



Occupational
Health Clinics
for Ontario
Workers Inc.

Centres de
santé des
travailleurs (ses)
de l'Ontario Inc.

MAYDAY, MAYDAY WORKPLACE MENTAL HEALTH SERIES 2020 Session 3: Research Review on Bullying, Law & Mental Injury Prevention

WORKPLACE BULLYING AND MENTAL HEALTH

Dr. Karen Harlos, PhD, MA

past Project Director, Workplace Bullying and Mistreatment Partnership for Prevention
Professor (Full) and past Inaugural Chair, Department of Business
University of Winnipeg



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OVERVIEW

- ▶ Terms, definitions, and impact of workplace bullying and mistreatment
- ▶ Innovative partnered research approach: **Workplace Bullying and Mistreatment Partnership for Prevention**
 - Research approach
 - Selected results for mental health, workplace bullying, and policy awareness and training
- ▶ Prevention through training and policy, including ‘best practice’ policy

WORKPLACE BULLYING

▶ Range of labels and terms

- harassment (personal or psychological), emotional abuse, abusive supervision, workplace bullying, interpersonal mistreatment

➔ *What they have in common:*

- vexatious, offensive, hostile, unwanted
- verbal or nonverbal behaviour
- affect dignity or creates harmful or hostile environment

▶ Workplace Bullying

- Repetitive, over a prolonged period, often with escalating intensity and frequency
- Targets feel they can't easily escape the situation or stop unwanted treatment

BEHAVIOURS AND WORK PRACTICES

- Yelling, screaming, name calling, personal insults
- Belittling, defaming, undermining, humiliating
- Obstructing resources/work to impede target's success
- Threatening, intimidating
- Work overload, unreasonable management practices and demands

When ignored by organizations, workplace bullying can become institutionalized, embedded in norms and even culture

Law et al., 2011

Established OHS psychosocial hazard

IMPACT OF WORKPLACE BULLYING

Organizational

- ↓ job satisfaction, organizational commitment, productivity, profits; reputation
- ↑ turnover, absenteeism, risk/actual sabotage and retaliation, violence, litigation, sick time, medical leaves, disability/workers' compensation claims

Individual

- ↓ concentration; ↑ depression, anxiety, sleep disturbance, substance use, anger, chronic fatigue, obsessive thinking, suicidal ideation
- estimated that 1 in 8 adult suicides related to workplace bullying

WORKPLACE BULLYING AND MISTREATMENT PARTNERSHIP FOR PREVENTION



- ✓ SSHRC Partnership Development grant (2015–2019) required meaningful engagement with partner organizations
- ✓ Partner organizations: *Manitoba government, Manitoba Nurses Union, Manitoba Teachers' Society*
- ✓ strengthened Canadian evidence base through larger datasets for policy, practice, and decision support
- ✓ linked organizations with international and domestic researchers across disciplines and institutions for knowledge exchange on research and evidence–informed practice



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada



Harlos, 2017

OUR PARTNERSHIP APPROACH

- ▶ **Form a real partnership** – equal partners, active co-production of knowledge relevant for partner organizations for practical and scientific gains
- ▶ **Organizational partner** – contributes access to site and workforce, organizational knowledge, applied experience, in-kind (mostly) costs and resources
- ▶ **Academic partner** – contributes research experience, knowledge of current literature, access to international expertise, operational costs and resources

Outcomes and benefits:

- ✓ research rooted in real organizational problems
- ✓ research skill and capacity development for organization and academic personnel
- ✓ evidence-based practice, policy, and decision support
- ✓ academic and practitioner conferences and publications



Knowledge Exchange Symposium 2015

*Learning from European Innovations for
Policy, Practice, and Decision Support*

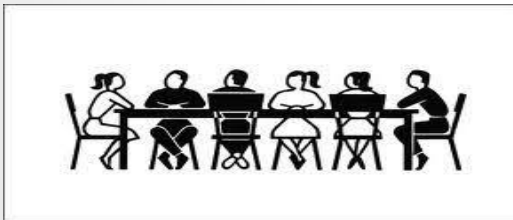


TYPICAL PROJECT APPROACH

- Time 1: province-wide online survey
- Time 2: repeated above 2 years later



- Focus group interview study of bullying targets



- Synthesized mixed-method results for internal reporting

TYPICAL SURVEY

- ▶ Sections:
 - A. Job information & demographics
 - B. Workplace attitudes and perceptions
 - C. Workplace experiences (positive and negative)
 - D. Equity-related information, mental health
- ▶ Extensive work with organizational advisory committees to fit survey content to workplace context and issues
- ▶ Precautions to ensure data security and participant anonymity
- ▶ Branching to streamline survey content, skipping questions not relevant for particular participants
- ▶ Average 25 minutes to complete, but time varies considerably depending on participant experiences

TYPICAL SAMPLE DEMOGRAPHICS

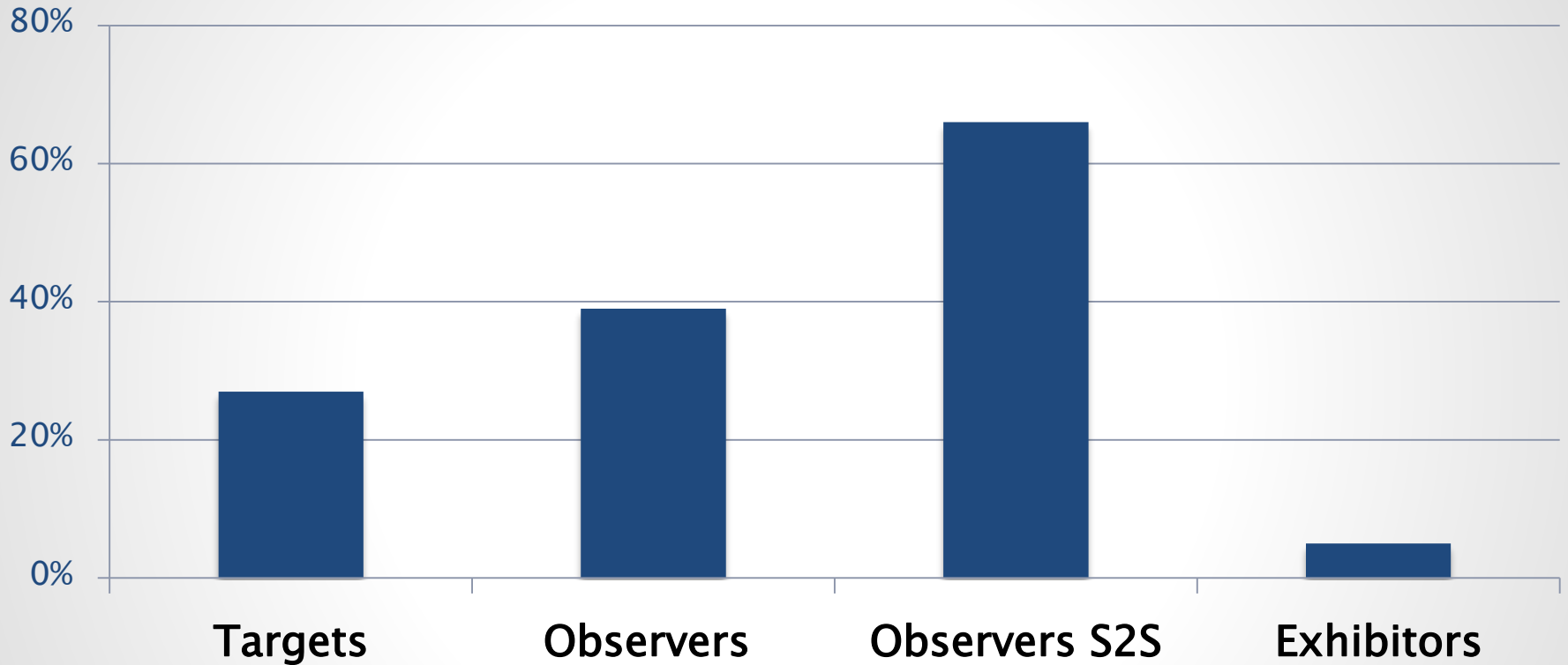
- Gender, sexual, and racialized identity
- Age
- Disability status: physical, psychological
- Contract status and type: permanent/temporary and full-time/part-time
- Organizational role
- Location

SAFE AND INCLUSIVE WORKPLACES PROJECT

- ▶ all active MTS members invited to take anonymous web survey provided in English and French; data gathered by July 2016
- ▶ for this analysis, all usable English surveys (3,030 cases)
 - Workplace bullying experiences
 - ◆ Rates and Sources of Bullying Experiences; Perspectives (targets, observers, exhibitors of bullying); Demographics
 - Mental health
 - Policy awareness and training
 - ◆ Violence prevention policy
 - ◆ Harassment policy



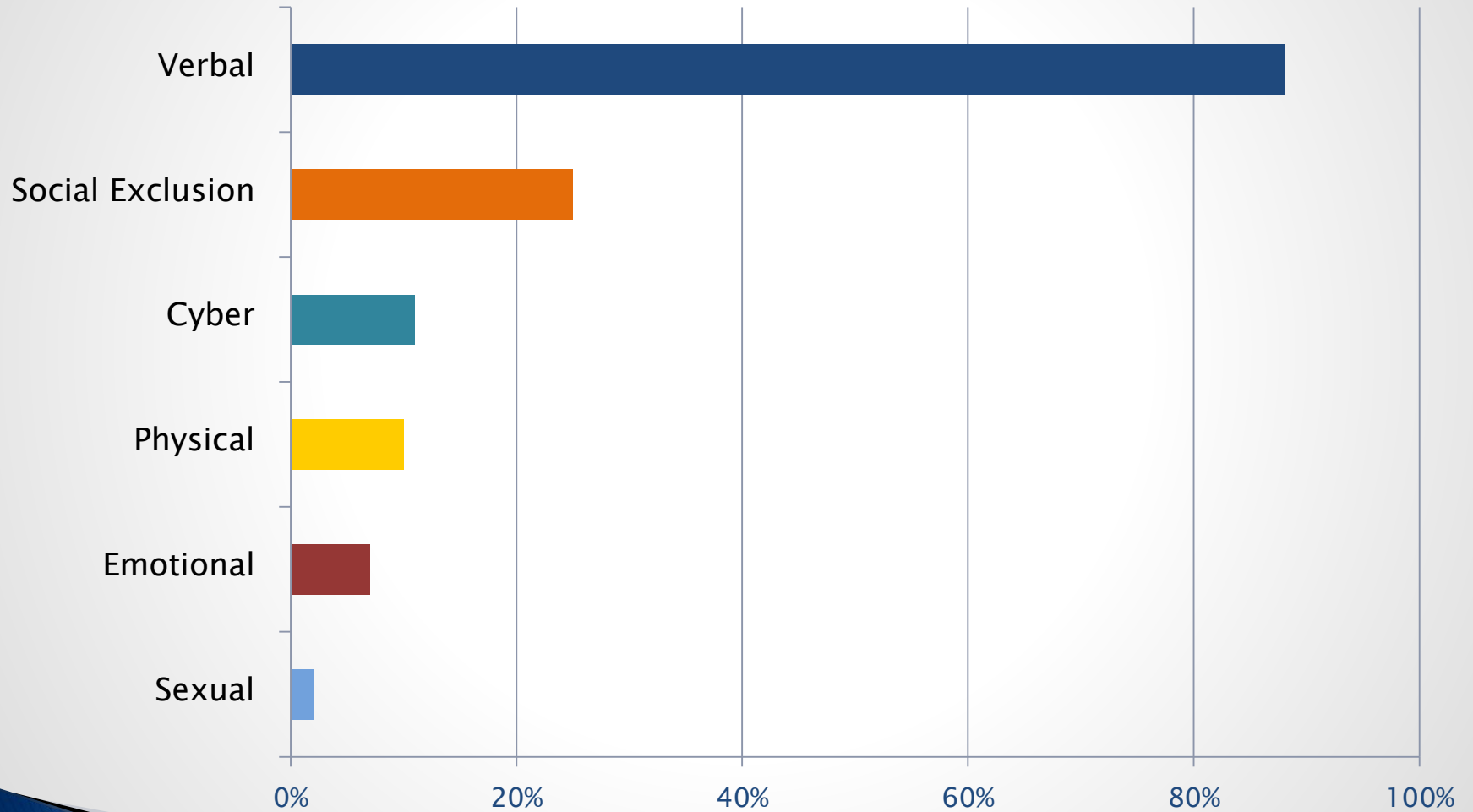
BULLYING RATES BY PERSPECTIVE



Sources of targets' bullying:

- supervisors, co-workers, and parents/guardians highest (each just under 30%)
- students (about 20%)

NATURE OF BULLYING EXPERIENCED BY TARGETS ACROSS DATASETS



DEMOGRAPHICS AND BULLYING

Some Groups More at Risk than Others

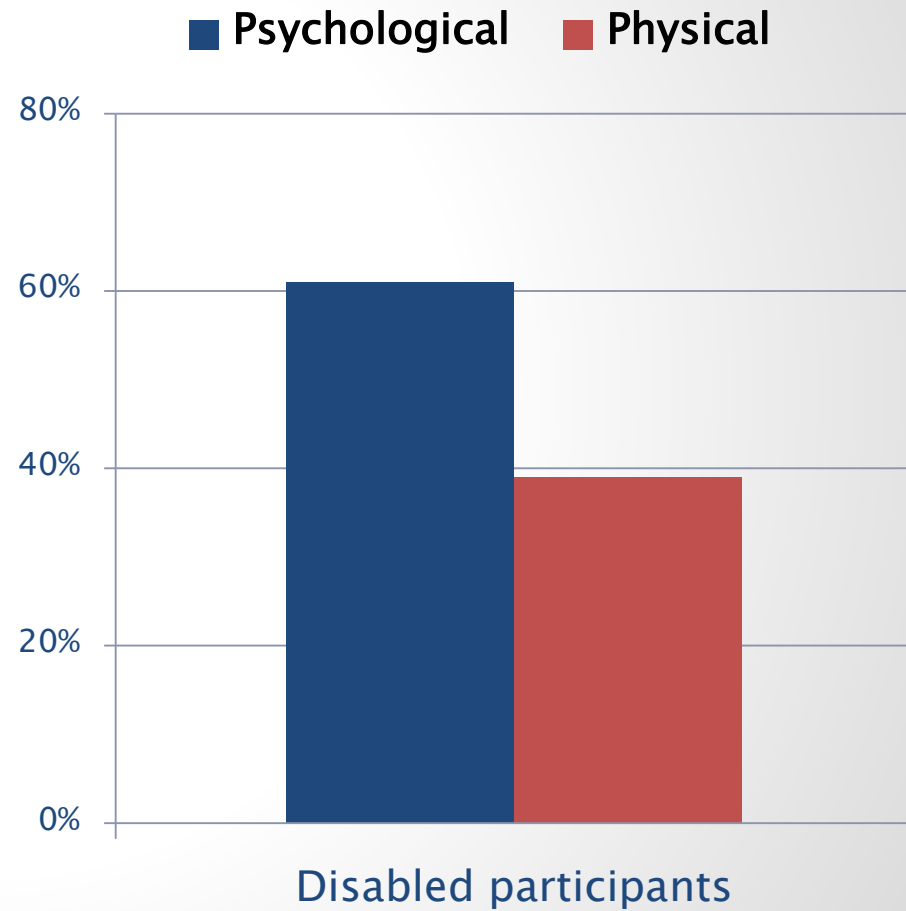
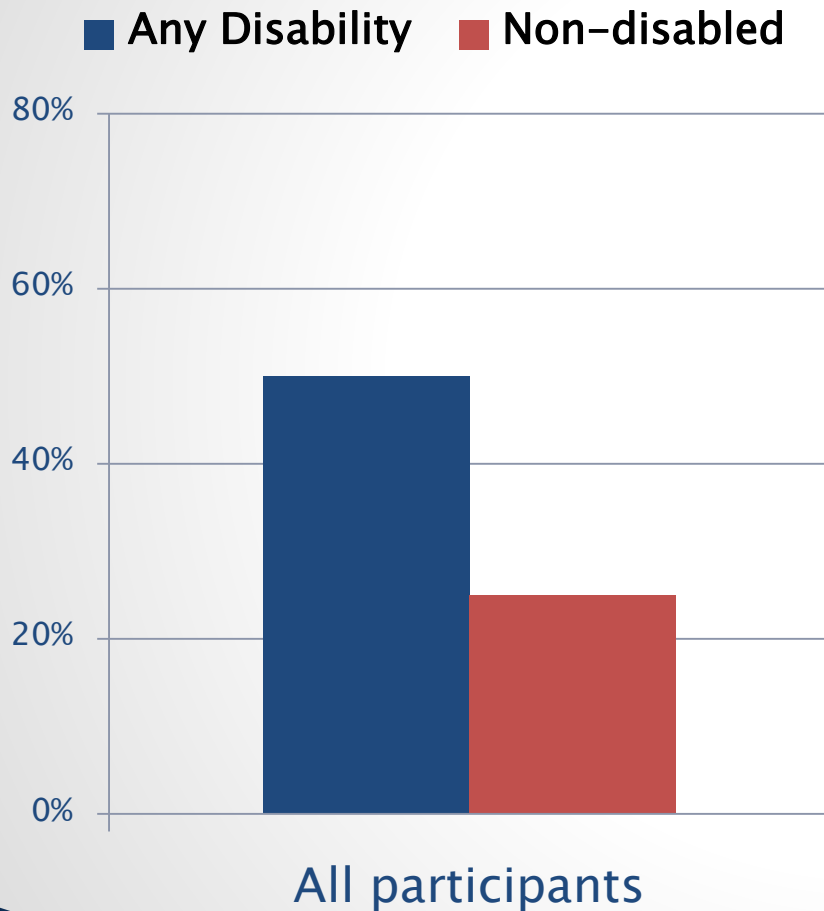
- ▶ Gender, age, disability status, and sexual identity significant such that female, older, disabled, and LGBQ participants more likely than their counterparts to say they were bullied
Racialized identity was not related to being bullied
- ▶ Role – school leaders and non-leaders not different in bullying rates BUT among school leaders, women much more likely than men to say they were bullied

	School Leaders (%)	Other Members (%)
Women	35	28
Men	15	23

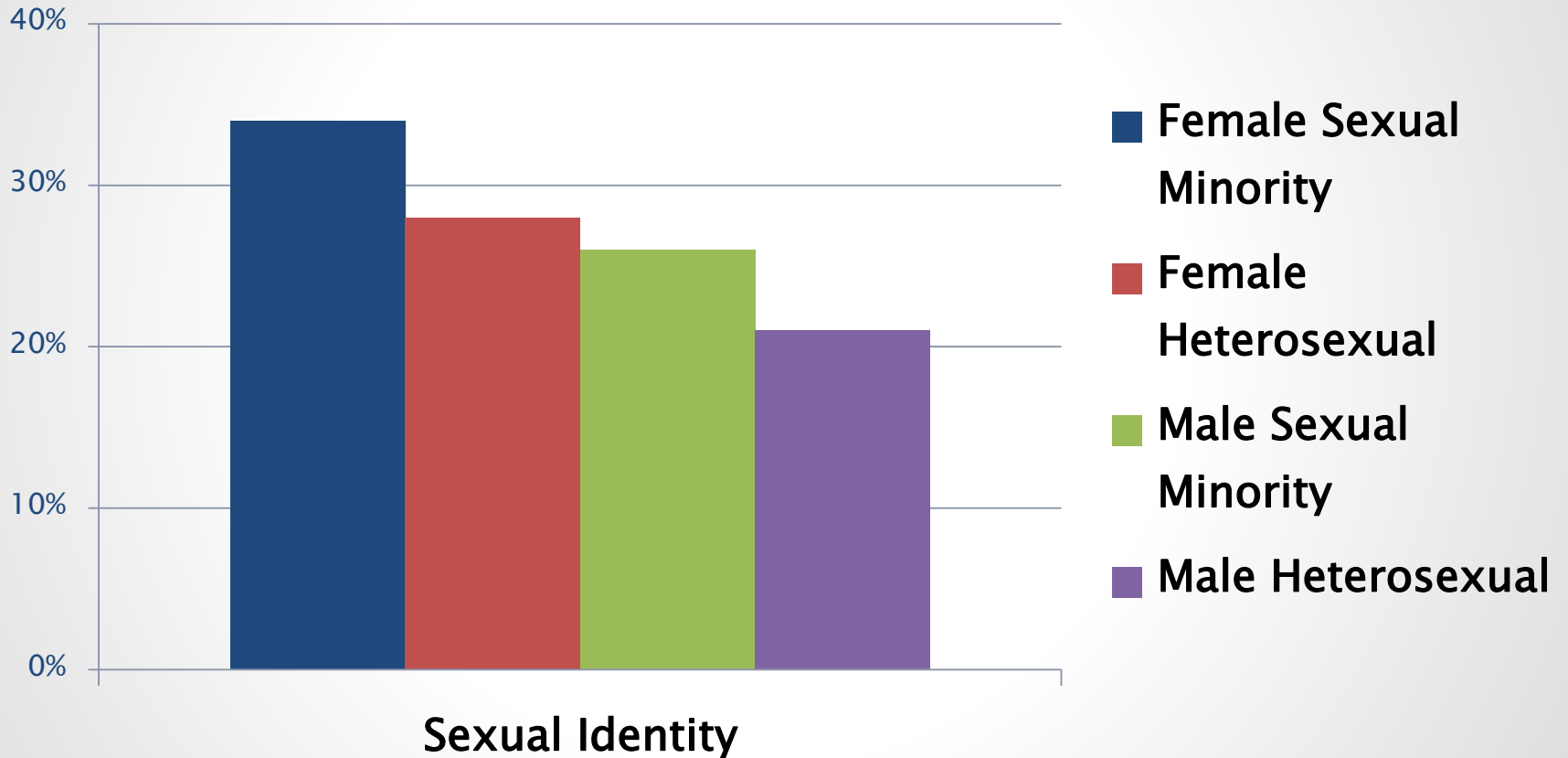
Sources of school leaders' bullying:

- parents/guardians highest (just over 40%)
- students (about 10%)

DISABILITY AND BEING BULLIED



SEXUAL IDENTITY AND BEING BULLIED



MENTAL HEALTH

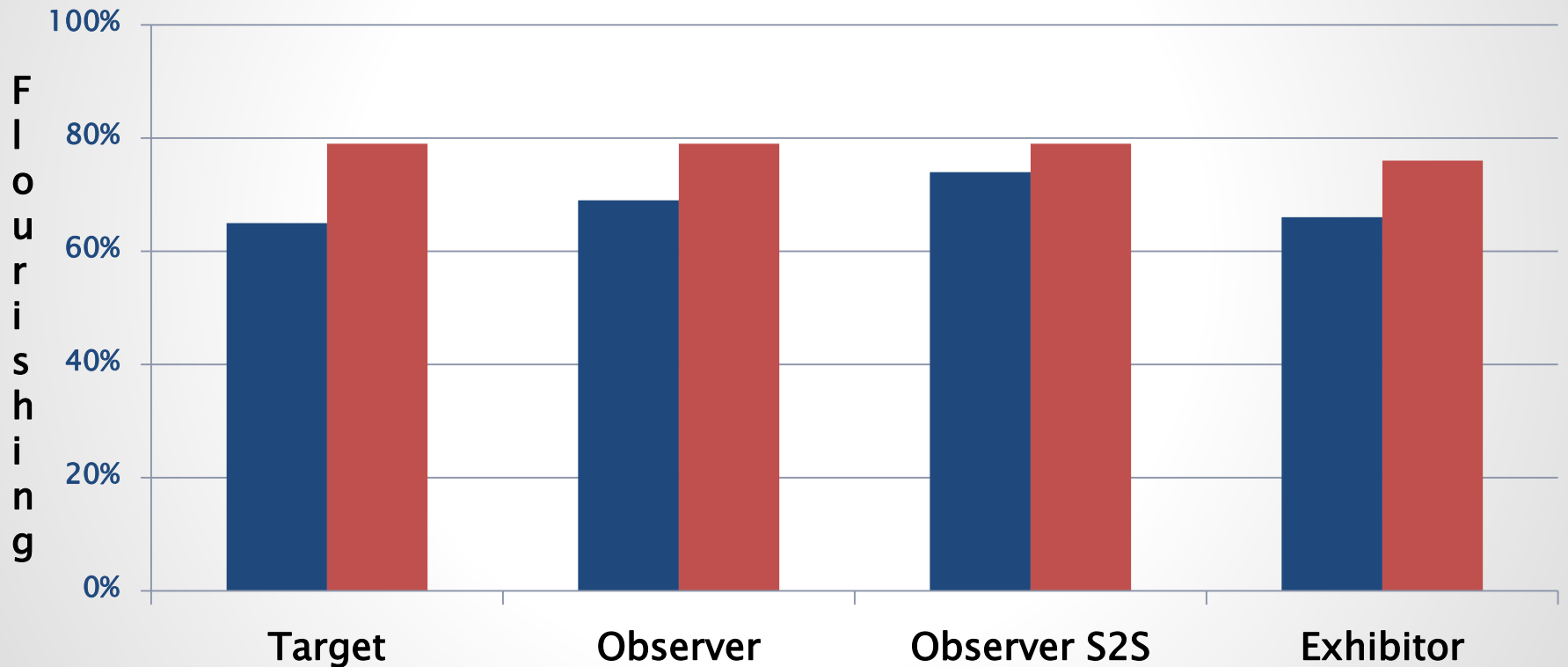
Mental Health Continuum

- **Emotional well-being:** happiness, interest and satisfaction with one's life
- **Psychological functioning:** self-acceptance, confidence in independent thoughts and actions, warm and trusting relationships, personal growth, can cope competently with daily life, life has direction and meaning
- **Social functioning:** belonging to a community, belief in goodness of people and society and one's contribution to society

Flourishing: at least one sign of emotional well-being AND more than half signs of social and psychological functioning every day or almost every day

MENTAL HEALTH AND BULLYING

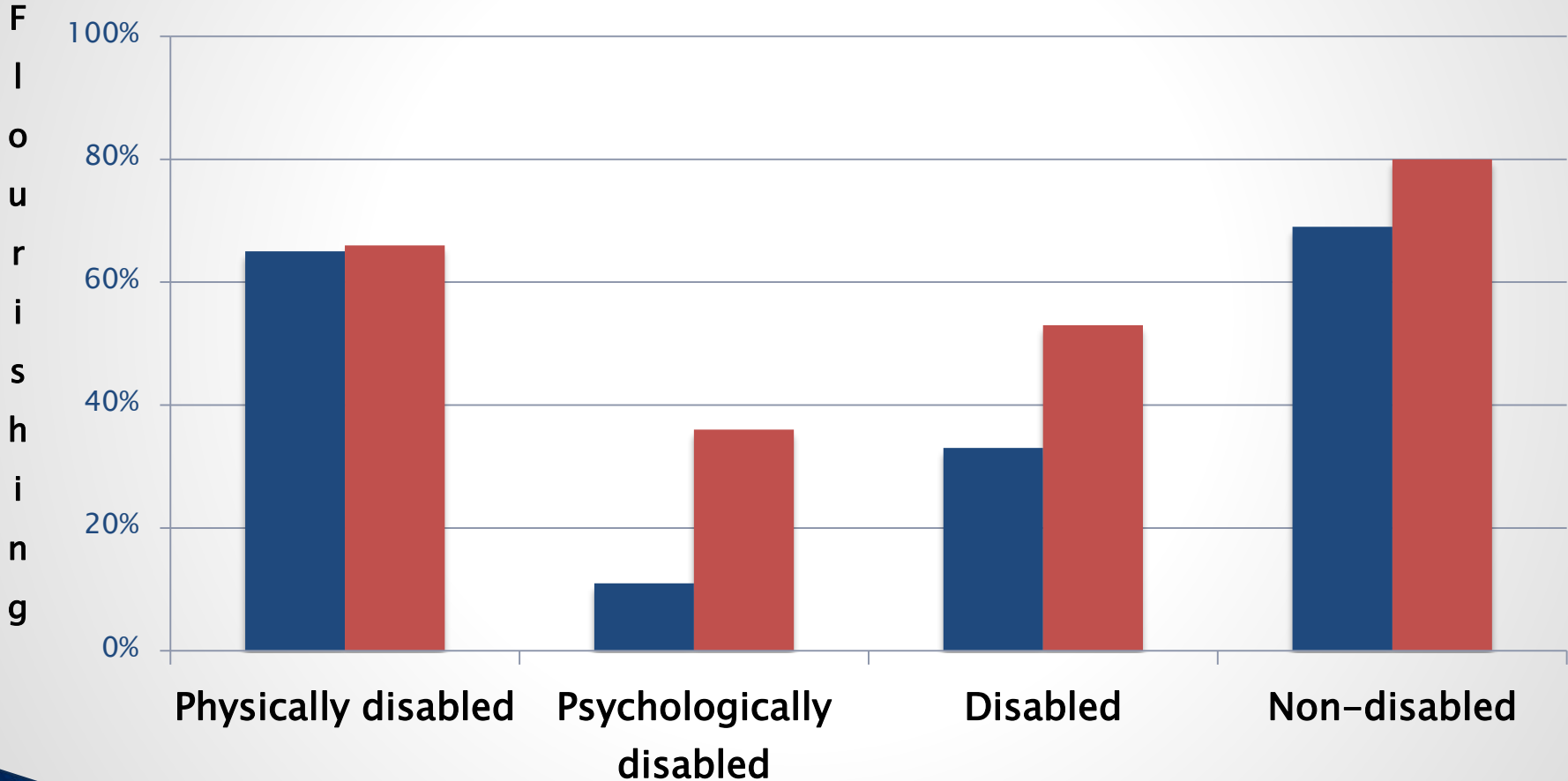
■ Yes to Bullying ■ No to Bullying



Note: Flourishing in full sample on par with Canadian population (77%)

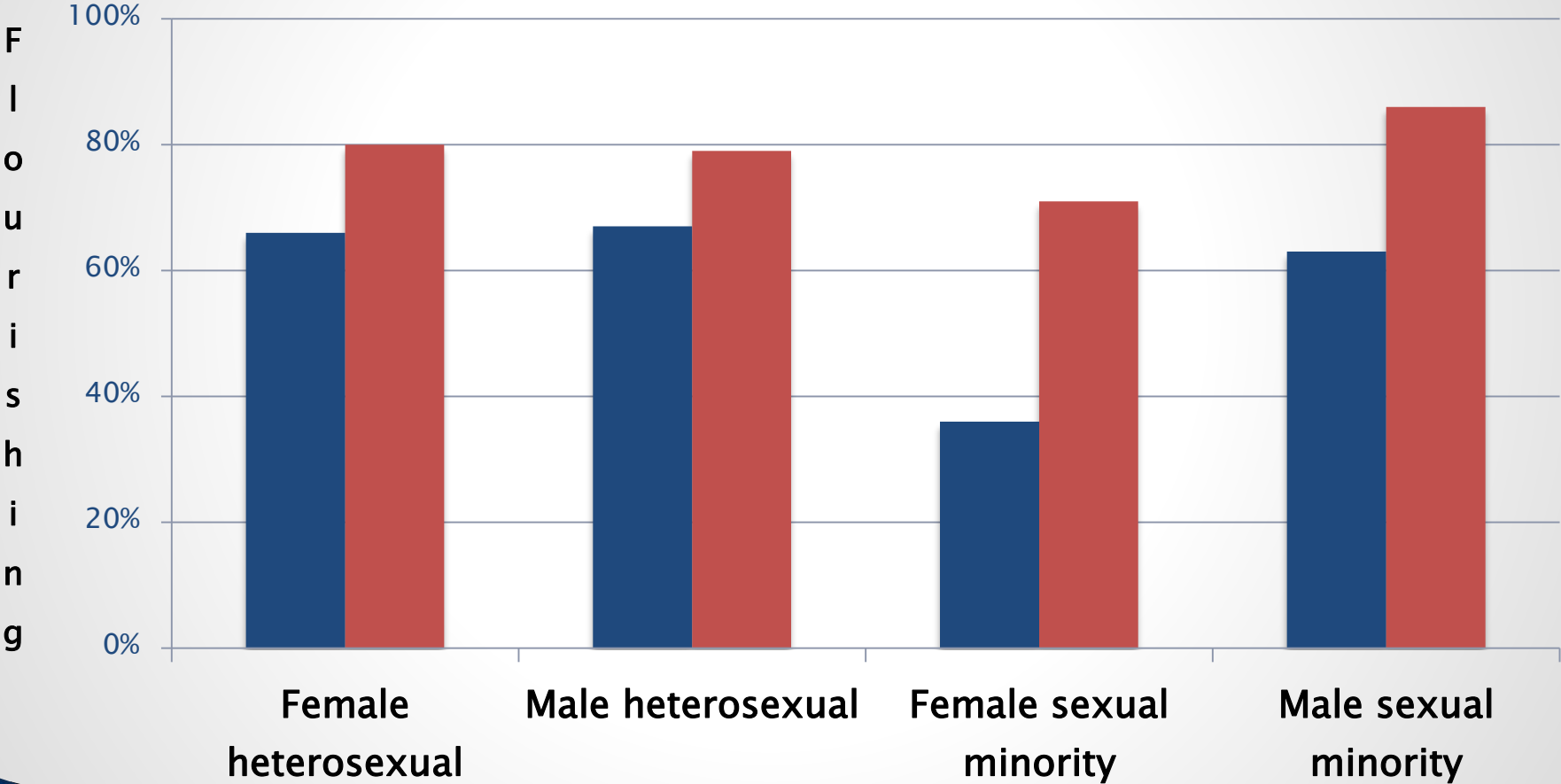
MENTAL HEALTH, BULLYING, AND DISABILITY

■ Bullied **■ Not Bullied**



MENTAL HEALTH, BULLYING, AND SEXUAL IDENTITY

Bullied **Not Bullied**



POLICY AND TRAINING MATTER

- ▶ consistently lower rates of bullying for those aware of and trained on violence prevention and harassment policies

No experience of bullying whatsoever

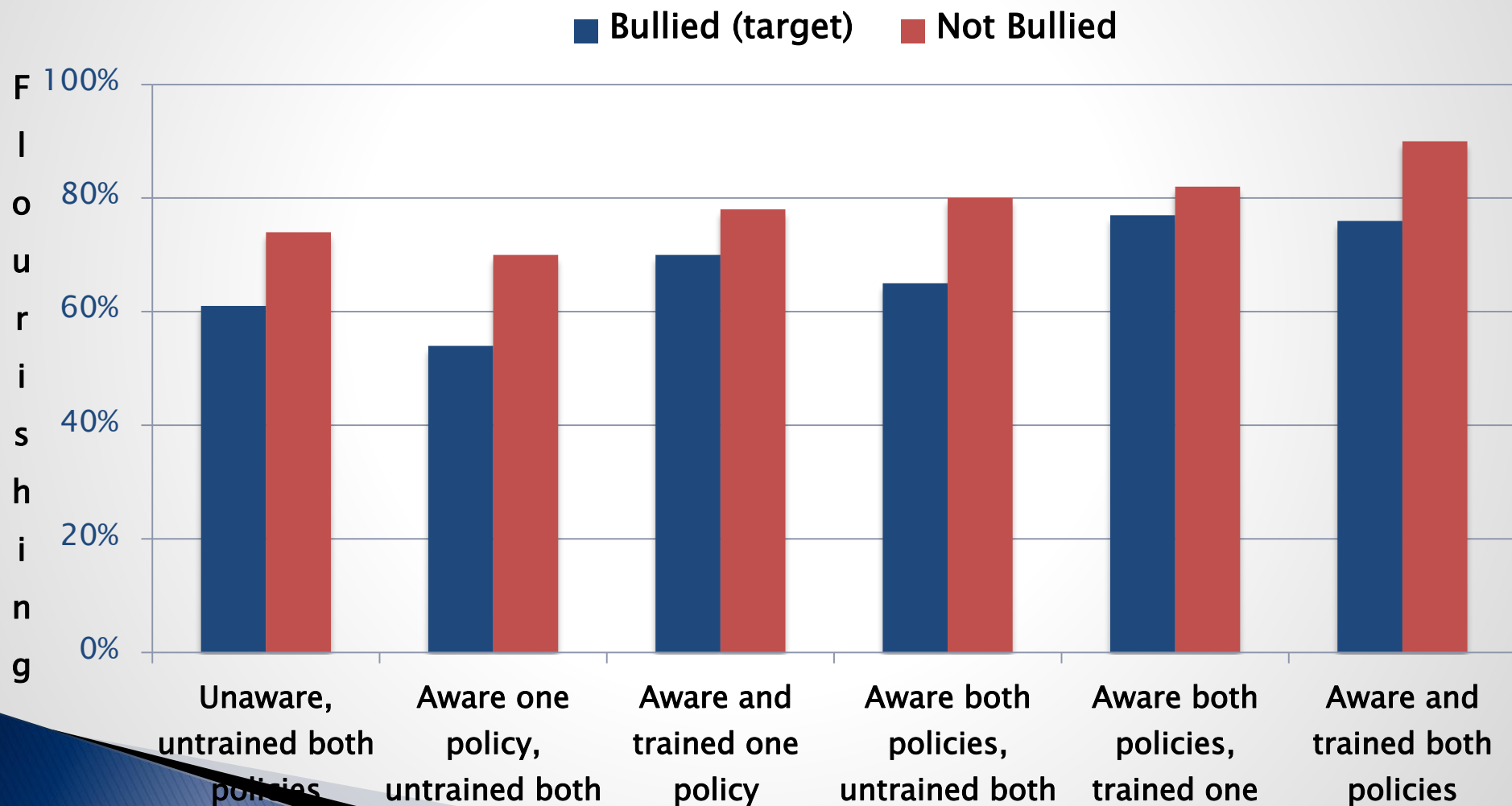
- Highest when participants aware of and trained on at least one policy (58%)
- Lowest when participants unaware and untrained on both policies (46%)

Add flourishing levels into the mix

- compounding increments to flourishing for policy awareness and training levels even among bullying targets and observers



MENTAL HEALTH, BULLYING, AND POLICY AWARENESS & TRAINING



PREVENTION

- policy, policy, policy
- enforcement, enforcement, enforcement
- training, training, training
 - move beyond training simply as means to avoid legal liability
 - bolster training for middle managers and front-line staff
 - train “voice managers” in complaint handling
 - link to integrated culture of non-bullying/harassment from top
- practice, practice, practice
 - address gaps in policy awareness and training
 - apply best practices to develop, implement, enforce, review
(*e.g., engage multiple stakeholders, make accessible*)

PREVENTION (cont.)

- research, research, research
 - move beyond descriptive research to simply identify ‘what’
 - bolster explanatory research to address ‘how, when, why’ through longitudinal/intervention/evaluation evidence for best practice prevention
 - train managers and policy-makers in research to build research capacity
 - link to integrated culture of context-specific evidence from top
- key questions
 - impact of policies and training on bullying prevention
 - optimal methods for:
 - ◆ raising awareness of key policies
 - ◆ training methods for greater effectiveness, including ‘shelf-life’
 - ◆ supporting implementation

NEXT STEPS

- **Research** – seeking funds and interested parties to extend Partnership work, including better understanding from OHS-based interventions
- **Infrastructure** – interest in a Centre for partnered research–practice on workplace bullying and mistreatment prevention
- **Education** – new 4th year course on “Psychological Health in the Workplace” for UW BBA students in HR/OB concentration

UNIVERSITY OF WINNIPEG
BUSINESS AND ADMINISTRATION DEPARTMENT
NEW COURSE WINTER 2019

BUS 4900 Section 2
**PSYCHOLOGICAL HEALTH
IN THE WORKPLACE**

Workplace health has traditionally focused on physical health and the prevention of accidents, illnesses, and injuries. Increasingly, however, organizations are promoting total wellbeing - physical, psychosocial and mental health - of employees. Mental health claims are the **fastest growing category of disability costs in Canada** and are a significant health problem in Canadian workplaces: psychological health problems cost the Canadian economy \$51 billion per year, **\$20 billion of which results from work-related causes of psychological ill-health. Yet, only 23% of Canadian workers would feel comfortable talking to their employer** about a psychological health issue.

This course builds on fundamentals of organizational behavior (BUS 2103) to explore research on psychological health in the workplace and evidence-based practice for wellbeing. Learn about sources of harm as well as levers for psychologically healthy workplaces, legal requirements, and measurement challenges.

TUES THURS 10am-11:15am
Manitoba Hall, Room 4M46 **TAUGHT BY Dr. Karen Harlos**

Image source: Wikimedia Commons

This 3-credit course counts toward requirements for the Human Resource Management and Organizational Behaviour Concentration (4-year BBA concentration stream).

ADDITIONAL INFORMATION

- ▶ Ferris P., Deakin R. & Mathieson S. (2018). Workplace bullying policies: A review of best practices and research on effectiveness. In D'Cruz P., Noronha E., Caponecchia C., Escartín J., Salin D., Tuckey M. (eds). *Dignity and Inclusion at Work*. Handbooks of Workplace Bullying, Emotional Abuse and Harassment, vol 3. Springer, Singapore
- ▶ Harlos K., Knoll M. (2018) Employee silence and workplace bullying. In D'Cruz P., Noronha A., Baillien, E., Catley, B., Harlos, K., Hogh, A. & Gemzoe-Mikkelsen, E. (Eds.),(eds), *Pathways of Job-related Negative Behaviour*. Handbooks of Workplace Bullying, Emotional Abuse and Harassment, vol 2. Springer, Singapore
- ▶ Harlos, K. (2017, March). "Methodology Matters" column (invited), International Association for Workplace Bullying and Harassment Newsletter
- ▶ Harlos, K. (2016). Employee silence in the context of unethical behavior at work: A commentary. *German Journal of Human Resource Management*, 30(3-4):345-355. Special Issue, "From silence to voice: How organizations can prevent unethical behavior and promote constructive voice at work." **OPEN ACCESS (no subscription needed):** <https://journals.sagepub.com/doi/full/10.1177/2397002216649856>
- ▶ Harlos, K. (2010). If you build a remedial voice mechanism, will they come? Determinants of voicing interpersonal mistreatment at work. *Human Relations*, 63(3): 311-329
- ▶ *Harlos, K. & Axelrod, L. (2005). Investigating hospital administrators' experience of workplace mistreatment. *Canadian Journal of Behavioural Science*, 37(4): 262-272
* **validated scales of verbal abuse, work obstruction, emotional neglect in public domain** www.karenharlos.com
- ▶ Keyes, C. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2): 207-222
- ▶ Law, R., Dollard, M., Tuckey, M. R. & Dormann, C. (2011). Psychosocial safety climate as a lead indicator of workplace bullying and harassment, job resources, psychological health and employee engagement. *Accident Analysis & Prevention*, 43(5), 1782-1793

QUESTIONS



Dr. Karen Harlos
Dept. of Business and Administration
University of Winnipeg
ka.harlos@uwinnipeg.ca

Partnership website:
www.uwinnipeg.ca/wbmp

Professional website:
www.karenharlos.com