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# Psychological injury in the workplace

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This article discusses the issue of work-related psychological injury in Australia through a review of selected recent developments and current hot topics across the domains of prevention, early intervention and return to work management.

Work-related psychological injury continues to be a challenging issue across all Australian workers compensation jurisdictions. Claims are continuing to increase in most jurisdictions and claim costs for psychological injury are consistently higher relative to other injury types. In the Commonwealth public sector, psychological injury claims are actually declining, but this is not necessarily indicative of improved early intervention and prevention practices. Rather, changes to the Safety, Rehabilitation and Compensation Act introduced in April 2007 have effectively reduced access to compensation benefits for psychological injury.

On this issue, there is some debate about the overall value of restricting compensation for work-related psychological injury. A recent analysis of data from all Australian jurisdictions has failed to find any long-term cost savings resulting from increasing exclusionary provisions for psychological injury claims (Guthrie, 2007). Several sociological and psychological factors may explain this finding including changes in presenting symptoms (e.g., psychological distress expressed more through somatic symptoms) and shifts in clinical diagnostic practices and liability attributions made by clinicians. Certainly from an organisational behaviour perspective, employee 'withdrawal behaviours' are known to be somewhat fluid at a macro level, and can shift between accentuating psychological and musculo-skeletal symptoms, absenteeism and turnover.

This situation is suggestive of the proverbial balloon that, when pushed down in one place, bubbles up elsewhere. One thing that is clear is that the problem cannot be legislated out of existence. Thus, in the Australian Commonwealth public sector it seems probable that as a consequence of the legislative changes, we will start to observe an upsurge in non-specific musculo-skeletal injuries with significant underlying psychological features.

The limitations of these 'back end' legislative approaches reinforce the need to increase resources focused on 'front end' prevention and early intervention initiatives. In this respect, there have been significant developments in Australia over the past decade.

## The prevention of psychological harm in the workplace

### Selective overview of developments in Australian jurisdictions

Occupational health and safety legislation in some States (e.g., Victoria and Queensland) has made more explicit the obligation on employers to risk manage reasonably foreseeable 'psychosocial hazards' in the work environment. From 2005, Queensland Workplace Health and Safety introduced 'psychosocial inspectors', alongside the traditional occupational health and safety inspectors, to specifically target and review workplaces where substantive harassment and bullying problems are identified. This initiative seeks to increase the focus on early intervention and addressing systemic contributing factors.

Apropos of the issue of workplace harassment and bullying,

most jurisdictions have now developed comprehensive guidance materials. From a prevention perspective, the materials produced by the Australian Public Service Commission (2006) are exemplary. Going beyond traditional hazards identification and control measure frameworks, the APSC materials promote a strategic organisational approach including a focus on selection and induction processes, leadership behaviours, policy and education, performance management and monitoring organisational health.

WorkSafe in Victoria has recently sponsored psychosocial risk management research conducted by Maureen Dollard and colleagues. This research has demonstrated that employee consultation processes and engagement in identifying and managing psychosocial risks can improve wellbeing outcomes and thereby contribute to reducing the incidence and cost of psychological injury compensation claims (Victorian Workcover Authority, 2006). Since 2003, Comcare (the workers compensation insurer for all Commonwealth public sector employees) has funded and endorsed a number of psychosocial risk management and organisational prevention initiatives.

The New South Wales WorkCover Authority is currently sponsoring a major organisational prevention pilot with a range of participating organisations. This research is using leadership and work team climate assessment data to guide development programs targeting managerial and work team cultural behaviours (including both risk and protective factors) known to influence employee wellbeing outcomes and workers compensation risk. This project is underpinned by the organisational health framework (Hart & Cooper, 2001).

The South Australian WorkCover Corporation, based on recent research linking perceived organisational support to the incidence of workplace injury and outcomes, is currently sponsoring research seeking to develop a composite measure of organisational support. The goal is to determine the prospects for benchmarking and increasing organisational accountability for injury prevention and return to work outcomes. Along similar lines, over the past decade our research and consulting group has been working with an aggregate measure of work team climate that is strongly correlated with a range of discretionary performance and wellbeing outcomes.

### The influence of organisational factors

There is emerging evidence that specific leadership styles contribute towards a range of negative wellbeing outcomes. For example, excessively directive (command and control) styles appear to be correlated with higher levels of workplace interpersonal conflict and harassment. Similarly, popular styles (laissez-faire leadership), where leaders want to be everyone's friend and avoid difficult conversations, contribute to more entrenched problems which eventually erupt into confrontation and major conflicts when they are addressed.

The excessively directive and popular styles can be contrasted with supportive leadership, which is a more rounded style in which leaders exhibit a balance between supportive, limit-setting and directive behaviours – command and control leaders are directive without being supportive, whilst popular leaders are supportive but poor at providing direction and drawing the line-in-the-sand. From an organisational perspective, such findings

suggest considerable potential for prevention leveraged through focusing on targeted leadership development initiatives and accountability mechanisms at the work team level.

One example of specific organisational factors influencing workers compensation costs can be seen in Table 1. These data present correlations derived from linking comprehensive leadership and climate assessment data with individual level workers compensation data for both psychological and physical injuries in an Australian public sector organisation (Cotton & Hart, 2008).

**Table 1.**  
Organisational influences on workers compensation costs

Correlations <sup>1</sup> between organisational climate factors and workers compensation claims (results based on 151 individuals)		
Climate factor	Workers compensation claims	
	Total weeks paid	Total cost
Teamwork	-0.26	-0.24
Organisational values and Code of Conduct are supported	-0.19	-0.18
Individual morale	-0.17	-0.17
Performance feedback	-0.16	-0.15
Demonstrating organisational values	-0.15	-0.14
Supportive leadership	-0.15	-0.14
Quality work outputs	-0.15	-0.14

The results provide some clues towards developing work environments that help to minimise the incidence and cost of injuries in the workplace. They suggest that the lowest workers compensation costs occur in work teams that: have strong team morale and are focused on quality customer service; exhibit collaborative peer working relationships; and have managers who are supportive, show a high level of behavioural integrity and model organisational values, as well as provide high quality formal and informal feedback. These interlinked leadership and climate factors appear to generate a positive and supportive environment in which individuals are less likely to be injured (possibly because they are more vigilant and/or more inclined to address any emerging symptoms earlier), and individuals who may suffer any genuine injury are much more likely to seek to return to work as early as possible. It should also be noted that promoting these workplace protective factors does not necessitate any trade-off with organisational performance.

### Summary observations

Psychosocial hazard frameworks have significantly advanced traditional risk management approaches. However, one weakness is that they can be prone to confounding symptoms with causes and are not designed to identify workplace health protective factors. The particular strength of more organisational and

<sup>1</sup>Whilst these specific correlations are not particularly strong, it should be noted that we do find correlations in the vicinity of .4 and above, depending on which injury categories or types of withdrawal behaviours are being examined, as well as other characteristics of the organisational climate and operating environment.



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### Psychological harm at work: Lead article

systemic approaches to prevention is that they can assist in identifying underlying structural and climate-related contributing factors as well as key protective factors. Moreover, because these approaches typically identify linkages with performance outcomes, they tend to have more face validity with organisations and can be more readily integrated into performance management frameworks. Additionally, research has indicated that there is generally more improvement achieved in employee wellbeing outcomes for the same resource allocation, when the focus is on building workplace protective factors as opposed to only reducing psychosocial hazards (Cotton & Hart, 2003).

This being said, occupational health and safety regulatory frameworks have increased the impact that psychosocial risk management approaches can exert on organisations. Hence both approaches have a role to play in preventing psychological harm in the workplace.

### Psychological injury early intervention

#### The impact of mental health initiatives

A key development in early intervention over the past decade has been the advent of a range of public mental health initiatives in the workplace and workers compensation jurisdictions. *Beyondblue: the national depression initiative*, established in 2000, has contributed to a marked increase in awareness about the issue of depression, early identification in the workplace, and good practice workplace and clinical management strategies. *Mental Health First Aid*, developed by Betty Kitchener and Anthony Jorm at ANU in 2001, is another initiative where workplace personnel are trained in the workplace management of employees exhibiting a range of acute mental health problems. This program has also had strong take-up across a wide range of private and public sector organisations.

The *Work Outcomes Research and Cost-Benefits (WORC)* study that is being conducted by Professor Harvey Whiteford and colleagues from the University of Queensland has worked with over 60 Australian public and private sector organisations and obtained data from over 92,000 employees. For the first time, we now have high quality data on the incidence and trajectory of working Australians suffering from clinical depression and other mental health problems, as well as their response to early intervention treatment and the subsequent impact on work performance.

Initial WORC research has shown that 6.7 percent of Australian employees in any organisation suffer from clinical level depression each year, and that their attendance and job performance significantly deteriorates. Moreover, around 65 percent of these individuals have not sought any treatment in the previous 12 months and seem to 'bunker in' as a way of coping (Whiteford, Sheridan, Cleary & Hilton, 2005). Accordingly, there is an increased risk that these individuals will become entangled in complicated performance and attendance management programs and conflicts, as well as an increased prospect of workers compensation claims.

The WORC study has demonstrated the substantive return on investment (in hard dollar terms) achieved by organisations engaging in proactive health surveillance initiatives and encouraging high risk individuals to access evidence-based mental health treatments. Available evidence suggests that this is a viable

early intervention strategy for reducing the number of employees who experience mental health problems from progressing into the workers compensation arena.

Another reason why workplace-based early intervention is so crucial is because it is now well established that health outcomes for individuals with the same clinical profile are worse if they have an accepted workers compensation claim – this will be discussed in the next section.

It can also be noted in passing that there is now increased access to clinical psychologists and other psychologists under the recently implemented two-tier Medicare arrangements. This effectively increases the treatment and care options – in addition to traditional employee assistance programs – for workers experiencing significant mental health problems.

#### Early intervention for employees exposed to serious incidents

Another area where significant change is occurring concerns the early intervention practices that organisations use to support employees exposed to serious incidents. The recently published *Australian Guidelines for Posttraumatic Mental Health (ACPMH, 2007)* specifically contra-indicate traditional structured group psychological debriefing protocols and particularly those approaches that include a focus on recounting traumatic experiences and ventilating feelings. As a result it will become increasingly likely that organisations that require employees to participate in these approaches will be legally liable for any ongoing adverse psychological responses.

Alternative *psychological first aid* protocols are gradually replacing traditional group debriefing approaches. These protocols emphasise the role of immediate practical support, use of naturalistic support networks, morale maintenance initiatives (e.g., organisational leaders engaging and demonstrating support), monitoring, and access to specialist mental health treatment (particularly trauma-focused cognitive behaviour therapy) for high risk individual employees. Evidence now indicates that the most effective way to prevent full-blown posttraumatic stress disorder is by facilitating early access to this type of high quality mental health treatment.

### Treatment and return to work

#### Factors influencing return to work outcomes

The mechanisms through which compensation status contributes to worse health outcomes are not well understood. There is now some recognition that claims administration processes can impact on return to work outcomes. For example, delays in claim acceptance determination can foster uncertainty and distress, as well as more adversarial interactions between a worker and insurer. Organisational justice research suggests that when these claims are finally determined, factors related to redress of perceived inequity and unfair treatment can contribute towards entrenching work disability.

The lack of available modified or appropriate alternative work duties is also a well recognised factor contributing to the duration of work incapacity. Moreover, it is increasingly evident that poor leadership practices can increase work avoidance and thereby prolong periods of incapacity.

There is also emerging evidence, from a number of jurisdictional clinical quality assurance projects, concerning highly variable outcomes associated with the provision of clinical treatment services to employees. There is evidence that medical practitioners, psychologists and physical therapy providers often do not adequately identify and address 'flags' (i.e., potential psychosocial barriers including work problems, performance issues, conflict with the immediate manager, pre-existing psychological problems etc.) that can derail the effectiveness of standard clinical treatments including psychological therapies. Evidence suggests that where these flags are identified early, communicated to rehabilitation providers and other relevant stakeholders and actively managed, return to work outcomes are improved.

It has long been suspected that clinical service providers who assume an excessive advocacy role or exhibit combative interactions with other legitimate stakeholders (e.g., employer representatives and insurers) achieve worse return to work outcomes. Further, many clinicians, including psychologists, continue to view return to work as something that occurs subsequent to treatment.

Recent Canadian research has shown that clinical service providers who view return to work as a primary treatment modality in and of itself, work collaboratively with third party funders, and communicate regularly with employers, improve return to work outcomes and reduce workers compensation costs by up to 50 per cent (Bernacki, Toa & Yuspeh, 2005). This type of research suggests that additional specialised training may be needed to work effectively with workers compensation and transport accident populations.

### Particular challenges for psychologists working with transport and work injury populations

One major challenge for psychologists is what I would describe in terms of a 'holistic client-centred ideology' that many practitioners seem to rely on. This is where the treating psychologist defers excessively to the injured worker's moment-by-moment experience and concerns, usually without any underpinning clinical formulation and associated systematic treatment focus. As a consequence, work avoidance issues tend to be unwittingly reinforced over time, other pre-existing life problems become refocused on the contemporary work injury, adversarial interactions with other stakeholders increase and the injured client develops an expectation of open-ended access to psychology treatment.

Under these circumstances psychological intervention can continue on a regular basis over a number of years without any demonstrable improvement in symptomatic and functional indicators. Moreover, some psychologists appear to find it difficult to disengage and cease treatment, even where there is no demonstrable value in ongoing psychology sessions over and above standard GP care and monitoring.

A related issue concerns the marked under-utilisation of exposure-based interventions with work and transport accident related presentations across all jurisdictions. Exposure-based techniques are amongst the most effective psychological interventions in this area but do require considerable skill to maintain client engagement and apply effectively. Inadequate use of exposure interventions can reinforce work avoidance behaviours and increase long-term disability.

### Clinical quality assurance initiatives

In the past few years, a number of compensation authorities have increased their focus on clinical quality assurance issues and have retained in-house clinical expertise. Probably the most advanced jurisdiction in this area is Victoria. WorkSafe implemented the *Clinical Framework for the Delivery of Psychological Services* in 2006 in consultation with the APS. The Victorian Transport Accident Commission and WorkSafe have also established panels of medical practitioners, psychologists and physical therapists who undertake secondary treatment reviews, provide clinical advice and encourage practitioners to align their treatment with established best practice.

### Conclusion

Notwithstanding a number of ongoing challenges, there is now much greater acceptance across all Australian jurisdictions of the role that evidence-based psychological interventions can play in injury prevention and improved health and return to work outcomes. Psychosocial risk management and strategic organisational prevention approaches can substantially reduce the incidence of workplace psychological harm but need to be much more widely implemented. Moreover, appropriate organisational health monitoring systems can achieve a sustainable balance between managing employee wellbeing and performance imperatives. There is also considerable scope to augment a range of cost effective early intervention identification, support and treatment initiatives to reduce the number of employees who are experiencing mental health symptoms from progressing to full-blown psychological injuries. Finally, recent research and quality assurance programs are now rapidly clarifying the skill sets and good practice clinical treatment and management that can enhance return to work outcomes. ■

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# Leadership derailment and psychological harm

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Humans are fiercely egalitarian and leading them is an innately challenging and stressful experience. Good leadership can inspire, transform and provide meaning and purpose. Poor leadership can by contrast lead to disengagement, disappointment and distress. Followers have high expectations of those in leadership positions and are profoundly influenced by the style and character of those in charge. Consequently leaders exert a disproportionate influence over the satisfaction and engagement of their followers (Harter, Schmidt & Hayes, 2002). Given this level of influence and responsibility, no wonder some leaders 'derail' and literally leave the path and fail to realise the potential that seemed so apparent in an earlier career stage. What proportion of leaders derail (i.e., are fired, demoted or fail to advance) and what is the impact of this on both themselves and their followers? Estimates vary but it seems that a significant proportion of people in leadership positions exhibit maladaptive behaviours to the point where the performance and wellbeing of themselves and those around them are adversely impacted. Managerial incompetence has been estimated at between 30-75 per cent in America (Hogan & Kaiser, 2005), and we can expect a reasonable subset to develop full derailment behaviour. Indeed McCall and Lombardo (1983) found that 25 per cent of individuals identified as having high potential derailed as they plateaued at lower levels than expected within the organisation.

Research is surprisingly sparse in this area but studies that have been done identify particular patterns of behaviour that reoccur in this context (see Table 1). However it must be emphasised that these are post-hoc descriptions of the maladaptive behaviour based on an implicit template of what it takes to be a successful and effective leader. Consequently the extent to which they explain derailment rather than just describe the symptoms is an unresolved question. For example, failure to build a team is a common symptom of derailment but this consequence could be explained by multiple causes, not all of which are in the leader's sphere of influence. None the less, it must be remembered that the impact of a misfiring executive is exponential as their dysfunction cascades directly down through their team, and indirectly through their reputation and the climate they create (Kaiser, Hogan & Craig, 2008).

## A taxonomy of derailment

Broadly speaking there have been two contrasting approaches to the classification of derailment. The personality approach has attempted to describe maladaptive personality traits that, when combined with the right environmental catalyst, lead to derailment and reduced performance. This approach borrows heavily from the personality disorders literature, assuming

**Table 1.** Situational and behavioural patterns leading to derailment

Study	Derailment situations and behaviours
McCall & Lombardo (1983)	Failure to delegate Failure to build a team Aloofness and arrogance Insensitivity to others Over-reliance on a single sponsor Inability to change or adapt to transitions
Kaiser & Hogan (2007)	Moving away from others – moody, intimidating and threatening behaviours Moving against others – charming, manipulative and arrogant behaviours Moving towards others – ingratiating and dutiful behaviours
Finkelstein (2003)	Creating new ventures Dealing with innovation and change Managing mergers and acquisitions Addressing new competitive pressures
Kilburg (2006)	Security concerns Attachment concerns Power and control concerns Competition rivalry and achievement concerns Standards of performance concerns Conflict of loyalty concerns

that these maladaptive traits lie latent within the individual awaiting some activating event or stressor to become manifest. This is a person-centred approach where responsibility for management lies in the individual rather than the environmental or organisational challenges that they face. By contrast the organisational approach has been to classify business challenges like mergers and acquisitions that predisposed existing leaders to derailment. However this approach, whilst identifying commonalities in challenging business scenarios, says little about individual susceptibility to such environments (Finkelstein, 2003).

The personality tradition emphasises the individual traits and behaviours that are typically found in those occupying leadership positions. Kaiser and Hogan (2007) present the most sophisticated version of this approach, describing derailment characteristics as flawed interpersonal strategies that inhibit key organisational challenges such as building a team and gaining buy-in. Each of these 11 'dark side' tendencies has its origins in concerns over issues of security, recognition and approval, and the leader's subsequent over-reliance on a particular strategy to compensate

for this. Interestingly, Kaiser and Hogan acknowledge that awareness of these traits does not predict the timing of derailment, just the susceptibility. Secondly, these traits are most apparent when situational constraints are at a minimum, suggesting an increasingly important role for strong corporate governance.

It seems entirely reasonable to propose that a combination of overly rigid psychological traits and behavioural strategies, combined with a demanding and challenging organisational environment, will lead to the expression of some derailment behaviours. Given that much less control can be enacted over the business environment, the key focus for successful management must be the enhancement of awareness and psychological flexibility within the leader.

### Managing derailment

Given that the causes of derailment are diverse, how can we as psychologists intervene and reduce both the probability and the harmful psychological impact of derailment? Clearly the first option is to ensure the fit between the individual and role is good. Once the capabilities of the leader have been identified, the performance gaps apparent in their current role can then be addressed. However not all competencies are equally trainable. Some competencies are easily acquired and highly trainable – a good example is negotiating skills. Others like good emotional self-regulation, integrity or high drive are important for success in leadership roles but much harder to acquire or enhance (Hogan & Kaiser, 2005).

At the individual level of managing derailment, there is no doubt that maladaptive behaviours can be identified and modified provided this is done before any crucial career limiting situation has occurred. Executive coaching and leadership development often specifically target maladaptive leadership behaviours and there is good evidence that these can be modified over time with the right approach. In fact, the very situations that can lead to derailment in a leader are situations that have been identified where executive coaching can be most effective (MacKie, 2007). Given that these behaviours, when less amplified, have often led to significant successes for the individual (e.g., high conscientiousness versus perfectionism), leaders will rarely present asking for help with their modification. It is only with a careful review of past history, performance under pressure and the rigidity with which such strategies are held, that it's possible to raise awareness of the damage that overdone strengths can do. Positive psychology has much to offer here, both in the constructive language around strengths and strategies, and in the benefits of building resilience and flexibility in response to stressful events.

Secondly, there is increasing convergence around the importance of metacognition in raising awareness and controlling predispositions to react in rigid and inflexible ways. Mindfulness for example is one such metacognitive strategy that is gaining increasing currency in the corporate world. Metacognition literally focuses attention on the thinking process itself, encouraging the perspective that this is only one of many possible interpretations of events. The added psychological flexibility of literally being able to defuse thoughts from feelings, to postpone reactions and regulate emotions more adaptively has self evident benefits both for the wellbeing of the leader and for broadening their repertoire

of possible responses to challenging situations. Ultimately this leads down the path of wiser choices, where enhanced self awareness combined with a greater appreciation of organisational challenges leads to a more flexible and considered response (Sinclair, 2007; Kilburg, 2006).

At the organisational level, there is much that can be done to reduce the impact of derailment on the leader, their team and ultimately the bottom line. Many organisations have leadership development programs which aim to raise awareness of an individual's leadership style and the subsequent impact of this on their career progression. Far fewer organisations have a genuine coaching and development-oriented culture where leadership behaviours are constantly being observed, analysed and calibrated in relation to both performance criteria and the values of the business. In this type of environment, there is a much greater probability of any maladaptive behaviours being identified early and alternatives suggested before they lead to derailment and career inhibition. There is clearly a role here for strong corporate governance and board leadership to model a top down process of healthy, adaptive and functional leadership styles. This requires as much focus on the 'how' of performance as the 'what'.

Positions of leadership bring with them responsibility not only for delivery of outcomes but for the engagement and wellbeing of staff that report into that position. Derailment is the thin end of the wedge of managerial incompetence that causes unnecessary harm and performance impairment throughout the organisation. The good news is it can be managed successfully. A combination of enhanced self and organisational awareness, increased psychological flexibility and a positive and continual approach to leadership development can go a long way to mitigating the adverse impact and psychological harm that derailing leaders can cause themselves, their families, their colleagues and the communities in which they work. ■

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# Managing bullying at work

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**T**raditionally, workplace bullying has been thought of as 'oppressive behaviour' from a supervisor to a subordinate. Bullying certainly does arise from a power imbalance, but we tend to somewhat simplistically conceive of power as being administered through a traditional management hierarchy. However, power can be held in many forms. It can include the power of the mob or group, the tyranny of expertise, and the dominance of the older, articulate worker over the younger, vulnerable, less socially resourced worker. The variations are endless.

This article is offered as an introduction to resources and strategies for managing workplace bullying that I have found to be useful in twenty years of consultation and research in demoralised work environments. For the purposes of the article, the topic is most usefully categorised in terms of a) organisational level interventions; b) work team level interventions; and c) individual therapeutic goals.

## Organisational level interventions

There is no legislation that specifically deals with workplace bullying. Conversely, workplace bullying is a phenomenon that has been dealt with in many Antidiscrimination Tribunals, Industrial Relations Commissions (with respect to safety prosecutions and unfair dismissals), as well as criminal and civil jurisdictions. In terms of organisational level interventions, there have been three particularly informative cases. These are *State of New South Wales v. Mannall* (2005), *Inspector Gregory Maddaford v. Graham Gerard Coleman & Anor* (2004), and *Graham v. Brisbane City Council* (2001).

These cases illustrate that industrial tribunals view workplace bullying as a problem that can be conceptualised as one of poor organisational culture. The main theme of organisational level interventions is to create monitoring channels for employees to voice their concerns around bullying in the workplace and to subsequently deal with identified issues of bullying through supervisory support and disciplinary processes. The following list is not exhaustive, but does provide some sense of the breadth of possible organisational level interventions.

- Management role modelling of consultative behaviours
- Implementation of 360 degree feedback performance appraisals (where there is genuine confidentiality of feedback)
- Broad workplace climate surveys of the workforce
- Fully developed policies around bullying, discrimination and harassment which articulate organisational mechanisms for responding to bullying, grievances, safety concerns
- Instant management responsiveness to complaints of bullying through commencement of a formal or informal investigation into any allegations of bullying

- Provision of adequate supervision and training around the prevention of bullying
- Clear cut performance management and disciplinary processes
- Attempts to provide training/counselling/support to the perpetrators in the interests of helping them change behaviour
- Ensuring that the perpetrators are provided with enough information to refute the claims, without the safety of complainant employees being compromised
- Tests by corporate legal counsel to ensure that all investigative statements consistently support accounts of employee participation in bullying
- Ensuring that managers and supervisors understand the whole process of return to work plans, and that they are expected to be supportive of injured workers

## Team level interventions

Workplace bullying is typically associated with an inadequate leadership structure. If the manager is a bully, the inadequacy can stem from an inability to motivate staff through positive means. If the bully is a co-worker, or there is a case of 'upward' bullying (where staff are bullying their supervisor), then the root difficulty is a perception that line management is inadequate. This can arise from line management being undermined or inadequately supported by more senior levels of management, or when the line manager is personally inadequate through lack of confidence, difficult temperament or poor insight into the contribution of his/her own behaviour to problematic interactions in the workplace.

The first challenge in resolving a bullying culture is to strengthen the line management function. If the difficulty is an aggressive line manager, then a consultant's first challenge is to explain to senior management how this can be a liability to them personally. It is a case of highlighting that even though the problem may stem from a line manager, company directors are ultimately seen as being responsible under Occupational Health and Safety legislation.

Quite frequently consultants will encounter senior management reluctance to take action against the bullying line manager. This reluctance usually stems from the pretext that the problem manager is a 'highly valued performer'. In these situations, the consultant needs to explain that the optimum approach for the business is to obtain the high performance, without the liability. If senior management is not prepared to face the possibility that they may need to let this valued performer go, then there is little possibility that initiatives will succeed. In these circumstances, it is better for the psychologist to maintain their professional integrity and reputation, and to disengage themselves from the contract.



Similarly, if the bully is a Managing Director, and there is no higher authority to draw on or incentive to change, then the chance of success is going to be limited. Again the consultant has to seriously consider the ethics of continuing to provide a service which is unlikely to be able to deliver an outcome.

If senior management support has been obtained for the intervention, then it is a matter of implementing a structured program of coaching. Ongoing employment security is to be made contingent on achieving coaching program outcomes. An excellent resource for working with bullies at any level of the organisation is the text *When anger hurts: Quieting the Storm within* (McKay, Rogers & McKay, 1989).

If the bully is a coworker, then one of the challenges is to break the collusion of silence amongst colleagues about the truth of what is happening to the victim of bullying. This is a matter of strengthening the management function, and ensuring that line management becomes the most influential force in the workplace. The best way of commencing the process is to conduct a workplace climate survey and interviews with all coworkers and supervisory staff.

Results can be presented back to staff in a graphic format creating an evidence basis for the need for change. A senior management representative should also be present during the feedback session. Ideally this senior manager should speak to the issues around an organisation's Code of Conduct, to express the need for individuals to treat each other with respect in the workplace, and provide examples of appropriate and inappropriate behaviours.

The feedback session should include appropriate training in conflict resolution and should also outline the concept of an issues register. The issues register should be maintained for a period of three to four weeks, and then a review needs to take place. Typically, either a bully will try to use the register to raise numerous issues against their victim or the bully's behaviour will begin to be featured in issues raised by more than one worker. At the end of the review period, the supervisor and a representative from senior management need to meet with the bully. It is critical that the employer offers the bully the opportunity to either attend suitable training or receive counselling. As bullying behaviour is a performance issue, the employer must offer the bully every assistance possible (in good faith) to improve and change his or her behaviour. Frequently the bully will not make use of such offers of assistance, but the main issue is that the employer has made the offer and if the bully's employment is subsequently terminated, then these offers can be taken as evidence that termination was not unfair and unreasonable.

If the bully continues to behave inappropriately, then the matter needs to be handled through the organisation's disciplinary processes. It is useful to note that there have been cases where an employer has been criticised by the courts for failing to terminate a bully's employment. For those readers who are interested in knowing more about this, the relevant case is *State of New South Wales v. Gary Donald Jeffrey & Ors* (2000).

## Individual therapeutic goals

There are three main therapeutic tasks associated with working with the victims of chronic bullying. Often individuals can cope with years of abusive behaviour in a workplace through denial. It is only when victims begin reporting to a decent manager that the victim becomes fully aware of the pain and suffering that he or she has endured. Quite often depression sets in, and in extreme cases, the victim can decompensate. Realisation of the damage and humiliation can take years to overcome before the individual is stabilised enough to recommence his/her working life. Helping such individuals to recover is work that should be reserved for very experienced clinicians and therapists. Stabilisation is the first therapeutic task. The second therapeutic task is to help the recipient of the bullying process to deal with the events associated with the bullying.

The third therapeutic task is to help the recipient of bullying to make sense of what has happened, as for any trauma victim.

Recipients will scour aspects of their experience and their identity, trying to answer the question of "Why me, what have I done wrong?". The therapist needs to constantly reinforce the message that the bully's behaviour is not acceptable and can in no way be justified.

In some instances the therapist will be working with a victim of bullying whilst it is still occurring. If the recipient wishes to remain in the workplace and confront the bully, then the therapist takes on the role of 'marathon coach'. Surviving the process of bullying is about endurance,

encouraging recipients to maintain social networks, management of emotional wellbeing and perspective, and teaching them to assert themselves through a combination of humour and deflection. For those who are interested in further reading about the psychology of overcoming this experience, the text *Bully in sight: How to predict, resist, challenge and combat workplace bullying* (Field, 1996) is a useful first account with practical strategies. ■

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**'The first challenge in resolving a bullying culture is to strengthen the line management function.'**

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# Emotional labour: A significant interpersonal stressor

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Over recent decades, industrial restructuring in the Western world has witnessed a significant shift of employment from agriculture and manufacturing industries to the services sector. This shift has seen an increase in face-to-face and voice-to-voice interactions in such occupations, along with the development and establishment of new role requirements increasingly connected with work in the 21st Century. Of these new role requirements, organisations and occupational bodies have formulated 'display rules, which serve as the standard for the appropriate expression of workplace emotions.

Display rules vary, and are requirements across occupational categories. For example, retail workers must appear cheerful and friendly during customer interactions to enhance service quality and encourage repeat business, while detectives and police officers often express anger to gain compliance and even obtain confessions from criminals. Others, such as judges, are expected to display emotional neutrality so as not to influence the outcome of a trial, whereas medical practitioners are required to remain neutral to ensure professional objectivity. However, conforming to display rules, regardless of circumstances or discrepant internal feelings, is easier said than done.

## Emotional regulation through surface and deep acting

The regulation of emotional expressions and feelings as part of the paid work role has been coined emotional labour (EL) (Hochschild, 1983). EL is necessitated when expected workplace emotions cannot be naturally felt or displayed, and is routinely performed using surface acting (SA) and deep acting (DA) (Hochschild, 1983). SA involves the management of observable expressions. SA can include faking emotions not actually felt, along with suppressing and hiding felt emotion that would be inappropriate to display. For example, a customer service representative may hide feelings of anger from a rude or demanding customer and instead paste on a smile to ensure a smooth workplace interaction. Hochschild commented that "in surface acting, we deceive others about what we really feel but we do not deceive ourselves" (p.33).

DA, on the other hand, is the intrapsychic process of attempting to experience or alter feelings so that expected emotional displays may naturally follow. DA may be performed by actively exhorting feeling, wherein an individual cognitively attempts to evoke or suppress an emotion. For example, flight attendants were trained to cognitively reappraise disorderly adult passengers as children so as not to become infuriated

with their seemingly infantile behaviour (Hochschild, 1983). Another DA strategy, trained imagination, focuses on invoking thoughts, images and memories to induce the desired emotion (e.g., thinking of a funny experience in order to feel happy). This technique is comparable to the way that actors trained in method acting (Stanislovsky method) 'psyche themselves up' for a performance. DA then, if successful, is able to produce an authentic emotional display.

## Consequences of emotional labour

Given that people experience a wide range of emotions during any given workday, emotions that are felt and those that are required may not always be congruent with each other. When such a mismatch occurs, an employee may choose to ignore the prescribed display rules and express genuine emotions during stressful encounters. Such emotional deviance may be detrimental to one's wellbeing, however, especially if the employee identifies with the occupation and its display rules (e.g., a counsellor's curt response to a client). On other occasions, there may be a discrepancy between expressed and felt emotions, creating the experience of emotional dissonance, which has been associated with a range of negative psychological outcomes (Zapf, 2002).

Because SA leads to inauthentic emotional displays, unlike DA that produces an authentic display albeit with more effort, most academic attention has been focused towards the negative effects of SA on the individual. Along with feelings of inauthenticity, SA exerts its pernicious effects through emotional dissonance, resource depletion, and emotional estrangement from others and oneself. For example, SA has been linked to negative psychological and physical health outcomes including burnout in the form of increased emotional exhaustion, depersonalisation, reduced personal accomplishment, job dissatisfaction, depression, anxiety, psychosomatic complaints, and intentions to resign (Brotheridge & Grandey, 2002; Grandey, 2000; Montgomery, et al., 2005, 2006). These effects often remain, even after controlling for demand-control variables, suggesting that SA exerts its effects independent of other work stressors (Näring, et al., 2006). Recent research has also found a link between SA and work-family interference. As one counselling psychologist known to the first author so eloquently stated, "When I get home from a hard day's work with clients, I leave empathy at the door". Other psychologists have also revealed that they can become emotionally distant and detached at the end of the workday. This depletion of emotional resources can leave little energy for

domestic duties and attending to personal relationships, which may inevitably cause strain.

### Individual and organisational remedies

The mismatch between felt emotion and what an employee is required to display (i.e., feeling angry, but having to display cheerfulness) can be a draining aspect of the EL process. Thus, it is important that organisations select people with the aim of achieving the best person-job fit. A useful way to accomplish this task may be to use personality tests that measure trait affectivity. For example, applicants who demonstrate a high level of positive affectivity would be considered a good job fit for service-oriented occupations. Linking the person to the emotional job requirements could save costs associated with absenteeism and turnover.

**‘Emotionally demanding jobs that offer regular scheduled breaks and time-out rooms where people can emotionally vent are necessary for the health and wellbeing of workers.’**

Much of the stress involved with SA is the discrepancy between felt and displayed emotions (i.e., feeling angry, but having to fake happiness as part of the work role). This causes feelings of inauthenticity and does nothing to reduce emotional dissonance. Thus, training people to DA may be a valuable organisational tool. People could use DA strategies such as trained imagination, to ‘psyche themselves up’ before entering their work role, to ensure that their emotional displays are genuine. Moreover, using role-play situations to teach reappraisal or cognitive reframing skills could be another useful strategy to teach people how to transform emotions, and to handle emotionally difficult situations without becoming overwhelmed. This would lead to a greater sense of personal accomplishment when they are able to successfully deal with emotionally demanding situations.

Because EL can drain emotional resources and cause burnout, recovery from work is necessary to protect individuals’ health and wellbeing in the long run. Recovery refers to the process during which an individual’s functioning returns to its pre-stressor level. This can be reflected in both psychological detachment from work, low fatigue and undisturbed sleep. If recovery is not successful, wellbeing will be affected and the individual starts the working day in a suboptimal state.

Successful recovery after work occurs when wellbeing improves, and resources drawn upon during the strain process are restored (Sonnentag & Natter, 2004). Thus, off-job time activities (e.g., playing a sport, going to the gym, etc.) that offer the opportunity to recover from job stress and to replenish depleted resources should be incorporated into HR management systems.

The effort-recovery model (Meijman & Mulder, 1998) suggests that the core mechanism through which recovery at work occurs is the temporary relief from demands placed on the individual. Emotionally demanding jobs that offer regular scheduled breaks and time-out rooms where people can emotionally vent are necessary for the health and wellbeing of workers. The conservation of resources theory (Hobfoll, 1989) also suggests that social support at work is a vital process in restoring emotional resources. For psychologists, for example, the supervision process can be a valuable time to decompress by releasing pent-up emotions caused by work stressors. Thus, regular supervision with a trusted colleague or advisor can be important in the recovery process.

Researchers have argued that emotional regulation should be properly rewarded based on the theories of compensating wage differentials and human capital (Glomb, et al., 2004). However, due to the failure by traditional job evaluation systems to adequately measure and compensate for emotional labour in monetary terms (Steinberg, 1999), organisations should consider using formal and informal rewards and recognition as a symbol of appreciation for the emotional effort exerted by employees. Indeed, if service organisations wish to attract and retain high performing employees they must be compensated accordingly. Traditional job evaluation tools may also need to be updated to ensure that emotional labour demands are taken into consideration. ■

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# Psychological harm at work and the role of the organisational psychologist

By **Gina McCredie MAPS**

Chair, APS College of Organisational Psychologists

Organisational psychologists focus on the study of behaviour in the workplace, and, like all psychologists, bring a range of approaches and tools which can scientifically measure and improve behavioural outcomes. Our role is to design effective and sustainable organisational structures, improve performance in teams and management practices, establish robust recruitment practices, diagnose complex problems as well as foster effective and resilient behaviours at all levels within organisations. This includes managing the consequences of psychological harm in the workplace, which are not limited to the organisational psychologist in terms of management or treatment.

Psychological harm comes in many forms: bullying and harassment, intimidation, badly designed jobs, lack of supervisor support, interpersonal conflict, poorly managed change whether it is in the form of a job change or a total organisational change, sexual harassment and so on. Many types of harm do not finish when or if the employees leave work. Posttraumatic stress disorder is common among victims of psychological bullying, requiring years of psychological support and treatment. While legislation has been introduced in Australia to raise awareness and reduce the incidence of harm, it is unfortunately a key feature of many workplaces in subtle and insidious forms. So what can organisational psychologists do to help workplace leaders and managers prevent these behaviours?

Fortunately, many workplaces are now actively recruiting organisational psychologists to fill roles where in the past our involvement has been ad hoc and piecemeal, as we have often only been invited to address issues once the problem has reached crisis point. This in part has been due to a lack of understanding by our workplace colleagues about the role of organisational psychologists in the workplace and how we can help.

Much has been made over recent years of workplace alignment – ensuring an organisation's structures, systems and people skills are aligned with its strategy, vision and values. While an important feature of improved organisational performance, true alignment remains in many instances only rhetoric, as management practices and policies do not necessarily produce the behavioural change sought after. Organisational psychologists can work with organisations to see that employees have the best mechanisms in place (training, coaching, the capacity to negotiate, and so on) to support them being able to attain their performance goals where possible. If this is not possible, a job and skill analysis can be undertaken to determine a different approach for attaining the organisations goals other than keeping an

employee in a role that they are simply not able to perform.

Interestingly, the cost to business and employers of turnover, absenteeism and workcover fees as a result of poor management practices is constantly reported, but still we find employers in the courts because they have not carried out the due diligence required to prevent such behaviour. However, there is a growing number of enlightened employers who are emphasising that workplace behaviours which are not consistent with their policies and identified values will result in either the employee being disciplined or dismissed. Further, these employers include as part of employees' performance criteria that they are expected to support the organisation's values and policies as part of their day-to-day behaviour. Managers and employees are increasingly getting the message that results are not to be achieved at any cost – *how* results are achieved is as important as *what* results are achieved.

The College of Organisational Psychologists has over the past six months outlined a plan of work to raise awareness within organisations of our members' contribution to organisational wellbeing. Our vision is evident in our five key streams of work:

- 1. Growth:** We attract members by being a thriving, forward thinking, and professional community
- 2. Reach:** We are a globally networked practitioner and academic profession
- 3. Influence:** We influence business, media and the government through our strong brand and value proposition
- 4. Innovation:** We strive to provide great services to our members, and we are disciplined and professional in our administration and governance of the College
- 5. Capability:** We support our members' growth through world class continuing professional development.

The College has project teams working on a series of initiatives which will together deliver the vision above – members are encouraged to select a project team that aligns well with their personal interests. Communication, membership and professional development are our top priorities.

We look forward to working closely with not only all our APS colleagues, but also our local communities in our efforts to prevent psychological harm in the workplace. ■

*Thanks to Rosie McMahon for her contribution to this article.*

**For more information about the College of Organisational Psychologists, go to [www.groups.psychology.org.au/cop/](http://www.groups.psychology.org.au/cop/) or contact the author on [gmccredie@netspace.net.au](mailto:gmccredie@netspace.net.au).**