Stigma: Barrier to Psychological Health & Safety

Dr. Kate Toth, CHRP
Professor, Human Resources
School of Business
Conestoga College
Background: Stigma

• “Stigma exists when elements of labeling, stereotyping, separating, status loss, and discrimination co-occur in a power situation that allows these processes to unfold.” (Link & Phelan, 2001)

• **Negative outcomes for the individual** (Haslam et al., 2005; Krupa et al., 2009; Putnam & McKibbon, 2004)

• **Negative outcomes for the organization** (Haslam et al., 2005; Kulik et al., 2008; Paetzold et al., 2008)
Psychological Health & Safety

• Psychologically safe workplace is one “that allows no significant harm to employee mental health in negligent, reckless or intentional ways” (Shain, Arnold, & GermAnn, 2011, p. 7)

• Correlated with enhanced work team performance and employee engagement (Dollard & Bakker, 2010; Nembhard & Edmondson, 2006)
Psychological Health & Safety

• Lack of PH&S:
  – Poor safety performance behaviours, safety outcomes and under-reporting of accidents (Christian, Bradley, Wallace, & Burke, 2008; Probst & Estrada, 2010)
  – Work-arounds (Halbesleben & Rathert, 2008)
  – Reduced knowledge sharing and organizational learning (Carmeli, Brueller, & Dutton, 2009; Carmeli & Gittell, 2009)
  – Increased employee health issues (Dollard & Bakker, 2010)
The Problem

- Awards for mental injury + 700% in last 5 years
- Legal actions for workplace failures in:
  - Reasonable/clear job demands
  - Safety for employees to voice concerns
  - Responding to workplace conflict
- Voluntary national standard for psychological health and safety in the workplace developed
  (BNQ, CSA Group & MHCC, 2013)
Methods

• Qualitative study in grounded theory tradition
• 13 employees of post-secondary educational institution in Ontario, Canada
• Diagnoses: Asperger’s Syndrome; Attention-Deficit/Hyperactivity; Alcohol Use; Obsessive-Compulsive; Generalized Anxiety; Social Anxiety; Major Depression; Bipolar II
Findings

• Differences between disclosing mental vs. physical health issue
  
  “[I]f I come in with a broken leg everyone gets it...You come in depressed nobody gets it...So the biggest barrier to disclosure at work, it’s probably the fact that it would be received so much differently than any other illness. One of our colleagues had breast cancer here...Like unbelievable support for that. To follow that up with I need some time off because I’m depressed, it doesn’t carry the same kind of weight. Breast cancer is like oh my God. Depression’s like oh give her a pill.” (Sandra)
Findings

• Stereotypes
  – Incompetence
    • “I feel like I try to go above and beyond in my jobs because I’m trying to *fight* that feeling of well I have a mood disorder so I can’t do a good job. I never want *anyone* to think that. So I try to do my *very, very* best work because I would hate for anyone to think well she has a mood disorder so of course she can’t do a good job, you know.” (Vivian)
Findings

• Stereotypes
  – Responsibility for the disorder
    • “I just feel like...it's either my fault or people would think it's my fault. And I probably think it's kind of my fault, honestly. That if I just thought properly or managed my life properly I wouldn't have these misfiring neurons. And when I say it that way it sounds ridiculous, because obviously I can't control that, but...yeah, I guess I just, I feel like it's somehow my fault and it's like admitting I've done something wrong.” (Amanda)
Findings

• Stereotypes
  – Manipulating the system
    • “[O]ne would be the risk of, like I’ve been saying, risk of, of appearing to be trying to manipulate the system. Because I mean I still always have this…the diagnosis, I think it’s correct but, you know, it’s all based on what I say, right? So the whole time I’m thinking well anybody could’ve come in and said these answers and, you know, if I had some sneaky plan to try and make life easier by pretending I was having problems... So I guess I’m a little worried that if I, if I disclose this it’s that people may not view it as a kind of a hard fact like if I had cancer or something.” (Marcus)
Findings

• Being seen or treated differently

  – Gossip

  • “I really wanted to avoid that because these are people who I’m more likely to see again in my academic career and I don’t need them talking to their other colleagues being like yeah, I know this guy, he’s got Asperger’s, he’s nuts, you can’t trust what he says.” (David)
Findings

• Being seen or treated differently
  – Judged
    • “[C]onsidering my father is the quintessential, you know, depression is for fakers sort of thing, his first comments—well I don’t understand, what do you have to be sad about?... I’m like it’s not that I’m sad, you don’t understand.” (Lisa)
Findings

• Being seen or treated differently
  – Losing opportunities for advancement
    • “I suppose if, if it ever got out of control where you would require hospitalization which means you’re not at work, functioning here. I mean I know that there’s laws in place that you shouldn’t lose your job over it, but as a [non-unionized] employee there’s already fears there that there’s no protection anyway. So could other excuses be used? Absolutely, they could be. So, do I think that would happen? No but it’s still...it’s still … there’s wiggle room there so there is that fear.” (Andrea)
Discussion

• Stigma linked to nondisclosure
• Limits help-seeking and psychological safety
• Do not feel safe to voice concerns
• Workplace conflict/harassment
  – Gossip
  – Social exclusion
  – Judgment
  – Limited opportunities
Conclusions

• Creating safe workplaces
  – Voluntary standard implementation
  – Combating stigma
  – Zero tolerance for relational conflict
  – Organizational policies in place and enforced
References


References


