due to the fact that the construction industry has the highest per capita accident rate, the NAO (2020) recommended that the OHSA should prioritise its regulatory and enforcement functions. The NAO's audit report recommends that the OHSA should take a proactive approach, rather than solely aiming for a self-regulating system, by re-aligning its focus and its operating philosophy, including its mission statement (NAO, 2016).

In line with these recommendations, international research and literature demonstrate that construction workers show a good level of knowledge of hazards within the workplace, as well as what measures could be taken (Mock et al., 2017) However, compliance with such measures is very challenging without having enforcement systems in place (Mock et al., 2017).

In the NAO's follow-up report, it not only asserted that the OHSA should maintain its role of monitoring and enforcing compliance with legislation, but that it should also aim to project the image of not simply being a controlling

regulator but a collaborator (NAO, 2020). To date, the OHSA still holds the same mission statement quoted earlier.

Regarding the selection of site visits, the NAO recommended that the OHSA should introduce a centralised electronic prioritisation system based on comprehensive data, which would allow it to systematically choose the sites to be subjected to inspection visits based on factors such as the scope of ongoing works whilst considering the track record of the duty holders (NAO, 2016).

The NAO also recommended that the authority carries out more exhaustive inspections during site visits to ensure full implementation of the required documentation (NAO,2016). It is also recommended that a standard checklist is used during all site visits. By having such rigorous checks, the NAO argued, the OHSA would send a clear message to all duty holders in the construction industry that no infringements would be tolerated (NAO, 2016). Despite this recommendation, the OHSA did not implement such exhaustive checklists, stating that they would be impractical and that such checks are the responsibility of duty holders, which is the same approach taken by other countries in the EU (NAO, 2020).

With respect to the issue in which SOs are disregarded, the NAO recommended a system where individuals prone to ignoring orders are flagged and targeted for more follow-up inspections on sites managed by them (NAO, 2016). In fact, the NAO suggested that the OHSA applies the necessary pressure through the appropriate channels so that relevant legislation is amended to reduce the discrepancy between the monetary value of AFs and the breaches they seek to deter (NAO, 2016).

In the follow-up audit, the OHSA informed the NAO that the OHSA Act was in the process of being revised but not yet concluded and approved. The draft OHSA Act reviewed at the time of the audit proposed an increase in the minimum fine which can be handed out by the Court (NAO, 2020).

Evidence shows that inspections that result in penalties are associated with lower rates of lost workday injuries in the years following the inspections (Gray & Mendeloff, 2005). Penalties may therefore prompt employers to improve their safety efforts and respond to cited deficiencies (Haviland et al., 2010).

Mischke et al. (2013) examined systematic evidence for effectiveness and discovered that regulation enforcement reduced injury rates. In many small organisations in Malta, OHS action is only taken when faced with inspections by the OHS and/or fines (Borg, 2015).

The European Agency for Safety and Health at Work (EU-OSHA) conducted the third European Survey of Enterprises on New and Emerging Risks (ESENER) to help employers improve safety and employee health (European Agency for Safety and Health at Work [EU-OSHA], 2019). This survey showed that 88% of establishments managed occupational safety and health because of legal requirements. Avoiding labour inspectorate fines and meeting employee expectations was found to be the second most important driver for occupational safety and health improvements (EU-OSHA, 2019).

2.2 Migrant Workers

2.2.1 The current handling of migrant workers in Malta

Migrant workers are recognised as the most vulnerable members of society, often carrying what are known as 3-D jobs: dirty, dangerous, and demanding (at times degrading or demeaning), often hidden from the public eye and from public policy (Quandt et al., 2013). Migrant workers generally work for lower pay and have longer working hours, as well as worse working conditions, than non-migrant workers (Gammarano, 2020, International Labour Organization [ILO], 2015; Moyce & Schenker, 2018; Salminen, 2011). They are also often prone to human rights violations (ILO, 2015).

Migrant workers are more likely to take risks on the job, carry out work without proper training or personal protective equipment, and are the least likely to complain about unsafe conditions in the workplace (Flynn, 2014; Ronda Pérez et al., 2012). In fact, the proportion of nonfatal and fatal injuries in the workplace among migrant workers is increasing, which indicates that the proportion of migrants is increasing in the more hazardous jobs (Gammarano, 2020; Moyce & Schenker, 2018; Salminen, 2011). This is also true for the local scenario where Maltese nationals who work in the construction industry declined from 21.3% in 2002 to only 11.3% in 2018, increasing the

dependence of the construction industry on migrant workers (Central Bank, 2019).

A recent analysis of both construction and foreign workers was carried out and presented in the OHSa (N.D.) strategic plan for 2022 to 2027. The issue highlighted was that between 2002 and 2020, out of the 65 fatalities recorded in the construction industry, a total of 25 involved foreign workers. From the data analysed, the report concluded that the construction industry is associated with higher risks than other industries, and that foreign workers in this industry are associated with disproportionately higher fatality rates (OHSa, N.D.). The OHSa's Chief Executive Officer (CEO) explained that the main risks in construction sites result from the absence of training and job supervision; he added that foreign workers are frequently assigned jobs that do not match their capabilities, which is further aggravated by a lack of appropriate communication skills (Calleja, 2019).

Language barriers and English proficiency are both major factors that contribute to injury (Starren et al., 2013; Sophie Hide et al., 2003). Researchers found that English language competency was not being addressed in construction worker recruitment, and that language and literacy issues had arisen in several accident investigations as a factor affecting safe working practices (Sophie Hide et al., 2003). In companies without multilingual personnel, managers usually choose the best English speaker among migrant workers and have them translate for the others. Miscommunication can occur if the employee is not as fluent in English as the supervisor believes. It also puts this employee in a position to mediate between the supervisor and other employees, which could be leveraged for personal gain by saying one thing to the management and another to co-workers (O'Connor et al., 2014).

2.2.2 Recommendations for improvement

In 2006 and 2007, the OHSa suggested that carrying out joint inspections with other national entities responsible for illegal employment may improve the situation. However, the 2007 report noted that discussions to organise such inspections were not successful (OHSa, 2007).

Foreign workers rarely stay long in Malta. According to longitudinal administrative data, approximately 25% of foreign workers who enter the Maltese labour market leave within the first year, while the remaining 50% leave between one and two years later (Borg, 2019). Consequently, businesses are forced to hire new employees frequently, with little opportunity for "learning-by-doing" (Borg, 2019). In turn, this makes it less likely for companies to invest in employee training (Borg, 2019).

An interesting point is that as migrant workers slowly integrate into the native society, the injury rates seem to fall proportionately. In fact, Salminen's study found that migrant workers had a higher injury-rate than the native population during their first five years at the workplace, but after five years, their rate decreased to below the level of native workers (Salminen, 2011).

The Centre of Labour Studies (CLS) recommended a number of steps to ensure that the integration of migrant workers does not come at a detriment to their health and safety (Debono et al., 2013). One of the recommendations put forward by the CLS was for the Employment and Training Corporation (ETC) to be involved in helping immigrants integrate by providing them with services such as suitable training, language tuition, job skills, and OHS (Debono et al., 2013). The ETC has since been renamed JobsPlus. Through the JobsPlus website, the researcher was able to access the Supported Employment Service for Migrants project, which offers assistance and training for migrants entering the labour market, including training on pre-employment skills. Creating multilingual competence within a company, whether through training or employment, will become increasingly vital in economic sectors with considerable migrant participation, such as construction. One solution is for companies to provide English classes to foreign staff (O'Connor et al., 2014).

The National Institute for Occupational Safety and Health (NIOSH) emphasises the importance of providing safety training as an essential practice, which training must be of a good standard (Flynn, 2014). As a result, establishing effective methods to offer migrant employees with safety training is a critical step in improving OHS (O'Connor et al., 2014). Such efforts must go beyond just translating existing English-language materials; the format,

content, and message must also be tailored to the intended audience (Brunette, 2005). Another study presents an overview of adapting safety training, as well as approaches, strategies, and best practices from the training literature (O'Connor et al., 2014). One approach which is favoured when issuing publications and guidance is having more illustrations, little text, and fewer technical explanations (Albers & Cato, 2011).

In a newspaper article issued in 2019, according to the OHSA CEO, foreign workers are not aware of their rights and responsibilities, and therefore do not approach state agencies that have the power to help them (Calleja, 2019). The OHSA's CEO further added that the OHSA at the time was working on increasing awareness about such vulnerable groups by organising seminars and preparing a short document on the rights and duties of workers translated into a number of languages (Calleja, 2019).

The OHSA strategic plan for 2022-2027 acknowledges the issue with both the construction industry and foreign workers and mentions that it will continue to target migrant workers by providing information and educational campaigns with the help of the various stakeholders (OHSA, N.D.). A guidance document was later prepared and translated into another eight (8) languages (Arabic, Bangla, French, German, Italian, Shqip, Somali and Tigrinya), and was circulated widely amongst migrant and human rights organisations in Malta (OHSA, N.D.). It has been noted that apart from this, although this issue is evident as shown in statistics, no other recommendations or plans for improvement were mentioned in the local scenario.

2.3 Construction Stakeholders

2.3.1 The situation: Clients

The amount of effort that different types of clients put into prevention varies greatly due to differences in their awareness of the legislation, allocation of prevention resources, and motivation. Individuals operating as clients on infrequent, small sites are often unaware of their prevention obligations, whereas big clients working on large sites on a regular basis are aware of their obligations and take an active role in prevention. The latter clients are confident

that prevention is necessary and will result in savings in the long run, despite their desire to keep costs as low as possible (European Commission, 2011).

Positively, the OSHA (2013, 2014) reports that larger contractors increasingly appear to understand the benefits of maintaining good standards of OHS and show more commitment and related investment. As a result, large projects, in spite of having larger numbers of workers and longer duration, are no longer linked with high accident rates (OSHA, 2013, 2014).

The results of an enforcement campaign conducted across the EU indicated a direct association between the size of a construction site and the degree of compliance. Notably, the compliance scores of large sites (employing over 50 workers) were significantly higher than those of smaller sites. Although larger sites are generally considered to be safer than smaller ones, the level of compliance remains inadequate. Specifically, approximately 20-30% of large sites are noncompliant, while 40-50% of small sites exhibit noncompliance (European Commission, 2011).

Poor planning and time restrictions were identified frequently as issues that severely hinder accident and illness prevention. Clients that insist on exceedingly short execution timelines are frequently faced with these issues (European Commission, 2011).

2.3.2 The situation: Contractors

Masons are required to carry a licence to operate. This is listed in Article 96 of the Code of Police Law, which mentions the masons' board, which is empowered to examine all applicants for a mason's licence (builders' licence). However, as argued by the Kamra tal-Periti, no details are included on the requirements needed for this licence to be obtained. This includes any course requirements, skills of the workers, or public registry where licenced masons would be listed. The legislation fails to mention the instances which could lead to this licence being repealed (Kamra tal-Periti, 2019).

In the Building Regulation Act 2011 it is stated that "[t]he Building Regulation Office shall be the entity responsible to issue licences for masons". When the Kamra tal-Periti enquired about this it was found that the Works Division issues

such a licence, and not the Building Regulation Office as required by Law (Building Regulation Act, 2011 (Act No. XII of 2011)). As already stated, a register of licensed masons is not available to the public. This uncertainty and lack of direction and transparency raises concerns about the level of training of masons on contemporary building technologies, materials, and practices. As a result of this, they are exposing themselves and the public to serious risk (Kamra tal-Periti, 2019).

The topic of licensing of contractors has been mentioned by various Ministers in Malta, with the main aim of increasing safety and sustainability in construction and planning. The government also aims to introduce the requirement of skill cards for all workers on construction sites (Ellul, 2022). In fact, draft legislation on the licensing of contractors has been released for public consultation and is expected to be published in March 2023 (Ellul, 2022).

2.3.3 Recommendations for Improvement

Clients may not understand building processes or project design and management. Through training and information, clients must be made aware of their responsibilities and convinced that coordination saves money throughout the project. This is especially important because clients are usually in a position to set the performance requirements for the completed project, and also have a strong say in how their projects are arranged and carried out. When choosing contractors, clients can have a significant impact on OHS. They may play a critical role in establishing the project's safety and health culture, and they have a clear opportunity to encourage others to consider safety and health at all phases of the construction process. All these variables put clients in a strong position to have a positive impact on occupational safety and health throughout construction activity for the duration of the project (European Commission 2011).

Young et al. (2019) studied procurement strategy and construction project health and safety culture. The findings imply that targeting HS during procurement is essential to building a strong safety culture and completing a construction project. Tenders without HS consideration can produce cost-versus-safety issues (Young et al., 2019). Clients may require contractors to

submit fully costed documentation with their tenders, including a site-specific HS plan (including a fall protection plan), an outline of the steps to be taken to ensure all contractors meet OHS requirements, and a site safety register for reporting accidents, incidents, and near misses (Wells, 2015). Such laws aim to eliminate ambiguity and ensure that OHS is reasonably priced and considered throughout all stages (Young et al., 2019).

The European Commission recommends including health and safety plans and files in tendering or other pre-contracted document exchanges so that all prospective contractors will consider them when developing their proposals (European Commission, 2011). It also recommends that national legislation mandate OHS preventative measures in tenders to shift attitudes towards OHS (European Commission, 2011).

In January 2023, the Chamber of Architects and Civil Engineers President stated in a newspaper interview that the Chamber has been campaigning intensely for the industry to be regulated for the past three years (Zammit, 2023). The Kamra tal-Periti has requested for a number of years that contractors are registered on the basis of a set of regulations which include their level of training. It has also suggested that courses be developed for the various types of civil works, technical levels, and levels of responsibilities of the assigned jobs (Kamra tal-Periti, 2019).

A study examining 12 licensing systems in Australia, the US and the EU found several benefits of contractor licencing, including monitoring of standards that deter unprofessional workers with the downside being the increase to consumer costs (Vokes & Pye, 2013). On the contrary, Kleiner (2015) showed that licensing has not improved service quality or safety. Research on building contractors, florists, and teachers revealed that increased regulation has only a marginal impact on service quality or demand (Kleiner, 2015). Licensing lower-quality contractors reduces the quality-enhancing effects of licensure, suggesting that licensing can marginally improve quality (Maurizi, 1980). Mitchell argued that licensure may increase service quality and safety by screening out low-quality workers, providing workers with safety skills, and

disciplining irresponsible contractors; however, there is little evidence to back up that statement (Mitchell, 2020).

2.4 Role of OHS Practitioners in Construction Sites

2.4.1 The situation

In Chapter 1, the legislation which gives reference to the role of the OHS practitioners on construction sites was mentioned, including that which outlines the role of the PS. Under Legal Notice 88 of 2018, the appointment of a project supervisor is a requirement, except for domestic clients under a set of conditions laid out in this same legislation. The role is usually carried out by OHS practitioners who work on a self-employed basis, part-time or full-time with a company offering OHS services. Among other responsibilities, project supervisors must take account of the provisions of OHS on a construction site during the design and execution of a project, draw up a health and safety plan, and oversee its implementation.

The OHSA determines if legislation and its implementation and enforcement are effective by analysis during inspections as well as court cases. An example of this was the updating of the construction safety regulations L.N. 281 of 2004, which was replaced with L.N. 88 of 2018 (Fiorini, 2018).

The role of the project supervisor was discussed during the period when L.N. 281 of 2004 was under review. In 2013, amongst other topics, the OHSA discussed the role of project supervisors with the Building Industry Consultative Council (BICC), which was set up by the government to improve the performance of the local construction industry and to serve as a forum for discussion on all construction-related issues (OHSA, 2014). In the same year, the BICC organised a meeting which included the OHSA and the Kamra tal-Periti among others. During this meeting, the role of the architect within the spirit of current OHS construction legislation and training for project supervisors were discussed (OHSA, 2014).

Presently, L.N. 88 of 2018 is once again under review and the draft version is currently available on the OHSA website for public consultation until March 2023. In the proposed amendments, project supervisors will be given the

power to fulfil their responsibilities, which are clarified in the amended legal notice. Another proposed amendment concerning project supervisors is a new non-liability clause that no civil action or other proceedings for damages may be taken against the project supervisors by duty holders unless the project supervisor behaved negligently.

In June 2022, an article exposed a case in which the Court of Criminal Appeal (Inferior Jurisdiction) confirmed the conviction of one of the appellants who had assumed the role of PS. In its final judgement, the Court of Criminal Appeal concluded that simply informing the client and the workers on site about the lack of compliance is not sufficient to fulfil the role of PS as per L.N. 88 of 2018 (Gauci & Magri, 2022). The article, which was written by two lawyers, seems to imply that the PS is also to report to the OHSA (albeit not mentioned specifically).

This court judgement raised concern amongst OHS practitioners, and this resulted in an urgent meeting organised by MOSHPA. The aim of the meeting was to discuss this decision and the role of OHS practitioners acting as PSs on construction sites.

During a September 2022 interview, the OHSA's CEO implied that some project supervisors who are legally responsible to safeguard OHS in construction projects were not giving the required importance to the role. The concerns raised in this article were based on the findings of OHSA inspections on construction sites. Some of the findings mentioned in the article include use of toy helmets in construction sites, copied guidelines issued by project supervisors, and one particular project supervisor overseeing 500 sites at one time (Zammit, 2022).

As a response to this, two separate articles were published on the 3rd of October 2022 (Zammit, 2022) and the 8th of October 2022 (Times of Malta, 2022), in which the president of MOSHPA provided information on the situation and concerns of PSs. In both articles, the president of the association mentioned that since project supervisors are engaged by the developers and contractors, reporting the persons offering them the job could mean that the project supervisor could end up being blacklisted. This is a clear indication of

conflict of interest (Times of Malta, 2022; Zammit, 2022). The president of the organisation went on to express his concerns that several practitioners have left their job due to the fear of being prosecuted or blacklisted (Zammit, 2022). MOSHPA's president raised concern about the fact that when safety shortcomings are identified, project supervisors are summoned to meetings for which they are also informed that it is their right to be accompanied by a lawyer (Times of Malta, 2022) He went on to express his feelings that enhancing cooperation and building a strong partnership between the OHS and project supervisors is very beneficial for saving lives (Times of Malta, 2022).

In 2019, the OHS started working on developing new and updated guidance material aimed at construction project supervisors. The document the OHS started working on at the time was meant to be a reliable reference document to help project supervisors in the implementation of their responsibilities, as listed in the relevant regulations concerning their role (OHS, 2020). The researcher has requested a copy of the guidance document from the authority and was however informed that the document has been removed from the website due to ongoing amendments to L.N. 88 of 2018 (OHS, personal communication, March 2, 2023).

2.4.2 Recommendations for Improvement

In a performance audit report, one of the recommendations was for the OHS to explore the possibility of shifting the legal responsibility of appointing a PS from the client to another more technical and knowledgeable stakeholder. The NAO gave the opinion that the designers, engineers, and/or architects should be responsible for selecting the PS at the design stage, whilst the contractor should be responsible for selecting the PS at the construction stage (NAO, 2016).

The NAO proposed a template for the hiring of a PS in the case that the above-mentioned recommendation is not agreed upon (NAO, 2016). This document is aimed at helping the client better understand how the PS has contractually committed to taking responsibility for both the design and the construction phases. Consequently, this would minimise the risk of failure of involvement of the PS in both the design and the construction stages (NAO, 2016). In its reply

to this recommendation, the OHSA stated that it considers the client as being in a pivotal place in the chain of responsibilities for safeguarding the OHS. To simplify requirements in the directive, a number of obligations were assigned to the PS whilst still adopting the concept of client responsibility. Therefore, the responsibility of appointing a PS cannot be transferred to another duty holder, since according to the OHSA, this would be a conflict of interest (NAO, 2020).

Consequently, the NAO also touted that the OHSA should ensure that OHS matters within the construction sites are only managed by PSs who hold the necessary competencies and qualifications (NAO, 2020). It further recommended that the only way to ensure that this is implemented is to adopt a system in which PSs are vetted by the OHSA and included in the OHSA competent person register. In this way, only persons included in the register would be legally allowed to carry out the role of PS (NAO, 2020).

The OHSA replied that the number of persons registered on the competent person list is low and that such a requirement would stall the industry. It also stated that the need to be competent is already a legal requirement, and that being in the competent person register does not guarantee that OHS will be safeguarded (NAO, 2020). The number of registered competent persons on the competence list available on the OHSA website to date is 124 persons (OHSA, 2022).

The Kamra tal-Periti suggested creating the following job title:- Building and Construction Inspectors (BCI) (Kamra tal-Periti, 2019). This role would replace the current roles held by the site managers and project supervisors. It would include daily monitoring at the construction sites to ensure compliance as well as implementing enforcement measures where needed. This would also apply to compliance with the developed construction codes. The minimum requirements for persons engaged in this role would need to be set similarly to what is already adopted in other European countries (Kamra tal-Periti, 2019). The Kamra tal-Periti in its consultation paper further suggested that the BCIs will be independent parties who are appointed by the developers from a register which is managed by the one entity responsible to manage construction-related issues.

The president of the MOSHPA suggested in a newspaper article that PSs are to be given more power, and that they are to work hand in hand with the OHSA (Times of Malta, 2022). As an alternative, he suggested that PSs fall under the OHSA, with developers and contractors paying an administration fee and the OHSA assigning a PS at random from a register (Times of Malta, 2022).

2.5 Training

2.5.1 The situation

The Kamra tal-Periti (2019) raised concern that anyone with demolition or excavation machinery can carry out excavation work without any basic training, technical knowledge, or insurance coverage. The report further emphasises the need for the situation to be addressed urgently and for contractors to be classified on the competencies and qualifications of workers employed and the equipment being used (Kamra tal-Periti, 2019).

Several European building regulation frameworks require that workmanship be certified by the building contractors to be of the required standard. This is not the situation in Malta so far, with it being argued that the absence of registered contractors and skill certification permits amateurs as well as unskilled labourers to provide services to consumers with “often tragic consequences” (Kamra tal-Periti, 2019, p. 34).

During the period of January 2002 to September 2005, the OHSA launched two initiatives with the collaboration of the BICC. The Safety Bus initiative involved OHSA officers filming bad work practices on construction sites and showing them to the workers with the aim of discussing safer alternative methods of working. The other initiative involved a nine-hour voluntary training program on basic OHS awareness aimed at workmen, skilled persons, and other stakeholders (OHSA, 2003, 2004, 2005).

In 2014, OHSA and BICC discussed the introduction of the skill card for workers in the construction sector, managed by the BICC, to certify and recognise the skills of construction workers. The target of the introduction of the skill card at the time was as a certificate of competence and to encourage OHS training. In May 2016 a related white paper was issued, and the skill card

was launched for a number of trades with the collaboration of entities including the OHSA.

The OHSA's 2021 annual report points out that organisational factors influence and increase the chances of a hazardous environment, besides the risk posed by the nature of the industry itself (OHSA, 2022). The report also mentions that falls from height are the biggest contributor to injuries and fatalities in the construction industry, particularly due to unprotected edges and unsecured work equipment (OHSA, 2022). In 2021, six of the fatalities in construction sites resulted from falls from heights. The OHSA report indicates that the stakeholders in the construction sector must take action to address the risk of falls from heights (OHSA, 2022). Internationally, falls are the greatest contributor to fatalities in the construction industry, with one of the factors leading to falls from heights being a lack of training (Nadhim et al., 2016).

A case study was conducted to explore the factors contributing to the differences in work-related injury rates between Danish and Swedish construction workers. The time lost to injury was calculated during the construction of the Øresund Bridge connecting Denmark and Sweden (Spangenberg et al., 2002). The work carried out on both sides was similar, however, the time lost to injury reported by Danish workers was higher than it was for the Swedish workers. It was found that Danish workers had a lower level of formal education and professional training. In Denmark, no training is provided on concrete and earthworks. Swedish workers, on the other hand, must go through education which includes HS rules and regulations, and they are further provided with awareness training (Spangenberg et al., 2002).

In a study by the Health and Safety Executive (HSE), the main causal factors of accidents were found to be bad habits (Sophie Hide et al., 2003). These were found to be perpetuated when learning on the job as opposed to through formal training provisions (Sophie Hide et al., 2003).

2.5.2 Recommendations for Improvement

The Institute of Work and Health in Toronto Canada conducted a study titled 'Does OHS training have a beneficial effect on workers and firms?' From the 10 electronic databases which were studied between the years 1996 to 2007,

six (6) of these supported the conclusion that OHS training is beneficial to workers and firms. This strong evidence demonstrates that behavioural change can be brought about when suitable OHS training is given (Greene et al., 2005).

In line with the benefits highlighted by international studies, the Kamra tal-Periti proposed the licensing of contractors, arguing that this would ensure that training requirements are set and followed by companies included in the register (Kamra tal-Periti, 2019).

In an NAO audit, the implementation of the skill cards to ascertain the competence of a worker was recommended (NAO, 2016). The report highlighted that the BICC was already working on the implementation of the skill cards. The project being undertaken was to introduce a system to certify the competence of workers in their respective skills (NAO, 2016). In the review of the audit in 2020 issued by the NAO, the OHSA stated that it has been collaborating with other authorities on the implementation of the skills card. The skill card will be compulsory for anyone to access any construction site by the end of 2023, as listed on the course catalogue issued by the BICC.

Ireland's training and employment authority runs a one-day mandatory safety awareness training program titled 'Safe Pass'. This program aims to ensure that all construction employees in Ireland have a basic understanding of OHS so that they may operate on construction sites without endangering themselves or others (European Commission, 2011).

2.6 Conclusion: Research Rationale and Objectives

The literature clearly demonstrates that the various reports that have been issued over the years outline the issues found within the construction sector and recommendations to improve the state of OHS at construction sites. To further understand the current scenario, OHSA annual reviews were analysed to determine how the authority is addressing OHS in the construction industry. Foreign research and statistics were also included for each of the highlighted issues, so as to substantiate the issues identified in the local reports.

Whilst compiling the research for this literature review, the researcher observed that from 2006 to the most recent annual review in 2021, the OHSA did not organise any seminars or other collaborations with OHS practitioners, nor were any included in the strategic plan for 2022-2027.

From the research, it was noted that little has been published showing the perspective of OHS practitioners with regard to the issues in the construction industry, and their suggestions, if any, of the way forward. This gap was compounded by the lack of local academic sources. The researcher therefore made use of studies conducted abroad to substantiate arguments rooted in the local reality. This present study attempts to fill part of this gap to the best of the researcher's ability.

This study will therefore explore the OHS practitioners' views in a bid to understand the perspectives of OHS practitioners. The upsets or progress made because of the discussed reports can be highlighted, and the study can potentially outline further recommendations. To this end, the interview questions were carefully structured to answer the research questions and ultimately to provide uniformity and/or contrast with the reviewed literature. These are outlined in the Methodology Chapter.

Chapter 3 - Methodology

3.0 Introduction

This section addresses the method used to evaluate the research question, together with the methodological approach used in this study.

An illustration of the data collection process, as well as the subsequent data analysis method is also provided in this chapter. Finally, the section concludes with the study's limitations and the ethical issues that had to be considered throughout this study.

3.1 Research Aim and Research Question

The aim of this research is to understand the current situation in OHS in the construction industry from the perspective of OHS professionals to be able to answer the following key research question:

In the opinion of Health and Safety practitioners what is the current state of Occupational Health and Safety in the Maltese construction industry and what could be improved?

Therefore, the aim of the study is to explore Health and Safety practitioners' opinion of what could be improved. The objectives of the study are; -

1. Analyse occupational health and safety practitioners' perceptions on whether any improvements have been identified through the years in OHS in the construction industry.
2. Identify any perceived issues and challenges which OHS practitioners' currently encounter.
3. Explore the perceived improvements that can be made in the construction sector in Malta.

3.2 Research Design

Different research designs were considered for this study, out of which a qualitative research method was chosen. Qualitative research methods were chosen as the author sought to investigate the participants' opinions in order to explore the perceived failings of OHS within the construction industry and to provide constructive steps to mitigate them.

According to Berg and Howard (2012), qualitative research is characterised as meaning: a concept, a definition, metaphors, symbols, and a description of things (Berg & Lune, 2012). This shows that qualitative research is a way of problem-solving through recalling memory (Berg & Lune, 2012). In fact, Bryman argues that a qualitative approach is more suitable when trying to understand the in-depth and underlying reasons behind a cause within behavioural science (Bryman et al., 2022). The study further concurs that a qualitative approach is undeniably useful when the semantics (words and their meaning) are to be studied and understood, as opposed to numbers and statistical data (Bryman et al., 2022).

A qualitative research approach places the way humans think and act in a social context and explores a wide range of phenomena in order to fully comprehend and appreciate them through the examination of behaviours and interactions (Sherman & Webb, 1988).

3.3 The Participants and Context of Study

The researcher sought participants who are qualified OHS professionals, with a minimum level of education at Diploma-level and who have been working in the construction industry for a minimum of two years, since it substantiates their opinion; due to the fact that these are professionals with not only a high level of education regarding the subject, but also work experience. This criterion was purposely selected by the researcher since it fits in the criteria required to be listed as a competent person within the OHSA's competent person register as seen on the OHSA website.

The rationale behind selecting persons working within the construction industry is that this allows the researcher to bring in invaluable personal experience on the current state of OHS in the construction industry in Malta. That is, information and data that is not clouded by what is being reported in the media, or what other OHS professionals have said. The average years of experience of the respondents is 16 years.

Purposive sampling and convenience sampling are the two most common types of sampling. For this study the sampling method used is "purposive

sampling", this type of sampling refers to the intentional selection of individuals due to the crucial information which they are able to provide which cannot be obtained from any other source (Padgett, 2017).

In order to be able to source the participants, snowball sampling was used. By using snowball sampling the researcher was required to initially select a few research participants who then ask if they know others who met the criteria of the research and who might be interested in taking part (Conrad & Blackman, 2018). A total of twelve participants were chosen by this form of sampling.

As explained, the researcher opted to formally include people with a diploma-level of education and above and who have worked in the construction industry for a minimum of two years as an OHS practitioner. Due to Malta's relatively small population and the limited number of people in the industry, the researcher decided to not specify the number of years the persons have been working in the industry therefore these were categorised in a range. In this way, this study respects fully the anonymity of the respondents. Finally, all participants are Maltese nationals.

The table below provides an overview of the selected individuals' background information most relevant to this study in order to provide context: -

| Participant | Qualification in OHS | Years of experience in the construction industry |
|--------------------|-----------------------------|---|
| 1 | Diploma | More than 15 years |
| 2 | Diploma | Less than 5 years |
| 3 | Masters | Between 5 and 15 years |
| 4 | Masters | More than 15 years |
| 5 | Masters | More than 20 years |
| 6 | Diploma | More than 20 years |
| 7 | Diploma | Between 5 and 15 years |
| 8 | Masters | Between 5 and 15 years |
| 9 | Degree | Between 5 and 15 years |
| 10 | Degree | Between 5 and 15 years |
| 11 | Degree | More than 20 years |
| 12 | Diploma | More than 20 years |

Table 2: Summary of Participants' Relevant Information

3.4 The Interview Guide and the Interviewing Process

The qualitative method is ideal when conducting in-depth interviews to collect data. Consequently, this research makes use of one-to-one interviews to amass invaluable information from industry practitioners. Many studies show how and why interviews are a very useful method for collecting data; proving to be essential for collecting information on the experiences, behaviours, and beliefs of participants (Ryan et al., 2009).

The flexibility of the interview structure is one of its greatest strengths, with the use of semi open-ended questions (Tod et al., 2010). Furthermore, one-to-one interviews give valuable information about the current situation of a research subject which has been deemed essential for this study; since, as the title implies, the current state of OHS in the construction industry is being studied (Ryan et al., 2009).

Following the thorough analysis of the available literature relevant to the study, an interview guide was drafted, see Appendix 1. The interview guide lists the questions, which were put together by referring to the main research question as well as the aims and objectives of the study as recommended by Given (2008). Additionally, the researcher also based the questions on the literature found whilst compiling the literature review (Chapter 2). Guidelines on how questions should be worded and structured as issued by Bell and Waters (2018) were used. The interview guide is categorised into three parts: the introductory set questions, the semi structured questions, and the closing question and summing up.

The first section consists of three questions regarding the participants' background, work experience, and education level. The second part includes six semi-structured questions which cover the aim of the study. This is where participants are asked their opinions on the current state of OHS in the construction industry, the challenges and struggles they encounter, and their opinion on how OHS can improve. To finish the interview, the third section allows time for the participants to clarify or add anything regarding/to the discussion.

Once the interview guide was drafted, a pilot interview was held with an individual with similar criteria to the actual participants as recommended by Hennink et al., (2020). From the feedback and comments obtained from this pilot interview, the researcher was able to amend and adjust the interview guide accordingly.

The researcher submitted a proposal including the interview questions to the CLS, along with an ethics submission which was approved prior to contacting the potential participants.

Once approved, the participants were contacted through email, explaining the information on the research, the title and its aims and that a consent form would be required to be filled in. Further information about the study was provided in the information letter given to all participants. This can be found in Appendix 2.

According to Shuy's (2002) research, face-to-face engagement stimulates more small chat, politeness, customs, joking, nonverbal communication, and allows people to completely show their humanity. The researchers' preference was to conduct face-to-face interviews, which was accepted by the majority of the participants with the exception of one person who chose to conduct the interview over the phone.

All face-to-face interviews were carried out in a private room, recorded with a laptop recording device, and the purpose of the interviews was explained to the participants once more before the interviews began. The same applies to the phone interview; both the participant and the researcher chose quiet settings, and the interview was recorded using the laptop device's recording.

3.5 Data Capturing and Analysis Methods

To record the interviews a laptop recording device was used. Recording the interviews was decided to allow the researcher to focus on what participants were saying, only scribbling a few notes during the interview, and then was able to easily listen to them afterwards and transcribe each interview verbatim. All participants of the study agreed to having the interviews recorded,

Interviews require effort and concentration from the interviewer and listening well and attending to what the interviewees have to say is crucial (Watson, 2015). Studies have also shown that recorded interviews allow the interviewer and the interviewee to develop a better relationship and rapport. In turn, this leads to the participants being more open and potentially disclosing more detailed and in-depth information (Lopez, 2008).

The process of transcription is very beneficial for one to familiarise themselves with the data, but also in order to capture the sentiment behind the words (Riessman, 1993).

After transcribing the interviews, the researcher was able to familiarise themselves with the findings by reading and rereading the data. A thematic analysis method was used for identifying, analysing and reporting the points at issue within the data (Braun & Clarke, 2006). Furthermore, the thematic method helped to organise and describe the data in detail (Braun & Clarke, 2006), as well as interpreting the various aspects of the research topic (Boyatzis, 1998). The step-by-step guide created by Braun and Clarke (2006) for carrying out thematic analysis was also used.

In detail, the researcher read and reread the data to familiarise themselves with the data, whilst listing down important points and ideas made by the participants. The next step was to generate initial codes across all data (transcript), which was then followed by identifying themes within the information and amalgamating all data relevant to each of the themes. This process resulted in a thematic map which is found in Appendix 3 (Braun & Clarke, 2006).

3.6 Limitations

For the purpose of this study, interviews were held with ten participants all from different organisations with most of the participants being self-employed. Since ten participants were studied in total, the findings are limited to this particular group of people, and thus devoid of generalisation possibilities (De Vaus, 2014).

Furthermore, it should be noted that some information has not been gathered. This is due to the fact that a number of participants continued to give information, after the recording and interview were formally stopped, during the 'small talk' that ensued. As per academic and scientific rules, this valuable information could not be included in the findings of this study. The fact that some of the participants are self-employed meant that some participants purposely did this out of fear of being criticised or judged for replying in a certain way to certain questions. Especially since their daily income is based on their profession as a self-employed person working in OHS. Whilst understandable, it should be noted as a limitation of the study. Thankfully, however, the data gathered during the formal interviews overwhelmingly outweighs these excluded details, thus preserving the relevance and importance of this study.

Because of the researcher's background, some respondents may not respond truthfully in order not to be viewed in a bad light. In the sense that respondents may respond with what is expected of them as OHS practitioners and not what they really think. This is a common limitation in qualitative studies.

3.7 Ethical Considerations

Whilst carrying out the study, the researcher ensured at all times that their behaviour and communication were in compliance with the University of Malta's Research Code of Practice. Prior to collecting any data, the Research Ethics and Data Protection (REDP) form was electronically filled, submitted, and approved by the Fema Research Ethics Committee (FREC). All questions were reviewed as per guidelines given by O'Leary (2004) to make sure that the questions were not in any way confronting or offensive.

Potential participants were given an information letter, which can be found in Appendix 2, which included the research title as well as the research aims and objectives. The information letter was distributed to participants prior to their agreement to participate in the study and included important information about data collection, data presentation, and the option to withdraw from the study at any time without providing reasons along with the details of the researcher and

the supervisor. The participants' rights under the General Data Protection Regulation and national regulations were included, and the potential participants were reminded and advised that if they choose to participate in the study, the data collected would be removed after the results were published.

Prior to the commencement of each interview, and before initiating any voice recordings, consent was obtained from the participants via verbal confirmation and a signed consent form. The participants were also reminded verbally that all and any information pointing to their identity would be removed and that names would be changed, to ensure full confidentiality. In addition, participants were informed about their right to stop the interview and have the data withdrawn at any time in the case that they no longer felt comfortable (Bryman, 2008)

In Appendix 4, a copy of the consent form is included. The consent form gives a formal guarantee to the participants that their identity is not to be disclosed in any way, that their participation is voluntary, and that they are free to withdraw their participation or decide not to answer any particular question. Included in the consent form is also the possibility for participants to review the transcripts and request changes if necessary.

A data management plan was also presented as part of the REDP and approved by F/REC. The Data management plan clearly lists how the data will be handled from the start to eventually being destroyed when the result of the thesis is official.

3.8 Conclusion

This chapter has provided the reader with an overview of the research methods used to be able to address the main research question through the study. The process of how data was gathered, and the data analysis method used were also discussed. This chapter also outlined the limitations of the study and how the ethical issues were tackled.

The next Chapter will present the findings whilst also analysing and discussing the findings in relation to the main research question.

Chapter 4 - Findings, Analysis and Discussion

4.0 Introduction

This chapter presents the study's results. Each objective is listed separately, and for each of the three objectives, themes and sub-themes have been identified.

In terms of the first objective, two themes were found to be relevant, these being the involvement of the OHSA and the influence of the media on improving OHS in construction sites.

In terms of the second objective, the themes identified related to the issues and challenges are the stakeholders in the industry (clients and contractors), the role of the OHS practitioners, training and awareness on hazards, and foreign workers.

The third objective lists the perceived improvements required to be implemented, including recommendations aimed at stakeholders in the industry (clients and contractors), recommendations related to the role of the OHS practitioners, foreign workers, collaboration between entities and enforcement, fines and site inspections.

The themes and sub-themes are discussed in detail in the next sections.

4.1 Objective 1: Improvements in OHS over time

In line with the first objective, participants were asked if they believed the situation in terms of OHS had improved in Malta over the years. All participants stated that they observed improvement over the time of their careers, which is in line with findings by Fiorini and La Ferla (2020). However, the majority of participants agreed that much more improvement is needed, with some comparing Malta to other countries.

Participants seemed to share the same opinion that more progress is required due to the number of fatalities reported in the construction industry. Additionally, one of the participants mentioned that in the construction industry "we have the highest fatality rate, we do not have the highest incident rate

since in my opinion, we have a huge underreporting of incidents in the construction industry”. This can be confirmed by a study which found that over a period of 12 months, 75% of occupational injuries and ill-health cases were not reported (OHSA, 2011a).

4.1.1 Involvement of the OHSA and legislation

Participants stated why they believed the situation has improved, with some noting the OHSA, the application of laws, and hence increased enforcement and fines, as the reasons for this. A number of participants shared the opinion that, although more needs to be done, the OHSA has succeeded in fostering a better mentality and it has done this by “unfortunately imposing fines and litigation against clients, contractors, and PS”.

Participant 4, who has been in the profession for quite some time, stated:

To be honest there was an improvement, because when I started, about – more than 50 years ago, it was non-existent, health and safety. Nothing at all. I remember going to sites with no equipment, no procedures, nothing. However, since there was the introduction of the OHSA, with the law, legislation... and so on... And the implementation of the law; the legal notice, the 88 of 2016, the one before was in 2004... There was improvement.

Participant 4 added: “I'm not saying that we are spot on – however there was some improvement...However, from my perspective, I think that there is some work to be done. We are nothing near the UK for instance.” This comparison to other countries was made by several participants who claimed that Malta has a lot of work to do to reach the OHS standards of other countries.

4.1.2 Influence of the media

On the other hand, one of the participants offered a different explanation for the observed improvements, arguing that the situation improved due to social media exposure, since they believe that “yes, the improvement was there but not due to the involvement of the authority (OHSA) per se, no. So, it was more the pressure people were putting on social media that brought about improvements”.

4.2 Objective 2: Issues and Challenges

The second objective sought to identify the perceived issues and challenges that OHS practitioners are currently facing in performing their roles. Using Braun and Clarke (2006) thematic analysis methodology, four themes were identified: stakeholders in the industry (contractors and clients), the role of OHS practitioners, training, and foreign workers. These themes and related sub-themes will be explored in this section.

4.2.1 Stakeholders in the industry – client and contractor

All participants agreed that the client has a major influence on the level of OHS in construction sites. This is in line with the guide issued by the European Commission (2011) which emphasises that clients are in a strong position to determine how their projects will be organised and carried forward since they do not only finance the project but are also the ones that decide what, when and who will be involved in the construction project.

All the study's participants agreed that the client's choice of contractor/s has a significant impact on the degree of OHS on a construction site. In line with this, the Kamra tal-Periti has been advocating for all contractors to be registered based on a set of criteria, with the initial suggestions made in 2007 and a proposal officially endorsed in 2020 (Kamra tal-Periti, 2007, 2020). Despite this, none of the participants mentioned these proposals or the Kamra tal-Periti's effort in this.

Lack of commitment to safety

Several participants discussed how the level of commitment in different sites differs, explaining that some sites have rules and procedures in place, whilst others have nothing. The study's participants suggest that the implementation of basic OHS measures, consideration for neighbours, and the safety of employees are not always assured. The implementation of proper and definite OHS procedures appears to be dependent upon the willingness of the client and/or contractor overseeing a site. One of the participants highlighted that different contractors have varying reputations "Certain contractors, when you

work for them, I say, thankfully they have common sense” while working with others with a negative reputation elicits “shock” due to their known bad work practices.

Another participant stated that “there are large differences between developers, that is clients and contractors, from one project to another. It ranges from very good to quite poor”. In fact, safety in general within construction sites depends on how much clients and contractors want to implement it, and this is the general opinion of the interviewed participants.

Participants described how management’s commitment towards OHS led to better OHS behaviours by their workers.

If the management shows interest in health and safety then the workers will show interest in health and safety... and they would adopt health and safety, but if the management or the constructors just want the job done and they see health and safety as an obstacle then that is a major problem.

This finding is in line with the study by Bayram et al. (2017), which confirms that management-level commitment to OHS has a positive impact on safety performance.

Several participants mentioned the issue of having clients which ignore OHS related reports sent to them as well as stop works notices issued by the PSs, emphasising on the fact that “the client makes a large difference, where you find clients that for example would tell the OHS practitioner that they want the ‘bare minimum’ and others would ask for high standards at their sites”.

In some cases, this lack of commitment can cause OHS professionals to despair and take drastic measures. Participants described resigning from projects due to a lack of communication from the client and because of unresolved reoccurring issues. This was a drastic measure taken in order not to be found legally liable for the inadequate state of OHS found within those sites. In some cases, one participant explained, that PSs were verbally threatened by clients who accused them of halting their project and costing

them time and money. Conclusively, OHS practitioners' only option is to stand down in such situations, lest they incur legal risks.

There have been instances where I have been PS and I have resigned, resigned from the post. It is not a matter of money. Money is important for everybody, and we all work to make a living, agree. But when I have a client or a contractor who does not see eye to eye with me on safety issues in critical areas I pull out.

Several participants claimed that clients fail to comply with the SOs. Aligned with this concern, the NAO expressed concern regarding the ignoring of SOs by clients, pointing out the dubious effectiveness of this means of enforcement (NAO, 2016).

Safety seen as an expense

The issue that clients and contractors see safety as an expense was brought up by many of the participants, with participants stating that OHS practitioners would inform the clients and contractors on the requirements since these would be listed on the Health and Safety Plan. However, "they don't do it according to what you have in the plan". Therefore, clients and contractors often find similar but less costly ways to implement health and safety.

Implementing and in other instances improving OHS on a site is costly, since resources are necessary; this point is related to the client's level of priority for OHS on a site, where it is up to the client to choose the contractor wisely: "if you choose to carry out a project based on the contractor with the lowest price, these things cost money. The contractor is not there for charity, he wants to earn money". Therefore, health and safety on construction sites seems to depend on how much financial resources the client or the contractor are willing to fork out. There is a direct conflict of interest between profit and health and safety "it is very difficult to persuade the client to do it the right way, because there is the issue of cost. Cost, cost, cost, you know. And when it comes to cost, these are some of the difficulties we encounter."

Participants seemed to share the same belief that most clients and contractors choose profits over health and safety, prioritising the completion of the project on time over anything else. "Some contractors do not invest in safety because

safety is an expense, safety is a waste of money, we want to get the job done, we have deadlines”. Participants further added that the challenge is to change the mentality since “it all goes down to cost”.

Similarly, another participant explained that from their experience, if the foreman of a project requests building material to be immediately delivered on site whilst another foreman requests material to improve safety, the latter would take longer to arrive or would be omitted altogether. In their own words, health and safety is often “placed on the back burner”.

Notably, participants pointed out that “stakeholders and players in a construction project view our advice as something to tolerate, and if possible, to get away with”. Thus, OHS practitioners are seen as a burden, together with their instructions to improve health and safety, with only a few stakeholders understanding the long-term benefits of having high levels of OHS.

Difference between large and small contractors

One factor found to be relevant, mentioned by several participants, was that there are major differences in the level of OHS between large and small contractors with one participant expressing that “a few contractors, with most of them being the larger ones, have endorsed health and safety as part and parcel of their daily management”.

This observation seems to be endorsed by the OHSA, which positively remarked that larger contractors have a better understanding of the benefits of maintaining good standards of OHS, and invest more resources in large projects (OHSA, 2013, 2014). Large projects with many personnel and extended durations no longer have significant injury rates (OHSA, 2013, 2014). The European Commission (2011) had also determined that larger sites were more compliant than smaller sites.

Several participants highlighted how it can be harder to work with smaller contractors due to their lack of resources, which also results in less awareness of their OHS obligations. Participants expressed that “smaller-sized contractors are not willing to invest much financial resources in health and safety”. The same applies to welfare provisions to employees: “some

companies offer welfare provisions such as mobile toilets... Others, especially the small contractors, they do not want to pay to have a mobile toilet, they don't want to pay to, you know, because it's expensive." This is in line with an HSE study which included 100 construction accidents and found that larger companies invest more in their employees' safety and had larger supplies of PPE than smaller companies (Sophie Hide et al., 2003).

The term 'smaller-scale clients' also includes persons who decide to build a house or a block of flats, Participants further added that in such cases the OHS practitioner/s involved would be professionally impaired: "there you suffer, you suffer a lot. Because again the client makes a difference". This is in line with the European Commission's observations which mentioned that clients on infrequent small sites are often unaware of their obligations in terms of OHS, with larger clients being more aware of the importance of prevention and its long-term benefits (European Commission, 2011).

4.2.2 The role of OHS practitioners

Several participants, in particular those who occupy the position of PS in construction sites, indicated that they face a variety of issues and challenges. In fact, one of the participants remarked that "[they] are bullied at construction sites sometimes as well." Many participants stated that they are having problems fulfilling their roles, and that the roles and responsibilities of OHS practitioners on construction sites are unclear.

Appointment of OHS practitioners on construction sites

A number of participants pointed out the fact that OHS practitioners in construction sites are paid by the contractors or from the person commissioning the job, which puts the OHS practitioners in an uncomfortable position. OHS practitioners require the jobs, especially when big contractors are involved:

the worst thing in this industry... Is that the occupational health and safety is directly tied with the contractor, or with the people who are forking out the money: forking out the money in health and safety and forking out money to the officer. So, what are the chances that the

health and safety officer would actually report his employer to OHSA?
Unless - - things are so blunt that one can't do anything else

This is in line with concerns raised by MOSHPA's President, who mentioned that since PSs are engaged by developers and contractors, reporting the persons offering them the job could mean that they could end up being blacklisted (Times of Malta, 2022; Zammit, 2022). Such a public and adamant statement from MOSHPA's President and corroborating comments from the participants in this study conclusively show this clear conflict of interest.

The system not being regularised and the fact that no definite guidelines are in place put further difficulty on the role of the PS. Lack of guidelines for OHS practitioners means that whilst performing their role, some practitioners might be more lenient than others. In such cases, one of the participants stated:

But if one tries to be a pain, if one tries to stop... I mean, it's more worth it to quit these kinds of jobs. Because, ultimately, us health and safety officers, we will have to – we will be asked the questions if something happens; if things go to court, we will have to – I think we could be even arraigned in court nowadays. Is it worth it? I don't think so.

Correspondingly, another participant explained why a number of points are not yet clear:

What is the role of the project supervisor, because this is also something that is unclear where one has many different interpretations in the law: what a competent person is, what qualifications are required, what exactly is the role of the PS, the role of the consultant.

Relationship of OHS practitioners with the OHSA

There seems to be no homogeneity, nor coherence, when it comes to communication and endeavours between OHS practitioners and the OHSA. In fact, participants explained: “there is no chemistry between project supervisors and OHSA – the OHSA doesn't even support or sort of protect the project supervisors, instead it is trying to destroy project supervisors”. MOSHPA's President expressed his concern on the way PSs are being summoned to

meetings when safety shortcoming is identified, for which they are also informed that it is their right to be accompanied by a lawyer (Times of Malta, 2022).

The weak relationship between the OHSA and OHS practitioners has resulted in adverse consequences on the perception of other stakeholders who view it as a reduction in their obligations. Participants shared concern that:

Now the PS is on the forefront and has to withstand everything so much so that the contractor when you try to speak to him, he will tell you, “Whatever, the OHSA will call for the project supervisor and not us”. And that is unacceptable.

In June 2022 an article exposed a case in which the Court of Criminal Appeal (Inferior Jurisdiction) confirmed the conviction of one of the appellants who had assumed the role of PS. In its final judgement the Court of Criminal Appeal concluded that simply informing the client and the workers on site about the lack of compliance is not sufficient to fulfil the role of PS as per L.N. 88 of 2018 (Gauci & Magri, 2022). The article, which was written by two lawyers, implies that the PS is also to report to the OHSA (albeit not mentioned specifically). This court decision clearly concerned a number of participants which made reference to it during their interviews.

Correspondingly, one of the participants added that the OHSA's interpretation of the legislation has altered from two to three years ago to now, following two severe accidents, stating that “[T]he biggest challenge at the moment is dealing with the OHSA since the OHSA is not issuing straight communications”, and further adding that presently OHS practitioners are not offering much as the OHS practitioners alone cannot do much and neither can the OHSA, on its own, insisting that further collaboration is required as it feels like “the Cold War”.

At present, L.N. 88 of 2018 concerning OHS in construction sites is in the process of being amended and aims to tackle some concerns mentioned by PSs though the inclusion of a new non-liability clause that no civil action or other proceedings for damages may be taken against the PSs by duty holders unless the project supervisor behaved negligently.

Lack of guidelines

Several participants expressed concern regarding the lack of guidelines, despite the OHSA's claim in one of its annual reports that guidelines had been issued (OHSA, 2020). However, the researcher was unable to obtain these guidelines to ascertain their applicability in addressing the queries posed by OHS practitioners (OHSA, personal communication, March 2, 2023).

Concurring, participants stated that there isn't enough information on how the job should be performed, both for the role of the OHS practitioner as a consultant and even for the role of the PS, and that OHS practitioners learnt through their own experience or that of others. The concern reflects the absence of established guidelines pertaining to the essential components of the H&S plan, mentioned in L.N. 88 of 2018. As a result, OHS practitioners within the industry have had to rely on online resources and the practices implemented by other countries. The participants explained that there have not been any guidelines issued on the matter:

I'm not expecting the OHSA to issue such guidelines...The OHSA, BICC and all other entities that in one way or another are involved in construction, none of these have ever issued guidelines on what are the minimum requirements to be included in a H&S plan.

One of the participants pointed out that "one of the big problems is that in EU law from which the Maltese law was transposed is that the PS is referred to as a person who the client engages to follow up on the whole project, not simply OHS". The participant further added that this person would be on site every day and that the situation is different in Malta, where the PS is simply tackling OHS-related matters and hence would not have the day-to-day running of the site under their control:

Project supervisor in EU law is that person who is on site managing the site, but in Maltese law the project supervisor is the person managing the site who is qualified in health and safety, and they are thinking that it is the person managing the project.

This clear lack of guidelines leads to many other issues, such as the determination of the required frequency of inspections. At times the OHS

practitioner would explain to the client that due to the large size of the project they would need to come in more regularly, only to be rebuked and let into the site just once a week.

Commercial aspect of the role

Due to the commercial aspect of the job, OHS practitioners have been reducing the price for their services, and hence the number of inspections have also been reduced. Several participants sustained that, in line with the lack of guidelines, certain OHS practitioners tend to be more lenient than others and accept to carry out fewer inspections to keep costs down. As things currently stand, it is difficult for the OHS practitioner to determine the number of inspections to be carried out: “[H]ow many times do I need to go on site? How much am I going to charge the client?”

A participant explained that at times “we are our own enemies” because some are only concerned with financial gain and are not willing to incur reputational risk. Conclusively, it can be argued that PSs and OHS practitioners in general are at an impasse: as the situation stands, they must either selfishly refuse to make a stand or press on for more health and safety and fear the fact they may not get other jobs.

Participants expressed concern about the fact that some OHS practitioners take on more sites than they can handle. In fact, one of the participants explained that “there are a lot or there are some that have a lot of sites to manage, and are giving more importance to the commercial aspect of the role”. The same concern, that some PSs may not be taking their job seriously enough, was raised in an interview by Dr Mark Gauci (OHSA CEO). This matter was highlighted by the fact that one PS was found to be overseeing 500 sites simultaneously (Zammit, 2022b).

4.2.3 Training and awareness

The lack of training and awareness of hazards among workers on construction sites was a major concern raised by all participants.

Lack of suitable training and awareness of hazards

The importance of training was emphasised by all participants. A majority highlighted the necessity of providing sufficient training for high-risk activities, which is currently lacking. In line with this, the Kamra tal-Periti showed concern that workers on site are allowed to operate without any basic training, unlike several European building regulation frameworks that require construction contractors to be certified in line with certain standards (Kamra tal-Periti, 2019).

Most of the participants stated that they had observed, in their work experience, that workers on construction sites are rarely trained to manage high risk activities such as working at heights. Participants stated that “when working near unprotected edges [...] the information that exists is low”. One stated that a marginal proportion (“not even 2% or 3%”) know how to protect themselves, and further explained that there is a lack of training on such matters: “I’ve seen a number of people who don’t want to use a harness, or others who use it and use it incorrectly”. The participant further added that he “saw harnesses tied to twenty cement bags... and if the line cuts through the bags [...]”. This implies that the high number of fatalities due to falls from height is directly linked to a lack of awareness and training on controlling such hazards.

In 2021, six out of the nine fatalities in construction sites resulted from fall from heights. The OHSA report indicates that the stakeholders in the construction sector must take action to address the risk from fall from heights (OHSA, 2022). In corroboration, an international study identified that falls from height are one of the most common types of accidents in the construction industry, in comparison to other hazards. Furthermore, one of the factors leading to falls from heights was found to be lack of training (Nadhim et al., 2016).

One of the participants expressed concern regarding the inadequacy of the skill card contents in relation to the time allocated for the course, particularly with regard to the type of training provided to address the identified hazards. According to the participant’s viewpoint, the skill card appears to be creating a perception among the workforce that “after 40 minutes talking on working at

heights the worker is an expert, where in reality working at heights training takes a number of hours and involves theory and practice”.

4.2.4 Foreign workers

A concern amongst all the participants was the influx of foreign workers due to the high demand within the construction industry in Malta. This is in line with statistics, since the number of Maltese nationals who work in the construction industry declined from 21.3% in 2002 to just 11.3% in 2018. As a result, the dependence on migrant workers in the construction industry has increased (Central Bank, 2019).

Working conditions, cultural differences, and lack of training

The influx of foreign workers brings with it a number of challenges which include the working conditions offered to these workers and the cultural differences. Participants stated that nowadays, “agencies bring workers without any screening, the next day they are on the job and that’s it”. Similarly, another participant added: “foreign workers are not regulated for skills unfortunately and this is a struggle”.

This influx brought with it a number of challenges highlighted by the participants. A main point of contention is the challenge of communication, coupled with the inevitable general incongruity that results from people with different backgrounds and cultures working together. According to the participants, this becomes overly apparent when foreign workers coming from outside Europe start working in the construction industry, but it is also the case when European foreign workers who know little English and who are used to applying other methods than those provided for in the EU.

Participants expressed frustration about this, and pointed to the fact that workers who have been accustomed to working in less industrialised or developed conditions often struggle: ‘their culture in OHS is much lower than ours... so we had been struggling to increase our standards and then all of a sudden you had an influx of foreign workers with no idea of health and safety’. This echoes recent research which has found that migrant workers are more

likely to take risks on the job and to carry out work without proper training, and to complain about these factors (Flynn, 2014; Ronda Pérez et al., 2012).

Another significant issue pointed out by the participants is the working conditions migrant workers have to endure whilst working. A number expressed concerns through their experiences on construction sites:

I've faced some situations where the risks were high, and I was astonished, and I stopped the work right away [...] These people were put in dangerous situations just because they are immigrants and don't even know their rights.

[Migrant workers are] forced to work in inhumane situations and you find them there working in construction sites without [...] you know [...] no awareness, nothing. Some of them as well, for instance, they really want the job, and they do everything the master says. So, they are not assertive. So, if they tell them to go and work in a precarious situation, they will do it. You understand? And then we would be risking accidents to occur in construction, so this is one of the biggest challenges I think that we find in construction.

This is in line with Debono and Vassallo's (2020) study which found that many Filipino workers grapple with negative conditions at the workplace, including in the construction industry, with nearly half of the respondents reporting that their health or safety were at risk because of their work.

Participants noted that migrant workers often work for a lower wage for the same work done by other local workers. This is often coupled with longer working hours, as well as worse working conditions than non-migrant workers. The International Labour Organisation corroborates these statements and adds that migrant workers often fall victim to human rights violations, abuse, human trafficking and violence (ILO, 2015).

Migrant workers do not apply any safety, you know, and I don't blame them. Why? Because they are not instructed. They are not knowledgeable; they might be competent because they might be working in industries similar to ours, however, when it comes to legislation and safety and all of this, they are very laid back. And I think this is one of the biggest problems.

Communication and language barrier

Most of the participants stated that the language barrier is an issue on construction sites, since migrant workers often lack basic English language skills, and sometimes lack literacy also. At times, participants stated, OHS professionals need to find someone amongst a migrant worker's culture group to translate when they need to pass on a message. One of the participants added that OHS professionals sometimes revert to drawing in order to communicate something serious that could lead to injury: "You cannot bring something to the attention of the worker at that moment to fix the issue, sometimes I would need to draw."

Another participant stated that at times foreign workers would give the impression that they understood when in reality they would not have due to this communication issue.

Participants claimed that they use Google Translate if oral communication proved impossible. There is evidently carries the risk of translation error, which would not be picked up, resulting in the failure to pass on the message.

The issue with communication was mentioned by the majority of the participants, proving to be a significant challenge to overcome within the construction industry. The participants' responses indicate that contractors do not prioritise English language proficiency.

This unenviable situation is discussed in a study that discovered the disregard of English language proficiency during the hiring process of construction workers (Sophie Hide et al., 2003). The study also noted that language and literacy were identified as contributing factors in various accident investigations that impacted safe working practices (Sophie Hide et al., 2003).

4.3 Objective 3: Recommendations for improvement

The third and last objective sought to explore the perceived improvements that can be made in the construction sector in Malta. Using Braun and Clarke's (2006) thematic analysis methodology, six themes were identified: stakeholders in the industry (contractors and clients), the role of OHS

practitioners, training and raising awareness, foreign workers, collaboration between entities and enforcement, fines and site visits. These themes and related sub-themes will be laid out in this section.

4.3.1 Stakeholders in the industry: clients and contractors

This section will discuss the recommendations made by participants aimed at the main stakeholders in the industry, namely clients and contractors.

Determining OHS conditions early on

A number of participants suggested determining the OHS conditions at the beginning of the construction project. In this way OHS requirements can be stipulated earlier on and can incorporate requirements in compliance with relevant legislation. Such inclusion can be made at the tendering stage generally applicable for large projects. Based on the participants' personal experience, it was noted that the implementation of such measures made the management of these sites much better: "plain sailing", in their own words.

Similarly, another participant suggested that from personal experience they had seen that once a building contractor completes their task, all edge protection is removed since it would belong to them, leaving the site without edge protections. If multiple contractors are expected to work on the same site, the participant argued that questions arise as to who is responsible for setting up the edge protections:

When one contractor is involved, the site is more or less manageable, however when multiple contractors enter the same site, the client should shoulder responsibility on managing the site and including the requirements prior to starting the project.

In such instances, the participant suggested that expenses for edge protections and other critical safety resources including first aid and fire safety provisions should be included early in the tendering process. At one of the sites maintained by the participant, the client decided to manage the edge protection themselves, with a charge distributed among all contractors working on the same site. This approach worked quite well for the specific site. Similarly, another participant recommended that the client should include such

provisions early on to provide a station for fire hazards and first aid stations. This same recommendation was made by the European Commission which recommended that the inclusion of OHS provisions earlier on at the tendering stage should be included in OHS legislation (European Commission, 2011).

In fact, studies indicate that prioritising HS during procurement is crucial for establishing effective strategies and a robust safety culture to ensure the successful execution of construction projects (Young et al., 2019). Conclusively, the absence of HS considerations in a tender can result in issues concerning cost and safety (Young et al., 2019).

Contractor licensing and blacklisting

A number of participants highlighted the importance of contractor licensing as a means of ensuring that competent and skilled individuals are employed to work on construction sites. One of the participants explained on how this could be implemented;

First, I would start with setting up a register, where you have the contractors registering in this register according to their capabilities. So, you make a register A, B, C, D – you categorise the contractors in categories, OK? ... according to the level of management, training, skill because that makes a difference in health and safety, and then if you have training in health and safety and the equipment being used.

A number of participants further elaborated on the licensing suggestion by providing details on the operational process of the registry, suggesting that in case of a severe accident, the contractor should face a 12-month period of blacklisting, rendering them ineligible to participate in any government procurement process. The participants also suggested that the length of the blacklisting period should correspond to the gravity of the incidents. By adopting this approach, clients would be afforded the opportunity to select from contractors who have been categorised according to their safety track record.

One of the participants asked a rhetorical question: “who is responsible for ensuring workers possess the required qualifications, the PS?” Hence, it can be strongly argued that the licensing of contractors and the need for workers

to be qualified and trained as proposed by the Kamra tal-Periti (2020) would ultimately ensure that workers possess the required qualifications for contractors to operate.

This echoes a research investigation that analysed 12 licensing systems across Australia, the United States, and the European Union (Vokes & Pye, 2013). In fact, contractor licensing has been found to offer various advantages, such as the enforcement of standards that discourage unprofessional workers (Vokes & Pye, 2013).

Correspondingly, other studies suggest that licensing could enhance safety measures by effectively filtering out low quality contractors, although the available evidence on this matter is limited (Mitchell, 2020). In contrast, other research revealed that the implementation of licensing resulted in minimal or negligible improvements to the quality of services and the improvement of health and safety standards (Kleiner, 2015).

Clients / contractors' awareness of roles and responsibility

A number of participants argued that training stakeholders is essential to instil a mentality where OHS is not only viewed as being a financial and operational burden, but an integral part of the construction process:

I believe that from the very beginning, all players, stakeholders, from the developer downwards, in order to work in this field, I believe they should be given both the opportunity and in many cases the obligation to actually be educated in health and safety management

Similarly, another participant stated that clients' lack of awareness of OHS would be improved if clients understood their legal requirements and responsibilities, and that promoting awareness and education is critical. Not only does proper training in OHS make a difference in work site injuries, but also for the company's profit.

In line with this, the European Commission emphasised the importance of clients being made aware of their responsibilities as well as of the importance

of proper coordination to ensure OHS (European Commission, 2011).

4.3.2 The Role of the OHS practitioners

In this section the recommendations made related to the role of the OHS practitioners will be discussed. The sub-themes related to this theme are recommendations related to the frequency of visits, the responsibility of appointing an OHS practitioner (mainly PS) on construction sites, competency requirements for persons carrying out this role, and the need for guidelines.

Frequency of visits and appointment responsibilities

A common recommendation by most participants in this study was more frequent inspections on site and being on site on a regular basis.

If not every day, at least when there are changes in the work. Within the current system, the commercial aspect of the role created by the practitioners in the industry would be very difficult for one to compete and this point ties with the need to regularise and standardise the guidelines for OHS practitioners working in the industry.

Similarly, another participant pointed out that “to be 110% compliant in my opinion every site must have a health and safety officer on site”.

The Kamra tal-Periti and OHS practitioners have proposed different recommendations for the monitoring of construction sites. While the Kamra tal-Periti suggests the creation of a new role to replace the current positions of PSs and site managers, both recommendations emphasise the importance of daily monitoring (Kamra tal-Periti, 2019).

In a Performance Audit Report, one of the recommendations was for the OHSA to explore the possibility of shifting the legal responsibility of appointing a PS from the client to another more technical and knowledgeable stakeholder. Similar to this proposal, participants recommended that the OHSA create a database of all industry practitioners who provide OHS services as a PS or consultants. The purpose of this registry would be to randomly assign an OHS practitioner to manage the site of clients or contractors seeking such services.

There would be an obligation that these people would report directly to OHSA, they would be paid from the client, but they would report directly to OHSA, keeping in copy the client and all the rest.

Competency of persons performing the role

One of the participants expressed frustration at the OHSA for not enforcing certain aspects of the PS's role. For instance, that the PS should be listed on a register with classifications of competency: "[People] like yourself and myself who go to university and spend 2-5 years studying, for the OHSA it means absolutely nothing."

The NAO expressed a similar concern, suggesting that the OHSA should ensure that OHS issues on construction sites are solely overseen by PS who possess the necessary skills and qualifications (NAO, 2020).

In contrast, however, another participant believes that it is still unclear whether a person is required to be on the competent list to carry out the role of a PS. In their opinion, one should not waste time carrying out a bachelor's degree to carry out the role of a PS; a lower qualification would suffice. This same concern on what requirements are needed to carry out the role of the PS were raised by a number of other participants.

Interestingly, a number of participants seemed to be confused on the need of OHS practitioners to be listed on the competent person register. In its reply to an NAO (2020) recommendation for the OHSA to monitor and ensure that PSs working in the construction industry are included on the competent person register, the OHSA replied that the number of persons registered on the competent person list is low and that such a requirement would stall the industry. It also stated that the need to be competent is already a legal requirement and that being in the competent person register does not guarantee that OHS will be safeguarded (NAO, 2020).

Another participant went on to recommend that the OHSA register should include the specialisation of the OHS practitioners listed. In the opinion of the participant, this is essential since "construction involves a huge number of skills". Although participants in this study are not all on the same line regarding

this issue, there clearly is a lack of clarity around the role of the PS and how the role should be categorised based on competency.

Guidelines on OHS

A number of participants raised concern on the issue of lack of guidelines aimed at OHS practitioners (section 4.3.2). Participants emphasised the need for the sector (OHS services) to be regularised by issuing a code of practices and conduct, which the OHSA should help in developing together with OHS practitioners. These guidelines would aid in clearing many grey areas, such as who is a competent person, what are the requirements for a person to act as a PS, and the required frequency of inspections, amongst other concerns.

4.3.3 Training and raising awareness

This section will go through recommendations regarding training and awareness. Responses from participants related to this theme include sub-themes relating to necessity for sufficient training and the attitude of OHS practitioners in promoting awareness among workers on-site.

Adequate training to workers on site

The majority of the participants emphasised the importance of training as being essential to all those working on a construction site. Participants recommended that such training should be provided when workers are studying the skill and that “when studying to become a builder, you can’t have generic health and safety training but a more detailed training”. Therefore, in the participants’ opinion, training **of workers engaged in the construction industry** should be **customised to** their position.

The effectiveness of such a recommendation could be confirmed by a case study which investigated why construction workers in Denmark and Sweden had such different rates of work-related injuries. Despite equal work, Danish workers reported more absences due to injuries than Swedish workers, which was linked to Danish employees’ lack of formal education and professional training (Spangenberg et al., 2002).

Participants explained that workers are inadequately informed. When the potential consequences of unsafe work practices are explained to workers, they ultimately understand the importance of certain control measures: “At times I was the one showing videos to the workers on the importance of the safety helmet, and I found that this had a positive impact.” However, the participant went on to highlight that this should not be the role of the PS, but that workers should be well informed prior to entering the site. A number of participants explained that bad habits caused most accidents. Studies have corroborated this, as on-the-job training provides solutions to safety deficiencies (Sophie Hide et al., 2003).

Participants highlighted that education and awareness are very important aspects “making the person understand why it is so important that the objective is to go back home the way you went to work. Because that is the objective of every work site.” Accordingly, literature on OHS has repeatedly and conclusively confirmed that effective OHS training changes behaviour and induces better H&S practices (Greene et al., 2005).

Approach of OHS practitioners on site

The impact of a positive approach towards workers was found to be significant, as reported by several participants. Specifically, a positive approach towards workers, from the participants’ experience, works in “95% of cases”. The importance of involving workers in decision-making processes was emphasised by participants, who noted that workers may have valuable insights and ideas that surpass those of management. One of the participants emphasised that:

Safety is not just going on site and carrying out ten minutes on site, taking photos, doing a report and that's it. I mean that's not OHS. OHS is going on site, speaking to the workers, speaking to the management, identifying any risk on sites, toolbox talks, education on what has to be done, checking equipment, lifting plans, documentation on site, health and safety plans [...] these are struggles.

Similar to this approach, the OHSA during the period of January 2002 to September 2005 launched two initiatives with the collaboration of the BICC.

The Safety Bus Initiative included OSHA Officers filming wrong work practices on construction sites and showing them to the workers with the aim of discussing safer alternatives and better methods.

4.3.4 Foreign Workers

While the majority of participants voiced worry about communication issues, only a small percentage offered solutions. Two of the participants agreed on a strategy for addressing the issue, which included selecting a worker who could act as a translator.

This is a frequent practice in firms with such communication challenges, but it might lead to miscommunication if the employee is not as fluent in English as the supervisor believes. Furthermore, this places the employee in a mediator role between the supervisor and other employees, which could be exploited for personal gain by communicating contradicting messages to the management and colleagues (O'Connor et al., 2014).

One approach not highlighted by any of the participants is for firms to provide English language instruction to their non-native employees (O'Connor et al., 2014).

One of the participants offered the solution of including Identity Malta in the process to assist the employees' skills and language skills. The same recommendation was put forward by CLS, which however mentioned that ETC (now JobsPlus) could assist in this (Debono et al., 2013).

4.3.5 Collaboration between the various entities and authorities

The fact that the various authorities and entities are not collaborating on OHS matters was raised as a concern by a number of participants. "The OSHA works on its own, BICC [works] on its own", while participants affirmed that authorities need to communicate with each other and not against each other, since if authorities are not in tandem the structure falls apart.

What I would do I would also have the OSHA meet and carry out meetings to further improve the inter communication between

government departments vis a vis construction sites. This is an area which is lacking. The Planning Authority have the site technical officers, OHSA are not part of the Planning Authority permit, then you have the BCA and the OHSA basically doing more or less the same work... So, it's important that the department's initiative get together and make it more of a force which can further and accelerate many practices including OHS at the workplace.

This is in line with the Kamra tal-Periti recommendations, which amongst others included consolidating building regulations into one legal act (Kamra tal-Periti, 2019). It was argued that this would allow building codes to be published and enforced by a single entity, thus fostering better and simpler standards. The proposal was endorsed by many entities and organisations (Kamra tal-Periti, 2020).

The need for the involved stakeholders to discuss these issues in earnest was mentioned by participants. In fact, one of the participants mentioned that a problem solver should be involved in the discussion to act as an intermediary, hear all the difficulties, and possibly find a solution that fits all. Additionally, another participant proposed that Identity Malta should also be involved in these discussions. In the opinion of participants, this is the “direction the country should take, not the OHSA, the OHSA would point the direction however the whole country needs to follow.”

4.3.6 Enforcement, fines and site inspections

A number of participants expressed concern on the need of increasing enforcement whilst at the same time realising that the OHSA has limited resources. The need to emphasise on the regulatory aspect was also highlighted by the NAO, which instead said that the regulatory aspect is essential in the local scenario given the cultural disregard and lack of compliance with OHS standards (NAO, 2016).

Participants pointed to the fact that education takes time to dissipate into the workforce. It is a lengthy process that takes years to change a whole industry. Despite this, participants are adamant that education is the best solution, and that in the meantime more enforcement is required in order to improve the

present situation: “enforcement is the short-term solution to improve” and “long term enforcement would be reduced since people would be more educated”.

The immediate is more supervision, monitoring, and enforcement. But that alone will not get us far. It has been proven that a policing type of health and safety management does not get you far. On its own, it’s just an impetus for people to go around it, to think of ways to go around it, because they look at enforcement as just some other type of policeman.

All participants in the study emphasised the importance of increasing financial penalties and that sanctions should be proportionate to the incidents that occurred on site. Participants claimed that clients would sometimes tell OHS practitioners bluntly that they do not mind receiving fines. Most participants mentioned that the major contractors are “heavyweights”, with one adding that “when you fine them 500 euro it's like having a cup of coffee for them”.

This statement aligns itself with the findings of the NAO (2016), which determined that certain violations that the administrative fines are intended to discourage are not adequately represented by the imposed financial penalties. The assertion persists that a fine of €450 at most fails to adequately reflect the highly significant hazards associated with specific breaches, such as the failure to implement appropriate preventive measures for employees working

Several participants emphasised that fines should be increased and possibly include not only financial penalties but also an interruption of work on other sites if the contractor is charged with a violation. One of the participants suggested that in addition to imposing financial penalties, the contractor's licence to operate should be suspended for a certain duration in the event of non-compliance. This recommendation ties with the contractor licensing and blacklisting register mentioned in section 4.3.1.

If we don't take the enforcement seriously, if we're not going to penalise the site managers and the contractors, they're never going to learn. Sometimes, they tell you, “Your fine is nothing compared to the cost you are asking me to stop the work” – because you fined them X amount and they make four times the amount. So, they can't afford to stop. For me it's not about giving a fine only, for me, it's a fine, stopping the work and closing the site down completely. So, if

the contractor has four sites and I find a problem on one site, I shut down all four sites. We have to be harsh. It's the only way to get an effect.'

When it comes to increasing and imposing fines, the majority of the participants referred to fines being imposed on the contractor, the OHS practitioner or the client who is not letting the OHS practitioner carry out the role. Several participants remarked that the highest percentage of infringements are done by the contractor.

Penalties may therefore prompt employers to improve their safety efforts and respond to cited deficiencies. Studies have exposed and examined systematic evidence for effectiveness and discovered that regulation enforcement reduced injury rates (Haviland et al., 2010; Mischke et al., 2013). In addition, in many small organisations in Malta OHS action is only taken when faced by inspections by the OHS and/or fines (Borg, 2015).

It is interesting that only one participant expressed the importance of imposing penalties on employees who are discovered to be in violation. According to this participant, the OHSA is conveying a wrong message that the worker is invariably correct and safeguarded, even in instances where rules and regulations are disregarded. On this point, research has shown that construction workers possess a considerable level of awareness regarding workplace hazards and the corresponding preventive measures (Mock et al., 2017). However, the implementation of such measures is deemed difficult in the absence of enforcement systems (Mock et al., 2017).

One issue that was brought up by the participants was related to the selection process and type of inspections conducted by the OHSA, with certain participants arguing that it has devolved into a mere formality. This statement aligns with the findings of the NAO, which suggest that the OHSA ought to give precedence to its inspections through an electronic mechanism, based on the nature of the tasks and the track record of the duty holders at the respective construction sites (NAO, 2016).

The NAO also recommended that the OHSA should start carrying out more exhaustive inspections during site visits to ensure compliance, a

recommendation which was not taken on board by the OHSA, as confirmed in the follow up audit held in 2020 (NAO, 2020).

4.4 Conclusion

Throughout this chapter, participants who took part in this study expressed their perceptions on the current state of OHS in the construction industry in Malta. Apart from exposing malpractices and challenges, participants also contributed with proposed solutions in order to improve H&S in construction sites.

The main challenges that were brought up include the direct conflict of interest between clients and contractors, their lack of commitment to safety, the weak relationship of OHS practitioners with the OHSA, and the lack of proper legal frameworks and enforcement procedures, the lack of training given to workers on sites, as well as the influx of migrant workers and the various challenges associated with it.

The conclusion and recommendations arising from this study will be discussed further in Chapter 5.

Chapter 5 - Conclusion and Recommendations

5.0 Introduction

This chapter draws conclusions based on the key findings identified in this study. Furthermore, it includes several recommendations and proposals for enhancing OHS at construction sites, as well as suggestions for future studies on the subject.

5.1 Conclusions Drawn from the Research Conducted

This study aimed to investigate the perceptions of OHS practitioners regarding the current state of OHS in Malta's construction industry, which as a sector has been associated with the highest number of fatalities. A proactive approach towards improving OHS in this industry can be achieved by addressing the issues and challenges highlighted by this study.

Participants who took part in this study are all OHS practitioners and have invaluable experience within OHS in the construction industry in Malta. Some participants even have experience in the field abroad, giving them a wider perspective as well as comparative insight.

Overall, this study has shown that OHS has improved over the years in the construction industry, however it was felt that it still falls short of the desired standards when compared to other countries, especially our EU counterparts.

Importantly, this study sheds light on the misgivings of the system. For example, participants confirmed that the involvement of multiple stakeholders in construction sites raises concerns regarding the lack of commitment to safety, and the misconception that OHS is always someone else's responsibility. The participants highlighted an apparent lack of commitment towards OHS matters on the part of both clients and contractors.

Another example is the ease with which someone without experience can lead a construction project alongside professionals. This is a critical issue, since results indicate that smaller projects and one-off clients are more challenging to manage than the more established clients and contractors who take on large projects. To better manage the situation, several participants recommended the licensing of contractors (which is what the Kamra tal-Periti has been campaigning for for several years). Participants explained that licensing contractors would also address the issue of lack of training and skills because these would be a prerequisite to obtaining the licence.

Another proposal made that did not appear to be included in any of the local reports evaluated by the researcher is the obligation to include OHS regulations and requirements earlier on in the construction project, such as at the tendering stage or similar. The recommendation to make such a requirement a legal obligation was also suggested by the European Commission (2011) in one of its reports.

This study has also confirmed the deficiencies in the current relationship between the OHSA and OHS practitioners. As expressed by the participants, this is a serious cause for concern, since the challenge of balancing the comprehension of the expectations of the OHSA with the need to retain clients as a source of income is a significant issue faced by OHS practitioners. The belief put forth by OHS practitioners is that the establishment of clear standards and guidelines would effectively address their concerns and provide them with structure, which is lacking.

The lack of well-defined guidelines leads to multiple indeterminate elements, generating a sense of doubt among several practitioners regarding their anticipated obligations. The lack of specific guidelines results in greater authority for other stakeholders such as clients and contractors, who often take advantage of this situation and enforce their own requirements, including the frequency of on-site visits, in order to minimise expenses.

Another area needing improvement which this study uncovers, is training. Participants provided numerous instances in which inadequate and irregular training poses a grave risk to construction workers and by-passers. For example, the inadequacy of appropriate training for workers in managing high risk situations, such as when they have to work at heights, and particularly when it comes to using certain equipment such as safety harnesses, was identified as a significant challenge by the participants. This is especially needed since it is the leading cause of on-site fatalities (Nadhim et al., 2016).

What was made evident when analysing data in this study is that providing basic training does not yield the desired results. Several participants recommend that specific training is necessary in many areas, depending on the skill. This means that certain workers should get more thorough training in the areas they work on in a construction site.

This study also sheds light on current socio-economic changes in Malta, namely the influx of migrant workers coming to Malta and its effect on the construction industry. For the most part, participants showed no opposition to this phenomenon, since there is a need for manpower in the construction industry which cannot be supplied locally. Rather, the issues stem from the overall inadequacy with which the system functions, resulting in migrant workers positioned at construction sites coming with various degrees of experience, and sometimes with no formal training, either in construction (skill) or in OHS, or both.

The lack of awareness and training among foreign workers regarding job-related risks was identified as a significant challenge by the majority of participants. Language barriers contribute to the exacerbation of this situation through communication difficulties, as well as cultural and/or religious differences which sometimes prove to be highly disruptive. The literature review alludes to the fact that language barriers can lead to injury (Starren et al., 2013; Sophie Hide et al., 2003), and this study provides further evidence to this.

Evidently, this study shows the dire need for a process of professional integration, in which migrant workers can be recruited, taught skills that are at par with current construction regulations, given training on OHS practices, given adequate English language classes with the inclusion of technical terminology needed for construction, and ultimately the need to be formally inducted in a system that both the migrant workers and contractors are comfortable to communicate in. Failing to do so results in construction sites being manned by people devoid of the required skills (through no fault of their own, since construction industries in other countries require different, albeit at times lesser, skills), devoid of the proper OHS practices, and left without a platform to voice their concerns without fear of losing their employment – as is the case now. Ultimately, this culmination of factors leads to injury within construction sites, as is clearly seen by statistical data (NAO, 2016, 2020; NSO, personal communication, 2023).

The lack of proposed solutions to address the issue at hand was observed among the participants, with only a minority suggesting the involvement of other relevant authorities in Malta responsible for this group of individuals. The participants pointed out that relying on enforcement measures is not the most effective strategy for improvement, since it is rather a short-term solution. However, participants identified that the current lack of enforcement and low fines fail to provide an adequate deterrent to stakeholders who do not comply with legal requirements.

Another major concern uncovered by this study is the absence of cooperation among governmental entities. This was identified by a majority of the participants, who all seem to agree that there is an inherent problem with the system as it stands. Hitherto, there is a significant amount of ambiguity both professionally and legally, especially for OHS practitioners. Apart from the lack of coherence between OHS practitioners and the OHSA, their role is generally ill-defined and devoid of legal enforcement. Adding to this is the apparent lack of backing that is supposed to be given by the OHSA to support OHS practitioners. Some participants even claimed that the OHSA is being

counterproductive in this regard, and sometimes does more harm for PSs.

5.2 Recommendations for Practice

5.2.1 Fortify the role of OHS practitioners, and improve collaboration between entities

This study clearly shows that construction stakeholders need to better understand their roles and responsibilities. The system needs to be revisited and given the appropriate attention. Evidently, it is not only OHS practitioners who are falling victim of this system, but also construction workers (both local and foreign), and even clients and contractors to some extent. Although the current system clearly favours clients and contractors, the loss of human life is a loss for everyone.

The concerned authorities involved in the construction sector should focus their efforts on offering stakeholders the appropriate mechanisms to do their job.

When it comes to OHS practitioners, they should be able to implement changes without fearing for their employment. They should also find the appropriate legal backing from authorities.

When it comes to workers, they should be provided with the appropriate training on their duties and responsibilities in terms of OHS.

The selection process and type of inspections conducted by the OHSA should be more rigorous. As it stands, such inspections have become trivial, a mere formality, as exposed by this study.

5.2.2 More training and enforcement to tackle malpractices

These sessions can also emphasise the importance of OHS and point out specific recommendations mentioned in this study to clients, particularly when it comes to resolving issues such as edge protection with multiple contractors by listing such OHS requirements at the early stages of the project or at the tendering stage.

Given the obvious tension caused by a lack of standards and guidelines, a meeting with the OHSA to discuss the OHS practitioners' concerns would be extremely beneficial. During such meeting/s, which can be one-time or on a regular basis, OHSA can establish a positive relationship with OHS practitioners, sending the message to others that these two groups are working towards the same objective.

Concerned Authorities, OHS practitioners, construction workers representing the contractors and clients could come together to create easy to follow guidelines for all the stakeholders involved. One approach which is favoured when issuing publications and guidance is having more illustrations, little text, and fewer technical explanations (Albers & Cato, 2011).

5.2.3 Better integration of migrant workers, and more training for construction workers in general

Other initiatives that are now being discussed and offered to workers, such as skill cards and other training programmes established for the future, would benefit greatly from the inclusion of OHS practitioners with construction industry expertise in discussions.

Salminen (2011) indicated that migrant employees had a greater injury rate than native workers during their first five years at work, but after five years, their rate dropped below local workers. Thus, a recommendation for improvement would be faster integration of migrants in Malta, culturally as well as in terms of work rights, to combat the disproportionate number of injuries and OHS risks.

5.3.4 A tougher stance on contractors

As proposed by the majority of participants, heavier fines could improve the situation if they became an effective deterrent. Also, interrupting works and blacklisting contractors who are repeatedly in infringement could contribute to decrease violations, injuries and deaths.

5.3 Recommendations for Future Studies

The themes which emerged from this study can be further investigated quantitatively to establish the state of OHS in construction sites in Malta. Since a qualitative approach was adopted in this study, the sample and the findings could not be generalised.

Another study which could be carried out is to analyse the perceptions of clients and contractors, being the main stakeholders in the construction industry on the level of OHS, and following the same objectives of this study in identifying issues and challenges, and coming up with recommendations.

Finally, a replication of this study in other EU jurisdictions could provide an even greater comparative element, with the aim of comparing shortfalls and solutions across nations. Analysing the differences in applying solutions and the similarities in issues could provide better insight on solutions that work.

5.4 Conclusion

This research study has provided insight regarding the current state of OHS in construction sites in Malta from the perceptions of twelve OHS practitioners. According to the participants, the level of OHS has improved through the years, although further enhancements are thought to be necessary.

This paper presents an analysis of the issues and challenges raised, along with recommendations for addressing them. Some of the issues and recommendations mentioned by the practitioners have been previously identified in local reports, primarily by the NAO and the Kamra tal-Periti, whilst others were based on the experiences and perceptions of the OHS practitioners through their experience.

Apart from issues and challenges raised by OHS practitioners, this study also provides recommendations from the data gathered. Using Braun and Clarke's (2006) thematic analysis methodology, various suggestions for improvement were identified, such as stakeholders in the industry, the role of OHS practitioners, training and raising awareness, integrating foreign workers,

collaboration between entities and enforcement, and a tougher stance on fines and site visits.

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Appendices

Appendix 1 - Interview Guide and Semi structured questions

Good morning/ afternoon and thank you for your time in accepting to participate in this study.

This study is being conducted as part of my studies, namely the dissertation necessary for part completion of the bachelor's degree in occupational health and safety. The title of the study is; -

The state of Occupational Health and Safety in the Maltese construction industry – perceptions of Health and Safety practitioners.

The main objective of this study is to; -

1. Analyse occupational health and safety practitioners' perceptions on whether any improvements have been identified through the years in OHS in the construction industry.
2. Identify any perceived issues and challenges which OHS practitioners' encounter
3. Explore the perceived improvements that can be made in the construction sector in Malta

Kindly view this information sheet, which outlines your ethical rights. In particular, I would like to highlight that the interview will be pseudonymised, your name will not feature in the write-up and people will not be able to trace your answers to you. Additionally, you are free to withdraw from the research at any moment, so if you change your mind kindly contact me straight away before the 30/12/2022. After this date, the analysis and writing up will have been completed and the dissertation possibly submitted so it will not be possible to withdraw.

Introductory set questions:

1. What is your level of Health and Safety qualifications?

2. How long have you been working in the construction industry?
3. Gender and age?

Semi-structured questions:

4. What is your opinion of the state of Health and Safety in construction sites? Why is this?
5. What changes related to the state of Health and Safety have you observed throughout the year working in the industry? Has it improved?
6. What are the daily challenges and struggles If any, in carrying out your role?
7. What in your opinion could improve the state of Health and Safety in the construction industry in Malta?
8. Have you implemented any initiatives which have had a positive effect on OHS in construction sites?
9. Have you encountered any difficulties with implementing these changes?

Closing question and summing up

Would you like to add or clarify anything regarding anything we have just discussed?

That is all the questions that I had for you today. Thank you so much for your time and for sharing your knowledge and experience with me. This interview will be valuable to my research and dissertation. Once again, I'd like to remind you that you will not be identified in the research, so nobody will be able to trace your responses to you. You can also withdraw from the research by the 30/12/2022. If you have any questions or concerns about this research project, do not hesitate to contact me on raisa.ferranti@um.edu.mt or 00356 79444361.

Appendix 2 - Information letter

Dear Sir/Madam,

My name is Raisa Marie Ferranti, and I am a student at the University of Malta, presently reading towards a Bachelor's Degree in Occupational Health and Safety (Honours). I am presently conducting a study as part of my dissertation titled;

The state of Occupational Health and Safety in the Maltese construction industry – perceptions of Health and Safety practitioners.

This study is being supervised by Dr. Luke Fiorini. This letter is a kind invitation for you to participate in this study. Below you will find information regarding the study and further information on what this entails, should you decide to take part.

The aim of the study is to explore Health and Safety practitioners' opinion of what could be improved. The objectives of the study are; -

1. Analyse occupational health and safety practitioners' perceptions on whether any improvements have been identified through the years in OHS in the construction industry.
2. Identify any perceived issues and challenges which OHS practitioners' currently encounter
3. Explore the perceived improvements that can be made in the construction sector in Malta

Your participation in this study would contribute to a better understanding of the state of the Health and Safety in constructions sites in the Maltese Islands. After analysing the current state, one could understand in more depth the most effective strategies one could implement to strengthen the Health and Safety in construction sites.

Any data collected from this research will be used solely for purposes of this study.

Should you choose to take part, you will be asked to participate in a semi structured interview, asked various questions related to the state of Health and Safety in the construction industry throughout the years working in your role as a Health and Safety Practitioner/Supervisor on construction sites. Answered questions will be recorded and used as part of the study. Data collected will be erased on completion of the study following publication of results.

Data collected will be treated confidentially, coded, and pseudonymised and only the academic supervisor/s and examiners will have access to this information.

Participation in this study is voluntary; in other words, you are free to accept or refuse to participate, without needing to provide reasons. You are also free to withdraw from the study at any time, without needing to provide any

explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be deleted.

If you choose to participate, please note that there are no direct benefits to you. Your participation does not entail any known or anticipated risks.

Please also note that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. As previously stated, all data collected will be erased on completion of the study and following publication of results.

A copy of this information sheet is being provided for you to keep and for future reference.

I would like to thank you in advance for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me by e-mail on Raisa.ferranti.18@um.edu.mt; you may also contact my supervisor via email: luke.fiorini@um.edu.mt

Sincerely,

Raisa Marie Ferranti

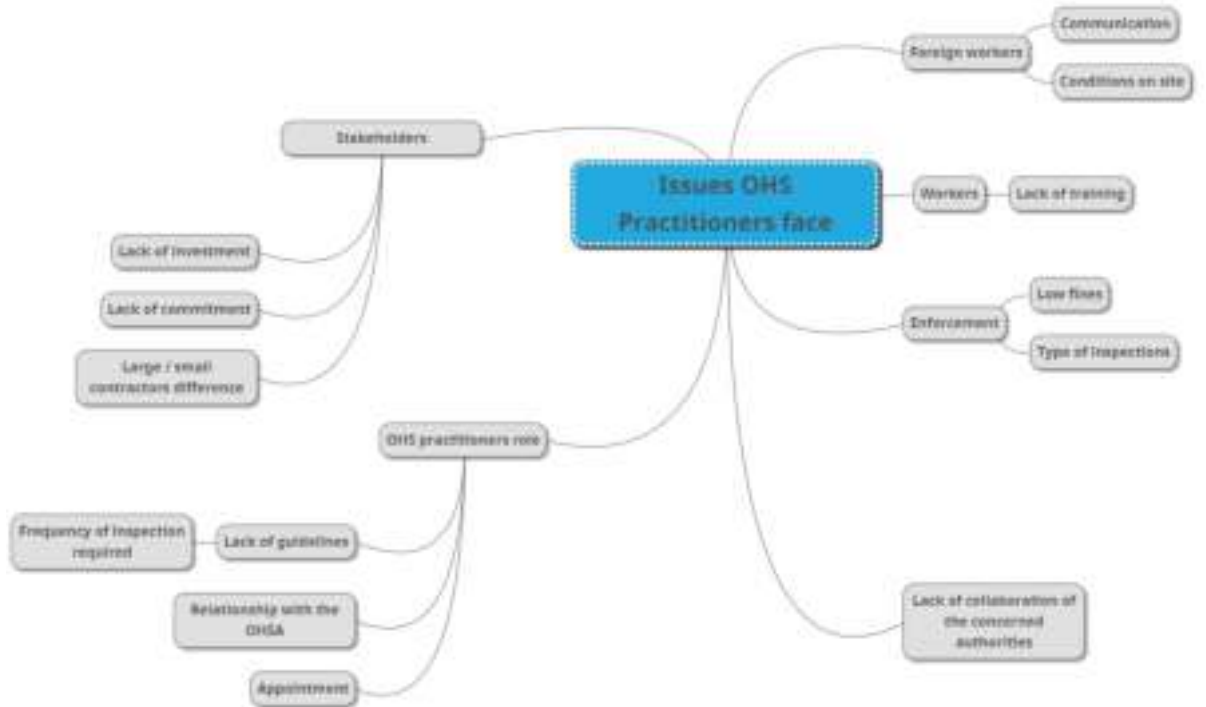
Raisa.ferranti.18@um.edu.mt

Dr.Luke Fiorini

luke.fiorini@um.edu.mt

Mobile : +356 79444361

Appendix 3- Mind Map



Appendix 4 – Participant’s Consent Form

Study title: The state of Occupational Health and Safety in the Maltese construction industry – perceptions of Health and Safety practitioners.

I, the undersigned, give my consent to take part in the study conducted by Raisa Marie Ferranti.

This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased.
3. I understand that I have been invited to participate in semi-structured interviews in which the researcher will conduct interviews to investigate the state of Health and Safety in the construction industry. I am aware that the semi structured interviews will take approximately one hour. I understand that the structured interviews are to be conducted in a place and at a time that are convenient for me.
4. I understand that my participation does not entail any known or anticipated risks.
5. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by providing an understanding of the effective ways in strengthening the Health and Safety in the construction industry.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I understand that all data collected will be erased on completion of the study and following publication of results.
8. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.
9. I am aware that, if I give my consent, this semi structured interview will be audio recorded and converted to text as it has been recorded (transcribed).
10. I am aware that, if I give my consent, extracts from my interview may be reproduced in these outputs and pseudonymised [a made-up name or code – e.g., respondent A].

12. I am aware that my data will be pseudonymised, i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher, academic supervisor/s and examiners will have access to this information. Any hard-copy materials will be placed in a locked cupboard. Any material that identifies me as a participant in this study will be stored securely for the duration of the study.
13. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
14. I am aware that I may ask to be given the opportunity to review relevant extracts of the transcript of my interview before the results of the study are published. I am also aware that I may ask for changes to be made if I consider this to be necessary.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____

Raisa Marie Ferranti

Raisa.ferranti.18@um.edu.mt

Mobile : +356 79444361

Dr. Luke Fiorini

luke.fiorini@um.edu.mt