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## Perceptions of Psychological Injury in the Workplace

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**Perceptions of Psychological Injury in the Workplace**


**Richard Merrett**

**A Report Submitted in Partial Fulfilment of the Requirements for the Award of  
Bachelor of Arts (Psychology) Honours  
Faculty of Community Studies, Education and Social Sciences  
Edith Cowan University.**

**October 2004**

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**Perceptions of Psychological Injury in the Workplace**

**Richard Merrett**

Abstract

Work-related psychological injury has not only increased as a percentage of all injuries but also accounts for the greatest cost, both in duration of lost time and financially (National Occupational Health & Safety Commission [NOHSC], 2001; NOHSC, 2002). There are two major explanations as to why this might be. One explanation is that stigmatisation of psychological injury has reduced, resulting in increased reporting (Manton, 2004). The other major explanation is that workplaces are becoming more stressful environments, resulting in increased levels of psychological injury to employees (Kenny & Cooper, 2003). This review will investigate those potentially influential factors that relate to perceptions of workplace psychological injury, in particular whether reduced negative perceptions have led to an increase in reporting of psychological injury or whether psychological injury has actually increased. This will provide clarification on the role of perceptions of psychological injury in the workplace and will provide direction for future research in this area.

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Submitted: August 2004

### Perceptions of Psychological Injury in the Workplace

Whilst non-psychological workplace injuries continue to decline, employees are reporting a greater percentage of work-related psychological injury than at any time previously (Cooper, Dewe, & O'Driscoll, 2001). The National Occupational Health and Safety Commission (NOHSC, 2002), classifies the causes of psychological injury as the result of work pressure, exposure to violence, exposure to a traumatic event, harassment and other work-related mental stress factors. The term 'stress' is the most commonly used explanatory mechanism to describe general psychological injury (Cassidy, 1999).

Although there may be many reasons as to why psychological injury is being reported at increasing levels, this paper will consider two major explanations. One explanation is that the rate of workplace psychological injury is not actually increasing but rather, because perceptions are becoming less negative, it is reported more. The other major explanation is that the workplace is becoming a more stressful environment, resulting in increased levels of psychological injury to employees.

There have been many changes over the years to the workplace, which could indicate why psychological injury is actually increasing. Globalisation and the emergence of new technologies have led to increasing pressures in the workplace. These changes have resulted in restructures, downsizing and mergers, creating increasing instability in the workforce. Staff numbers have reduced or have changed from permanent full-time to part-time casual and the introduction of technology such as the Internet has led to a drive for increased response times and a 7 day, 24 hour work requirement (Kenny & Cooper, 2003). Competition not only between companies but also between individuals for reduced positions adds to the pressures.

An example of this is that the number of full-time employees working longer hours is increasing with many of these extra hours being unpaid (Deery, Plowman, & Walsh, 1998).

To mediate the effects of the changing work environment and to minimise the compensable claims for psychological injury, employee assistance programs (EAPs) that offer counselling, advice and assistance have increased considerably over the last 20 years (Kendall, Murphy, O'Neill, & Bursnall, 2000; Mcleod & Henderson, 2003). Although a number of studies on employee assistance programs have shown them to be successful in reducing levels of workplace stress (e.g., Rahe et al., 2002), overall their introduction into the workplace has had very little effect on the levels of reported psychological injury (Kenny & Cooper, 2003). This may be because the number of employees experiencing psychological injury is growing faster than those that can be treated, it may also be because employees are hesitant to use the service.

The following study is interesting as it demonstrates that employees are experiencing psychological injury but they are not necessarily seeking treatment and hence, reporting it. Laposa, Alden, and Fullerton (2003), looked at emergency department personnel (predominantly nurses), and their experiences of traumatic work events. Although many had suffered symptoms of post traumatic stress disorder (PTSD), only 18% had attended critical stress debriefing provided by their employer and none of them had sought outside professional assistance. This was despite the fact that almost 30% of them had reduced their hours due to stress reasons and 20% had considered changing jobs due to the critical incident they had experienced.

Therefore, even when psychological assistance is offered to employees, it is not necessarily utilised. This could indicate that employees perceive this type of

injury negatively and therefore are hesitant to report it. This would not support the argument that negative perceptions of psychological injury are reducing and hence, being reported more. Rather it suggests that actual cases of psychological injury could be under-reported. Either way it is impossible to assess the amount of empirical support for these suggestions as despite the body of work on stress, very little research has been conducted on the perceptions of employees towards work-related psychological injury.

Additionally, the research that is available on perceptions, stigma and stereotyping is predominantly in the mental health arena and may not be relevant to the workplace. Nevertheless, understanding employee perceptions of psychological injury can only be beneficial. As our body of knowledge on psychological injury increases there will be an increased likelihood that improvements in the control and management of this condition will emerge.

This review will seek to understand those potentially influential factors related to whether stigma of workplace psychological injury has reduced, resulting in increased reporting, or whether the level of psychological injury is actually increasing. This will provide clarification on the role of perceptions of psychological injury in the workplace and will provide direction for future research in this area. Furthermore, this paper will define psychological injury, workers' compensation and associated costs. However with limited research available on perceptions of psychological injury in the workplace this review will draw on research from the occupational health and safety domain, the workers' compensation field, work-related legislative decisions and research that has been conducted on the mentally ill.

*Definition of Work-Related Psychological Injury*

Work-related psychological injury is classified by the National Occupational Health and Safety Commission (NOHSC, 2002) as Mental Stress and identifies such causes as work pressure, exposure to violence, exposure to a traumatic event, harassment, and other mental stress factors. Essentially anything that is considered non-physical is classified under the psychological injury classification, including stress.

Stress is a term used to describe the result of environmental demands exceeding an individual's resources (Caltabiano, Byrne, Martin, & Sarafino, 2002), however it is also the most commonly used explanatory mechanism to describe general psychological injury (Cassidy, 1999). This has been reinforced by the literature with over 10,000 publications appearing between 1993 and 1996 on the subject of stress (Cassidy, 1999), with many of these publications focusing on stress in the workplace (Morris & Bonita, 2002).

In considering whether stress is actually increasing or whether it is just being reported more frequently, it is important to understand how the concept of stress has evolved and what factors impact on its occurrence. Current stress research has shown that there are significant differences in how a person will respond to workplace stressors based on their individual history, biological propensity, economic situation, social environment and other individual resources (Aldwin, 1994). Several models exist to explain and clarify the stress process, these include the general adaptation syndrome (GAS), Lazarus and Folkman's (1984) stress model, the stimulus model, the response model and the transactional model.

Selye's (1974) GAS model has been very influential in the area of stress. In particular it identifies the physical impact of stress on the human body. The model

suggests that people may progress through three stages when dealing with a stressful situation, in essence they try to adapt to their environmental demands. Stage one is the Alarm Reaction and is essentially the fight or flight stage when one initially encounters a stressor and the body experiences extreme arousal. It prepares the body's resources. Next is the Stage of Resistance and is a period where the stressor is still present but the arousal reduces slightly and coping mechanisms may be employed. This period exposes the individual to potential health problems. The Stage of Exhaustion is reached where prolonged exposure to the stressor results in lowered immune systems and energy reserves are poor. Further exposure may lead to serious illness or death.

An example of Selye's model could be an employee who has an increased workload. The employee may decide to leave their job (flight) or get angry (fight). If the employee stays then they may start to get health problems such as headaches. Finally unless the workload changes, the employee will become ill and require medical attention.

Although Selye (1974) outlines the physiological process very well, he fails to identify individual differences in response to stress both from a physical and psychological perspective. Indeed he does not really explain the psychological impact of stress or how different cognitive appraisals can mediate the effects of stress. Therefore to gain a greater biopsychosocial perspective on the topic of stress, the work by Lazarus and Folkman (1984) cannot be ignored.

Lazarus and Folkman (1984) suggested that in any situation, individuals cognitively appraise events as irrelevant, benign-positive or stressful. This primary appraisal, as it was so called, determines whether further appraisal is warranted. If the appraisal indicates that the event is stressful because it is either a challenge or a

threat then a secondary appraisal occurs. This secondary appraisal evaluates the coping options, or the resources the individual has to deal with the event. The person also evaluates the outcomes likely based on their self-efficacy. If the person believes they can cope with the event or situation then they will be unlikely to suffer the negative affects of stress. Conversely if the person undertakes a secondary appraisal and feels helpless then the affects of stress will be greater. Therefore unlike Selye's (1974) model, Lazarus and Folkman (1984) have offered a model that takes into account individual biopsychosocial differences in relation to their ability to deal with certain events. It is one of the most widely supported models of stress available. Whereas with Selye's model, an employee who was over-worked eventually suffered illness, Lazarus and Folkman's model suggests that the employee may be able to deal with the stressful event, based on their individual resources.

Other models and theories have been developed over the years in an attempt to define and understand the factors involved in the concept of stress. According to Cassidy (1999), three different models of stress are commonly referred to in the literature, these are the stimulus model, the response model and the transactional approach. The stimulus model primarily focussed on classifying the environmental demands, or stressors including work, exams, finance etc. Whereas the response model defined the term 'stress' in reference to the consequences of experiencing environmental demands such as the physical, behavioural and emotional symptoms.

Finally the transactional approach combines aspects of both the response and stimulus models to provide a more holistic perspective that defines stress as a transaction between the person and the environment. As demands are placed upon the individual from the context of their environment, the individual will use their psychological or physical resources to adapt to the demands being made. Those that

are less able to adapt will likely have increased negative consequences than those able to adapt (Cassidy, 1999).

Although the above models provide a clear understanding of the stress process, it can be seen that due to the complex interaction between the individual and the environment, the models are unable to predict trends in psychological injury. Furthermore, the causes are often obscure and difficult to define however, this depends on the type of stress experienced.

The type of stress found in the workplace often falls into one of three types, acute, post-traumatic or chronic (Kendall et al., 2000). Acute stress usually results from a particular, single event such as commencing a new position or conflict with a customer and will generally respond positively to intervention (Schuler, 1980). Post-traumatic stress can result when a person experiences an event that is life threatening, such as a motor vehicle accident or an armed robbery and can lead to a long-term negative psychological response (Anshel, 2000). Chronic stress does not occur in response to particular individual events but rather to prolonged, accumulative psychological pressures. These pressures can be due to such things as harassment, bullying, overwhelming work demands or general negative working environments. The accumulated effects can result in depression, anxiety, poor concentration and even physical symptoms such as coronary heart disease and hypertension (Minter, 1999).

So in defining work-related psychological injury it can be seen that this type of injury can be complex. There are various causes such as exposure to violence or work pressure and there are several models that attempt to understand the concept and process. Therefore it can be difficult to clarify how and why psychological injury occurs and whether it is attributable to the workplace. If it is attributable to the

workplace then this would usually result in workers' compensation payments the same as any other work-related injury.

### *Workers' Compensation*

Under Australia's workers' compensation system, if a place of employment contributes in a 'material degree' to the development of any injury then it is considered a work-related injury and is therefore compensable by the employer or the employer's insurer (Safety, Rehabilitation and Compensation Act, 1988). As previously mentioned a work-related compensable psychological injury can include depression, post-traumatic stress disorder, anxiety, 'stress', 'nervous breakdowns' and neuroses (NOHSC, 2002).

One of the difficulties, as previously discussed, with a psychological injury is establishing a cause. Workers' compensation legislation requires that employers provide a safe workplace free from harm. Legislation also requires that the system is 'fault free', meaning that injured workers cannot be denied compensation even if the injury was shown to be their fault (Western Australian Occupational Safety & Health Act, 1984). However it is at times difficult for employers to identify if they have contributed in a material degree to the psychological injury due to unknown external influences. So potentially there may be some cases of work-related psychological injury that are not compensated and some that are that should not be, because they can be attributed to external factors. This is not as much of an issue with physical injuries as there is usually a particular incident or accident that resulted in injury. However, in the case of psychological injury, the cause may not be as obvious and may be complex. Contributory factors may relate to personal history, personality, relationships, health, prior psychological conditions and employment.

It is not unusual for these more complex cases of psychological injury, where there are substantial external contributing factors, to be rejected by employers and end up being decided in court. An example of this type of case can be seen in *Peters v. Comcare* (2004). Peters was diagnosed with depression and anxiety whilst working at the Department of Social Security. It was found that Peter's workplace and in particular the relationship with her manager had caused Peters to feel upset, anxious, confused and stressed. Therefore her employment had contributed in a material degree to her depression. This was despite the facts that Peters had suffered sexual abuses by her two brothers, abuse by her father, had an abusive and violent marriage, and had contended with the deaths of her mother, brother and father.

*Peters v. Comcare* (2004) is not an isolated case. *Renouf v. Comcare* (2004), also involved an employee who had suffered a psychological injury caused by his stressful working environment. A psychiatrist described the employee as suffering from "chronic major depressive condition in the setting of an anxious-paranoid personality, generalised anxiety disorder, panic attacks, social phobia and intermittent reactive paranoid psychotic episodes" (p. 14). This resulted from working in a cramped room for part of his day whilst employed with the ABC as a television production technician and being harassed about his sexuality. Although Comcare (the insurer) initially accepted liability they ceased compensating the employee when it emerged that other factors could have been responsible for his condition. These included the death of his parents, an assault by a taxi driver, his use of cannabis and his dependence on prescribed benzodiazepine. However it was found that although the external factors may have contributed to Renouf's condition, there were work-related factors that had a material contribution to its development.

The purpose of these examples is to highlight the types of psychological injuries that are compensable and the difficulty that can exist in attributing psychological injury to the workplace. They demonstrate that psychological injuries are often complex and employment only needs to contribute to the condition, not be the cause. Also due to the ambiguous nature of these injuries, it is possible that colleagues may question the authenticity of the injury (as did the employer in these cases) and negative perceptions of psychological injury may occur. If these cases do result in more negative perceptions then they provide little support for the argument that reduced stigmatisation has led to increased reporting of psychological injury.

However it is important that the reasons for this increased reporting is established, as the cost of psychological injury is very high, primarily due to the lengthy time lost from work by employees suffering from this type of injury.

#### *Cost of Psychological Injury*

Psychological injury in the workplace is a growing concern for both employees and employers. It accounts for 4.3% of all nationally reported workplace injuries and more importantly, psychological injury accounts for the highest average and median time lost from work of all injuries (NOHSC, 2002). Although 4.3% may not seem very high, when the compensable statistics are analysed a concerning trend appears. In 1993/94 there were approximately 172,000 compensable injury claims and of those 3.6% were due to 'mental stress', equating to about 6,000 claims (NOHSC, 1996). In 2000/01 the compensable injury claims had reduced to about 143,000 claims, however 'mental stress' claims increased to 4.3% of the total, which equated to about 6,000 claims once again. So whilst total injuries decreased by almost 17% over 7 years, the number of stress claims did not decrease.

These findings are replicated in Western Australia. According to a recent WorkCover research paper (Stansbury & Lim, 2004), work-related psychological injury claims have remained stable over the years with 519 claims in 1998/99 to 493 claims in 2001/02. During this same period non-psychological injury claims decreased from 24,316 to 18,349 (a 24% reduction). Therefore the percentage of psychological injury claims has increased from 2.1% of all workers' compensation claims to 2.6% of all claims. Additionally, reported cases of work related psychological injury have been increasing in most of the developing world (Cooper et al., 2001)

Certain industries have a significantly higher level of 'stress' claims than others do. For example, in the education sector in 2000-2001, almost a third (30.8%) of their claims, where the duration of absence exceeded 12 weeks or more, were due to psychological injury (compared to the national overall rate of 4.3%). A similar finding occurred in the public order and safety services industry (police, corrective services, fire brigade and waste disposal), where 33.5% of their claims were due to psychological injury (NOHSC, 2002).

It is not the intention of this paper to discuss why industries differ in their rates of psychological injury, rather to identify that large variations are occurring. This means that some industry sectors have particular difficulties with this type of injury and therefore have greater financial and personal costs because of that. Other industries that have psychological injuries well above average levels include: legal and accounting services (21.2%); computer services (11.9%); finance and insurance (22.1%); and community care services (20%) (NOHSC, 2001).

The industries with higher than average levels of psychological injury are also those you would expect to have higher levels. For example, the fact that the

police and other emergency services have high levels of psychological injury is understandable due to the nature of their jobs. Similarly those positions that are perceived as 'stressful' such as teaching also experience high levels of psychological injury. It therefore seems reasonable that the level of psychological injury, in those positions, would increase over time. This does not support the argument that increased levels of reporting are due to psychological injury being perceived less negatively. Further research would be beneficial in this area to understand whether negative perceptions toward psychological injury do exist in these industries and if there are any trends. It may be found that there is stigma toward psychological injury and this is resulting in under-reporting rather than increased reporting. Either way psychological injury results in substantial costs to these industries and increased understanding can only be advantageous.

The national level of psychological injuries at 4.3% may appear relatively insignificant compared to other physical injuries such as upper limb injuries which account for 30.9% of all injuries nationally. However the cost of psychological injuries is often much greater as they account for the highest average and median time lost from work (mean 17.9 weeks lost) of all injuries. By comparison, back injuries account for only 11.2 weeks on average (NOHSC, 2002).

As the time lost increases so does the cost of the claim. Psychological injuries account for the highest median and second highest mean costs incurred. The average direct claims cost per new workers compensation case reported in 2000-2001, across all injury types was approximately \$10,000. The average cost of a psychological injury during the same period was \$17,000. More recently Comcare premiums have increased in 2004 by 17% from last year. The CEO, Barry Leahy, blamed the rise on an increase in psychological injury claims. Currently psychological injuries cost

Comcare an average of \$110,000 per claim compared to \$28,000 for non-psychological claims (OHS Alert, 2004).

With over 6000 claims for psychological injury in 2000-2001 at an average cost of \$17,000 the cost to employers just for psychological injury amounts to over \$100 million in direct costs alone (NOHSC, 2002). That cost does not include the hidden costs of replacement staff, training, morale issues, legal expenses, injury management, EAPs etc. Indirect costs are estimated to be between four to eight times greater than direct costs (CCH Australia, 1990).

It should also be noted that the statistics presented here only address those injuries that are primarily psychological in nature, they do not show the negative impact psychological issues may have on other injuries in the workplace and vice versa. Furthermore workplace injuries can result in substantial personal costs to a person's family, their quality of life, hinder career prospects and increase individual unemployment levels (Kendall et al., 2000). Despite industry concerns about the substantial impact psychological injury has on the individual and the workplace, research has not explored all factors related to psychological injury, such as perceptions.

#### *Perception of Psychological Injuries*

Some workplace authorities, for example the Education Department Director-General Margaret Banks, believes that rather than an increase in the rate of psychological injury, it is the reporting of those injuries that has increased. When asked recently about an increase in public servant stress claims, Banks claimed that the stigma toward work-related stress had reduced, resulting in increased disclosure (Manton, 2004). In contrast Glozier (2002), a doctor at the London Institute of Psychiatry, believes that psychological injury, although responsible for up to 20% of

early retirement, is still under-reported due to the stigma attached to this type of injury.

If greater reporting of psychological injury is due to reduced stigma then reporting levels should stabilise and eventually be expected to reduce. However if Glozier is correct and psychological injury is still stigmatised then increased reporting may be due to actual increases in the occurrence of psychological injury. This would imply that the workplace is becoming a more stressful environment. Both arguments rely on the concept of stigma in their explanation of the prevalence of psychological injury in the workplace.

### *Stigmatisation*

Stigma has been described as a social construct that defines people by some negative characteristic and as a type of negative stereotype that devalues the individual (Corrigan & Penn, 1999; Dinos, Stevens, Serfaty, Weich, & King, 2004). There has been very little research on stigma as it relates specifically to workplace psychological injury. However, anecdotal evidence of negative perceptions towards psychological injury does exist. For example, in the author's role as an Occupational Health and Safety Co-ordinator, psychologically injured workers have been described by peers as both 'weak' and 'malingerers'. This perception has been reinforced by comments from others in similar positions, at various committee meetings. The prevalence of this perception is unknown. Although it is an indication that negative perceptions of psychological injury do exist. This indication does not provide support for Banks' view that stigma towards psychological injury is reducing.

Stigma and workplace injury is a topical subject, having been raised recently at two Australian injury management conferences. One clinical psychologist, spoke

about how peer support within certain occupations reduces the stigma attached to seeking professional counselling (Jamieson, 2003). Additionally a representative from insurers, Comcare, discussed ways to lower the stigma surrounding compensable claims (Reardon, 2004). These reports provide an indication that stigmatisation of work-related injury is a contemporary concern that needs greater understanding in relation to both psychological and non-psychological injuries.

Research provides evidence for the existence of stigma towards the mentally ill. Individuals with psychologically related incapacities who feel stigmatised may experience feelings of shame, social isolation, lowered self esteem, potential discrimination and unfavourable attitudes from others (Byrne, 2001; Dinos et al., 2004). Furthermore a survey conducted by the Mental Health Foundation (2000), found that 47% of those who have suffered mental distress experienced discrimination in the workplace.

Although there is no available research to show whether work-related psychological injury is perceived in a similar manner to mental illness, it cannot be discounted without further research. Byrne (2001), suggested that identifying people's perceptions of psychological illness is 'central' to understanding and reducing levels of stigma. Also the type of psychological injuries that are work-related are not necessarily any different from those outside the workplace, except for maybe psychotic disorders. However, even these can be evident in work-related psychological injuries, as was seen in *Peters v. Comcare* (2004). The available research on the mentally ill, whilst not ideal, does provide an indication of potentially influential factors that could impact on perceptions of workplace psychological injury.

Dinos et al. (2004) carried out a qualitative study, using narrative interviews, on the levels of stigma experienced by the mentally ill. The participants were recruited from community and day mental health services in London and had a range of psychiatric diagnoses including depression and anxiety, conditions that are often found in work-related compensable injuries. There were 46 participants and 41 of those expressed feelings of stigma at some time, although those with psychotic disorders experienced stronger levels of stigma than those with non-psychotic disorders. The majority of participants were anxious in relation to whether they should disclose information to others, including employers, due to the stigma. Common feelings associated with stigma in the research included anger, guilt, embarrassment, increased depression, increased anxiety (particularly in relation to disclosure) and isolation (Dinos et al., 2004).

Overall Dinos et al. (2004), found that experiences of overt forms of discrimination were mainly confined to those with psychosis, whilst subjective feelings of stigma were strongest in those with depression, anxiety and personality disorders. This could be because those with depression and anxiety may look at situations from a negative perspective and therefore may see stigma when it does not exist. However, whether real or not, the perception of stigma can still have a negative effect on individual's wellbeing. For example, the researchers concluded that those who fear stigmatisation might not seek assistance for their condition. This is of particular relevance as it could be inferred that psychologically injured workers, who are concerned about stigmatisation, may not report their injury for fear of being stigmatised. This evidence provides some support for the notion that stigma and reporting of psychological injury may be related. This research does not substantiate

the argument that stigma is reducing, rather it suggests that stigma is currently experienced by individuals at high levels.

A study that investigated others' perceptions of the mentally ill, involved community feelings toward supported group homes, which provide accommodation for the mentally ill (Wolff, Pathare, Craig, & Leff, 1996). Two hundred and fifteen people who were living near to a proposed group home were interviewed and administered the 'Community Attitudes to the Mentally Ill' (CAMI) inventory (Taylor & Dear, 1981). Several interesting findings emerged from the research. It was found that participants with high social economic status (SES) appeared to be more tolerant of the mentally ill than those participants from a lower SES. Also those participants with a higher educational level had more benevolence towards the mentally ill than those with a lower educational level. Furthermore a link emerged between a lack of knowledge about mental illness and stigmatisation. The authors suggested therefore that education might lead to increased tolerance.

Perhaps this may offer some explanation as to why people who work in the education sector have higher than average reporting levels of psychological injury. As teachers are well educated, there may be less stigma towards psychological injury and hence individuals feel more comfortable reporting their condition. This would reinforce Banks' view that high levels of reporting are due to low levels of stigmatisation (Mantor, 2004). Alternatively the high level of reporting could also be due to higher levels of psychological injury resulting from a stressful work environment. Again it is difficult to ascertain the cause of the increased reporting without further research.

However if both SES and education levels can effect perceptions of psychologically related incapacities then another factor that may assist in shaping that perception is the news media.

#### *Media Contribution to Stigmatisation*

Many people obtain their information about psychological illness from the news media, in particular newspapers and television. However, the news media frequently sensationalise information rather than provide objective analysis, as this tends to increase circulation of newspapers or raise audience numbers (Cohen, 2000). News media often report negative stories about the mentally ill and negatively stereotype them for sensationalistic reasons, although this is more common with psychotic illness than non-psychotic illness (Ramsay, Gerada, Mars, & Szmukler, 2002). Therefore the information from these sources may not be representative or accurate.

Coverdale, Nairn, and Claasen (2002), analysed 592 predominantly news and editorial pieces, which discussed mental illness. It was found that 61.3% depicted the mentally ill negatively and only 27% had positive depictions. The authors concluded that the media reinforced negative stereotypes and this increased stigmatisation of the mentally ill. Even children's programs engage in stereotyping mental illness and refer to those affected using derogatory terms. Out of 128 children's programmes, 46% used terms such as 'wacko', 'freak', 'nuts' etc. (Wilson, Nairn, Coverdale, & Panapa, 2000).

If the perceptions towards those who are mentally ill are reinforced or shaped by the media, resulting in increased stigmatisation, then this may also apply in the workplace. Employees may hold negative perceptions towards psychologically injured colleagues due to the influence of the media, and this in turn may impact on

the behaviour of the injured worker. One possible explanation of how negative perceptions can impact on behaviour is described in the stereotype threat theory.

#### *Stereotype Threat*

Both Banks' (Manton, 2004) and Glozier (2002) have suggested that levels of stigma effect the reporting of psychological injury in the workplace. In determining if this is so, it is important to understand how stigma can effect behaviour. According to Steele and Aronson (1995), if a person is perceived in a stereotypical way, then their characteristics or behaviours are evaluated both by others and by that individual to see if they conform to those stereotypes. If they do conform then this makes the stereotype more plausible to others and it may also self-characterise the individual. This is experienced as a self-evaluative threat and was termed *stereotype threat*.

A person does not have to believe the stereotype for it to be threatening. Being linked to a stereotype that may potentially label a person negatively and lead to them being judged and treated stereotypically could be threatening. This may have disruptive effects on the individual, as they will be concerned with fulfilling such a stereotype. From a work-related psychological injury perspective, if a person believes they may be stigmatised for reporting a psychological injury, they may avoid this by not disclosing the injury to either their colleagues or employers.

To test the stereotype threat theory, Steele and Aronson (1995) conducted four studies that examined intellectual test performance of African-Americans and whether stereotype threat had an impact on achievement. They hypothesised that African-Americans would perform worse in situations where the tests were described as diagnostic of intellectual ability as opposed to conditions where they were non-diagnostic. Steele and Aronson also believed that African-Americans would perform worse in situations where their racial identity was made salient (primed), by simply

having to state their race on a pre-test questionnaire. This, they suggested, was due to the African-Americans not wanting to conform to the negative stereotypes that some hold about their group's intelligence. In trying to avoid confirming the stereotype, they would experience the self-threat and this would disrupt their intellectual functioning in the diagnostic or primed condition.

Overall there was some support for Steele and Aronson's (1995) hypotheses although the results were not as strong in all areas as the authors expected. Where the studies only evoked the stereotype indirectly through describing the test as being diagnostic of ability, the findings were mixed. However in the racial priming condition, the Black participants' performance was significantly worse than in the non-racial priming condition (Steele & Aronson, 1995). Overall the research showed some support for the theory that the stereotype threat activated participants' self-doubts and this may have led to reduced performance.

Whether stereotype threat is an issue for psychologically injured workers remains to be seen. However if psychological injury is negatively stereotyped, and if psychologically injured workers are experiencing stereotype threat, the implications could be substantial. Injured employees might be minimising any stereotypical conforming behaviour so as not to be stigmatised by colleagues. This might entail not reporting the injury or displaying any symptoms. By not reporting the injury there might be a lack of early intervention to assist the injured worker and the situation could worsen. If psychological issues are not reported until medical intervention is required then a workers' compensation claim and the associated high financial and lost time costs previously described, could result.

Conversely if there is no stigmatisation toward psychological illness and employees report their injury as it is developing then employers can intervene by

offering assistance (e.g., reducing workload, offering counselling etc.), additionally, colleagues can offer social support. This 'injury' would then only become a compensable workplace psychological injury statistic if it worsened and medical treatment was required.

### *Malingering*

It has been suggested thus far that work-related psychological injury is negatively perceived due to its association with mental illness. However another reason it may be negatively perceived relates to the authenticity of the injury and whether the injured are perceived as malingerers or not. Anecdotally it has been suggested that because psychological injury is 'invisible' and on face value, financially beneficial, then there may be motivation to exaggerate. If psychologically injured workers were thought to be malingering then it would suggest that negative perceptions of them exist. This in turn would imply that reporting of psychological injury has not increased because it is less stigmatised, rather work-related psychological injury is actually increasing.

The difficulty of determining psychological injury is that objective physical evidence cannot be produced, which leaves the diagnosis open to question. Professor Mendelson (2004), from Monash University, admitted that psychiatrists were unable to tell whether a worker who was claiming workers' compensation for stress was malingering or not. If psychiatrists are unable to tell then it is not surprising that work colleagues also question the authenticity of the injury. In the absence of information to the contrary, people tend to have a bias towards negativity and once a negative impression is formed it is difficult to change (Fiske, 1980).

There are some instruments available that are able to detect malingering in certain individuals. For example the Minnesota Multiphasic Personality Inventory-2

(MMPI-2) has been relatively successful. However individuals who have some knowledge of PTSD are able to avoid detection simply by presenting appropriate symptoms (Bury & Bagby, 2002). Furthermore Guriel and Femouw (2003) examined a range of literature on the subject of malingering and concluded that there was no method or tool available that was particularly good at detecting fakers. So, to some workers, the authenticity of psychological injury may be questionable, due to the difficulty proving its existence and this may lead to the psychologically injured being negatively perceived.

#### *Psychological Injury Compensation*

People may perceive psychologically injured workers as malingerers because of the amounts of financial compensation that has been received in some high profile cases. Although financial compensation is provided to many physically injured workers, it is seen to be justified if the wider community can understand how the injury occurred and what consequences it had. People are less well-informed when it comes to psychological injury and are likely to have trouble accepting that in some cases, seemingly innocuous situations can result in serious psychological injuries. An example, is the case of an employer who was liable to pay compensation to an employee who developed a 'psychiatric disorder' when she failed to obtain a promotion. It was determined that although the employer did nothing wrong, the employment had made a material contribution to developing the disorder (CCH Australia, 2004).

Similarly, a teacher who was dismissed from his job after he was alleged to have had an affair with his 15 year old student, was awarded \$28,000 in damages because the handling of the allegations against him, were found to have led to a psychological injury. This case was controversial because the evidence showed that

the teacher, who was 33 years older than the student, did have a sexual relationship with his student, however they maintained it occurred when she was 16 years old and not 15 years old as suggested (CCH Australia, 2004).

Although understanding psychological injury is difficult enough for many people, the situation is not helped when the injury presents itself several months or even years after an incident occurs. An extreme example of this was decided recently. In 1964 a sailor was onboard an Australian aircraft carrier that struck an Australian battleship. He watched the battleship sink and was involved in the rescue and recovery of survivors and dead sailors. Forty years later the sailor claimed that the event had led to heavy drinking, nightmares and a change in character. Only recently the sailor was diagnosed with PTSD and received appropriate treatment but was told that there was little chance of significant improvement. In 2004, 40 years after the event, the sailor was awarded damages of \$377,851 (*Stankowski v Commonwealth of Australia*, 2004).

When psychological injury is the cause of physiological conditions, it may be perceived by some as a way of justifying compensation payments. In the case of *Gilbert v. Dept. of Health* (2001), Gilbert had to retire as a probation officer for the Department of Health on medical grounds due to coronary artery spasm and depression. The judge found that the department had exposed Gilbert to unnecessary stress through his working conditions, not only inherent in his workload but also due to inadequate resources and office dysfunction. It was decided therefore that the department was to blame for the coronary disease and depression that Gilbert now faced.

The Health Department claimed that Gilbert had a pre-existing cardiac condition, a pre-existing depression and also smoked, however the judge dismissed

these claims. He awarded Gilbert a total of \$89,000 for humiliation, anxiety, distress and medical expenses. The judge further awarded a lump sum, to be assessed, for loss of income over 14 years, which was likely to be several hundred thousand dollars (Gilbert v. Dept. of Health, 2001). If the psychological injury claim had not been accepted then the cardiac condition would not have been compensable. Although the details of the case clearly justify the outcome, the wider community tends to only read brief details of these cases presented in the news media and make judgements based on these alone.

Without reading and understanding all of the evidence presented in these cases, people may question the authenticity of the psychological injury and consider the injured person to be malingering. While there is no empirical evidence to support this suggestion, it does add weight to the argument that psychologically injured workers may be negatively stereotyped, and hence stigmatised.

### *Conclusion*

This paper has presented an overview of work-related psychological injury and identified the high financial and personal costs associated with such. It has been shown that while non-psychological work-related injuries are continuing to decline, levels of psychological injury have either remained stable or have increased.

There are two major explanations for the increase in work-related psychological injuries. One explanation is that stigmatisation of psychological injury has reduced resulting in increased reporting (Manton, 2004). The other major explanation for the high rate of psychological injury is that workplaces are becoming more stressful environments, resulting in a higher rate of psychological injury to workers. There is even some suggestion that continued stigmatisation of work-related psychological injury may mean that the rate is actually under-reported

(Glozier, 2002). Research on perceptions of work-related psychological injury has the potential to increase understanding and clarify the explanations outlined above.

This paper has presented research identifying the presence of stigma and stereotyping towards mental illness that can inform understanding, but there is a lack of empirical evidence on stigma that specifically relates to workplace psychological injury. However, research on stereotype threat provides a theoretical explanation upon which to base future research that can explore the existence of negative perceptions of the psychologically injured and their potential impact on reporting of workplace psychological injury.

The costs of psychological injury to society, employers and employees are substantial. Although there have been extensive publications on the subject of psychological injury, there has been very little research on how this type of injury is perceived. Understanding employee perceptions of psychological injury is needed to increase the body of knowledge on psychological injury in the workplace and to inform explanations of its prevalence.

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Running head: PERCEPTIONS OF PSYCHOLOGICAL INJURY

Perceptions of Psychological Injury in the Workplace

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## Abstract

Psychological injury has not only increased as a percentage of all workplace injuries but also accounts for the greatest cost, both in duration of lost time and financially (NOHSC, 2001; NOHSC, 2002). There are two major explanations for the upward trend of psychological injury. These explanations were investigated, using a semi-structured interview format on 11 employees, through a qualitative methodology. One explanation was that the stigma of psychological injury had reduced resulting in increased reporting (Manton, 2004). The other explanation suggested that workplaces are becoming more stressful (Kenny & Cooper 2003). Findings indicated that 9 of the 11 participants held negative perceptions of the psychologically injured, whilst 8 of the 11 perceived the workplace as a more stressful place than it once was. These findings suggest that increased reporting of psychological injury may be due to the workplace becoming more stressful although additional research is required.

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## Perceptions of Psychological Injury in the Workplace

### Introduction

Work-related psychological injury is classified as Mental Stress by the National Occupational Health and Safety Commission (NOHSC, 2002) and can result from work pressure, exposure to violence, exposure to a traumatic event, harassment and other work-related mental stress factors.

The term Stress is used to describe the result of environmental demands exceeding an individual's resources (Caltabiano, Byrne, Martin, & Sarafino, 2002), however it is also the most commonly used explanatory mechanism to describe general psychological injury (Cassidy, 1999). This has been reinforced by the literature with over 10,000 publications appearing between 1993 and 1996 on the subject of stress (Cassidy, 1999), with many of these publications focussing on stress in the workplace (Morris & Bonita, 2002).

The type of stress found in the workplace is often categorised as falling into one of three types, acute, post-traumatic or chronic (Kendall, Murphy, O'Neill, & Bursnall, 2000). Acute stress usually results from a particular, single event such as commencing a new position or conflict with a customer and will generally respond positively to intervention (Schuler, 1980). Post-traumatic stress can result when a person experiences an event that is life threatening, such as a motor vehicle accident or an armed robbery and can lead to a long-term negative psychological response (Anshel, 2000). Chronic stress does not occur in response to particular individual events but rather to prolonged, accumulative psychological pressures. These pressures can be due to such things as harassment, bullying, overwhelming work demands or general negative working environments. The accumulated effects can result in depression, anxiety, poor concentration and even physical symptoms such

as coronary heart disease and hypertension (Minter, 1999). For the purposes of this study, stress or psychological injury are only considered work-related if they are compensable through the workers' compensation system.

### *Workers' Compensation*

Under Australia's workers' compensation system, if a place of employment contributes in a material degree to the development of any injury then it is considered a work-related injury and is therefore compensable by the employer or the employer's insurer (Safety, Rehabilitation and Compensation Act, 1988).

Work-related psychological injuries account for the highest average and median time lost from work (mean 17.9 weeks lost) of all injuries. By comparison, back injuries account for only 11.2 weeks on average (NOHSC, 2002). Furthermore this lengthy absenteeism results in the highest median and second highest mean costs of all workplace injuries (NOHSC, 2002).

The average direct claims cost per new workers' compensation case reported in 2000-2001, across all injury types was approximately \$10,000. Comparatively the average cost of a psychological injury during the same period was \$17,000 (NOHSC, 2002). With over 6000 claims for psychological injury in 2000-2001 at an average cost of \$17,000 the cost to employers just for psychological injury amounted to over \$100 million in direct costs alone (NOHSC, 2002). That cost does not include the hidden costs of replacement staff, training, morale issues, legal expenses, injury management, employee assistance programs etc. Indirect costs are estimated to be between four to eight times greater than direct costs (CCH Australia, 1990).

The increasing costs associated with psychological injuries do not appear to be abating as although nationally the level of work-related psychological injuries only equate to 4.3% of all claims, there appears to be an upward trend. Whilst non-

psychological injury claims have decreased almost 17% from 172,000 in 1993/94 to 143,000 in 2000/01, psychological injury claim numbers failed to decrease and remained around 6,000 (NOHSC, 1996; NOHSC, 2002). Therefore as a percentage of all injuries, psychological injury claims are increasing. These findings are replicated in Western Australia. According to a recent WorkCover research paper, whilst non-psychological injury claims decreased from 24,316 to 18,349 (a 24% reduction), there was only a minimal reduction in work-related psychological injury claims from 519 claims in 1998/99 to 493 claims in 2001/02 (Stansbury & Lim, 2004). Therefore the percentage of psychological injury claims in relation to non-psychological claims did increase.

Furthermore in certain industries the level of psychological injury is substantially higher than the national average of 4.3%. For example, in the education sector in 2000-2001, almost a third (30.8%) of their claims, where the duration of absence exceeded 12 weeks or more, were due to psychological injury. A similar finding occurred in the public order and safety services industry (police, corrective services, fire brigade and waste disposal), where 33.5% of their claims were due to psychological injury (NOHSC, 2002). However it is not the intention of this paper to address the reasons for this high level, rather this information is presented to show the major impact this type of injury has in some industries.

It should be noted that Australian employees are not alone in reporting a greater percentage of work-related psychological injury than at any time previously, the incidence of this type of injury has increased in most of the developing world (Cooper, Dewe, & O'Driscoll, 2001).

*Why is Psychological Injury So High*

Despite the extensive research conducted on work-related stress and the substantial impact psychological injury has on the individual and the workplace, employers are unable to curb the upward trend of psychological injury claims. Although there may be many complex factors that result in the lodgement of a workers' compensation claim for psychological injury, this paper will consider two major explanations for the high level of psychological injury claims.

The first explanation was put forward by Education Department Director-General Margaret Banks, who among others, suggested the stigma of psychological injury has reduced and therefore this has resulted in increased reporting levels (Manton, 2004). The other major explanation is that the workplace is becoming a more stressful environment, resulting in increased levels of psychological injury to employees (Kenny & Cooper, 2003). These two explanations will now be examined in further detail.

*Stigmatisation of Psychological Injury*

Banks' suggestion that the stigma of psychological injury has reduced, resulting in increased reporting levels (Manton, 2004) is problematic as anecdotal evidence suggests that stigma towards this type of injury is still present in the workplace. In the author's role as an Occupational Health and Safety co-ordinator, psychologically injured workers have been described by co-workers and other employers as weak and malingerers. The prevalence of this perception is unknown, although it is an indication that negative perceptions of psychological injury do exist in the workplace. Furthermore Glozier (2002), a doctor at the London Institute of Psychiatry, believes that in his experience psychological injury, although responsible

for up to 20% of early retirement, is still under-reported due to the stigma attached to this type of injury.

Stigma has been described as a social construct that defines people by some negative characteristic and as a type of negative stereotype that devalues the individual (Corrigan & Penn, 1999; Dinos, Stevens, Serfaty, Weich, & King, 2004). Research provides evidence for the existence of stigma towards the mentally ill. For example research by Byrne (2001) and Dinos et al. (2004), found individuals with psychologically related incapacities who feel stigmatised, may experience feelings of shame, social isolation, lowered self esteem, potential discrimination and unfavourable attitudes from others. Whether these findings are relevant to the workplace remain to be seen as the author has been unable to find any specific research on stigma as it relates to workplace psychological injury.

However if negative stereotypes towards psychological injury were present in the workplace then this could hypothetically have an impact on reporting levels of this type of injury according to the stereotype threat theory (Steele & Aronson, 1995). This theory suggests that if a person is perceived in a negatively stereotypical way, then their characteristics or behaviours are evaluated both by others and by that individual to see if they conform to those stereotypes. If they do conform then this makes the stereotype more plausible to others and it may also self-characterise the individual. This is experienced as a self-evaluative threat. From a work-related psychological injury perspective, if a person believes they may be stigmatised for reporting a psychological injury, they may deliberately avoid doing so, which could impact on reporting levels.

Again it should be noted that without further research there is no evidence to either support or deny the existence of stigma in relation to workplace psychological injury, let alone any indication of a trend showing a reduction of stigma.

#### *Workplaces Are More Stressful*

A competing explanation would suggest that rather than an increase in reporting of psychological injury, there is actually an increase in this condition. There have been many changes over the years to the workplace, which could indicate why psychological injury is actually increasing. According to Kenny and Cooper (2003), globalisation and the emergence of new technologies have led to increasing pressures in the workplace. These changes have resulted in restructures, downsizing and mergers, creating increasing instability in the workforce. Staff numbers have reduced or have changed from permanent full-time to part-time casual and the introduction of technology such as the Internet has led to a drive for increased response times and a 7 day, 24 hour work requirement. Competition not only between companies but also between individuals for reduced positions may increase psychological pressure. An example of this is that the number of full-time employees working longer hours is increasing with many of these extra hours being unpaid (Deery, Plowman, & Walsh, 1998).

In reviewing the literature on stress in the workplace, it appears that most research has focussed on the management of stress or the intervention and coping strategies of stress (e.g., Thompson, Murphy & Stradling, 1994). Although some studies have looked at measuring workplace stressors rather objectively, it would seem that very little research has looked at how employees perceive workplace stress and whether they believe it has been increasing. If employees believe that workplace stress is increasing this would add weight to the argument that psychological injury

is actually increasing rather than it just being reported more, as has been suggested previously.

### *Purpose of Study*

Two major explanations for the upward trend of psychological injury have been described. One explanation is that stigmatisation of psychological injury has reduced resulting in increased reporting (Manton, 2004). The other major explanation suggests that workplaces are becoming more stressful environments (Kenny & Cooper 2003). Initially a quantitative study was considered to measure the level of workplace stigma of psychological injury, however after investigating previous research it became apparent that the existence of stigma in the workplace had not been established. It appears that most opinion on stigmatisation of injury is based on anecdotal hearsay rather than empirical evidence. Furthermore the majority of research on stress has focussed on managing and coping with stress rather than how it is viewed from an employee's perspective (e.g., Thompson, Murphy & Stradling, 1994). Therefore to gain a greater understanding of what psychological injury and workplace stress mean to employees a qualitative method was adopted. The semi-structured interviews used in this process enabled the author to investigate the existence of stigma and the presence of workplace stress and will provide evidential support and direction for future research in these important areas.

## Methodology

### *Research Design*

The current study was a qualitative design utilising semi-structured interviews with 11 employees. The resultant data which were systematically collected and analysed through the research process allowed the identification and development of concepts, which are labels given to thoughts, beliefs, perceptions, actions or events that are considered significant in the data. Through comparative analysis, concepts that had similar properties or characteristics were grouped together under categories. Finally two central categories emerged from the data, which represented the main themes of the research (Strauss & Corbin, 1998).

### *Qualitative Research*

For the purposes of this study, quantitative measurement was inappropriate as it is designed to “isolate and define categories as precisely as possible before the study is undertaken, and then to determine, again with great precision the relationship between them” (McCracken, 1988, p. 16). Furthermore quantitative measurement utilises instruments that require predetermined responses that fit neatly into standardised frameworks (Patton, 1980). Due to the limited research conducted previously on the topic of stigmatisation of work-related psychological injury and also the type of research available on workplace stress it was impossible to provide the defined categories required, therefore a qualitative methodology was adopted.

### *Participants*

The participants were 11 employees ranging in age from 27 - 53 years (mean age = 37.8 years,  $SD = 9.3$ ). Theoretical saturation occurred at the completion of the eleventh person and therefore with all categories fully developed and no additional information forthcoming, the interview process was terminated (Strauss & Corbin,

1998). There were five males and six females selected from the manufacturing industry and the business services industry. The participants originated from four different companies and were known to the researcher through his employment with a recruitment agency. They comprised of three blue collar workers (manual workers) and eight white collar workers (clerical workers). All participants volunteered their services through word of mouth and were not coerced in any way by either the researcher or the employer.

### *Rationale*

The rationale for selecting participants employed in the manufacturing and business services industry was that the reported levels of psychological injury in those industries ranged, on average, between 1.9% and 5.7% of all injuries (NOHSC, 2001). As the various industry levels of psychological injury range from 0.5% to 33.5% with a median level of 5.4% this sample was more likely to hold thoughts, feelings and beliefs that are commonly held in other industries (NOHSC, 2001). Whereas those employed in industries with extreme levels of psychological injury may hold perceptions that have been shaped by their specific industry experiences. Accepting the possibility that these research findings may have implications for other employee groups, it was decided for transferability reasons to avoid industries that have extreme levels of psychological injury.

### *Data Collection Procedures*

The participants were individually interviewed, over a three week period, using a semi-structured protocol in a closed room with minimal distractions. The questionnaire used contained a combination of thirteen open-ended and closed questions to elicit the maximum amount of rich qualitative data from participants relating to the perception of psychological injury (see Appendix A). Prompts were

used where necessary to encourage a more open and expressive dialogue. Examples of the research questions included “Tell me how you feel about a person claiming psychological injury” and “Are psychological injuries increasing or decreasing in frequency?”, with the prompt “Why do you think that is?”. All interviews were tape-recorded and subsequently transcribed verbatim.

### *Trustworthiness*

To establish rigour in quantitative research the criteria of validity and reliability are used. However in qualitative research these terms have been found less than ideal so Lincoln and Guba (1985) suggested the term trustworthiness be adopted which encompasses dependability, credibility, confirmability and transferability.

One way to improve the trustworthiness of the research is to ensure the whole process is methodical and there is continual reflection. Several specific techniques were used to achieve this. These included: developing the questionnaire (see Appendix A) by running a pilot study with two volunteers to ensure the questionnaire and the responses were applicable and relevant to the phenomenon under investigation; selecting the appropriate participant sample, because it was recognised that the findings from this research may have implications for other employees. Therefore using employees from industries that had median levels of psychological injury meant that the transferability to other employee groups would be improved as previously described (Miles & Huberman, 1994); Ensuring ambiguity was minimised during interviews by clarifying and reflecting pertinent statements; All interviews were taped and transcribed verbatim to minimise any subjective interpretation of material; analysis was clearly structured and followed strict guidelines; finally the main concepts produced from each interview were

validated with several of the participants by allowing them to view the outcome of their interview and to pass comment where necessary.

### *Ethics*

All participants were provided with information about the research (Appendix B) and required to read and sign the informed consent form (Appendix C) before proceeding. The participants, who were assigned a pseudonym to prevent their identification in this paper, were entitled to withdraw from the research at any time. Furthermore contact numbers for additional information were provided and although no participants were distressed by the questionnaire there was opportunity for debriefing by the author or a third party if required.

### *Data Analysis*

The data analysis was based on a model developed by Strauss and Corbin (1998). The model promotes the use of microanalysis, open coding, axial coding and memo writing to provide a thorough understanding of the information being studied.

Firstly the author had to transcribe each interview verbatim and then conduct microanalysis on the data. Microanalysis involved examination and interpretation of the data and was conducted prior to commencing each subsequent interview. Microanalysis or line by line analysis generated a number of concepts and categories through open and axial coding. Open coding involved examining words, lines or sentences for relevant or interesting data from which concepts and their properties could emerge. Common concepts, such as 'it's a hard one to measure' and 'it's all very grey', were then classified into specific categories, for example 'Proof of injury'. Axial coding was then conducted which allowed the relating of categories to sub categories to provide a greater understanding of the phenomena being examined.

To assist in the analytic process, memos, which are specialised notes that assist in the analysis and provide direction were written after each relevant line or paragraph.

Finally a matrix was developed (see Appendixes D-F) that allowed the various categories or concepts from each interview to be integrated. This integration provided a framework to enable the major categories or themes to be labelled according to the phenomena that emerged.

## Findings

The aim of this study was to investigate how psychological injury in the workplace is perceived. In particular there were two areas that required a greater understanding. These were whether psychological injury was stigmatised by employees and whether the workplace had become more stressful. To generate understanding, 11 participants were interviewed and the subsequent data analysed using a qualitative methodology. Two central categories/themes emerged from the data, six major categories and their associated sub-categories. These can be seen in Table 1. Each of the central and major categories will be addressed using supporting quotes from the participants.

Table 1

*Employee Perceptions of Psychological Injury in the Workplace*

Central Category	Major Category	Sub-Categories
Stigma of Injury	Milking the System	Prolonging the Injury Exaggerating Injury Wroughting the System Abusing the System
	Injury Not Genuine	Faking Injury Easy Way Out Lying About Injury
	Proof of Injury	Grey Area No Evidence Hard to Measure
	Negative Perceptions	Injured Take Advantage Lose Credibility People are Weak
Workplace More Stressful	Pace of Work	Fast Pace Technology
	Increased Workload	Work More Hours Less People Work Harder

### *Stigma of Injury*

A number of major categories were grouped under the central category of Stigma of Injury. As shown all the major categories related to the central category invoked negative perceptions towards injured workers. The research demonstrated that both psychologically and physically injured workers were stigmatised, however participants appeared to express stronger negative feelings towards those injuries that were 'invisible' and of long duration. Psychological injuries meet both criteria. Following are the major relevant categories and their relationship to Stigma of Injury.

### *Milking the System*

From the 11 employees interviewed, nine of them expressed a concern that injured workers could be 'Milking the System'. This did not apply just to psychological injury but also to the claiming of workers' compensation for any injury. Although it appeared that the longer a person was claiming workers' compensation the more likely they would be perceived as exaggerating their injuries. As one lady commented "I think pretty much they probably start off genuine". These views seemed common throughout the group with one participant claiming:

It's a positive thing as long as it's not taken advantage of by people that are just lazy and don't barically want to work and want to milk the system really, but yes definitely it's a great thing as long as it's used properly.

As work-related psychological injuries account for the highest average and median time lost from work (NOHSC, 2002) this could indicate that psychological injury is more likely to be stigmatised than physical injury. This was reinforced by the comments of another participant who was asked why she thought employees might milk their injury.

Because they get used to getting paid for doing not much, a lifestyle. It depends how long the injury goes on for, you get used to a lifestyle I think.

### *Injury Not Genuine*

Ten of the participants had concerns about how genuine an injury was. Once again their concerns were related both to workers' compensation claimants and those psychologically injured. One employee commenting on his previous employment had serious concerns about whether some injuries were genuine.

...There's absolutely no doubt there were injuries put out there that were lying or incorrect...but I would like to think that most injuries are genuine, there's always somebody that's going to pull the wool over people's eyes...but certainly for the genuine people, person who has got a genuine issue it's only right that they should be protected.

Another respondent said that with psychological injuries he has seen "...some individuals get a raw deal and yet I've seen other people who I genuinely believe are pulling a bit of a fast one".

This category was closely related to Proof of Injury as many of the participants had concerns about how genuine the injury was when there was an inability to prove it's existence. The existence of psychological injury was perceived by many to be very difficult to prove and therefore the stigma was that much more apparent.

### *Proof of Injury*

I think it's harder to assess a psychological injury than it is a physical injury and I think the ability for claiming something that's not really there is probably easier, possibly easier. But no I don't think, I can't see why people would fake it, but I know people do.

As can be seen in the above statement psychological injury was perceived as more difficult to assess and hence easier to fake, by several participants. If there was greater physical symptomology and medical evidence of an injury this made it more believable to participants. Nearly all participants (10) had concerns about how measurable psychological injury was, although there were some concerns about back injury also, presumably as this is also considered difficult to 'prove'.

Many of the employee comments related to how 'grey' the area was. One participant said of psychological injury, "...because you can't see it a lot of people don't believe it". The invisibility appeared a very common theme along with the ease with which it could be claimed. As another participant said "it's certainly easier to define injury, actual proper injury where you go to the doctors as compared to psychological injury". By using the term "...actual proper injury" it appears to imply that psychological injury is less real than physical conditions. Other comments included "how many people really know what goes on when people allegedly have a psychological problem" and "I think it would be really easy for a lot of people to say, just to be able to go sick from work at any given time and put it down to psychological injury".

These types of comments indicate that there is a general lack of understanding of how psychological injury is assessed. In reality there are more medical practitioners and allied health professionals involved with the diagnosis and treatment of psychological injury than with many physical injuries, however it does not appear to be perceived that way.

### *Negative Perceptions*

Several of the participants perceived claimants of psychological injury in a negatively stereotypical way. This was certainly an emotive area and appeared to

demonstrate that stigma of psychological injury does exist in the workplace. Whether it has reduced or increased is not apparent but the existence of it did not seem in doubt. Although this does not negate Banks' view that the stigma has reduced resulting in greater disclosure (Manton, 2004), it does indicate that stigma is still an issue as suggested by Glozier (2002).

Some of the participants thought that employees claiming psychological injury could lose "credibility" and that "some people are just weak". One question a participant thought might be asked is "...well how good are these people" implying that they are somewhat psychologically incompetent, whilst another said that the psychologically injured are "lazy people". From the comments people were making such as "... (I would) probably deem them as slightly unstable" it was evident that many of the participants had negative stereotypes about the psychologically injured. One person even thought that stress leave might be considered to be "a load of old tosh".

Of particular interest were comments from some that psychologically injured employees "don't want to draw attention to themselves because they're feeling like they're failing". This supports the findings of Steele and Aronson (1995), that stereotype threat might cause people to change their behaviour so they are not negatively perceived. This could potentially have an impact on reporting levels if people choose not to report their psychological injury for fear of stigmatisation.

Another example of why the psychologically injured may choose not to report their injury is described below.

Yes absolutely a stigma, without a doubt. Yes I think that certainly in the sales environments and things like that if someone is stressed they would be

expected to leave if they can't handle it rather than go on stress leave because they're really not necessarily going to come back.

Again this example does not support Banks' (Manton, 2004) view the stigma of psychological injury has reduced resulting in greater disclosure. If anything, this statement implies that psychological injury may well be under-reported.

### *Workplace More Stressful*

The second central category that emerged related to how stressful the workplace had become. Reference was made by six of the participants about the increased speed they have to work nowadays and how the reduction of staff has led to an increased workload. The two major categories that relate to the central category are Pace of Work and Increased Workload. These will now be covered in more detail.

### *Pace of Work*

A common theme throughout the interviews was how fast paced the workplace had become and in many respects how technology had negatively impacted on the pace of work and the general working environment. This supports Kenny and Cooper's (2003) findings that the workplace is becoming more stressful. A particularly poignant statement was made by one participant.

You know my old man was a sparky (electrician) and you know he did his jobs and if he finished at half three, he went home at half three. You know nowadays they give you a pager and a phone and what have you and they will say, 'you will come back to work, and you will get more work. And hey if you go 'til half an hour past your thing well we ain't going to pay you no (overtime)'.

Several thought that technology, either directly or indirectly had increased the speed that companies operated and this had led to higher stress levels within their working environment. Comments such as “business nowadays is so fast paced, ...we’re all expected to work that much faster, ...email and whatever all goes 10x faster, ....everything at a fast pace” were very common.

#### *Increased Workload*

Another reason given for a more stressful working environment was that staff numbers had reduced and the resultant work was redistributed to existing staff, increasing their workloads. Several participants made comments about this factor.

I find in the workplace that you’re getting less people to do a task which you may have done before. So therefore the person left working there thinks ahh, I’ve now got two jobs to do instead of one job to do, instant stress, you know.

Another participant had a similar perspective.

I think people are required now to do more because staffing levels are down.

You know there’s probably...one person’s doing two and a half people’s jobs now...in the end people can only take so much.

The employer was not considered the only cause of increased pressure at work.

Society was considered to be at fault also as “There’s a lot of pressure to be successful and that contributes to people working harder at work” and another said “...that’s the pressure of life we live under”. Another view was that employees increase their own stress levels by wanting “...to cram more into the day”. However most thought the onus for increased pressure was more related to increases at work. Although a couple of participants did not think the workplace had become any more stressful, they were certainly in the minority.

## Discussion

The purpose of this study was to investigate employee perceptions of psychological injury in the workplace with particular emphasis on whether stigma towards psychological injury exists and whether employees feel that the workplace has become a more stressful environment. Analysis of participant's interview responses revealed that stigmatisation toward psychological injury in the workplace does exist, with 9 of the 11 appearing to hold negative perceptions. In relation to the workplace, 8 of the 11 participants believed the workplace had become more stressful than it used to be.

The findings of the current study in relation to stigmatisation did not provide any support for the views held by Education Department Director-General Margaret Banks (Manton, 2004), who suggested that stigmatisation had reduced resulting in increased reporting of psychological injury. Rather the findings added weight to the beliefs of Glozier (2002), of the London Institute of Psychiatry, that psychological injury is still under-reported due to the stigma attached to this type of injury.

The findings revealed that most participants tended to stigmatise injuries that were of long duration and were difficult to prove as genuine. These factors tended to increase participant's negative perceptions towards the injured parties, leading to beliefs that they were lying, lazy or weak in some way. As psychological injuries do account for the greatest lost time of all workplace injuries (NOHSC, 2002) and the participants believed that there was a lack of medical evidence to validate them, psychological injuries were perceived to be stigmatised more often than physical injuries. Also the participants had less knowledge of psychological injury and this 'greyness' or ambiguity increased the participant's level of stigmatisation towards this type of injury.

Although stigma was also shown towards some physical injuries, these related primarily to injuries which also had ambiguous medical evidence and/or a lack of visual symptoms. Therefore the existence of stigma towards physical injuries is less likely as many physical injuries have medical and visual evidence to support their existence.

Whilst it has been shown that stigmatisation towards psychological injury was present in the sample interviewed it is impossible to conclude with any certainty that this has led to changes in reported levels of psychological injury. However the results did reveal that some participants felt that psychologically injured employees “don’t want to draw attention to themselves because they’re feeling like they’re failing”. This supports the stereotype threat theory of Steele and Aronson (1995).

Stereotype threat (Steele & Aronson, 1995) suggests that employees would be hesitant to report psychological issues for fear of being negatively perceived by others. This could have substantial implications for psychological injury levels as injured employees might minimise any stereotypical conforming behaviour so as not to be stigmatised by colleagues. This might entail not reporting the injury or displaying any symptoms, which would prevent early intervention to assist the injured worker, and the situation could worsen. If psychological issues are not reported until medical intervention is required then a workers’ compensation claim and the associated high financial and lost time costs previously described, may result. Therefore psychological injury may be under-reported as suggested by Dr Glozier (2002), although further research would be required before this could be stated with any authority.

If psychological injuries are not being reported more due to a decrease in stigmatisation as suggested by Banks (Manton, 2004), then psychological injury may

actually be increasing. One explanation, given consideration in this study, for the increased levels of psychological injury was that the workplace is becoming a more stressful environment. Certainly from the perception of this sample of employees, that notion does appear to have support. Many of the participants felt that the workplace had become more stressful. Primarily this was due to the increased pace they were having to work at, the increased workload they were given and the longer hours they had to work. These findings clearly supported those of Kenny and Cooper (2003) and Deery, Plowman, and Walsh (1998).

One of the major contributory factors that has led to the increased work pace, according to the participants, was technology. Technology was also raised as a significant issue related to workplace stress by Kenny and Coopers (2003). Several of the participants spoke about how email and mobile phones had led to an environment where people 'want things yesterday', and this had increased the speed with which work had to be completed. This increased work pace was perceived to be a major stressor for some people. It was believed by one of the participants that this increased speed and reliance on technology may have a greater impact on older workers. This issue should be explored in future research.

The other notable reason why the workplace has become more stressful relates to the workload. Several participants spoke about how the workload had increased due to a reduction of staff numbers. Some spoke about how one person was doing two people's work. Furthermore some of the participants identified the increased hours that people are working as further evidence of a stressful workplace.

Although there is evidence to suggest that stigmatisation of psychological injury exists and the workplace is more stressful it must be remembered that this research has a number of limitations so should not be considered generalisable.

*Limitations of the Research*

This qualitative research has increased the understanding related to the perceptions of psychological injury. In particular, the research has shown that the participants believe psychological injury is stigmatised and the workplace is perceived as being more stressful. However these results relate to the research sample only and although the resultant data may have a level of transferability to other industries or groups, it should only be used as a framework for further testing not be considered sacrosanct. Transferability may also be limited because several of the participants worked for the same company. Therefore the perceptions they held may be specific to that company and not to the broader community or industry.

This research was designed simply to better understand the thoughts, feelings and beliefs of a group of employees in relation to psychological injury and to provide direction for future research, this it has achieved. However to test hypotheses and generalise findings, additional quantitative research is recommended.

### Conclusion

This qualitative study sought to understand how psychological injury in the workplace was perceived using 11 employees interviewed from the business services and manufacturing industries. The employees identified the existence of stigmatisation towards psychological injury and they perceived that the workplace was more stressful. Therefore the current study did not provide any support for the views held by Education Department Director-General Margaret Banks (Manton, 2004), who suggested that stigmatisation had reduced resulting in increased reporting of psychological injury. Although the findings could not negate Banks' viewpoint they do add weight to Glozier's theory (2002), that psychological injury is still under-reported due to the stigma attached to this type of injury.

This research has provided a greater understanding of workplace perceptions towards psychological injury in this otherwise under-researched area. It is recommended that future research should endeavour to build on this base and quantify the presence of stigmatisation in a range of industries. By comparing levels of stigmatisation with reported levels of psychological injury any relationship between the two could be explored. Further controlled studies may then seek to identify whether reducing levels of stigmatisation has any impact on reporting levels.

It is the author's belief that if the stigma of psychological injury can be reduced, then employees will report psychological issues as they become apparent. This will allow companies to intervene to resolve the issues before they reach a stage requiring medical intervention. If medical intervention can be avoided then this will effectively lead to a reduction in workers' compensation claims.

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Appendix A

*Interview Questions*

I am going to ask you for your opinion on a number of issues related to workplace injuries.

Tell me about the various types of workplace injuries that you are aware of?

*Prompt: Tell me about any physical/psychological injuries you are aware of or have heard about.*

Give me your opinion of workplace injury?

*Prompt: Are most injuries genuine?*

Discuss who is responsible when there is a workplace injury?

*Prompt: Is the employer or employee responsible?  
Why?*

How do you feel about psychological injuries in the workplace?

*Prompt: How do they differ from other injuries?*

Discuss how common psychological injuries are?

*Prompt if necessary: Are they more or less common than other injuries?*

Are psychological injuries increasing or decreasing in frequency?

*Prompt: Why do you think that is?  
Has the work environment changed?  
Have people changed?  
How?*

What is your opinion of workers' compensation?

*Prompt: Tell me about the type of people who use it?  
What type of injuries should be covered?*

Discuss the employee's responsibility for his/her psychological wellbeing

*Prompt: Who should be responsibility for employees' psychological health?  
When is it the employers responsibility?*

Tell me how you feel about a person claiming work-related psychological injury?

Discuss the major differences you see between psychological injury claims and physical injuries.

*Prompt if necessary: Does it matter that you can't see psychological injury like you can a physical injury?*

In your opinion are psychological injury claimants are likely to exaggerate their symptoms?

*Prompt: Why?*

Can anyone suffer from work-related psychological injury?

*Prompt if necessary: What type of person that suffers from psychological injury?*

Would you be concerned about a persons ability to do their job once they had a psychological injury claim?

*Prompt: Why?*

**Appendix B**  
**Information Letter**

**Dear Participant**

**Perceptions of Work-Related Injury**

I would like to invite you to participate in my research on perceptions of workplace injury. This research project is being undertaken as part of the requirements of a BA (Psychology) Honours degree. The research has been approved by the Faculty of Community Services, Education and Social Sciences Ethics Committee.

The research is seeking to explore the thoughts and feelings of employees toward work-related injury. There is a limited body of knowledge in this area and your participation will assist in identifying relevant issues related to how employees perceive workplace injury. You have been selected as a potential participant because you work in an industry that is of importance to this research.

During the research you will be asked a series of open-ended questions in a semi-structured interview format relating to workplace injuries. There are no right or wrong answers as the research is designed to see how employees perceive injury in the workplace. This process should take approximately 30 minutes to complete and will be tape-recorded. To ensure your confidentiality and privacy, a pseudonym will be used to identify you during the transcribing of the tape-recording. On completion of the research your data will be secured at Edith Cowan University for a statutory period before being destroyed. The final thesis will be presented to Edith Cowan University at the end of 2004 and copies will be available upon request. This final document will not identify you in any way.

Your participation in this research is entirely voluntarily. If you wish to withdraw at any time no justification or explanation is required. If you have any questions or require further information about the research project, please contact Richard Merrett on 0407 997 346 or contact the project supervisors at Edith Cowan University, Dr Deirdre Drake or Dr Dianne McKillop on 6304 5020. If you have any concerns or complaints about the conduct of this research then you are encouraged to discuss these with the Psychology Honours Co-ordinator, Julie Ann Pooley on 6304 5591.

Richard Merrett  
BA (Psychology) Honours Candidate  
Edith Cowan University

Appendix C

**Perceptions of Work-Related Injury**

**Consent**

I agree to participate in this research study on the perceptions of workplace injury. I have been provided with a copy of the information letter explaining the research and understand that it is being conducted through the School of Psychology under the faculty of Community Services, Education and Social Sciences.

I have read and understand the information provided and have been given opportunity to ask questions and obtain satisfactory answers. If there are any additional questions then I understand that I can contact Richard Merrett on 0407 997 346 or contact the project supervisors at Edith Cowan University, Dr Deirdre Drake or Dr Dianne McKillop on 6304 5020. Additionally I understand that I can contact the Psychology Honours Co-ordinator, Julie Ann Pooley on 6304 5591 to discuss any concerns or complaints I have about the conduct of this research.

I understand that the information provided will only be used for the purposes of this research project and my information will remain confidential and participants will be identified by pseudonym only. I also understand that I am free to withdraw from further participation at any time without explanation or penalty and that I am participating voluntarily.

Participant \_\_\_\_\_ Researcher \_\_\_\_\_

Date \_\_\_\_\_

Stigma of Injury				Workplace More Stressful	
Milking the system	Injury not Genuine	Proof of Injury	Negative Perception	Increased workload	Pace of Workplace
<b>John</b>	Exaggerate- I'd imagine it would be a lot easier. Presumably easier (to claim PI). If you say you're psychologically damaged, you can go as cookoo as you want really...so I'd imagine it would be a lot easier yes.	W/C-alternatively faked. (W/C) If it's genuine then my opinion is, it's good. (Work injury)if it's genuine then it should be looked after. Certain individuals would appear to be more clued up about how to, I'm not saying fake an injury but maybe make it look worse.	PI under estimated- because you can't prove (it). Because it seems so un-quantifiable. It's a whole grey area. People can't quantify stress leave. There's a lot of people out there dealing with a lot more stress than they would like to in order to complete their job. I think it's such a vague area.	I think that your credibility (may be lost if you claim PI). There would be an element of well how good are these people. Yes absolutely a stigma, without a doubt. If someone is stressed they would be expected to leave if they can't handle it.	Business nowadays is so fast paced. Costs got to be reduced, you know opportunities are less and I think because we're all expected to work that much faster..email and whatever all goes 10x faster but I'd imagine stress has increased. There's not a job for life anymore so security's not there. Your job can go any minute because grads are coming up through and people are cheaper and coming through.
<b>Brenda</b>	W/C- play on them a bit. Exaggerate- to get time off work.	Play on them a bit, you know to get time off work.	(Does it matter that you can't see PI) If it is really affecting the person.	You want to cram more into the day.	Everything at a fast pace then obviously employers expect you to do more. The pace of everything is getting faster isn't it.
<b>Britney</b>	W/C- how it's wroughted. Whether you would think they are welching the system or not or if they are genuinely injured.	Are work injuries genuine?- I don't know honestly. Wroughting & Welching the system. (PI) I can't see why people would fake it, but I know people do.	I think it's harder to assess a psychological injury than it is a physical injury and I think the ability for claiming something that's not really there is probably easier.	(Claiming W/C)- is just like dodging your responsibilities. Same mentality as coming to work sick... if you don't you're soft.	(Injuries) They are related to pressure at work. I think people work more hours. There's a lot of pressure to be successful and that contributes to people working harder at work.
<b>Charlie</b>			PI-Not measured enough. (Measure PI)- It would be hard for them to do anyway.	You're getting less people to do a task which you may have done before. I've now got two jobs to do instead of one job to do..instant stress.	People wanting to get things done faster. Moving into an environment where people want things yesterday, so therefore more pressure is put on people to perform.

Stigma of Injury				Workplace More Stressful	
Milking the system	Injury not Genuine	Proof of Injury	Negative Perception	Increased workload	Pace of Workplace

<b>Alice</b>	Exaggerate- Prolong the..you know the length of time it's taken them to heal.	W/C- start off genuine. PI- I think they're hard to determine. W/C- where it can be proved to be genuine.	(With PI)- you can't sort of see it. (PI)-hard to determine. Where it can be proved to be genuine. I think you've got to be able to prove it's genuine though. (PI)-Proving them. I think it would be really easy for a lot of people to say, just to be able to go sick from work at any given time and put it down to psychological injury.	(Indication people are weaker) You did your job, you got on with it and that was it.	(Companies) Have less people doing the same amount of work and that type of thing.	
<b>Jane</b>	I think that people can abuse the system. PI- an easy way out so that they don't have to do that job. Then they will exaggerate it	If they're not genuine, they're looking for an easy way out.	Psychological because you can't see it a lot of people don't believe it.	If they're not genuine, they're looking for an easy way out (implying they are lazy).		
<b>Brett</b>		After a particular period of time they may not be genuine. Things that people can see, that they can prove. Agrees that people are more sceptical of PI. People can't see, can't touch, can't appreciate (PI).	It would be a lot harder for that person to prove their inability to continue because of stress levels. Things that people can see, that they can prove. It's extremely difficult to ascertain as to how psychologically affected they are.	I disagree with psychological injuries within a workplace. People are too frightened because they will either loose their position or be frowned upon by the other workers that they're complaining or whinging or whining.	Not working now a 7.6 hour day, they'd be more working, 8, 9, 10, 11, 12 hour days. Therefore they're expected to perform more duties or tasks.	Supervisor expecting their workers to perform more duties in a shorter amount of time.
<b>Bugsy</b>	W/C- pull the wool over people's eyes.	W/C-absolutely no doubt there were injuries put out there that were lying or incorrect. PI- perhaps a doubt in people's minds as to are they pulling the wool over people's eyes.	Psychologically no, you're looking at a perfectly normal person for all intensive purposes. Back injuries- You can't really prove it either way.	There's absolutely no doubt there were injuries put out there that were lying (questions person's integrity).	(Psychological injuries) they would certainly be increasing because that's the pressure of life.	People are unable to cope with the technology. Life doesn't seem to get easier it gets more complex and more fast.

Stigma of Injury				Workplace More Stressful	
Milking the system	Injury not Genuine	Proof of Injury	Negative Perception	Increased workload	Pace of Workplace

Mike	PI- I genuinely believe are pulling a bit of a fast one.	Implying PI isn't real- easier to define injury (physical), actual proper injury. Is work injury genuine?- the individuals would be the only people to really truly know that.	Easier to define injury, actual proper injury where you go to the doctors as compared to psychological injuries. I would certainly say that's incredibly hard to measure.	(PI)- a lot of people probably distrust (claimants). Might not be so Understanding (colleagues). (Negatively perceived by colleagues). 'Stress leave, that's a load of old tosh, no good at all'.	People are being required now to do more because staffing levels are going down. One person's doing two and a half people's jobs now. People have accepted that they need to work harder. They'll exploit people like that and if you don't want to do it then they can normally find someone who can.
Lee	Prolong the injury side of things. Milk the system. It's a really good excuse or it's a way of them getting out of going to work. Exaggerate- get more compensation for a long period of time.	W/C- as long as it's not taken advantage of by people that are just lazy.	Some people that would try and milk it because it can be a grey sort of area. (With physical injury) there is basically evidence of injury. It's all very grey as far as the psychological side of it goes. If it's a physical injury you can see it and obviously an employer is going to be much happier about paying compensation if it's more factual.		
Samantha	Can I say that they might be milked. Getting paid for doing not much.	If radios tell us that 3 out of 4 suffer from bullying. You know someone that may feel as though they are get more of an ignition to go after it. W/C It depends how long the injury goes on for.	Definitely (an easier injury to raise). PI- it's a hard one to measure.	They get used to getting paid for doing not much. Some people like to be victims. I think if you give a person a little bit they're going to run a mile.	