

Current Issues in the Prevention and Management of Bullying and Psychological Injury

RTW Interest Group

20 May 2010

***Dr Peter Cotton FAPS
Clinical & Organisational Psychologist***

The Emerging Issue of Increased 'Incivility'

Incivility = low level negative behaviours such as rudeness, disregard for others

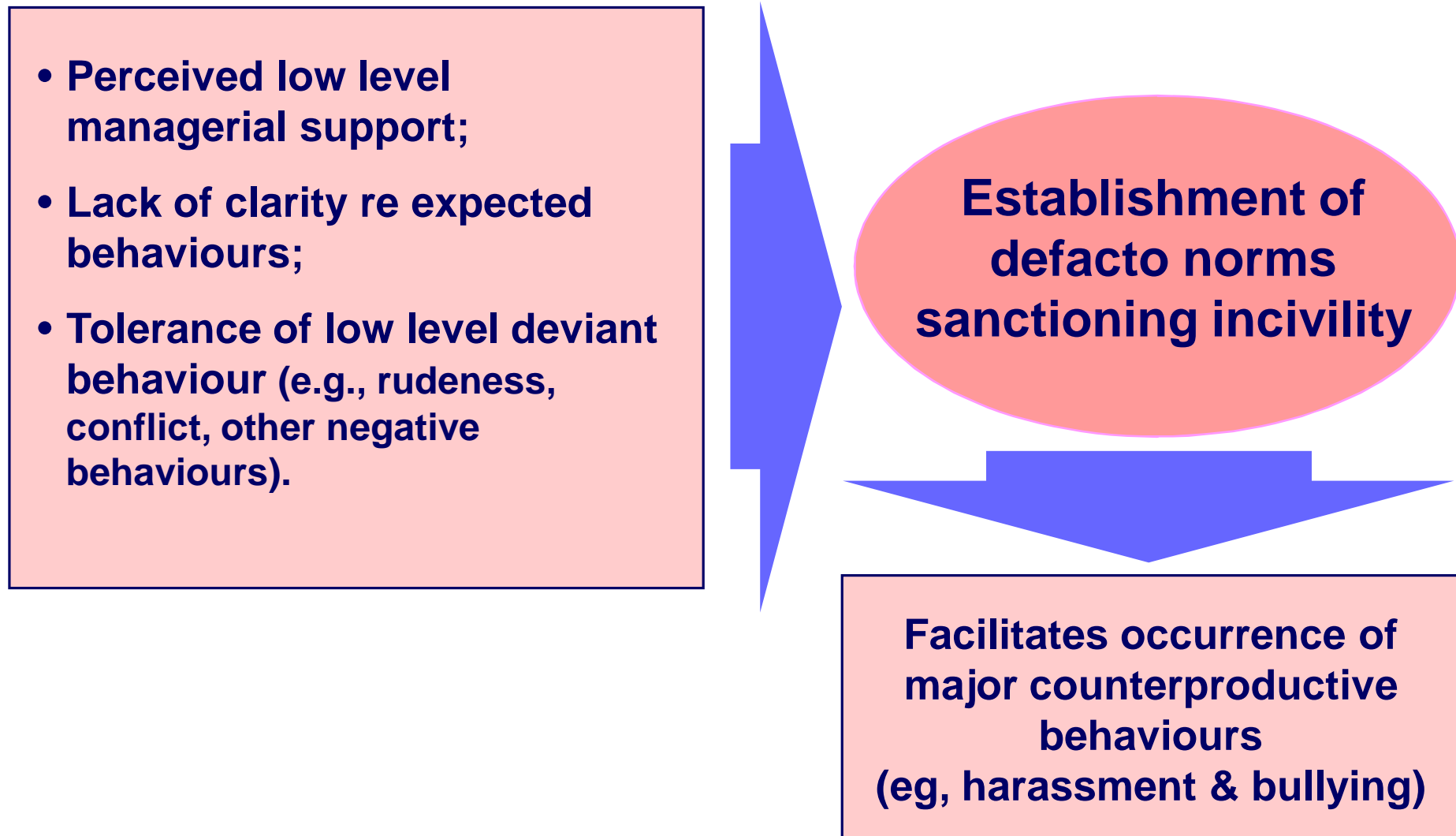
Increased levels of incivility in workplaces:

- Broader social changes e.g., 'societal irreverence'
- Casualisation of workforce
- Reduced loyalty and increased 'self interest'
- Poor leadership
- Organisational change

***Incivility as a precursor
to more serious counterproductive behaviours ?***

Incivility as a Precursor to Bigger Problems!

After Pearson, Anderson & Porath (2005)



The Role of a Code of Conduct?

***A tool used proactively to shape workplace culture
& influence behaviour?***

- promoting awareness, education re expected behaviours
- empowering staff re expectations of others & tolerance limits
- validation of positive behaviours, non reinforcement of negative behaviours,
- manager role modelling & accountability
- even-handed and consistent response to breaches

***Or, a document in the bottom draw only dusted off and
used in a punitive manner when interpersonal
problems blow up?***

Public Sector Research – Fair Treatment

- Study conducted in 2003 across a State Public Service
- Using a survey-based methodology (with behavioural-based/frequency questions rather than emotion-laden questions)
- 3000 respondents
- 34 participating public sector agencies
- Amongst a range of other research questions, investigated organisational characteristics associated with employees reporting very high levels of 'fair treatment' and observed high levels of 'bullying' behaviours

Key Organisational Correlates with High Observed Bullying Behaviours

***Key Driver Table:
Bullying Behaviours***

Performance Feedback	-62
Involvement in Decision-Making	-52
Supportive Leadership	-38
Flexible Working Hours	-18

Supportive Leadership

Other Leadership & Managerial Behaviours:

Managing Core Service Delivery

- establishes clear goals & priorities
- communicates a clear vision for the future
- effective project management
- focus on strategic context
- values quality
- encourages innovation

Managing People

- encourages feedback
- builds internal & external relationships
- demonstrates personal integrity
- values ethical behaviour
- manages change effectively

Developing People

- encourages individual development
- coaches staff
- supports training & development

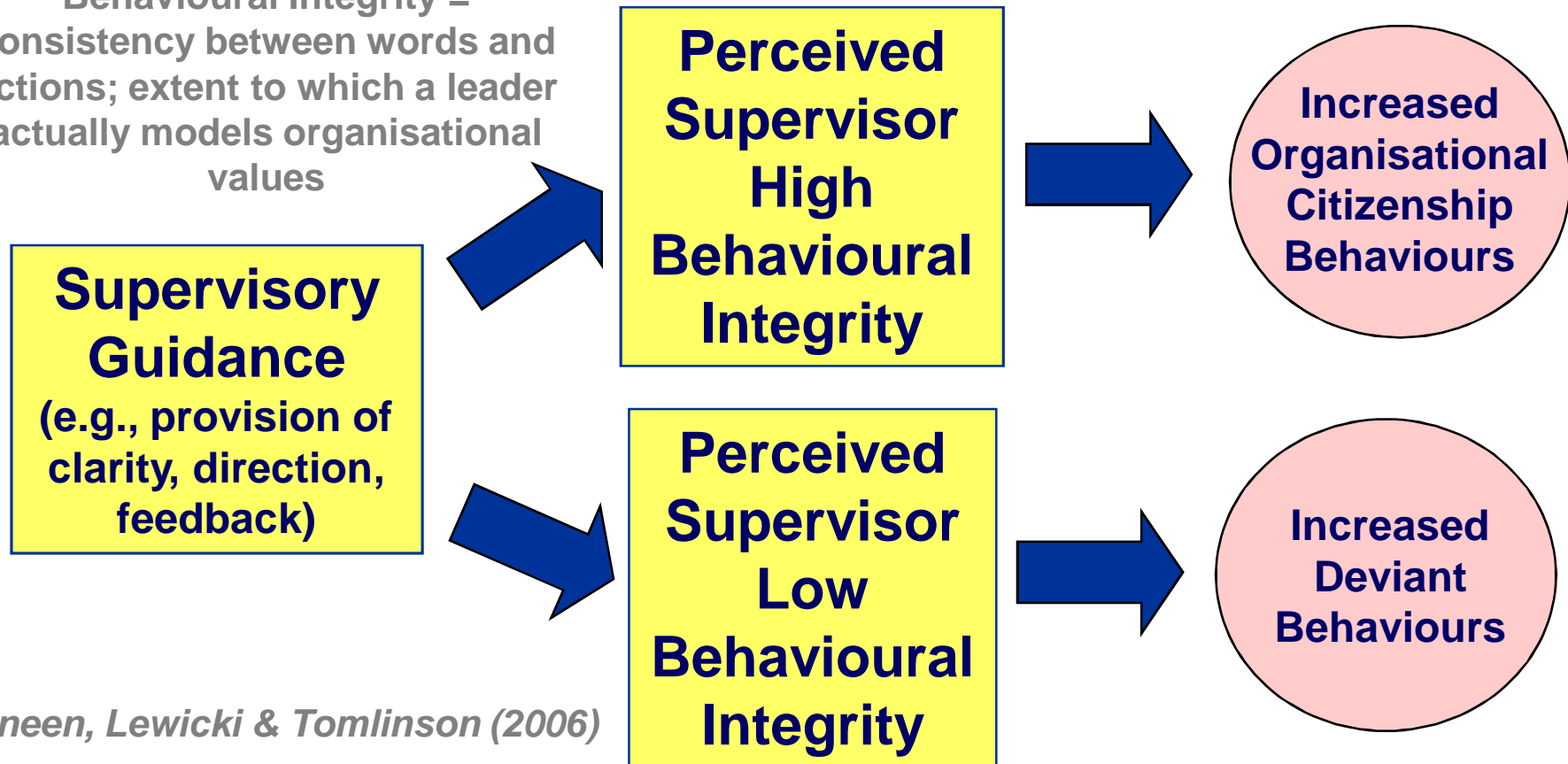


Supportive Leadership

treats staff with respect
accessible and approachable
encourages staff to take initiative
can be relied on under pressure
actively seeks the involvement of staff
understands the problems faced by staff
proactively addresses staff concerns
role models organisational values

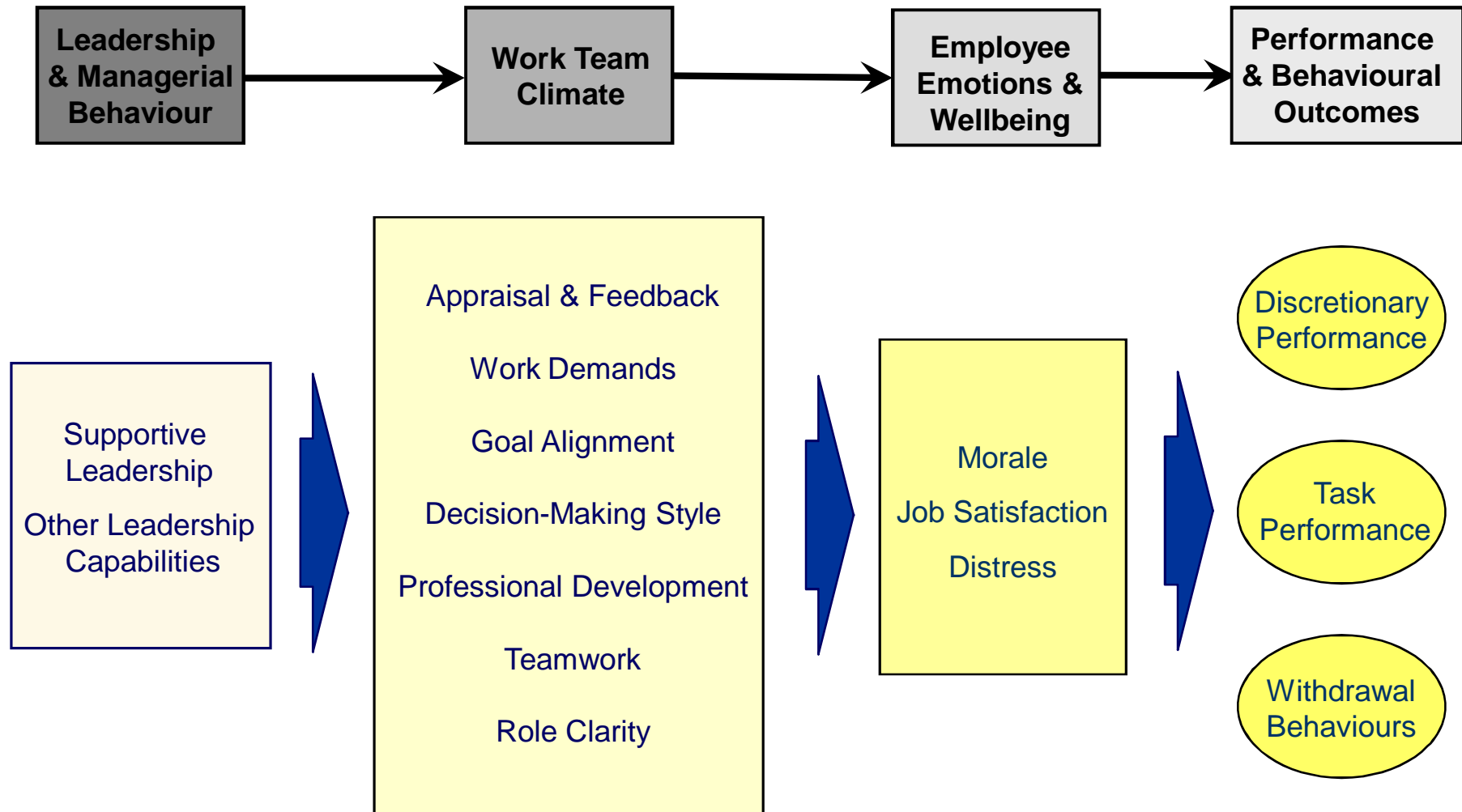
Managerial Style and Employee Behaviours?

Behavioural Integrity =
consistency between words and
actions; extent to which a leader
actually models organisational
values



Dineen, Lewicki & Tomlinson (2006)

Linking Leadership to Wellbeing and Performance



Leadership Styles as Organisational Risk Factors

**Laissez-Faire
Leader as
Technical Advisor**

Work Team Climate:

Low support

Low clarity

Low Engagement

Don't communicate views
about important issues

Neglect Feedback

Fail to follow up on
requests for assistance

Avoidance of leadership
responsibilities

**Popular
Leader**

Work Team Climate:

High Support

Lower Clarity

Focus on positive
interpersonal
relationships

Low focus on core
business

Neglect performance
management

Avoid tough
conversations

**Excessively
Directive
Leader**

Work Team Climate:

High Clarity

Low Perceived Support

Low engagement

Poor communication

Neglect of
Developmental Feedback

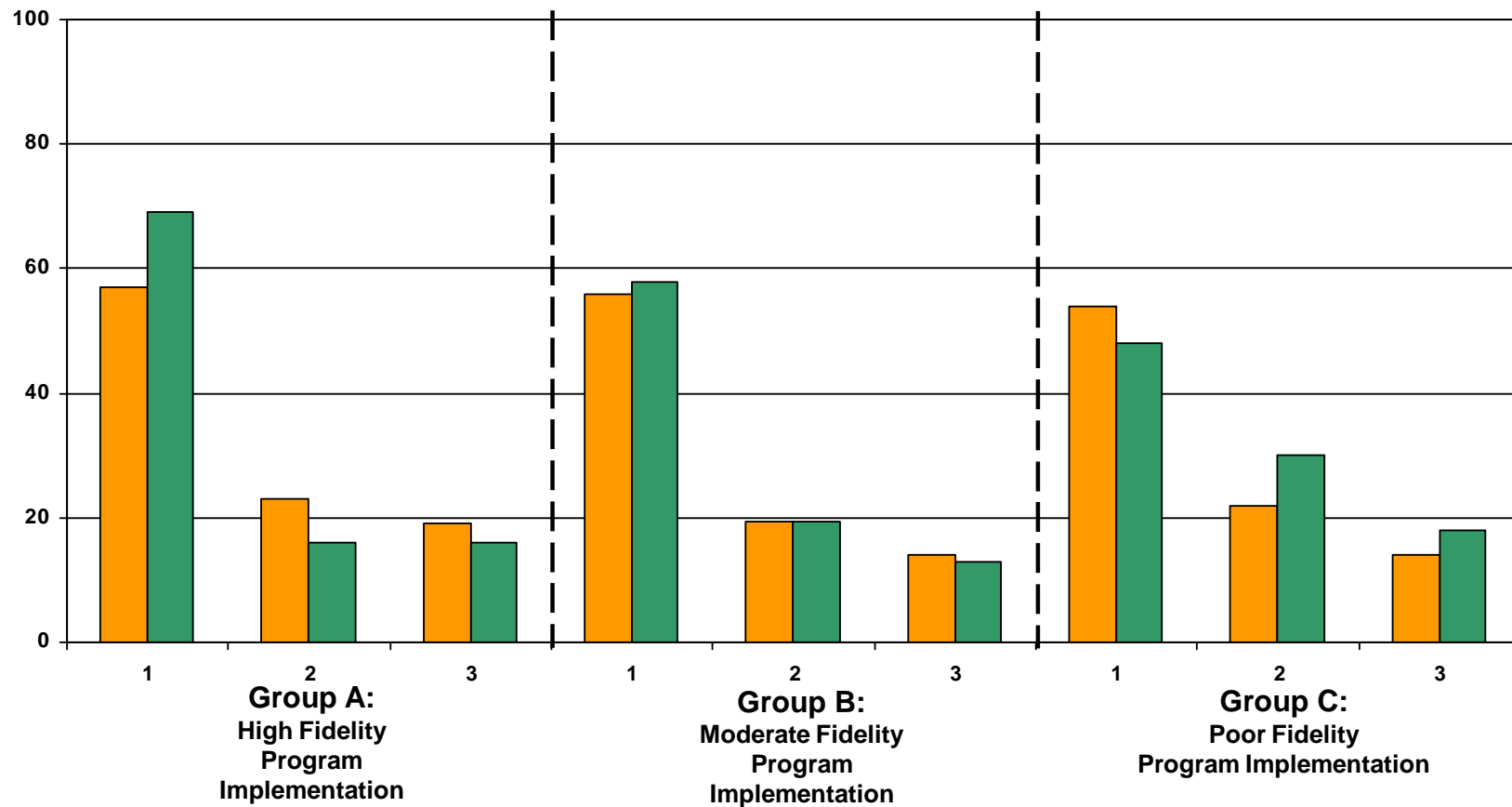
Over-emphasis on
Corrective Feedback

Perceived Stigma About
Reporting Personal
Problems

Leadership and Work Team Climate Improvement Program Overview

- Leadership engagement workshop
- Baseline assessment
- Establishment of project team
- Project team training workshop and review of assessment data
- Commencement of project team coaching program
- All staff workshop - led by project team
- Project team 'project' implementation
- Project review and consolidation workshop
- Follow up assessment

Pre and Post Program Climate and Workers Comp Risk Scores



**Primary prevention pilot
sponsored by WorkCover NSW**

1. Pre and Post Program Aggregate Climate Score
2. Pre and Post Program Workers Comp Risk – Psychological
3. Pre and Post Program Workers Comp Risk – Pain & Discomfort

■ Baseline

■ Post program

Health Outcomes for Psychological Injuries?

Individuals with compensable mental health disorders typically exhibit worse health outcomes than individuals with the same clinical profiles who are not treated in workers compensation jurisdictions

What factors contribute to these different outcomes?

Key Factors Contributing to Worse Outcomes?

- ***Poor leadership (i.e., low perceived support increases avoidance);***
- ***Appropriate alternative duties not made available;***
- ***Delays in claims determination and variable quality administrative processes;***
- ***Redress of perceived inequity- 'I will punish them';***
- ***Perceived unfair treatment;***
- ***Blame cycle: I am distressed >> Must be someone's fault >> Externalise >> Re-attribution >> Blame employer/insurer.***

iatrogenic Factors Contributing to Worse Outcomes!

- Variable mental health treatment capability in clinical service providers;
- 'Medicalising' low morale problems;
- Poor assessment and management of psychosocial risk factors ('flags') including workplace issues that can undermine positive effects of clinical treatment;
- Treater reluctance to communicate and liaise with employer and workers compensation insurers;
- Treaters frequently assume an advocacy role and foster adversarial interactions with insurers and employers;
- Treaters view RTW as something that occurs subsequent to treatment rather than being a primary treatment modality in itself.

What a Difference Providers Who Understand Workers Compensation Can Make!

Bernacki E, Toa, X & Yuspeh, L. (2005). A preliminary investigation of the effects of a provider network on costs and lost time in workers compensation. *Journal of Occupational and Environmental Medicine*, 47, 3-10.

This program, using a network of selected healthcare providers (who had a commitment to actively liaising with the workplace, not taking an adversarial approach towards employers, and who viewed a workplace focus and early return to work as integral to their treatment), achieved significantly reduced costs and lost time (by approximately 50%).

Psychological Treatment

Passive psychological treatments:

- **Lack of clear and specific goals**
- **Focus on underlying issues and lack of systematic focus on activity involvements and specific symptoms**
- **Lack of adequate clinical formulation;**
- **Lack of any systematic and incremental 'homework' prescribed between sessions**
- **Ongoing regular weekly sessions; open ended without defined timeframes**
- **Primary focus on support, encouragement and emotional ventilation**
- **Excessive deferral to injured worker to determine treatment needs**

Consequences of Passive Treatment

- Fosters dependency;
- Unrealised self-management capability;
- Collusion with work avoidance behaviours;
- Adversarial interactions with employer;
- Refocusing of other life problems on work injury;

Resulting in:

- Expectation of open-ended access to psychology treatment
- Increased work disability!

Psychological Treatment

Characteristics of active psychological treatments:

- Collaboratively developed and specific goals;
- Focus on specific symptoms and functional involvements;
- Prescribed regular and incremental practice of techniques and strategies between sessions;
- Time limited (i.e., agreed end date for review or cessation);
- Use of planned breaks and reducing frequency of sessions to assess and build self-management capability;
- Recognise and acknowledge pre-existing issues then quarantine them and focus on current functioning.

WorkSafe Victoria

Clinical Framework Principles

- **Measurable treatment effectiveness must be demonstrated and regularly monitored**
- **Assess and manage psychosocial barriers**
- **Empowerment of the injured worker and focus on building self-management capability**
- **Functionally-based specific treatment goals**
- **Priority use of evidence-based treatments**
- **Effective communication with all key stakeholders**