



Risk, Decision Making and Culture

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Understanding safety and risk decision making is critical to protecting people at work and beyond. How do people make choices that affect their health? How do people understand and respond to the ever changing nature of danger in their environment? Reactions when faced with imminent threats to health or person seemingly vary by a person, by a society and by a population, why?



In the relationship between risk and culture, there are different tolerances for risk, which can be individually based, but may also be cultural. Every day, each of us may engage in more risk than we consciously realize. In the early 1980s, the concept of “safety culture” began to emerge. This refers to shared values, beliefs, assumptions, and norms that influence an organization’s decision

Safety culture forms the environment within which individual safety attitudes develop and persist, and safety behaviors are promoted. (Mearns, et al. 2003)

making about safety. The extent to which individual groups commit to personal responsibilities for safety; act to preserve, enhance and communicate safety; strive to actively learn, and adapt and modify behavior based on lessons learned from mistakes are all a part

of safety culture. Dangers that are not sudden, disastrous, or do not resonate with symbolic fears may be ignored or neglected by individuals in a group and are therefore unseen as a safety hazard. A safety culture is about people and how they work together. In organizations with a strong safety culture, safety is considered a priority and is spread throughout—from top management to the shop floor and throughout the organization.

All societies cope with uncertainty in the day-to-day of its members. Culture impacts the ways uncertainty is managed. This commonly implies bad fortune, severe illness, sudden death, and accidents that are not predictable nor exist within one’s control. When uncertainty has a positive outcome, it is thought of as luck or good fortune. The management of uncertainty is dependent as much on personal history as cultural factors. When uncertainty has possible catastrophic outcomes, it is considered risk. Members of a group understand and measure risk through values, beliefs, rituals, attitudes, and experience. All social groups have to deal with a range of cultural and natural hazards or dangers. However, constraints of time and resources mean individuals can only worry about some of the hazards or dangers; these become risks. The choice of risks reflects social and political relations within groups. Risk may be acknowledged through statistical probabilities of outcome and severity. Risks are culturally defined -- risk perception is socially produced. Risk assessment accepts the identification and evaluation of uncertain events and endeavors to diminish the uncertainty through manageable limits.



Anthropology is the study of what makes us human. This field studies differences in humans through time. All humans share the same fundamental genetics, physiology and neurology. Similarly, humans share the same basic needs for food, shelter, security, reproduction and social expression. However, the environments, mechanisms and interactions humans utilize to meet their needs vary widely and manifest in diverse social, ecological and epigenetic differences. Anthropology identifies and studies cultural patterns shared by societal groups of individuals. Anthropology decodes commonalities of actions; recognizes pattern variations, assigns meaning, significance and symbolism of a population's material and natural world. Reflecting on the experiences and history of the make-up of a population reveals the gravity of understanding the sociocultural context of judgements that define what is dangerous and what is not dangerous. Anthropological insight often contributes to risk assessment activities, community engagement, communications and messaging, understanding local perceptions, making sense of norms, and the acceptance of varied responses.



Culture is an entire sphere, encompassing knowledge, myths, symbols, artifacts, beliefs, rituals, morals, law, customs and all other habits and capabilities acquired by members of society. Organizational culture is a pattern of shared assumptions a group has learned as it solves problems of external adaptation and internal integration that works well enough it is thought of as valid and then taught to new members as the correct way to perceive, think and feel.

Culture itself has been defined as the elements of commonality - ideas, values, attitudes, symbols, beliefs and norms - that determine and qualify the physical and mental activity not determined by biology and shared by members of a society or social group. Culture is learned, shared, and patterned, and is the result of experiences and history. Through culture, we look at a society as a whole and how concepts such as risk, prevention and safety are weighted, measured, and acted upon. Clifford Geertz (*The Interpretation of Cultures*, 1973), distinguished culture as an ordered system of meaning and symbols in which social interaction takes place. Culture is the requisite fabric of meaning or control mechanisms through which humans translate their experiences into actions.



A social system is the actual pattern of social interaction. Robert Keesing (*Current Anthropology*, 1987 & *Assessing Cultural Anthropology*, 1994) wrote that culture is both historically situated and continually produced through the struggles on competing interests. In anthropology, "risk" depends on cultural settings and assumptions; these risks are culturally defined and selected based on history, meaning and interpretation. However, risk perception may vary considerably by context due to cultural, socioeconomic, and religious measures. Addressing the impacts of the socio-cultural dimension of risk within the context of everyday life and social interactions may be observed through different areas of a population including at home, in a public setting or at work.



Organizational (i.e. workplace) culture can be looked at as a pattern of shared beliefs a body has learned and agreed to as it solves problems of adaptation and integration. Looking at a safety culture, a policy, program or procedure: Is it separate or different from the organizational culture? A safety culture can be seen and measured, it effects performance, and is visible in injury rates, accident rates, and individual safety.

Public perceptions about risk and acceptability share the design functions that build the understanding of how a population thinks and measures learned values. Perceptual perimeters are vital to how a population identifies and measures risk. Models of risk perception are incomplete without cultural concepts of value, worth, and measurement (i.e. *living the good life*). Risky habits and behaviors are evaluated through social and cultural perspectives of lifestyle (e.g. cell tower work is considered highly hazardous, but workers take these jobs because they are high paying). Where the goal is to create a successful safety culture, it is important to keep in mind that if the population does not find a given measure or change meaningful, then behavior is unchanged and sabotage, consciously or unconsciously, can occur. If risk logics are shaped by symbolic systems, understanding a safety culture can be shaped or influenced by cultural and social consensus within and outside of an organization (i.e. within a workplace) is important to recognize and to understand when communicating safety to a population or organization.

Safety culture is defined as the enduring value and prioritization of workers and public safety by each member of each group in every level of an organization. (Von Thaden & Gibbons 2008)

As the process of risk perception can be viewed as socially and politically structured, a “witch hunt” in modern society may be a metaphor for the same shared perception of what drove witch hunts in pre-modern societies. These societies may be characterized as small and rural, entailing

Safety culture is the values, attitudes, motivations and knowledge that affect the extent to which safety is emphasized over competing goals in decisions and behaviors. (Barnes 2009).

face-to-face interactions and connections, dominated by localized subsistence production and exchange, and oral transmission of knowledge, typically with some portion based in religious beliefs and practices. Modern society, then, is large-scale, often urban with network relations maintained through communication,

production and exchange that generate surplus goods, are globalized and based on complex division of labor linked to systematic creation and storage of essential scientific knowledge. Some societies in history shared characteristics of both pre-modern and modern, e.g. Greek, Roman, and Chinese societies. In traditional (or pre-modern) ways of life, systems of understanding and managing are often resilient. By looking at how traditional and modern systems have coexisted and interacted, you’re able to see individual members reconcile their differences in areas such as magic, religion and science.





Culture is intrinsic and lasting, and therefore difficult to manipulate or control, and culture changes over time with experiences and adaptations. Look at how although smoking prevalence has declined, tobacco use is still the leading underlying cause of death in the United States and worldwide. Smoking-cessation counseling and treatment and related public health interventions (raising tobacco taxes, expanding smoke-free public places, running anti-tobacco advertising campaigns, reducing images of smoking in movies and television, and increasing the purchase age to 21 years) have not eliminated the behavior. The lessons one can glean from running a safety culture through an anthropologic lens provides some clarity, shared proclivity, and highlights consensus among a group, organization, or culture on the values, legends, attitudes, symbols, beliefs, and rituals that adapt behaviors. In today's globalized world, it is increasingly important to understand people and their culture. Public health is concerned with changing human habits and behaviors to aid in a healthier and safer culture in which to live and work.



When looking at public health programs, consider folk beliefs of illness and cures, economic resources of the population, social organization of the family, education and literacy, age, political factors, religion, value systems, prestige beliefs, and motor patterns. Workers remain in the workplace beyond traditional retirement ages for various reasons: economic, vitality and changing patterns of their work-life balance. As our workforce age range expands, workplaces are facing vastly differing views on safety, health, and protection of oneself and others. Further, an increase in chronic conditions, abilities, and mental acuity may add to workplace risk factors. As telecommuting increases, personal contact becomes increasingly limited, working hours vary and workstations are difficult to assess for assigning accommodations. Programs such as NIOSH *Total Worker Health*® (www.cdc.gov/niosh/twh/totalhealth.html) takes an integrative approach to address worker safety, health, and well-being.

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This essay is the seventh in a series by Principals of RHP regarding the topic of risk and COVID-19. At RHP Risk Management, we help our clients characterize the uncertainties associated with environmental and occupational hazards and risks to contextualize meaning that can be understood by their decision-making audiences be they the public, employees, consumers, regulators, or shareholders. For more RHP resources concerning COVID-19, visit www.rhprisk.com/coronavirus/

