Workplace Well-Being: Examining the Mental and Psychological Health and Safety of Non-Unionised and Unionised Employees

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Master of Business
Dissertation

Workplace Well-Being: Examining the Mental and Psychological Health and Safety of Non-Unionised and Unionised Employees

Peter O'Mahony

2015
Workplace Well-Being: Examining the Mental and Psychological Health and Safety of Non-Unionised and Unionised Employees

A dissertation submitted to Cork Institute of Technology for the degree of

Master of Business

by

Peter O'Mahony

Supervisor: Dr. Angela Wright

Department: Organisation and Professional Development

This dissertation is submitted in part fulfilment of the HETAC requirements for the award of Master of Business.

September, 2015
Declaration

Title: Workplace Well-Being: Examining the Mental and Psychological Health and Safety of Non-Unionised and Unionised Employees

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Declaration:

"I hereby declare that this dissertation is entirely my own work except where otherwise accredited and that it has not been submitted for any other academic award, or part thereof, at this or any other institution"
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This dissertation is dedicated to my partner, Alan Bennett. Without his continued support, encouragement and affection, it would not have been possible to complete this dissertation. It is with my deepest gratitude and warmest affection that I sincerely thank him for all that he has done for me over these past two years.
Acknowledgments

I would firstly like to thank my supervisor, Dr. Angela Wright. Her enthusiasm, encouragement and faith in me throughout this process in addition to her exceptional passion for education and ability to broaden the mindset of her students, have provided me with the motivation to continually challenge and develop my own capabilities. Next, I would like to extend my gratitude to my loving parents, grandmother, brother, sister-in-law, nephews, and my dearest friends, for their endless support and love throughout this process. In particular, I would like to thank Finbarr for his support and encouragement while proof reading this body of work. Finally, I would like to thank representatives from my organisation, especially my director and human resource manager, for their guidance and flexibility throughout this process.
Abstract

A quantitative case study was conducted to gain a deeper understanding of the mental and psychological health and safety of non-unionised and unionised employees within the researcher's organisation, a multi-national pharmaceutical company based in Ireland. One hundred and sixty-seven employees and seven senior managers were surveyed to explore their perspectives of psychological health and safety risks in the workplace across thirteen different psychosocial factors which are known to either have positive or negative effects on the psychological health and well-being of an employee.

The Guarding Minds at Work (GM@W) online survey resources were considered appropriate methods to collect the necessary data for this study. By using two online survey methods, this study tested a hypothesis which assumed that there would be more psychological health and safety risks among unionised employees, while also investigating employee's experience of discrimination, bullying or harassment and unfair treatment in the workplace. A further examination was conducted in this study which compared the differences in the perspectives of all employees and senior managers with respect to the psychological health and safety of employees in this workplace. Statistical analyses in the form of t-tests were applied to the data obtained from ninety-seven non-unionised and sixty-three unionised employees to examine the level of psychological health and safety risks present within these groups.

The key findings from this study reveal that the psychological health and safety of unionised employees is more at risk in this workplace, in fact, unionised employees reported greater concerns across eleven out of the thirteen psychosocial factors. Furthermore, this study has also found that more unionised employees report previous experience of bullying or harassment in the workplace. It is also evident from this study that senior managers are significantly underestimating the psychological health and safety risks which are impacting employee's psychological health and safety in the workplace. This research fulfilled the need to generate more empirical evidence on this area of study. The main findings and recommendations for future practice and future research will provide valuable insights for the researcher's organisation, policy makers, employers, management, human resource departments, trade union representatives and professional or organisational development institutions.
Chapter 1 Introduction

Imagine working in a highly productive environment in which you feel safe, respected and valued; the work is challenging; the demands of the job are reasonable; you have work-life balance; and your employer supports your involvement in your work and interpersonal growth and development. This is what is known as a mentally healthy workplace (Canadian Centre for Occupational Health and Safety, 2012, para 1).

1.0 Introduction

This study is an academic exploration of mental and psychological health and safety within the researcher’s place of work. To conduct this study, the researcher utilized online resources provided by Guarding Minds @ Work, an initiative which has been developed by the Canadian based Centre for Applied Research in Mental Health and Addiction (CARMHA). In doing so, this study has evaluated the ability of the researcher’s organisation, a multinational pharmaceutical company, to provide a healthy workplace for its employees which ensures the protection of their mental and physical health, safety and well-being.

There has been limited emphasis placed on assessing and resolving the impact of psychological health and safety risks in the workplace. This creates serious issues as nowadays the workplace requires certain “psychological competencies such as judgement, knowledge, interpersonal cooperation and emotional self-regulation. These psychological tools and skills flourish only in work environments that nurture and support their development and use, and minimize psychosocial factors in the work environment that can serve to undermine them” (Gilbert & Samra, 2010, para 2). While work can play a vital role in a person’s quality of life as it provides them with a source of income and a platform for
broader social advancement, it can however also impact a person’s health as a result of risk factors present in the workplace which may cause injury, work-related illness or could potentially even result in long-term health implications (Ardito et al., 2012). Consequently, mental and psychological health problems in the workplace can have serious effects for both the employee and the organisation which in turn can impact the productivity and competitiveness of an organisation.

While recognizing that assisting employees to cope with internal and external pressures increases the productivity of an organisation and improves employee retention, employers have also come to realise that they can no longer segregate physical and mental well-being as they understand that an organisation has a responsibility in both (Aviva, 2013). In addition to addressing the needs relating to the physical work environment, organisations are also taking into consideration other commonly known psychosocial demands and resources as they try to envisage a psychologically healthy workplace (Day et al., 2014). Although this is a challenge for organisations as they attempt to minimize the negative impact of the workplace by encouraging a healthy workplace (Health and Safety Authority, 2008), in order to successfully create a healthy workplace, it is imperative that an organisation gets appropriate buy in from senior managers and trade union representatives (Burton, 2010).

While studying the area of employee psychological health safety and well-being in the workplace, it became apparent to the researcher that the subject of union status and employee psychological health and safety has created much debate among researchers (Bryson et al., 2004; Bryson & White, 2014). Many previous studies have focused on specific aspects pertaining to job satisfaction and have identified negative associations between job satisfaction and union membership (Borjas, 1979; Hammer & Avgar, 2005). With this in
mind, this study has evaluated the impact of union membership on employee’s mental and psychological health and safety across a broader range of workplace psychosocial factors. Through a comparison of non-unionised and unionised employee’s perspectives of psychological health and safety in the workplace, this study assessed if union coverage has negative effects on the psychological health and safety of its members. Furthermore, this study investigated both non-unionised and unionised employee’s experience of discrimination, bullying or harassment, and unfair treatment in the workplace.

WHO (2010) states that a “psychosocial work environment includes organisational culture as well as attitudes, values, beliefs and daily practices in the enterprise that affect the mental and physical well-being of employees. Factors that might cause emotional or mental stress are often called workplace stressors” (WHO, 2010:10). Effective organisational leadership is vital to the promotion and protection of employee’s mental and physical well-being. Workplaces that are conducive to continued success and employee satisfaction are often associated with informed management who understand the organisational benefits of positive psychologically and physically safe work environments. Effective workplace health promotion “requires a demonstration of leadership and commitment along with policies and procedures on recruitment, development, training, human resource management, consultation, communication and rehabilitation that shift the emphasis from a healthy workplace to a healthy organisation” (Health and Safety Authority, 2008:7-8).

This study captured senior manager’s perspectives relating to existing policies and practices within the researcher’s organisation which are linked to the protection of employee’s psychological health and safety. This study determined the extent to which senior managers regard the workplace as being psychologically safe. The perspectives of senior managers
relating to employee’s health, safety and well-being in the workplace were analysed to enable a comparison between the perspectives of senior managers and employees pertaining to workplace psychosocial factors which can negatively impact employee’s well-being and psychological health and safety.

1.1 An Overview of the Researcher’s Organisation

The following section outlines information relating to the researcher’s organisation which was accessed through the company’s website and various other online secondary sources. The information provided is truthful but, in the interest of company confidentiality, the information sources will not be referenced.

The researcher’s organisation is a global health care company who offers solutions through its prescription medicines, vaccines, biologic therapies and animal health products. This company is one of the largest pharmaceutical organisations in the world and has a substantial operating presence in many countries across the globe. The company is listed in the top one hundred companies on the 2015 Fortune 500 list (Time Inc., 2015) and is also regarded as a major player in the ‘big pharma’ arena. In Ireland, this company operates across a number of locations and continues to make significant contributions to the Irish economy. The company conducts its business with openness, honesty and the highest degree of ethics and integrity while also valuing the contributions of its employees across the world. In doing so, it is committed to creating an open, welcoming and respectful workplace for all of its employees.

As with many other multi-national pharmaceutical companies, this organisation has not been without its challenges. Due to patent expiries, increased generic competition and a weak late-
stage development pipeline, the organisation has had to significantly reduce its operating costs in addition to streamlining its research and development focus. As a result, the organisation has undergone a number of transformations which have warranted organisational restructuring, site closures and headcount reductions across the globe. By sharpening its research and development focus and acquiring new companies and products, these efforts will enable the organisation to better compete in this challenging industry.

1.2 The Irish Pharmaceutical Industry Background

The pharmaceutical sector of Ireland is one of the most dynamic industries in the country (Connolly, 2012). Since its inception in 1959 (Connolly, 2012), this industry has now attracted over thirty Food & Drug Administration (FDA) approved pharmaceutical or biopharmaceutical companies with nine out of the top ten global health care companies operating out of the country (IPHA, 2015) and six out of the top ten global top selling drugs being manufactured in Ireland (Enterprise Ireland, 2010). As a result of this, Ireland has become one of the leading centers of excellence for the manufacture of pharmaceutical products in addition to being the first choice in Europe for investment from international pharmaceutical organisations (Enterprise Ireland, 2010). This industry employs over 24,500 people directly with a similar number indirectly employed to provide the necessary services (IPHA, 2015).

Although this industry is highly advanced and offers a broad range of products and services from research and development to the manufacturing and marketing of new products (IPHA, 2015), the pharmaceutical industry in Ireland is changing (Moran, 2013). The expiration of patented drugs is impacting the volume of exports from Ireland (Enright & Dalton, 2013) as
well as decreasing research and development pipelines and continuous pressures being placed on the cost of medicines, all of which are making the operating environment for the pharmaceutical industry a very difficult one in Ireland (Moran, 2013). Both at a local and a global level, the industry is facing significant challenges (Moran, 2013). Furthermore, these challenges are being intensified as a result of the higher number of mergers and acquisitions within the industry (Moran, 2013).

1.3 Psychologically Healthy Workplaces and the Role of Trade Unions

WHO (2010) describes a healthy workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace” (WHO, 2010:6). Such workplaces not only result in greater success for the organisation but they also produce positive feelings and emotions for the employee (Mowbray, 2014). Considering that twenty-three percent of workers in Europe are reported to have low levels of well-being and as a result should be evaluated for depression (Ardito et al., 2012), Mowbray (2014) maintains that there is a need for organisations to change how they are organised so that they can begin improving the psychological health of their employees.

One of the most significant benefits from promoting a psychologically healthy and safe work environment is associated with the improvements to the psychological health of the employees themselves (Mowbray, 2014). Improvements to the psychological health of employee’s increases their energy, innovation and motivation which in turn enhances the workplace and provides a starting point for sustained organisational growth and development (Mowbray, 2014). Nevertheless, Ardito et al. (2012) suggests that employment quality is one
of the most influential factors on the well-being of employees, in that, poor job quality results in low levels of well-being for employees who may be less equipped to cope with the effects of this.

WHO (2010) outlines numerous considerations that organisations should take into account when trying to achieve a healthy workplace. Some of those include addressing “health and safety concerns in the physical work environment” and “health, safety and well-being concerns in the psychosocial work environment, including organisation of work and workplace culture” (WHO, 2010:6). However, in trying to create healthy workplaces, Day et al. (2014) contend that co-operation between trade unions and organizations is paramount as this will signal a message to employees that both parties care about their psychological health and well-being.

While trade unions have historically been strong advocates for employee well-being, these efforts have placed more emphasis on physical work conditions and less emphasis on preventing psychological hazards in the workplace (Day et al., 2014). Trade unions now need to shift their focus towards the protection of employee’s psychological health and safety (Day et al., 2014). Considering that unions have the best interests of employees in mind, they are in a unique position to effectively provide for the psychological health and safety needs of their members (Day et al., 2014). As president of the Health Sciences Association trade union, Avery (2015) recognises the role of both trade unions and employer’s alike but maintains that there is still a long road ahead to sustain mental health in the workplace.
1.4 An Introduction to Guarding Minds at Work

Guarding Minds @ Work (GM@W) is a methodologically valid instrument which looks at characteristics and factors in the workplace that can increase injury or illness as a result of psychological risks (Mental Health Commission of Canada, 2015). It provides an organisation with a means by which they can assess the psychological health and safety of their workplace (Great-West Life Centre for Mental Health in the Workplace, 2015). The GM@W tool was developed to provide support to employers as they try to meet legal obligations which require them to look after employee’s mental health and to promote civility and respect in the workplace (CARMHA, 2012). One of the main aims of GM@W is to instigate conversations in the workplace regarding psychological health and safety while also making it feel safe for employees to express their honest opinions (Mental Health Commission of Canada, 2015). In addition, it helps to introduce a language associated with the promotion of mental health and the prevention of mental illness in the workplace (Mental Health Commission of Canada, 2015).

GM@W consists of thirteen psychosocial factors which have been drawn from scientific research (Mental Health Commission of Canada, 2015). The thirteen psychosocial factors were developed using a grounded theory approach which consisted of (CARMHA, 2012):

1. A thorough review of the scientific literature relating to workplace mental health.
2. A review of the regulatory and case law relevant to the workplace and psychological safety.
3. The formation of an advisory group to provide inputs during each of the GM@W development stages.
4. Consultation with workplace mental health experts.

5. Development of focus groups consisting of key stakeholders to provide input into the explanation and relevance of each psychosocial factor.

6. Distribution of a survey to seek inputs into the description and sample questions used to assess each of the psychosocial factors.

The tool is based on the assumption that there are only a certain number psychosocial factors in the workplace that can positively or negatively influence the mental and psychological health of employees (CARMHA, 2012). Its goal is to not only ascertain which factors are acting as a support for employee’s mental and psychological health but also to identify which factors are causing a risk to the mental and psychological health of an employee (CARMHA, 2012).

1.5 Background to the Research

The sections discussed hereafter, provide a background to the chosen dissertation topic in order to contextualize this current study and to provide an explanation for its relevance and how it closes the gap on the need for more research to be performed on the area of mental and psychological health and safety in the workplace. In addition, the aims and objectives of this current study will be outlined in order to demonstrate what this study sought to achieve.

1.5.1 Research Justification

It is the contention of the researcher that union membership can have negative implications on the mental and psychological health and safety of unionised employees. Research of existing literature on this topic suggests that there is a wealth of empirical evidence which has
evaluated the negative associations between union status and employee job satisfaction. However, Macky & Boxall (2009) argue that much of the previous research has focused on overall job satisfaction as the main indication of employee well-being and the association with union membership. The findings and the implications of such studies are quite diverse thus justifying the need for more empirical research to be performed (Green & Heywood, 2010). Previously, Friedman et al. (2006) have outlined the importance of looking at job dissatisfaction across a broader range of factors. Furthermore, Wood (2008) argues the need to evaluate the impact of union membership across a broader range of psychological and physiological factors, which can affect employee well-being.

The researcher chose to delve deeper into this phenomenon and to examine the presence of psychological health and safety risks or concerns in the workplace across thirteen different psychosocial factors which can affect the mental health and psychological well-being of employees. The research method and design chosen for this study were appropriate due to the fact that the central phenomenon was to examine the differences between non-unionised and unionised employee’s perspectives of psychological health and safety in order to determine the prevalence of psychosocial risks in the workplace.

Although the main objective of this study was to examine the perspectives of non-unionised and unionised employees pertaining to psychological health and safety in the workplace, it was also evident from the literature that managers play a significant role in the protection and promotion of employee’s mental health and psychological well-being. In light of this, Bevan (2010) argues that organisations “lack the capacity at workplace level to translate what we know from epidemiological and other research into simple, consistent and business-friendly
actions to improve job quality, work organisation, health promotion and other drivers of positive health at work" (Bevan, 2010:3-4).

More importantly, Paul Farmer (CEO of Mind) maintains that there is a worrying disconnect between how managers and employees perceive their organisations efforts to improve mental well-being in the workplace and that it is crucial for managers to be “equipped with the tools they need to be able to confidently and effectively support their staff, whether they are experiencing stress or mental health problems as a result of work or other factors. There is a real danger that companies are neglecting workplace mental health, with huge implications for staff wellbeing...” (in Mind, 2013, para 4).

Furthermore, within the context of Ireland, it is suggested that there is a lack of research on the attitudes of employers and employees on mental health in the workplace (Millward Brown IMS, 2007). While a study has been conducted which has examined employee health and well-being from the perspectives of employers and employees (Aviva, 2013), although this study was successful in evaluating employee wellness and the associated benefits of investing in employee well-being, it neglected to examine the perspectives of both employers and employees across a wider range of factors which impact employee mental and psychological health and safety.

Therefore, in addition to evaluating employee’s perspectives and experiences of factors which impact their psychological health and safety in the workplace, this study contributes to the existing body of knowledge by providing a deeper understanding of the differences between the perspectives of managers and employees associated with the many factors which can impact employee’s psychological health, safety and well-being in the workplace.
1.5.2 Significance of Research

Considering that physically and psychologically healthy, engaged employees maximise business efficiency and profitability thus enabling the organisation to achieve its goals and objectives, this study is of significant endeavour to organisations who seek to protect the psychological health and safety of employees. As a result of ever evolving workplaces, employees are now expected to be more flexible and resilient to changing organisational priorities as companies attempt to compete in challenging environments. Such challenges place a significant amount of pressure on employees which can inherently increase the risks to their physical and psychological health, safety and well-being. Therefore, this study will be of benefit to human resource managers and organisational leaders as well as trade union representatives as it will provide them with valuable information to complement the existing body of knowledge thus enabling them to better address the mental and psychological needs of their respective workplaces.

Most importantly, this study will be of unquestionable benefit to the researcher's own organisation as it will provide them with empirical evidence relating to the psychological health and safety status of its employees in addition to educating them on the differences between the psychological health and safety of its non-unionised and unionised employees. Furthermore, this study will also provide them with an understanding of how senior managers in the organisation regard the status of employee's psychological health and safety and how these perspectives compare with that of the employees themselves.

Finally, the main empirical findings and recommendations for future practice and research provided as a result of this study will benefit policy makers and professional development
organisations, such as the Chartered Institute for Professional Development (CIPD). By providing them with valuable insights into psychological health and safety in the workplace, this study will broaden their knowledge in this area thus enabling them to provide effective expert opinions and recommendations to employers, managers, human resource representatives and occupational health professionals.

1.5.3 Aims & Objectives

The aim of this study was to evaluate the psychological health and safety of employees in the workplace. In order to bring a narrower definition to the broad scope of this project, a combination of research hypotheses and research objectives were developed for this study. The researcher hypothesized that there are more concerns for the psychological health and safety of unionised employees in his workplace. In order to test this theory the following null (H₀) and alternative (H₁) hypotheses were developed:

**Null Hypothesis (H₀):**

“If a union exists within a workplace, then there will be no difference between the combined psychological health and safety concerns for non-unionised and unionised employees”.

**Alternative Hypothesis (H₁):**

“If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which will indicate that there is a greater risk to the psychological health and safety of unionised employees”.
In addition to testing the research hypotheses associated with this study, the following research objectives were also addressed:

1. To examine employees' experience of discrimination, bullying or harassment, and unfair treatment in the workplace.

2. To examine if there are differences in the perspectives of senior managers and employees pertaining to the psychological health and safety of employees in the workplace.

1.6 Research Focus of the Study

Chapter 1 of this study begins with an introduction into the area of research associated with the study. This chapter then continues with a description of the researcher's organisation and the challenges that the organisation faces. A summary of the pharmaceutical industry in Ireland is then provided which also outlines why this industry is evolving. Psychologically healthy workplaces and the role of trade unions are then discussed in addition to providing an introduction to the Guarding Minds at Work initiative which was utilized to conduct this study. Following this, a background to this current study was outlined which consisted of the justification for this research and how it complements the need for more empirical research to be performed in this field. This chapter then discusses the significance of this research while also outlining the aims and objectives of the study. Finally, this chapter concludes with an overview of the structure of this dissertation.

Chapter 2 will provide an overview of the relevant literature associated with mental health and psychological health and safety in the workplace. This chapter will begin with an
introduction into the history of mental health while also outlining the prevalence of mental health conditions in addition to describing the main types of mental health conditions which exist. Chapter 2 will then describe the relevant legislation and policy in Ireland for protecting those who suffer with a mental health condition. This section will also outline the responsibilities of employers in protecting the psychological health and safety of employees in the workplace.

This chapter will discuss the sources of mental health problems. The factors which influence the psychological health and safety of employees in the workplace including the impact of trade unions on employee’s psychological health and safety will then be described. Chapter 2 will outline the organisational benefits for promoting the mental and psychological health and safety of employees while also describing various initiatives which can be used by an organisation to provide a supportive work environment to employees. This chapter concludes with a description of a number of factors which can impact an organisations ability to effectively improve the psychological health and safety of its employees.

Chapter 3 will present the research methodology used to conduct this study. The researcher will explain in detail the steps involved in the research process while also providing a justification for selecting a quantitative methodology in order to successfully carry out this study and to address the aims and objectives previously outlined. This chapter will capture the journey of the researcher throughout this process while also describing how the research will be conducted, how the data will be collected and analysed and how sources of error were identified and eliminated. This chapter will also take into account the ethical considerations of this study and what limitations were presented to the researcher throughout his research journey.
Chapter 4 will outline the findings and analysis of this study. This chapter will consist of descriptive statistics and tests of significance in order to collectively address the aims and objectives of the study. This chapter will be divided into three sections. Section A will outline the results of testing the hypotheses developed for the purposes of this study. This section will also provide a more detailed insight into the findings of this research pertinent to non-unionised and unionised employee’s perspectives of psychological health and safety in the workplace. Section B will present the findings from the assessment of employee’s experiences of discrimination, bullying or harassment, and unfair treatment in the workplace. Finally, this chapter will conclude with Section C which will describe the findings from the comparison of senior managers and employee’s perspectives regarding the psychological health and safety of employees in the workplace.

Chapter 5 will then present the main empirical findings from this study. This chapter will discuss the implications of these findings in addition to discussing their relationship with the relevant literature on the topic of mental and psychological health and safety in the workplace. A summary of the main findings will be provided in this chapter prior to presenting recommendations for future practice and future research.
Chapter 2 Literature Review

This chapter examines the literature relating to mental and psychological health and safety, with a particular emphasis on the literature that applies to areas specific to the research hypotheses and research objectives developed for this study.

2.0 Introduction

This chapter presents an outline of mental health; what it is, where it originates from, and how it has developed throughout history. It also explores the overall prevalence of mental health problems while focusing on prevalence within the UK and Ireland. Following this, the main mental health conditions, and their associated prevalence, are described. The applicable legislation and policy associated with mental health and workplace health and safety, within the context of Ireland will then be discussed as well as the sources of mental health problems, both work-related and non-work related.

Subsequent to this, the researcher will endeavour to undertake a detailed literature review associated with mental and psychological health and safety in the workplace to ascertain the factors which influence employees’ psychological health and safety. This will also include a review of the literature associated with the impact of trade unions on unionised employees’ psychological health and safety. Finally, this chapter will discuss the benefits of promoting and investing in psychological health and safety in the workplace prior to examining the factors that influence employee’s mental and psychological health and safety.
2.1 Definition of Mental Health and Mental Illness

The World Health Organisation (WHO) Constitution defines health as “not merely the absence of a disease or infirmity” but more “a state of complete physical, mental and social well-being” (WHO, 2006:1). The term mental health can be described as a positive concept which is exhibited in the ways that people meet their socio-cultural contexts constructively and through their ability to include their own interests and concerns in the lives that they lead (Paulus, 2009). The Irish Business & Employer Confederation (IBEC, 2012) contributes further by describing mental health as “the emotional resilience which enables us to enjoy life, and survive pain, disappointment and sadness” (IBEC, 2012:8).

Although the terms mental illness and mental disorder are used interchangeably, Kinsella et al. (2006) argue that there is a difference between these terms. Mental health professionals consider a mental illness as a severe condition such as schizophrenia or bipolar disorder, which has a clearly defined or recognizable inception following a period of normal functioning (Kinsella et al., 2006). In contrast, a mental disorder is a less debilitating but persistent condition such as a personality disorder, anxiety or obsessive compulsive disorder (Kinsella et al., 2006).

2.2 Historical Background of Mental Health

2.2.1 Early Descriptions

Scull (2014) claims that mental health was first described in the United States in 1843 by William Sweetser where he used the term mental hygiene to describe mental health while
examining the influence of intellectual operations on bodily functions and the view of moral feelings or passions in relation to one's physical nature (Sweetser, 1843). In 1863, Isaac Ray, one of the founders of the American Psychiatric Association (Scull, 2014), discussed the effect of cerebral conditions on mental hygiene while claiming that mental hygiene is "the art of preserving the health of the mind against all the incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements. The management of the bodily powers in regard to exercise, rest, food, clothing, and climate; the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, the discipline of the intellect. - all come within the province of mental hygiene" (Ray, 1863:15).

2.2.2 Mental Hygiene Movement

Bertolote (2008) & Scull (2014) suggest that the mental hygiene movement, which was concerned with the improvement of care for people with mental disorders, originated in the United States as a result of the work of Clifford Beers. In 1908, Beers published a book titled 'A mind that found itself' which detailed Beers experiences of three mental health hospitals (Bertolote, 2008; Scull, 2014). Following this, in 1909, the National Commission of Mental Hygiene was formed which later broadened its focus to include milder forms of mental disorders & associated preventative measures due to the belief that "mental disorders frequently have their beginnings in childhood and youth and that preventive measures are most effective in early life, and that environmental conditions and modes of living produce mental ill health" (Bertolote, 2008:114).
2.2.3 World Federation for Mental Health

The internalization of the National Commission of Mental Hygiene occurred from 1919 onwards and as a result the International Committee on Mental Hygiene was formed (Bertolote, 2008). Brody (2004) & Ahrenfeldt & Soddy (2013) claim that the International Committee on Mental Hygiene was later superseded by the World Federation for Mental Health during the Third International Congress on Mental Health which was held in London in 1948 (Brody, 2004; Ahrenfeldt & Soddy, 2013).

Prior to the International Congress on Mental Health, a group of twenty five people gathered who have been referred to as the International Preparatory Commission (Mental Health and World Citizenship, 1948). Mental Health and World Citizenship (1948) suggest that the intent of this group was to prepare a statement for presentation based upon an evaluation of the findings of various discussion groups formed in 1947 which consisted of approximately five thousand men and women situated across some twenty seven countries. The statement prepared by the International Preparatory Commission was then presented to the two thousand members in attendance at the Congress on Mental Health (Mental Health and World Citizenship, 1948). Mental Health and World Citizenship (1948) specify that the statement presented included suggestions on principles, practices and professional ethics that could be utilized by those working in mental health and human relations as a basis for further action in the area of mental health (Mental Health and World Citizenship, 1948).

Brody (2004) notes that John R. Rees, who was a pioneer in social psychiatry, became the first president of the World Federation for Mental Health. In 1949, Rees issued the first
recommendation of the World Federation for Mental Health which involved a recommendation to WHO for the establishment of a mental health section (Brody, 2004).

### 2.3 Prevalence of Mental Health Problems

Baumann & Muijen (2010) maintain that in some high income countries as much as forty percent of all disabilities can be attributed to mental health disorders. The UK Department of Health and the Confederation of British Industry estimate that between fifteen and thirty percent of workers will experience a mental health problem in their working life (Harnois & Gabriel, 2000). Furthermore, The Sainsbury Centre for Mental Health (2007) claim that employers should expect a one in six prevalence of some sort of mental health problem among their workforce or a one in five prevalence if alcohol and drug dependency are included, while research published in 2012 as part of the Fifth European Working Conditions Survey, reports that twenty percent of workers have a poor mental well-being (Parent-Thirion et al., 2012). Furthermore, WHO (2005a) have previously stated that:

> Of the 870 million people living in the European Region, at any one time about 100 million people are estimated to suffer from anxiety and depression; over 21 million to suffer from alcohol use disorders; over 7 million from Alzheimer’s disease and other dementias; about 4 million from schizophrenia; 4 million from bipolar affective disorder; and 4 million from panic disorders

(WHO, 2005a:1).

Although there is no national mental health survey in Ireland, which is comparable to the scale of surveys performed in the U.K. or U.S. (O’Shea & Kennelly, 2008), Rogers (2014) discusses the intentions of the Department of Health in Ireland to conduct a national health survey in 2015. The survey, involving more than ten thousand households in Ireland, will
help to determine the health status of the nation focused on key indicators of both mental and physical health and well-being (Rogers, 2014).

Meanwhile, Tedstone Doherty et al. (2008) report that twelve in every one hundred people above the age of eighteen in the Republic of Ireland are experiencing mild to major mental health problems at any given time. More recently, Cannon et al. (2013) claim that approximately one in five young Irish adults between the ages of nineteen and twenty-four years, experience some kind of mental disorder with anxiety and mood disorders being the most prevalent. Casey (2015) discusses the results of a survey published in 2015 which examined work-related illnesses in Britain and Ireland. The survey results from doctors highlighted that fifty-one percent of reasons for work-related illnesses were associated with mental health-related disorders (Casey, 2015).

2.4 Mental Health Conditions and Associated Prevalence

IBEC (2012) maintain that depression, anxiety, bipolar disorder, personality disorders, and schizophrenia are the most well-known mental health problems. Based on data generated from an Epidemiological Catchment Area survey (ECA) and a National Comorbidity Survey (NCS) in the U.S., Schott (1999) claims that affective (or mood) disorders, anxiety disorders and substance dependency and abuse, are the three most prevalent mental disorders in the U.S.

2.4.1 Depression

Feelings of hopelessness & despair which are accompanied by a loss of enjoyment of routine activities such as eating, travelling, hobbies and sex, are common characteristics of
depression (Schott, 1999). Loss of appetite, insomnia & suicidal thoughts are also familiar symptoms of depression (Schott, 1999). IBEC (2012) contributes further by specifying that depression causes persistent feelings of misery & sadness which occur over a period of a few weeks that result in feelings of intense emotions of anxiety, hopelessness, negativity and helplessness (IBEC, 2012).

Depressive disorders can present themselves in many different types with each type of depressive disorder having its own unique symptoms and treatments (Grohol, 2006a). According to Cronkite (in Lanier, 2003:27), depression can be divided into three major categories which have been referred to as major depression, dysthymia and symptomatic depression. Major depression is the most common type of depressive disorder (Schott, 1999; Grohol, 2006a) and can result in four or five symptoms of depression in addition to an intense, incapacitating sadness for two or more weeks (in Lanier, 2003:27).

Depression is claimed to be the leading cause of mental health problems in the WHO European region (Baumann & Muijen, 2010). It is estimated that 13.7% of all years lived with disability are caused by depression (Baumann & Muijen, 2010). Similarly, Murray & Lopez (in Burton et al., 2008:78) previously stated that depression is the most common mental health disorder around the world while also claiming that it has a lifetime prevalence ranging from two to fifteen percent. Furthermore, Murray & Lopez suggest that depressive disorders are expected to be the second highest cause of disease burden globally in 2020 following on from heart disease (in Burton et al., 2008:78).
2.4.2 Anxiety

Anxiety can be related to stressful events or situations and is common in both men and women (IBEC, 2012). Alternatively, Seedat et al. (2009) have previously claimed that anxiety disorders are more common in women than in men. Anxiety can result in panic attacks and social phobia while presenting symptoms such as a racing heart, rapid breathing or sweating (IBEC, 2012). Schott (1999) maintains that panic attacks can be the most terrifying of all psychiatric symptoms associated with anxiety. Panic attacks can arise suddenly and last up to a half an hour while presenting symptoms such as an intense fear, shortness of breath, increased heart rate, dizziness, a sense of being smothered, sweating, tingling & a fear of dying (Schott, 1999).

One out of every six adults in the U.S. will experience an anxiety disorder at some point in their life (in Ohayon, 2006:275). Resulting from a literature search of epidemiological studies of anxiety disorders, Somers et al. (2006) claim that lifetime prevalence rates of total anxiety disorders can range between 10.6% and 16.6%. Alternatively, Kessler et al. (2005) have previously suggested that lifetime prevalence estimates for anxiety disorders can reach as high as 28.8%.

2.4.3 Bipolar Disorder

Murray et al. (in Kleinman et al., 2003) state that bipolar disorder is ranked sixth among the top ten causes of disability worldwide. According to Müller-Oerlinghausen et al. (2002), approximately ten to twenty percent of individuals take their own lives as a result of bipolar disorder while almost one third of sufferers attempt suicide at least once. Bipolar disorder,
which is also referred to as manic-depressive disorder (Müller-Oerlinghausen et al., 2002), is when a person suffers from manic episodes that can erupt suddenly and cause a change in behaviour where the person may swing between periods of great elation and great misery (Schott, 1999). An individual suffering from bipolar disorder can be expansive & talkative while showing an increase in their activity level & self-confidence. On the other hand, they can also be irritable, easily distracted & sleep much less than normally (Schott, 1999).

Müller-Oerlinghausen et al. (2002) suggest that bipolar disorder has a high rate of reoccurrence. Greater than ninety percent of those who suffer a single manic episode will have future episodes (Müller-Oerlinghausen et al., 2002). In fact, it is estimated that between ten and fifteen percent of individuals will have more than ten episodes during their lifetime (Müller-Oerlinghausen et al., 2002). The lifetime prevalence of this disorder is estimated to be between 1.3% and 1.6% (Müller-Oerlinghausen et al., 2002; Kleinman et al., 2003). However, Merikangas et al. (2007) contend that there is growing recognition of the disorder being substantially more common.

### 2.4.4 Personality Disorders

Bipolar disorder, schizophrenia and multiple personality disorder are sometimes confused by people when in reality they have very little in common besides the fact that many people who suffer with them face societal stigmatization (Grohol, 2006b). A personality disorder can affect how a person thinks, feels or acts making it difficult for them to interact with others or to get on with their day to day life (IBEC, 2012). As a result, this can make the person inflexible or incapable of seeing a need for a change (IBEC, 2012). Tyrer et al. (2015) concur and further note that many individuals with a personality disorder fail to acknowledge that it
is them and not others who have defective interpersonal skills. While that may be the case, Grohol (2006b) notes that it is still possible for people with multiple personality disorder to live successful, normal and healthy lives.

Personality disorders are diagnosed in approximately forty to sixty percent of psychiatric patients making them the largest group of psychiatric diagnoses among the general population (Saß, 2001; Winship & Hardy, 2007). To assist in the identification of personality disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) has grouped personality disorders into three categories referred to as cluster A, B and C. Cluster A refers to the paranoid, schizoid and schizotypical (National Institute for Mental Health in England, 2003). Cluster B refers to histrionic, narcissistic, anti-social and borderline personality disorders while cluster C refers to obsessive–compulsive, avoidant and dependent personality disorders (National Institute for Mental Health in England, 2003).

The prevalence rate of personality disorders is considered to be approximately thirteen percent (Torgersen et al., 2001; BBC, 2011) although Tyrer et al. (2015) suggest that the epidemiology of personality disorder is poorly described in comparison to other mental disorders which can affect the accuracy of personality assessments when trying to diagnose a personality disorder.

2.4.5 Schizophrenia

Schizophrenia is a serious mental health problem which can result in disturbances in how a person thinks, perceives, feels & acts (IBEC, 2012). It is one of the most stigmatised disorders in mental health (Grohol, 2006b). Schizophrenia causes difficulties in
concentrating, a feeling of unease in public, hallucinations & a feeling of being controlled (IBEC, 2012). Although schizophrenia has a relatively low prevalence of approximately one percent (Frangou, 2008; Insel, 2010), WHO have ranked the disorder as the seventh greatest cause of disability worldwide (Frangou, 2008).

Davies & Craig (2009) maintain that paranoid schizophrenia is the most common form of schizophrenia where an individual suffers from delusions that can end up resulting in a complex conspiracy theory which may initially seem plausible to the individual. A person suffering from schizophrenia may also have more of a difficult time functioning within normal society and as a result they can end up homeless and even disregarded by their family and society itself (Grohol, 2006b).

2.4.6 Substance Abuse and Dependency

A substance abuse or dependency disorder diagnosis is dependent on three defining concepts: level of use, concept of abuse and concept of dependence (Friedman, 2001). The difference between substance abuse and dependency is determined by the extent to which a substance is used in addition to the emotional, medical, social and behavioural effects that it is has on the user (Rudolf, 2002). Adams & Sutker (2001) maintain that substance abuse, involving the excessive use of alcohol, nicotine, illicit drugs, prescription drugs or industrial solvents, and other addictive disorders, are the most prevalent mental health disorders within society. Lifetime prevalence of substance abuse disorders are estimated at twenty-seven percent (Friedman, 2001).
Although progress in health policies and advancements in clinical care have improved the integration of substance abuse into the future of healthcare, mental health and substance abuse is an area which has not received the attention that it deserves in the U.S. (McLaughlin, 2015). Within Ireland, Sherry et al. (2002) contends that there is a lack of drug and alcohol research specific to Ireland and instead the Irish government are heavily dependent on international research. This results in the ineffective and inefficient use of resources to support substance abuse and dependency disorders (Sherry et al., 2002).

2.5 Mental Health Legislation and Policy in Ireland

2.5.1 Mental Health Act 2001

The Irish Mental Health Act 2001, which replaced the Mental Treatment Act 1945, was enacted by the Irish parliament on 8th July 2001 (Mental Health Act, 2001). The 2001 Act was fully implemented from 1st November 2006 and put in place mechanisms for monitoring, inspection and regulation of mental health services in Ireland (Samele et al., 2013). An independent body, referred to as the Mental Health Commission, was established as a result of the 2001 Act (Mental Health Act, 2001). This body is responsible for overseeing the implementation of the Act in addition to promoting, encouraging and fostering the establishment and maintenance of high standards and good practices during the delivery of mental health services in Ireland (Mental Health Act, 2001).

Considering that some aspects of the Act are yet to be implemented, Oireachtas (2012) have raised concerns that the Act is misaligned with domestic and international developments. Furthermore, Amnesty International Ireland (2011) point out that the Act is lacking a guiding
set of principles to support interpretation and implementation of the provisions of the Act. Although a review of the Act has been performed, resulting in the issuance of an interim report published in 2012, Amnesty International Ireland (2012a) question the ability of the recommendations in fulfilling Ireland’s obligation under international human rights law.

2.5.2 Equality Law

Within Ireland, there are two main equality laws which provide protection to those who are currently or who have been suffering with a mental health difficulty; the Employment Equality Acts 1998-2011; and the Equal Status Acts 2000-2011 (The Equality Authority, 2011). The Employment Equality Acts 1998-2011 places a responsibility on an employer to provide reasonable accommodation for employees with disabilities (Employment Equality Act, 1998). The Acts also specify that employers are not obliged to recruit or retain an individual who is not fully competent or capable of performing tasks assigned to a job (Employment Equality Act, 1998).

Amnesty International Ireland (2012b) recommends that barriers preventing people with mental health problems from achieving equality and equal opportunities should be identified and eliminated by the Equality Authority. Previously, Kane (2008) reported on a survey performed on employers in the south east of Ireland which examined their views on disability policy including recruiting people with mental health difficulties. The results of the survey highlighted that employers consider employment equality legislation as a barrier to employment of people with mental health difficulties mainly driven by a lack of communication of support services available to employers (Kane, 2008).
2.5.3 Safety, Health and Welfare at Work Act 2005

Harnois & Gabriel (2000) argue that employers have inadequate understanding and acceptance of the commonness of mental health and that human resource management training programmes provide insufficient training on the area of mental health. According to the Safety, Health and Welfare at Work Act 2005, an employer has the responsibility for the safety, health and welfare of their employees which extends to hazards that can affect the physical and psychological state of the employee (IBEC, 2012). Under the act, employers are responsible for identifying and assessing risks in the workplace to ensure that they do not have an adverse impact on the employee’s mental and physical wellbeing (IBEC, 2012). Bevan (2010) states that each year, there are at least one million injuries in the U.K. caused by workplace accidents. Furthermore, it is also suggested there is growing evidence, that poor health and well-being of employees contributes significantly to this figure (Bevan, 2010).

Although an employer is required by law to ensure that an employee with mental health issues has access to adequate facilities and arrangements for their welfare, in addition to providing them with a safe working environment (IBEC, 2012), Amnesty International Ireland (2012b) argue that the Health and Safety Authority of Ireland need to do more. It is suggested that investments should be made in preparing a code of practice for employers and employees alike, describing their statutory obligations, in addition to detailing their duties of care, relating to health, safety and welfare in the workplace (Amnesty International Ireland, 2012b). While employees are also responsible for their own welfare at work, Aviva (2013) highlights that courts and legislature are now accepting that, not only can employers be held liable for physical injury resulting from negligence on behalf of the employer, but an
employer can also be held liable for mental injury sustained by an employee resulting from stress caused by the workplace.

2.5.4 Mental Health Policy

WHO (2003) specify that an explicit mental health policy is a crucial aspect of the mental health section in a ministry for health as it provides a general blueprint, defines objectives and describes future actions while driving improvements in the development of procedures which prioritise mental health services and activities (WHO, 2003). While most countries across Europe have some form of policy in place, Knapp et al. (2006) proposes that the development and strengthening of these policies remains as a key concern due to inconsistencies in review frequencies resulting in outdated policies in need of reform.

There is growing awareness of the role that the workplace plays in the promotion of mental health (Harnois & Gabriel, 2000; WHO, 2005b) therefore collaboration with the employment sector in mental health policy development is crucial (WHO, 2005b). In 2006, a report titled 'A Vision for Change' was published by an expert group on mental health policy (Oireachtas, 2012). The report provides a mental health policy framework that was accepted by the Irish Government as a basis for developing mental health services in Ireland (Oireachtas, 2012). Included in this framework are recommendations for mental health promotion in the workplace to aid in the prevention of mental health problems and thus improve an employee’s quality of life (Department of Health and Children, 2006).

While the report was widely welcomed at the time of publication, in 2008, the Mental Health Commission expressed their frustration at the lack of progress regarding the implementation
of the national mental health policy (Mental Health Commission, 2009). A number of years after the introduction of the policy, Mental Health Commission (2013) maintain that the policy is still lacking effective implementation suggesting that independent monitoring and governance is required in order for the policies implementation to be effective.

2.6 Sources of Mental Health Problems

2.6.1 Non-Work Related Mental Health Problems

Davies & Craig (2009) claim that, at any time, approximately one third of the adult population experience distressing symptoms such as worry, sleep disturbances, tension or irritability. While the exact cause of ill mental health is not known (Hicks, 2005), WHO (2001) have previously suggested that mental illnesses are caused by a combination of biological, psychological, and social factors. Physical health, family relationships, social isolation and poverty or social exclusion, are just some examples of factors which can affect an individual's mental health (Irish Medical Organisation, 2010). Although broadly defined, environmental threats which consist of psychosocial conditions that relate to an individual's perceptions of the social and physical world can also play a role in mental illness (Schmidt, 2007).

2.6.2 Work Related Mental Health Problems

WHO (2005c) state that "work substantially contributes to a person's identity; it provides income for an individual and his or her family and can make a person feel that he or she is playing a useful role in society" (WHO, 2005c:9). While employment plays an essential role
in an individual’s life (McDaid et al., 2008), Harois & Gabriel (2000) maintain that the workplace is one of the key areas that can affect an individual’s mental well-being and health. In addition, the Chartered Institute of Personnel Development (CIPD) discusses the results of a survey performed in 2011 (CIPD, 2011a). The results of which report that fifteen percent of respondents, who classify their mental health as poor, feel that the cause is attributed to problems in the workplace while sixty five percent of respondents believe that their poor mental health is a combination of both issues inside and outside of the workplace (CIPD, 2011a).

2.7 Workplace Factors Which Influence Employee Psychological Health & Safety

A poor working environment and stresses caused by the workplace can have a negative impact on a person’s health (in McDaid et al., 2008:1). WHO (2005a) specify that employees mental health and well-being can be negatively affected as a result of employer’s failing to address risks in the workplace. There is increasing evidence which suggests that the content and context of an employees work can result in the development of mental health problems (WHO, 2005c). Some of the workplace factors which can result in the development of such problems include (WHO, 2005c):

1. Excessive or insufficient workloads
2. Lack of control and contribution in the workplace
3. Job repetition or requirement to carry out unfavourable tasks
4. Lack of role clarity
5. Insufficient employee recognition
6. Inequality in the workplace
7. Weak interpersonal relationships
8. Inadequate working conditions
9. Lack of communication and poor leadership
10. Work-life imbalance

Similar to WHO (2005c), Parent-Thirion et al. (2012) discuss recent research which have shown that various psychosocial risks including job insecurity, high demands and work intensity, lack of independence, emotional demands, ethical conflicts and weak social relationships can be damaging to an employee’s health and well-being.

2.7.1 Work-Related Stress

According to a study performed by Aviva (2013), which evaluated employee health and wellbeing among Ireland’s workforce, seventy-four percent of employees have reported that the workplace has become more and more stressful, while seventy-two percent of employees have reported that pressurised work environments have now become standard. It has previously been reported that work-related stress is one of the most common causes of occupational disease and illness (Zwetsloot et al., 2010). When an employee is faced with work demands & pressures that are not matched to the employee’s knowledge & skills, this can result in work-related stress for the employee (WHO, 2005a). In the majority of cases, hazards in the workplace which can result in stress, are caused by the way work is designed and by the way the organisation is managed (WHO, 2005a).
Employee’s in companies that have undergone significant changes or who have introduced new management, are at a greater risk of developing work-related stress (WHO, 2005a). In addition, Zwetsloot et al. (2010) argue that work intensity and incidences of psychosocial health problems have increased greatly. Parent-Thirion et al. (2012) supports this argument through research performed as part of the Fifth European Working Conditions Survey which indicates that worker’s experience of high working demands has increased over the past two decades.

WHO (2005a) believe that work-related stress can cause violence at work, addictive behaviours, and psychological problems. Anxiety and depression can be caused by long term work-related stress which can lead to absenteeism and may even prevent an employee from ever working again (WHO, 2005a).

2.7.2 Employee Engagement

When employees become disengaged, they are at a higher risk of experiencing exhaustion, scepticism and decreased professional efficiency (IBEC, 2012). Employees who become disengaged are at risk of developing mental health difficulties (IBEC, 2012). In addition to boosting emotional well-being when faced with stressful situations (Gallup, 2013), employee engagement can reduce the occurrence of work related mental health problems by reducing stress levels and promoting a supportive culture while improving employee retention (IBEC, 2012).

According to Gallup (2013), as much as eighty-seven percent of workers are found to be actively disengaged or not engaged and as a result they are emotionally disconnected from
their place of work. Contrary to Gallup (2013), Zenger (2013) largely disagrees and questions the accuracy of these estimations in addition to expressing concerns of the impact that such a message could have on executives of organisations. Nevertheless, developing a culture of employee engagement assists in ensuring employee well-being and developing a highly motivated team (IBEC, 2012).

For companies to improve their employee engagement, Gallup (2013) provides recommendations which include: integrating engagement into the company’s language while focusing on engagement at the enterprise and local levels; utilizing the correct employee engagement survey, selecting the right managers and holding them accountable for their employees’ engagement, defining realistic engagement goals and finding ways to meet employees where they are.

2.7.3 Work-Life Balance

As a result of the growing number of work life balance policies, employers are faced with challenges in monitoring and evaluating policies, practices and procedures (Malik et al., 2010). While most of the research in this area has been focused on work-family balance, instead of taking into account the time an individual allocates for themselves and their personal interests (Hall et al., 2013), Guest (2002) suggests that having a work-life imbalance can have a negative impact on a person’s well-being and effective functioning.

Mental Health Works (n.d.) claim that many employees encounter conflict between their work and lives outside of work leading to strain in both the workplace and the home. This strain or excessive stress can lead to mental health problems which can manifest as
depression, anxiety or anger (Mental Health Works, n.d.). Work-life balance initiatives such as: flexible working arrangements, flexitime, part-time work, and working from home, can assist employees in overcoming challenges that they face due to work and non-work commitments (IBEC, 2012).

Although the implementation work-life balance initiatives can be affected by the level of supervisor support, the availability and flexibility of such initiatives and the quality of communication are important for employees (Ryan & Kossek, 2008). Smeaton et al. (2014) describes the numerous benefits for businesses such as reduced level of stress, improved job satisfaction, motivation and engagement, improved retention rates and increased productivity or performance.

2.7.4 Psychological Harassment & Bullying

Psychological harassment that originates in the workplace is another factor which can result in mental health problems for an employee (WHO, 2005a). Bullying is the most widespread form of workplace harassment and can involve repeated, unfair behaviour directed towards a single employee or group of employees which can cause a risk to health and safety (WHO, 2005a). Parent-Thirion et al. (2012) contributes further by specifying that violence and different forms of discrimination are also factors negatively influencing psychological ill health and stress. These behaviours can have detrimental effects on the targeted individuals’ well-being, the work environment as a whole and the organisations performance (Parent-Thirion et al., 2012).
Moreover, Amnesty International Ireland (2012b) discusses employees who are known to have suffered a mental health problem. These individuals can also be exposed to bullying or harassment by their colleagues as a result of their mental health problem (Amnesty International Ireland, 2012b). According to a study conducted by Dublin City University, which explores participant's experience of discrimination, Mac Gabhann et al. (2010) report that although colleagues of some participants were compassionate and understanding of their mental health problem, others discussed being rejected, avoided or bullied by their co-workers.

2.7.5 The Union Effect

The role of a union in the workplace is to support and represent employees in an effort to reduce any job dissatisfaction which may be present (Wood, 2008). Union membership is often linked to improved earnings, better job benefits and possibly even better opportunities for dealing with employee grievances (Green & Heywood, 2010). Haile et al. (2012) supports and contributes further by suggesting that unions provide a number of changes which improve the welfare of their members by supporting the interests of members in areas such as job transfers and promotional opportunities. However, unions are also linked to lower job satisfaction (Green & Heywood, 2010) and this is a paradox which has puzzled many analysts (Bryson & White, 2014).

Although such a situation can create confusion considering that one of the reasons a person may join a union is to improve their working conditions (Bryson et al., 2010), Bryson & White (2014) suggest that the negative association between union membership and overall job satisfaction is one that is well-established. Green & Heywood (2010) note that various
explanations for this apparent paradox begin with acknowledging the voice function of a union but tend to conclude that although a union can be associated with employee job dissatisfaction, it is not because a union causes employee job dissatisfaction. Dissatisfied employees join unions in the hope that union membership can support them in resolving any problems existent in the workplace (Wood, 2008). Bryson et al. (2010) concur and further state that one of the reasons for which employees become members of a union is to seek improved working conditions.

Moreover, Haile et al. (2012) outline two opposite explanations for this paradox; those being the sorting and voice hypotheses. The sorting hypothesis suggests that members’ dissatisfaction is associated with either the characteristics of the workers themselves, in that, unions may attract dissatisfied workers or else unionised jobs have poorer working conditions (Haile et al., 2012). In contrast, the voice hypothesis suggests that the dissatisfaction of unionised employees is caused by the strategic goals of the union to increase its bargaining power which may indicate that members’ dissatisfaction is not in fact authentic (Haile et al., 2012).

Similar to Haile et al. (2012), Bryson & White (2014) maintain that there are a number of reasons why a negative correlation between union membership and employee job satisfaction can be expected. Firstly, to become a member of a union incurs a cost; therefore, it is likely that those who join a union are dissatisfied with their jobs and possibly with other non-work related aspects of their life (Bryson & White, 2014). Secondly, unions may be able to secure a better position in workplaces where the working environment is least favourable to workers which in turn leads to a desire for employees to unionise (Bryson & White, 2014). Finally, it is also possible that the union’s voice function can require them to instigate dissatisfaction.
amongst employees which in turn can strengthen the bargaining ability of the union (Bryson & White, 2014).

Macky & Boxall (2009) suggest that the association of employee well-being and union membership has created much controversy in past research. Bryson et al. (2004) previously noted that the empirical literature related to the factors which influence job satisfaction is growing; but also contends that there is some scepticism related to the lack of appropriate statistical information which in turn limits the empirical knowledge on employee job satisfaction. Furthermore, Hail et al. (2012) state that previous literature tends to look at differences in employee job satisfaction between union members and non-members while suggesting that there may in fact be a link between employee well-being and union membership that surpass an employees' union membership status. As a result, it may also be possible that a union environment in a workplace is linked to the well-being of non-unionised employees (Haile et al., 2012). Although it is likely that unions will have a positive knock on effect on employees who are non-members, it may also be the case that unions can have a negative knock on effect on these employees (Haile et al., 2012).

Nevertheless, there exists a large body of empirical literature which indicates that employee job satisfaction is lower among union members when compared to their colleagues who are non-union members (Haile et al., 2012). Some past studies have looked at employee job satisfaction which have either included a measure of union membership or have looked exclusively at the relationship between union membership and job satisfaction (Wood, 2008). According to Wood (2008), these studies have indicated a negative connection between employee job satisfaction and union membership (Wood, 2008). However, Bryson et al. (2004) have previously argued that the historical evidence reported in studies which indicate
that union members tend to be less satisfied in their jobs when compared to non-union members, is puzzling and that the evidence remains very mixed. More recently, Bryson & White (2014) discusses additional studies based in Britain that account for fixed unobservable differences between unionised and non-unionised employees. Again, the results of these studies draw different conclusions regarding the link between union membership and job dissatisfaction (Bryson & White, 2014).

Bryson et al. (2004) previously reported on a study which assessed employer and employee characteristics while taking into account the endogeneity of decisions to unionise. This study found no evidence of a negative causal relationship between union membership and employee job satisfaction (Bryson et al., 2004). Interestingly, this study also suggests that the higher pay of unionised employees, resulting from the possibility that unions are successful in securing pay differences for their members, offsets their greater intrinsic dissatisfaction (Bryson et al., 2004).

Green & Heywood (2010) outline findings from a study which sought to keep worker and job match fixed effects constant. The findings of which indicate that the paradox of the dissatisfied union employee remains present (Green & Heywood, 2010). Alternatively, Bryson & White (2014) reported on a study which identified that once the fixed unobservable differences between unionised and non-unionised employees were accounted for, unionised employees were found to be positively satisfied with pay and working hours thus indicating that union membership can positively impact job satisfaction for its members. However, it was also reported that unionised employees have a lower satisfaction related to job security (Bryson & White, 2014). In addition, this study also found that once individual fixed effects
were assumed to be uncorrelated, a strong negative correlation between union members and job satisfaction was identified (Bryson & White, 2014).

Aside from just looking at job satisfaction, Macky & Boxall (2009) previously reported on a study which involved comparing union member and non-members across four aspects of employee well-being: work intensification related to work demands on time, work overload, stress caused by the job, work-life imbalance, and employee job satisfaction. The results of this study indicated that there were no differences between union and non-union employees related to job satisfaction (Macky & Boxall, 2009). However, Macky & Boxall (2009) also report higher levels of work load and pressure, higher stress levels and unfavourable work-life imbalance for unionised employees when compared to their non-unionised colleagues.

Relating to the impact of unionised work environments on non-unionised members (for example, having a unionised co-worker), Haile et al. (2012) highlight evidence from a study which examined if workplace and co-worker union status had an effect on employee well-being. The results of this study indicated that unionised work environments and having unionised co-workers can have a negative effect on the job satisfaction of both unionised and non-unionised employees alike (Haile et al. 2012). In this instance, the negative effect on non-unionised employees was mainly driven by the comparison that non-unionised employees make with their unionised colleagues relating to aspects of their jobs (Haile et al., 2012). Furthermore, this study also evaluated job related anxiety but failed to identify a link (Haile et al. 2012).
2.8 Benefits of Promoting Psychological Health & Safety in the Workplace

Mental Health problems in the workplace have serious effects not only for the individual but also for the productivity and competitiveness of businesses and thus the economy and society as a whole

(Baumann & Muijen, 2010:2).

Ardito et al. (2012) opine that health and well-being in the workplace are two key components which make up the Europe 2020 strategy for growth, competitiveness and sustainable development. Instead of separating physical and mental well-being, employers are now realising that in order to increase productivity and employee retention rates, they must help employees to cope with the pressures of their environment and workplace (Aviva, 2013). Research performed by Robertson et al. (2012) suggests that if employers disregard employee’s psychological well-being, then the benefits gained from initiatives designed to improve employee engagement will be limited.

Furthermore, in order to avoid productivity losses, Casey (2015) contends that prevention is the primary goal and that employers should ensure that workplace strain is addressed, that harmonious relationships are held and that an employee’s role should be clearly defined. Tehran (2004) previously suggested that employee absence due to sickness can be avoided when employers are proactive in terms of offering support and assistance to employees who are experiencing problems.

2.8.1 Absenteeism

Absenteeism due to poor mental health is increasing across Europe for both men and women (O’Shea & Kennelly, 2008). According to Baumann & Muijen (2010), mental health
problems are one of the main causes of absenteeism from work & early retirement across the European region. In fact, absenteeism rates in many European countries as a result of mental health problems can range between thirty-five and forty-five percent (WHO, 2005a). Furthermore, psychiatric illness in the U.K. is the third most common cause of long term absenteeism for women and the forth most common cause for men (WHO, 2005a).

Low levels of well-being and engagement are considered to be factors which negatively impact attendance in the workplace (MacLeod & Clarke, 2014). A poll conducted by Investors in People (2014) shows that twenty-seven percent of respondents who were unhappy in their roles were more likely to take a sick day at least on one occasion in comparison to twenty percent of respondents who were happy in their roles. WHO (2005a) state that employees who suffer from depression are absent as a result of short term sickness for 1.5 to 3.2 days more per year than other employees.

Incidentally, Hilton et al. (2009) claim that although employees may be absent due to mental health issues, in task driven professions, employees end up making up for any lost time in order to stay up to speed and to overcome performance review issues. Furthermore, research previously conducted by Munir et al. (2007) suggests that employees who are managing a chronic illness feel that they are unable to take time off due to strict attendance management policies. Such behaviour can worsen an employee’s symptoms which in turn could lead to increased distress and long-term absence (Munir et al., 2007).

Although O’Shea & Kennelly (2008) highlight that the overall loss to society as a result of absenteeism due to illness can be minimal considering that the work will be absorbed by others, Wynne & McAnaney (2004) have previously argued that the role of employers in
early intervention, retention and reintegration of employees is not very well defined. Furthermore, early interventions for employees suffering with mental health problems are not always present in workplace health practices (Wynne & McAnaney, 2004). Considering that the employer is often the first to become aware of a problem, it is vital that their role is incorporated into relevant policies and systems (Wynne & McAnaney, 2004).

2.8.2 Productivity

WHO (2005a) suggest that employees who suffer from depression lose approximately twenty percent of their productivity as a result of their mental health difficulty. Harnois & Gabriel (2000) previously noted that psychological problems can affect work performance which can result in a reduction in productivity, an increase in error rates and poor decision-making. In relation to the impact of poor mental health in the workplace, CIPD (2011a) provide the following performance and productivity related areas affected by employees who are faced with psychological challenges: (a) difficulty in concentrating; (b) taking longer to perform activities; (c) having difficulty managing various activities; (d) avoiding challenging work; (e) impatience with customers or clients; (f) decision making difficulties; (g) conflict with others; and (h) difficulty in learning tasks.

However, CIPD (2011b) also specify that mental health issues do not automatically mean that an individual is not productive. In fact, many individuals can continue to perform highly with or without organisational support (CIPD, 2011b). Moreover, narcissistic personality disorders can cause an individual to be more successful in their career due to an increased competitive drive and a readiness to exploit their colleagues (Ettner et al., 2011).
Although often linked to the U.S., McBride (2013) discusses how the term presenteeism is emerging as an area of concern for Irish companies. Cooper & Dewe (2008) define presenteeism "in terms of lost productivity that occurs when employees come to work ill and perform below par because of that illness" (Cooper & Dewe, 2008:522). Similarly, Lowe (2002) previously described two different employee behaviours associated with presenteeism: firstly presenteeism is when an employee works excessive hours in order to demonstrate their commitment to their job; and secondly presenteeism can refer to employees working while they are unwell or injured. Nevertheless, Aviva (2013) highlights that thirty-three percent of employers in Ireland regard presenteeism as one of the key health issues for their business.

While there is limited specific advice on how to manage presenteeism (Downey, 2012), The Sainsbury Centre for Mental Health (2007) claim that health related presenteeism creates a substantial cost burden for employers which is in fact greater than the cost burden of absenteeism. Additionally, productivity losses as a result of mental ill health are more likely to be caused by presenteeism rather than absenteeism (The Sainsbury Centre for Mental Health, 2007).

2.8.3 Costs

Mental health problems can create significant costs for a business (MacLeod & Clarke, 2014). Costs associated with mental health problems may be attributed to losses in productivity as a result of absenteeism in addition to costs associated with early retirements and increased staff turnover resulting in additional recruitment and training costs (MacLeod & Clarke, 2014). In the U.K. alone it is estimated that mental health problems cost employers a total of £25.9 billion per annum with £8.1 billion of costs relating to absenteeism; £15.1
billion relating to losses in productivity; and £2.4 billion associated with staff turnover (The Sainsbury Centre for Mental Health, 2007).

In Ireland, the Mental Health Commission previously suggested that the overall economic costs associated with poor mental health were estimated at approximately €3 billion in 2006 with the majority of costs relating to the labour market as a result of lost employment, absence from work, lost productivity and early retirement (O’Shea & Kennelly, 2008). Casey (2015) contributes further by outlining that the cost of absenteeism alone in Ireland is estimated at approximately €1.5 billion.

Although indirect costs to a business can be difficult to quantify (WHO, 2005b), Harnois & Gabriel (2000) previously noted that mental health problems can also indirectly affect staff attitudes, behaviours and relationships at work which can cause a loss of motivation and commitment, burnout, poor timekeeping and can also create tension or conflict between colleagues. In addition, WHO (2005b) discuss other indirect costs including management costs incurred as a result of dealing with mental health issues and costs associated with complaints or litigations resulting from mental health problems.

### 2.9 Investing in Employee Psychological Health & Safety

Providing a supportive work environment, through the promotion and protection of employees mental health, can be beneficial for both the employee and the business (Webster, n.d.). However, WHO (2005a) suggest that as employers try to address the mental health needs of their employees, they are faced with major challenges. Such challenges can include recognising and accepting mental health as a concern for the organization and then
implementing preventative, treatment & rehabilitation programmes that address the mental health needs of its employees (WHO, 2005a).

Haslam et al. (2005) recommend a number of workplace practices to improve mental health conditions such as: including mental health issues as part of health & safety training; conducting risk assessments relating to mental health; and co-ordination between managers & occupational health staff when maintaining workers with anxiety and depression or when rehabilitating them following sickness absence through psychosocial rehabilitation (Amnesty International Ireland, 2012b). Providing employee assistance programme services can also help organisations to recognise mental health problems in the workplace (Amnesty International Ireland, 2012b). Furthermore, implementing initiatives which deal with the management of stress and also provide education to employers about mental disabilities are also effective strategies which can be used to promote and increase the mental and psychological health and safety of employees (Amnesty International Ireland, 2012b).

Although Seward (2012) theorises that most organisations understand the value of making investments in the wellbeing of employees, Aviva (2013) notes that often organisations do not have adequate resources to focus on health and well-being programs. A survey of Human Resource Management practices performed by IBEC (2012) indicates that just eleven percent of respondents had organised a mental well-being campaign in previous years while eighteen percent had a stress management campaign in place and finally, just over one third of respondents performed employee health screening in the twelve months prior to the survey.

Additionally, Aviva (2013) suggest that fifty-one percent of employers do not have any support initiatives in place to help employees to deal with workplace stress. More recently,
Aware (2015) found that eighty-four percent of employers did not have a well-being policy or programme in place within their organisations even though fifty percent of Irish companies believed that stress and mental health are priorities for their business.

### 2.9.1 Workplace Mental Health Policy

WHO (2005c) suggest that many companies try to address mental health problems in the workplace through the development of a mental health policy. Millward Brown IMS (2007) argue that mental health problems need to be incorporated in the foundations of a workplace. Yet, there is a lack of policies relating to mental health in the majority of workplaces in addition to a lack of initiatives which deal with mental health problems when they arise or to promote positive mental health and well-being among their employees (Millward Brown IMS, 2007).

Considering the need to improve employee and employer accessibility to information and guidelines relating to mental health (Webster, n.d.), Rajgopal (2010) discusses the benefits of developing and implementing a clear and detailed workplace policy on mental health. Through the implementation of a mental health policy in the workplace, employees’ health can be improved in addition to potentially increasing the company’s productivity while also providing wider benefits to the well-being of the community (Rajgopal, 2010).

The decision to implement a mental health policy in the workplace may be as a result of observing the benefits that mental health strategies have on the productivity of the employees, recognizing the importance of addressing mental health issues present in the workplace or attempting to comply with certain regulations (WHO, 2005c). When attempting to implement
a workplace policy on mental health, WHO (2005c) highlight that companies often fail in doing so due to a lack of communication. In light of this, CIPD (2011a) report on results of a study which indicate that thirty-one percent of employees are unaware of the support provided by their organisation suggesting that either these organisations do not provide adequate support to their employees, or that the support available to employees is poorly communicated.

Although a workplace mental health policy can be developed either independently or as part of a wider health and safety policy (WHO, 2005c), Webster (n.d.) believes that a mental health policy which is accompanied by clear procedures and is constructed on the basis of lived values, removes any ambiguity for both employees and employers alike. WHO (2005c) suggest that a workplace mental health policy defines the company’s vision for improving the mental health of its workforce while also setting up a model for action. Similarly, Webster (n.d.) maintains that it provides a framework to all employees so that they understand how the company manages mental health in the workplace.

2.9.2 Occupational Health Services & Employee Assistance Programs

Organisations that provide employees with access to occupational health services and employee assistance programs are much better positioned to effectively manage issues related to mental health in the workplace (CIPD, 2011a). Through early referral to such resources, employers can assist in resolving any employee health issues before they escalate further thus resulting in potential absenteeism from work (CIPD, 2011a). Dejoy & Southern (1993) & Weiner et al. (2009) maintain that “a comprehensive approach to employee well-being will rely on at least three main health management systems: first, occupational safety and health
(OSH); second, workplace health promotion (WHP); and finally, healthcare and ill-health management, such as the employee assistance programme (EAP), absence management and return to work” (in Mellor & Webster, 2013:130).

Hannabuss (1998) explains that E.A.P’s are designed to assist employees in managing any personal difficulties. Such programs are work based neutral support service used to empower employees and their families to find solutions to difficult periods in order for them to return to a positive, productive role in life, including their employment (Hannabuss, 1998). They reduce grievances and accidents, raise efficiency and enable management to monitor the well-being of the workforce (Hannabuss, 1998).

CIPD (2011a) have reported that employees who work in large organisations are more likely to concur that their organisation supports the mental health needs of their employees either very well or fairly well. This may be due to the fact that large organisations tend to provide greater access to occupational health services and employee assistance programs which provide their employees with twenty-four hour help lines and counselling services (CIPD, 2011a).

While E.A.P’s are highly cost efficient and also demonstrate a caring attitude to employees and their families (Hannabuss, 1998), Amnesty International Ireland (2012b) suggest that current E.A.P’s should be more specialised in order to provide adequate support to employees. In addition, Howard (2013) discusses results of a study which indicate a lack of transparency related to an organisations willingness to disclose the support programs made available to employees more so related to the specialist support provided to address mental health issues in the workplace. Although these organisations have taken many steps to
improve the health and well-being of their employees, Howard (2013) notes that the majority of FTSE 100 organisations are hesitant to publicly report on methods which are used to overcome employee well-being related issues while concluding that this hesitance may related to the stigma associated with mental health.

2.10 Factors Impacting the Improvement of Psychological Health & Safety in the Workplace

2.10.1 Organisational Culture

Barry & Jenkins (2007) discuss numerous organisational factors which can influence the health and well-being of employees. By creating a positive social climate, ensuring good teamwork is present, having clear roles and responsibilities with clear management structures and opportunities for employee development; these factors can positively influence an employee’s health and as a result reduce stress caused by the workplace (Barry & Jenkins, 2007).

A positive organisational culture can be described as one whereby trust, honesty and equality are features of the work environment (CARMHA, 2012). Barry & Jenkins (2007) maintain that an organisational culture which allows for consultation and involvement in decision making provides protection to the mental well-being of its employees. Alternatively, an organisational culture which places high demands on employees and provides low job control, coupled with an uncooperative and bullying leadership style, can have adverse negative effects on the mental well-being of employees (Barry & Jenkins, 2007). Amnesty International Ireland (2012b) note that employees with mental health issues often anticipate discrimination, bullying and harassment as a result of their condition. While this may be the
case, organisational cultures which demonstrate trust within the organisation can lead to better employee well-being, job satisfaction and improved commitment of employees to the organisation (CARMHA, 2012).

According to a European Union mental health survey published in 2003, WHO (2005a) notes that ninety percent of participants who disclosed that they had a mental health problem stated that they had not received any care or treatment within the previous twelve months. Evidence also indicates that approximately forty-five percent of people who suffer from depression in Western Europe fail to receive any treatment (WHO, 2005a). CIPD (2011a) report on findings from a survey which highlight that employees are not receiving adequate support from their employers. Of the two thousand employees surveyed, only twenty-five percent of them stated that their organisations encourage them to speak openly their mental health problems (CIPD, 2011a). In addition, only forty percent of respondents would be confident to admit to their employer or manager if they had a mental health problem (CIPD, 2011a). Consequently, the findings also indicate that the majority of people with poor mental well-being continue working while struggling with concentration, making decisions and providing effective services to their customers (CIPD, 2011a).

Similarly, Duffy (2012) discusses the results of a study conducted among users of St. Patrick’s University Hospital, Dublin, which demonstrated that forty-one percent of respondents would not discuss their mental health problems with their respective employers. This study also showed that people live with symptoms of mental ill health for long periods of time without accessing any advice resources or treatments mainly due to the stigma associated with mental health in addition to a lack of knowledge and insufficient support services (Duffy, 2012). Furthermore, McHugh (2015) discusses the results of research
conducted in 2012 by Millward Brown & See Change, which indicates that fifty-seven percent of employees in Ireland feel that being open about a mental health problem in the workplace would negatively impact their job and future career prospects. In addition, forty-seven percent of employees are of the belief that being open about their mental health problems would negatively affect their relationships with co-workers (McHugh, 2015).

Regardless of the prevalence and the impact of mental health issues in the workplace, CIPD (2011a) argue “that the issue of mental health remains one many employers would prefer to brush under the carpet rather than take steps to manage effectively. This culture of silence means undetected mental health problems can spiral into a crisis” (CIPD, 2011a:7). Similarly, CIPD (2011b) maintain that mental health in the majority of workplaces continues to be the “elephant in the room” (CIPD, 2011b:2). Employees avoid raising the subject due to fears of discrimination while managers veer away from the subject fearing that they will make matters worse (CIPD, 2011b). Millward Brown IMS (2007) previously suggested that mental health problems should not be covered up, but instead, they should be discussed and policies should be implemented to deal with situations as they arise in a sensitive manner which provides protection to both the employee and the organisation.

2.10.2 Management

WHO (2005c) suggest that if an employee is experiencing mental health issues, it is vital for managerial support to be provided in a timely fashion in order to minimise any unfavourable or costly outcomes. Central to the mental well-being of employees, is how they are treated by their manager on a daily basis (CIPD, 2011b). Effective leadership through the detection of
early signs of mental well-being problems and the initiation of appropriate intervention steps, are crucial to supporting the well-being of employees (CIPD, 2011b).

However, Silcox (2014) believes that it is a challenge for organisations to improve the confidence and capability of managers although this will enable them to provide adequate support to employees with a mental health problem. Research commissioned by Millward Brown IMS (2007) notes that fifty-six percent of employers feel that line managers in their organisations have a decent understanding of mental health issues. However, employee’s perceptions differ; only forty-seven percent of employees report that managers in their organisation have a good understanding of mental health issues (Millward Brown IMS, 2007). Interestingly, eighty percent of managers surveyed indicate that they would feel comfortable discussing a mental health issue with an employee (Millward Brown IMS, 2007).

According to the Impact of Depression at Work European Audit (Ipsos Healthcare, 2012), one in ten line managers in Europe, who are confronted with an employee suffering from depression, report that they do not know how to react to the needs of the employee. An additional one third of managers specify that they have not received any formal support or resources to help them in dealing with employees suffering from depression (Ipsos Healthcare, 2012). Similarly, Aviva (2013) report that only eighteen percent of employers provide line managers with training on how to identify signs of stress in the workplace.

Nevertheless, line management plays a vital role in addressing mental health issues in the workplace, whether they are part of the solution or possibly even the cause of the problem (CIPD, 2011a). As a result of a staff study conducted within the NHS, Boorman (2009) notes that there is a particular concern "at the high levels of psychological and mental health
problems that NHS staff suffer from, not least because...management attitudes and practices may contribute to this” (Boorman, 2009:Sec1:31). Rolfe et al. (2006) previously highlighted the significance of a line manager’s role in managing mental health issues in the workplace while suggesting that the ability of a manager to deal with these issues is dependent on their management skills and employee relationships. In this regard, Rolfe et al. (2006) argue that there is a need for improving management practices to reduce the risk of employees with mental health problems leaving the organisation. In particular, issues related to identifying and addressing workplace mental health issues, managing employee retention, discrimination, development and employee support (Rolfe et al., 2006).

During the re-integration of an employee back into the workplace, after they have suffered with a mental health problem, Swales (2012) suggests that line managers should challenge their own prejudices towards mental health, be supportive & flexible towards the employee so that they do not feel embarrassed, ensure employee confidentiality, foster a positive environment and maintain a low tolerance towards language or behaviour that is focused on the employee’s psychological characteristics. By providing support and openness to employees with mental health issues, in addition to demonstrating a willingness to discuss the issues related to working with a condition, such as depression, will help to retain an employee in the workplace while also improving the social acceptance of mental health issues (Silcox, 2014).

Managers that communicate effectively with their employees, while consulting, coaching and developing their teams, are more likely to encourage positive mental health and resilience within those teams (CIPD, 2011a). Moreover, Nathan (2011) contends that all employees should be treated the same way, regardless of whether or not they are unionised or non-
unionised employees. Being honest, communicating well, listening to employees and resolving their issues, recognising their good performance, and creating trust and respect among both types of employees, are all factors which determine the effectiveness of a good leader (Nathan, 2011).

2.10.3 Stigmatisation in the Workplace

Baumann & Muijen (2010:3) specify that people with mental health issues “face stigmatisation, social exclusion and barriers in obtaining equal opportunities at all levels of life”. Mind (2011) concur and further suggest that stigma and prejudice are still present in the workplace, resulting in employees feeling that they are unable to disclose issues related to stress or mental health. Furthermore, managers are unaware that these problems exist or possibly even avoid them because they are unable to approach the subject (Mind, 2011).

Millward Brown IMS (2007) previously discussed the inevitability that stigma surrounding mental health in the wider society, is filtered down into the workplace, considering that the workplace mirrors occurrences in the wider community. Within Irish society, it has become clear that the majority of society is regarded as being hostile towards mental health (MacGuill, 2014). While speaking at an event focused on the mental health of young people in Ireland, the Minister for State for the Department of Health & Department of Justice, Equality & Defence, Ms. Kathleen Lynch T.D. stated that:

*We, as a society, have a collective duty to foster a culture whereby all those in difficulty, and young people in particular, do not hesitate to seek help when needed. We should, for example, be alert to the signs and signals of distress, promote good coping skills, embrace difference and exclude stigma...above all, no one should have to suffer a mental illness alone. I would appeal to any young person who thinks they may have a mental health issue not to suffer in silence and to seek help from the many sources available*

(in Royal College of Surgeons in Ireland, 2013, para 5).
In addition to the suffering endured as a result of mental health issues, WHO (2005c) highlight the problems that employees face relating to stigma, discrimination and violations of human rights. Millward Brown IMS (2007) ascertain, through research conducted, that stigmatisation relating to mental health issues continues to be a problem in Irish workplaces. Many people have misconceptions that a person with a mental health issue is incapable of running their own lives or even making decisions for themselves (WHO, 2005c). Such stigmatizing attitudes can result in workplace discrimination (WHO, 2005c). Although there are also some positive attitudes towards mental health, Millward Brown IMS (2007) report that one in three employers feel that employees with mental health issues are less reliable.

Furthermore, there are difficulties and risks in disclosing a mental health issue to co-workers or employers which indicate, in this regard, that there may be a lack of workplace policies and guidelines to support both employers and employees (Millward Brown IMS, 2007). Although good policies and procedures are vital, Baumann & Muijen (2010) maintain that managers and employees need help so that they have the skills and confidence to support an employee in distress. The mismanagement of mental health problems not only creates the risk of a hostile and stigmatising workplace environment, but it can also damage the company’s reputation (The Sainsbury Centre for Mental Health, 2007).

Workplace programs targeted to reduce stigma and discrimination towards employees with mental health difficulties are relatively few (Szeto & Dobson, 2010). However, Baumann & Muijen (2010) contend that stigmatisation and discrimination in the workplace must be tackled at all levels, whether this is achieved through raising awareness of mental health among employees or by completing regular mental health assessments within the workplace (Mind, 2011). If unchanged, stigma or existing corporate culture may prevent employees
from seeking support (IBEC, 2012). Although the discussion of mental health at work can be challenging (IBEC, 2012), employers need to take appropriate steps to ensure that an open and supportive work environment is created for employees and that the work environment provides comfort for them to disclose any issues relating to mental health (Mind, 2011). Such efforts will enable employers to provide adequate services to employees to support them in the workplace (IBEC, 2012).

2.11 Conclusion

This chapter provided an overview of existing literature pertaining to mental health and psychological health and safety in the workplace. The work of previous researchers was explored in order to gain a deep understanding of psychological health and safety in the workplace. In addition, this exploration also involved gaining a better understanding of the findings from previous studies which assessed the presence of psychological health and safety issues / risks among non-unionised and unionised employees. This chapter not only informed the researcher that the area of psychological health and safety in the workplace is becoming more of a focus for organisations but it also thought him that there is much more need for empirical evidence to be generated on this area of research.

Chapter 3 will discuss the research design and associated research methodologies and methods used to achieve the objectives of this research. This chapter will describe each stage of the research process while also providing an insight into the journey of the researcher throughout the research process.
Chapter 3  Methodology

In the previous chapter, a literature study was conducted to explore the existing body of knowledge associated with the various aspects of mental health and psychological health and safety in the workplace. The purpose of this chapter is to describe the research process undertaken to conduct the study here within. The author will explain the methodological framework used, while presenting viewpoints which support the research process that in turn helped to inform the researcher’s decision to employ a quantitative methodologies to conduct the primary research associated with this study.

3.0 Introduction

Mertens (2005) states that research “is different from other ways of knowing such as insight, divine inspiration, and acceptance of authoritative dictates, in that it is a process of systematic inquiry that is designed to collect, analyze, interpret, and use data to understand, describe, predict or control an educational or psychological phenomenon or to empower individuals in such contexts” (Mertens, 2005:2). Similarly, Sachdeva (2009) notes that the process of research can be described as a way of collecting information systematically and applying a methodology to the information in order to obtain knowledge which can then be used to make appropriate decisions.

In this chapter, the author will outline the research methodology used to test if the following research hypothesis is true, “If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which will indicate that there is a greater risk to the psychological
health and safety of unionised employees”. This chapter will begin with an overview of the research design prior to describing the research problem and the research hypotheses associated with this study. Subsequent to this, the researcher will then describe the various research paradigms which helped to inform his decision in choosing the applicable methodologies and methods best suited to this study. The researcher will also provide a description of the research journey undertaken as part of this process before describing the methods used to collect and analyze primary data for this study. The final components of this chapter will then outline any ethical considerations and limitations to the research prior to concluding the chapter.

3.1 Research Design

Sarantakos (2005) suggests that there are two major stages involved in the research process. The first stage of the research process involves planning the research during which time a research design is constructed and a research plan is developed. The second stage involves the execution of the research involving the collection and analysis of the research data (Sarantakos, 2005). Within both stages, there are a series of steps involved which allow the research to be carried out effectively (Kothari, 2004). Although the manner in which the research is conducted may vary based on the methodology employed by the researcher (Sarantakos, 2005), Mertens (2005) outlines eight steps involved in the research process:

1. Identifying own worldview and positioning your work as research or evaluation
2. Sensing for a problem
3. Performing a literature review and developing research questions
4. Identifying a research design
5. Identifying and selecting data sources
6. Identifying and selecting methods and instruments for data collection
7. Analyzing, reporting and utilization of data
8. Identifying future research directions

Although the researcher may have flexibility in terms of progressing through each of the steps, Sarantakos (2005) maintains that this will be dependent on the paradigm within which the research is being conducted. Mertens (2005) concurs and further suggests that the research process is rarely linear in terms of progressing through each of the steps sequentially. Failure at one step of the process may require the researcher to return to an earlier stage to make necessary revisions (Mertens, 2005; Collis & Hussey, 2009).

Nevertheless, common to all scientifically based investigations, is the starting point of a research process which involves choosing a research topic (Sarantakos, 2005; Collis & Hussey, 2009). Once a topic has been selected, the researcher must then review the literature (Collis & Hussey, 2009). By exploring the existing body of knowledge consisting of theories, concepts and previous research findings (Kothari, 2004), this will help to focus the research topic on a specific research problem (Collis & Hussey, 2009). By narrowing down on a specific topic, the researcher will then be able to formulate the research question(s) (Collis & Hussey, 2009). Hancké (2009) emphasises that composing a research question is often the most important part of a thesis and that “all good research questions are the product of a prior engagement with empirical material” (Hancké, 2009:28).
Collis & Hussey (2009) suggest that determining a research paradigm is the first phase of the research design step as this will provide the researcher with a structure by which the research can be conducted. As the research question and proposed methodology will be influenced by the researchers’ worldview, researchers should be familiar with the paradigm debate as this will help them to understand how their research activities are affected by their own worldview (Mertens, 2005). Although the purpose of research design will vary depending on the nature and purpose of the research, Kothari (2004) states that “decisions regarding what, where, when, how much, by what means concerning an inquiry or a research study constitute a research design” (Kothari, 2005:31). Whilst Mertens (2005) summarises the views of critics who argue that research designs “restrict freedom, flexibility and researcher ingenuity” (Mertens, 2005:106), Sarantakos (2005) maintains that research design will provide the researcher with a methodical approach to the operation of the research ensuring that all aspects of the study are captured and conducted in the right sequence.

3.2 Research Problem

Mental health and psychological health and safety in the context of the workplace, have been keen areas of interest throughout the researchers working years. This interest further developed when the researcher first commenced their employment within the pharmaceutical sector of Ireland. The experience acquired within this industry has consisted of approximately eight years spent working between two different multi-national pharmaceutical organisations, one work environment which consisted of a unionised workplace and the other, a non-unionised workplace. Of the acquired eight years’ experience working with multi-national pharmaceutical companies, the researcher has spent six of those years in a people manager
role with responsibilities for the recruitment, management and retention of employees in addition to providing ongoing support and direction to each individual within the team.

This experience has provided the researcher with both insights and challenges in the area of workplace psychological health and safety. As a result of this, the author was presented with an aspect of a subject matter in which he would like to inquire. As highlighted by Mouton & Marais (1988), a researcher must determine what is to be investigated once a broad area of research has been decided upon. The task of defining a research problem can be quite large yet it is one that should be approached carefully to avoid confusion during the research operation (Kothari 2004). Collis & Hussey (2009) maintain that identifying a research problem is always an exploratory and reiterative stage of the research process. By conducting an exploratory study, this will help the researcher to clarify his understanding of the research problem or issue although it may also result in identifying that the research is not worth pursuing any further (Mertens, 2005; Saunders et al., 2009).

By exploration of the existing body of knowledge available in the literature, it is apparent that mental health problems in the workplace are negatively impacting employees which in turn can affect the organisations competitiveness and profitability. CIPD (2011a) have previously emphasised that employers cannot afford to ignore the issue of mental health in the workplace. In addition, Aware (2015) has urged companies to focus more on mental health and well-being in the workplace.

Following extensive discussions with the human resource (HR) manager of the researcher’s own organisation, a decision was made to study the psychological health & safety of employees within the said organisation. To the researcher’s knowledge, there has been very
limited research conducted which has evaluated the presence of psychological health and safety risks in a unionised workplace consisting of both unionised and non-unionised employees. Whilst the majority of studies conducted in this area focus on job satisfaction and its association with union membership (Bryson et al., 2004; Bryson et al., 2010; Green & Heywood, 2010), Haile et al. (2012) have previously examined the affect of union environments on non-union employees, although this examination was limited to the areas of job satisfaction and job-related anxiety (Haile et al., 2012).

Prior to this, Macky & Boxall (2009) reported on findings from a study comparing employee well-being amongst union and non-union members within a unionised workplace. Similar to Haile et al. (2012), this study was limited to just four dimensions of employee well-being: work intensification, job-induced stress, work-life imbalance, and job satisfaction. However, a study which compares employee perspectives across a broader range of factors which can influence an employee’s psychological health and safety, within a unionised workplace consisting of both unionised and non-unionised employees, has yet to be conducted.

**3.3 Research Hypothesis**

For this study, the researcher had developed a theory that union membership in the researcher’s workplace negatively affects employees’ psychological health and safety. The development of this theory is as a result of reviewing previous studies pertaining to this area of research in addition to many discussions which were held with the HR manager. The researcher will endeavor to test a hypothesis during this study. The hypothesis testing will be conducted across two different subject groups within the workplace of the researcher. The first subject group will involve a sub-group of employees who are members of a union while
the second subject group will consist of a sub-group of employees who are not members of a union.

When specifying a hypothesis, Cohen et al. (2007) note that the researcher must consider both the null (H₀) hypothesis and alternative (H₁) hypothesis. Sarantakos (2005) highlights that the acceptance of H₀ will result in the rejection of H₁ or alternatively, the rejection of H₀ will result in the acceptance of H₁. Through his research process, the author will attempt to test the following set of hypotheses. The null hypothesis (H₀) that will be tested during this study, which assumes that there is no relationship between the two variables of union membership and employee psychological health and safety, will be:

“If a union exists within a workplace, then there will be no difference between the combined psychological health and safety concerns for non-unionised and unionised employees”.

In contrast, the alternative hypothesis (H₁) that will be tested during this study, which assumes that union membership has a negative impact on the psychological health and safety of unionised employees, will be:

“If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which will indicate that there is a greater risk to the psychological health and safety of unionised employees”.

Dependant on the evidence gathered as part of this study, the researcher will endeavour to reject the null hypothesis (H₀) and to accept the alternative hypothesis (H₁) as being true. Consequently, this will demonstrate that there is a greater risk to the psychological health and
safety of unionised employees within a work environment consisting of unionised and non-
unionised employees.

3.4 Sources

When conducting a research study, the researcher has the option of using two different
sources for information gathering referred to as primary and secondary research sources
(Kumar, 2014). In most cases, the researcher will collect information as part of their study by
utilizing primary sources as these sources provide the researcher with first-hand information
(Kumar, 2014). However, the researcher may also choose to avail of existing information
through secondary sources which will provide them with second-hand data (Kumar, 2014).

3.4.1 Secondary Research

Secondary research consists of sources in “which the person describing the event was not
actually present but who obtained descriptions from another person or source” (Cohen et al.,
2007:194) thus representing the thinking of someone else (Sachdeva, 2009). The advantage
of using secondary sources is that they provide a context or a background for the researcher
in relation to their research question or problem (Walliman, 2011). For this study, the
researcher conducted an exploratory study by means of performing a literature review, as
suggested by Saunders et al. (2005), on the area of mental health and workplace
psychological health & safety. This review also delved into the impact of union status on
employee’s psychological health and safety.

Conducting a review of the literature is the most predominant form of an exploratory study
(Sarantakos, 2005) as it provides the researcher with theoretical perspectives and engages
them with arguments put forth by theorists and experts in the field of study (Wisker, 2008). Through familiarization of the researcher with the research topic, exploration studies can help the researcher to determine if the issue in question is worthy of further pursuit (Sarantakos, 2005). The literature review can also help to generate new ideas related to the research topic which in turn can assist the researcher in formulating a hypothesis (Sarantakos, 2005).

Although the initial focus for this study was quite broad, the purpose of the literature review was to gain a better understanding of the research topic and to progressively narrow down the area of research, which in turn would help the researcher to identify any research gaps.

While secondary sources may initially seem relevant to the research problem, the researcher must evaluate each source carefully to ensure that the data presented is in fact suitable to the research which is being conducted (Saunders et al., 2009). Furthermore, by using a literature review to identify a possible research problem, this can present risks to the researcher in terms of a bias related to what the researcher concludes with the data that is presented to them thus preventing them from concluding alternative findings (Cohen et al., 2007). Although there are many risks associated with using secondary sources, one of the advantages of this process is that the secondary data has often been produced by experts in the research area which in turn can eliminate the need for the researcher to conduct unnecessary studies (Walliman, 2011). This can save the researcher time, money and effort when compared to primary research (Sachdeva, 2009). In addition, conducting a review of the literature as part of secondary research will help the researcher to compare their findings with the existing body of knowledge considering that this task is an important responsibility within any research project (Kumar, 2014).
The literature review conducted during this study used both primary and secondary literature sources (Saunders et al., 2009) such as journals, text books, conference papers, government publications and the internet to provide the researcher with a broad background on the chosen area of research. Data presented in previous studies and surveys, relevant to this research area, were also reviewed for suitability to the research topic.

3.4.2 Primary Research

By conducting primary research, the researcher can acquire knowledge through empirical evidence that is based on facts which have been gathered by the researcher (Sarantakos, 2005). This approach enables the researcher to draw accurate conclusions resulting from real life experiences or observations (Kumar, 2014). Data collection as part of primary research can be gathered through the use of questionnaires, surveys, observations or experiments which enable the researcher to access the original, unedited information (Sachdeva, 2009).

Having a clear definition of the research questions which underpin the research will enable the researcher to select the most appropriate methodology and methods for use in his research (Wisker, 2008). When considering the most suitable approach for this study, the researcher considered a number of methodologies. In particular, quantitative, qualitative and mixed methodologies were considered for use in this study. Choosing an appropriate methodology is determined based on the worldview or paradigm (Mertens, 2005) of the researcher, what information he would like to discover and what outcomes he would like from the research (Wisker, 2008). Alternatively, Mertens (2005) maintains that a researcher can learn to be good at interviewing, observing and making sense of the resulting data without the need to first engage in epistemological reflection or philosophical learning. Collis & Hussey (2009)
argue however, and note that understanding the research paradigm is essential as it provides a framework for which the researcher can design his study.

### 3.4.2.1 Research Paradigms

An important issue presented to social researchers is “the question of the position of the human subject and researcher, and the status of social phenomena” (Walliman, 2011:21). Social research allows a researcher to pursue areas of personal interest that are unknown to them in order to seek answers to questions that they may have (Sarantakos, 2005). Following the arrival of industrialization and capitalism, researchers began to focus on social phenomena initially using traditional scientific methods established by natural scientists (Collis & Hussey, 2011). The suitability of these methods has been challenged by a number of theorists sparking debates which have lasted for decades (Collis & Hussey, 2011).

Sarantakos (2005) notes that “ontological, epistemological and methodological prescriptions of social research are ‘packaged’ in paradigms which guide everyday research” (2005:30). Although the term paradigm can cause confusion for a researcher as it tends to have different meanings in social sciences (Saunders et al., 2009), there are two dominant paradigms that form the basis of research methodology in social sciences: the quantitative or positivist approach, and the qualitative or naturalistic approach (Kumar, 2014).

The positivism paradigm believes that the social and natural world can be studied in the same way (Mertens, 2005). This paradigm is based upon accepting the fact that the world surrounding us is real and that we can discover more about these realities through research (Walliman, 2011). By deriving knowledge through scientific experiments or comparative
analysis, the positivism approach "aims at developing a unique and elegant description of any chosen aspect of the world that is true regardless of what people think" (Walliman, 2011:21). Saunders et al. (2009) previously specified that the philosophy of positivism will most likely result in the researcher taking the philosophical stance of the natural scientist and that the research strategy adopted can involve using existing theories to develop hypotheses. For this reason, the researcher decided that this study would reside within the positivism research paradigm.

Cohen et al. (2007) terms opponents of positivism as anti-positivists, who argue that the comprehension of individual behaviors can only be gained by the researcher sharing the individual's frame of reference through direct understanding of how the individual interprets the world around them. Opposite to the positivist paradigm is the naturalistic paradigm (Kumar, 2014) which is also commonly associated with the constructivist paradigm (Mertens, 2005). Qualitative methodologies are central to the constructivist paradigm which assumes that reality is socially constructed by researchers who are active in the process (Mertens, 2005). Constructivism is based on similar beliefs to the interpretivism paradigm which believes that "human beings are subjects and have consciousness or a mind; human behaviour is affected by knowledge of the social world, which exists only in relation to human beings" (Wisker, 2008:69).

3.4.2.2 Case Study

The underpinning assumption of case study research is that the case being studied is reflective of cases of a particular type which can provide insights into occurrences or situations prevalent within a group from which the case has been extracted (Kumar, 2014).
Case study methodology can be used to investigate a single phenomenon, otherwise known as the case, in order to gain a full understanding, in a natural environment, by utilizing a variety of methods (Collis & Hussey, 2009). Similarly, Yin (2014) notes that a case study is an empirical inquiry used to investigate a phenomenon in a real-world context more so when the divides between phenomenon and context are not very clear.

There are both inconsistencies as to the uniformity of case study research (Sarantakos, 2005) and also differences in opinion as to whether a case study is a research design or a method (Mertens, 2005). Case study research need not just be a form of qualitative research, nor does it need to engage in detailed observational evidence commonly associated with qualitative research (Yin, 2014). Although case study research is predominantly associated with a qualitative research design, it can also be present in quantitative research (Kumar, 2014). As a research design, a case study is best suited to qualitative studies (Sarantakos, 2005). Alternatively, for quantitative studies, a case study can be used as a method of data collection (Sarantakos, 2005).

Case study research, in the context of this study, will adopt a quantitative research design. The justification for adopting a quantitative research design will be provided hereafter. This study will involve an instrumental case study as it will be used “to inquire into a social issue or to refine a theory” (Sarantakos, 2005:211). Stake (2005) suggests that an instrumental case study “is examined to provide insight into an issue or to redraw a generalization” (in Merriam, 2014:48). The researcher will adopt a single case study strategy, using the researchers own organisation as the single case within which the unionised and non-unionised employee groups will be embedded cases (Saunders et al., 2009).
3.4.2.3 Qualitative Methodology

Merriam (2014) describes qualitative researchers as those who seek to comprehend people's interpretations of their experiences, how their worlds are constructed and what meaning they attribute to their experiences. Instead of measurements, the qualitative approach focuses on the "description and narration of feelings, perceptions and experiences" (Kumar, 2014:14). Mertens (2005) notes that qualitative research entails an interpretive approach by studying things in a natural setting while attempting to understand phenomena through the meanings provided by people. It allows for openness and flexibility during enquiry while exploring diversity as opposed to quantifying it (Kumar, 2014). Although the process of enquiry can sometimes be more explorative, conducting qualitative research can also be a difficult and demanding process for a researcher as there may be insufficient understanding of what exact data needs to be collected which can therefore result in repeated efforts of data collection and analysis throughout the research process (Walliman, 2011).

One approach that lends itself to a qualitative research design is grounded theory (Mertens, 2005) whereby theory development occurs throughout the data collection process and is continually refined as data collection and analysis are performed (Walliman, 2011). When using grounded theory, the researcher begins by using either their own experiences or those of others to develop a theory (Wisker, 2008). It places the responsibility on the researcher to analyze the data and to use it in order to construct a theory (Mertens, 2005) while also ensuring that there is a willingness to change ones initial views based on the data collected and analyzed (Wisker, 2008). Sarantakos (2005) refers to grounded theory as a flexible qualitative design that "entails a dynamic process which builds itself as it goes" (Sarantakos, 2005:117).
Kumar (2014) suggests that most qualitative study designs are determined by the method used for data collection resulting in difficulties for the researcher to distinguish the study design from the data collection method. For these studies, “data are collected through interviews, observations or document analysis” (Merriam, 2014:23). Data collection during qualitative research is usually comprised of words as opposed to numbers (Walliman, 2011). The data produced is generally only understood within context, yet, it can produce findings which have a high standard of validity (Collis & Hussey, 2009). On the contrary, quantitative data can be gathered in different contexts and produce findings with a high standard of reliability (Collis & Hussey, 2009). Sarantakos (2005) previously suggested that both qualitative and qualitative methodologies “possess certain qualities that make each one suitable for studying particular aspects of reality that the other cannot address equally effectively” (Sarantakos, 2005:49).

For the purposes of this study, the researcher chose to reject the methods associated with the qualitative methodologies and instead evaluate the suitability of methods associated with the quantitative methodologies. This decision was based upon the fact that qualitative research positions the researcher closer to reality whereby the researcher is active with both parties working together during the research process (Sarantakos, 2005). In contrast, quantitative research enables the researcher to set themselves apart from reality whereby the researcher takes on a more passive role while distancing themselves from the research subject (Sarantakos, 2005). Considering that this study would be conducted within the workplace of the researcher, where colleagues of the researcher will be used as subjects for this study, it was felt that the features associated with qualitative methodology would not be appropriate for this area of research. In addition, it was also important to consider the sensitivities related to the area of mental health and psychological well-being when conducting this research.
while also taking into account the challenges presented to researchers who conduct research on sensitive areas (Dickson-Swift et al., 2007).

3.4.2.4 Quantitative Methodology

Mertens (2005) believes that positivism and quantitative methodology are often considered to be identical based on their assumptions relating to the nature of reality and what a researcher can expect as valid knowledge. As an approach to systematic enquiry, quantitative methodology primarily resides within the positivism paradigm (Mertens, 2005) which assumes that research is conducted in a way that is free from values (Saunders et al., 2009) while upholding the belief that the world can be described and proved (Wisker, 2008). The main characteristics of quantitative methodology are that it views reality as being "objective, simple and fixed" (Sarantakos, 2005:31) and that in nature, there exists just one reality and one truth (Sarantakos, 2005).

Mertens (2005) specifies that quantitative research can be of two types; studies which aim to identify correlational relationships or studies that use quantitative data to explain a phenomenon. The quantitative research approach uses fixed, structured and predetermined procedures during exploration while aiming to quantify the degree of variability in a phenomenon (Kumar, 2014). This approach adopts a well-developed research design whereby the research is conducted through a series of steps which are interrelated, developing from the first step to the last, and in which the successful outcome of a step is dependent on the successful conclusion of the previous step (Sarantakos, 2005).
Wisker (2008) maintains that quantitative methods look for large numbers as part of a study which in turn can help to ensure statistical validity and generalizability. The quantitative research approach places value on reliability and validity of the research findings and communicates those findings in an analytical manner (Kumar, 2014). Sarantakos (2005) previously noted that surveys, documentary methods, observation and experiments are the most common methods used in quantitative research. As a research method, Saunders et al. (2009) states that it is possible to use a survey strategy as part of a case study. The use of a questionnaire as a quantitative method for conducting research is most favourable among those researchers who take a positivist philosophical stance, as it provides the researcher with the opportunity to gain a large number of responses while attempting to prove a hypothesis (Wisker, 2008).

The primary objective of this study is to determine if union membership has a negative effect on employee’s psychological health and safety. The researcher is not seeking to understand why this may be the case as part of the primary data collection process; therefore, the researcher has opted to apply quantitative methods to gather the necessary information which will enable the researcher to test his hypotheses. Other considerations which influenced the researcher’s decision in choosing an appropriate methodology will be discussed later in Section 3.4.2.5.

### 3.4.2.4.1 Hypothesis Testing

For research to be effective, Cohen et al. (2007) notes that the operationalization of a research area into more defined research questions is critical. The operationalization of research questions can involve the development of a hypothesis which is subsequently
followed by testing of the hypothesis (Cohen et al., 2007). Kothari (2004) previously stated that the role of a hypothesis in research “is to guide the researcher by delimiting the area of research and to keep him on the right track. It sharpens his thinking and focuses attention on the more important facets of the problem” (Kothari, 2004:13). In addition, Mertens (2005) suggests that a hypothesis “is a proposition that can be tested for association or causality against empirical evidence” (Mertens, 2005:63).

Hypothesis testing is used when very specific aspects of relationships are tested and should focus on just one issue (Sarantakos, 2005). Developing a hypothesis involves making assumptions about the status of events or relationships between variables and it is also an essential part of quantitative research (Sarantakos, 2005). Mouton & Marais (1988) specify that devising a research hypothesis involves a deductive process in that the researcher studies existing theories and the work of others associated with his own area of study and then proceeds by testing hypotheses resulting from existing theories (Blackstone, 2012). Then, by measuring a characteristic of a phenomenon, otherwise known as a variable (Mertens, 2005), the researcher can observe and confirm whether relationships suggested in the theory are accurate empirically (Lee, 2013).

Hypothesis can be developed in a descriptive or relational form. A hypothesis can also be directional or non-directional depending on if they make a suggestion about the research question (Sarantakos, 2005). The hypothesis developed for this study, outlined in Section 3.3, is considered to be a directional hypothesis as it describes the direction of difference (for example, increase or decrease) between two conditions or groups of participants in the study (Cohen et al., 2007).
3.4.2.5 Research Journey

Throughout this research process, the researcher found it difficult to narrow down his general area of interest into a research problem which could be further investigated through research questions or hypotheses. From the outset, the researcher aimed to ensure that this study would not only add value to his own organisation, but also that his research efforts would address any gaps which were apparent in the existing body of knowledge relating to mental health and workplace psychological health and safety.

As an experienced people leader within multi-national pharmaceutical organisations, this researcher developed an interest in gaining a better insight from the manager’s perspective, in relation to their experiences of the support frameworks provided to them, while attempting to support employees with mental health difficulties. As this study was being conducted within his own workplace, it was crucial that the researcher engaged with both the HR manager and the site’s general manager, to gain alignment on what would or would not be suitable areas of research, prior to defining the research problem. This process required a significant amount of stakeholder management resulting in numerous challenges presented to the researcher in terms of what would be acceptable to research and how that research would be conducted.

Furthermore, it was also indicated to the researcher that he would need to ensure that it was clear when conducting his research, that the study was associated with his dissertation and that it was not associated with an initiative being implemented by the organisation. The concern put forward was in relation to the topic of mental and psychological health and safety primarily in terms of the risks associated with such a sensitive area of study. As a result, the researcher was prevented from engaging directly with both employees and managers due to
the concerns of potentially breaching employee confidentiality. Furthermore, it was also requested of the researcher to ensure the anonymity of the organisation when writing this research dissertation. Therefore, the name of the company involved in this study will not be disclosed throughout this dissertation.

Once the researcher gained more of an understanding of the methodological frameworks which he could adopt as part of this study, he then determined that he would most likely be unable to utilize qualitative methods, such as interviews, when conducting this study, as a result of the limitations previously described. Instead, it was decided that utilizing a quantitative method would be most suitable to provide the necessary information. Previous studies were explored relating to mental and psychological health and safety in the workplace which used non-direct research methods, such as a survey, in an attempt to identify a suitable tool which has previously been utilized. The researcher identified two surveys which he felt would be suitable for his study. The first of these was an employee survey developed by the CIPD. The title of this survey was “Employee Outlook” (CIPD, 2011a) which focused on mental health in the workplace. The second survey was titled the “Aviva Workplace Health Index” (Aviva, 2013) which studied employee health and wellbeing among Ireland’s workforce. The researcher reached out to the developers of both these surveys to determine if they would consider supporting his study by enabling him to utilize their surveys. Unfortunately a response to this request was not received.

Taking into account the feedback which was received from the stakeholders on site in relation to this research, the researcher found that he was reconsidering what would be studied and how it would be studied as part of this general area of research. During this time, the HR manager’s expertise were leveraged from to better understand the problems which existed on-
site relating to employees psychological health and safety. Following much discussion and brain storming sessions with the HR manager, the researcher was presented with a possible research topic relating to the impact of union membership on employees psychological health and safety. Subsequent to this, the researcher presented this idea to the sites general manager who provided his approval to proceed with the research. Once a review of the available literature was completed, the researcher identified a research problem which then enabled him to devise a set of research hypotheses which could be tested as part of the study.

Initially, this research was intended to be conducted across two different sites within the same organisation; whereby in one site a union was present, consisting of both unionised and non-unionised employees and in the other site there was no union presence. To seek further concurrence on conducting this study, the HR manager of the other site (where there was no union presence) was contacted to evaluate if they would be willing to support this study. Unfortunately, due to the level of studies previously conducted within this site, a negative response was received. As a result, the researcher refocused his research efforts solely on his own site where both unionised and non-unionised employees existed.

Once a clearer understanding of the path forward was obtained, a further literature search was performed to determine if there were other existing, tested surveys, suitable for this study which demonstrated properties of reliability and validity. By doing this, the researcher sought to learn the types of tools being used in similar studies in addition to understanding their format, style and how other researchers are using them. Consequently, the Guarding Minds @ Work (GM@W) online resources which have been developed by the Canadian based Centre for Applied Research in Mental Health and Addiction (CARMHA, 2012), were discovered. These resources provided the researcher with a platform, in the form of an
employee survey and organisational review worksheets, which could be used to collect the necessary information to achieve the objectives of this study. Contact was made with the principal developer of the GM@W initiative, Dr. Mervyn Gilbert, to seek further information on the design of the GM@W resources. In addition, the researcher also utilised the online video sharing website, YouTube, to review videos and webinars developed by Dr. Gilbert relating to the GM@W initiative and the topic of psychological health and safety in the workplace.

3.4.2.6 Survey

As discussed previously, the researcher elected to utilize a survey as the research instrument to conduct his primary research. Survey or questionnaire research serves to illustrate the facts and characteristics of a certain phenomenon or the relationship that exists between events and phenomena (Merriam, 2014). Walliman (2011) maintains that questionnaires can also provide the researcher with the advantage of having a structured format while also making it convenient for respondents to participate in the research being conducted (Walliman, 2011).

Other advantages of using a questionnaire as a research instrument are that it can restrict personal influence by the researcher in addition to improving the possibility of receiving true responses to questions which may make the participant feel uneasy (Walliman, 2011). Considering that this study will involve assessing the psychological health and safety of employees, as suggested by Kumar (2014), questionnaires provide increased anonymity as there is limited contact between the respondent and the researcher which can be particularly useful when conducting research where sensitive questions are posed thus increasing the potential for obtaining accurate responses during the research.
Having reviewed the various survey methods, the researcher opted to utilize an online questionnaire as the survey method for this study as it provided the advantage, in this instance, of avoiding the need to make personal contact with the population which would normally be required as part of other survey methods such as collective administration (Kumar, 2014). Although online surveys are not without disadvantages such as low response rates (Walliman, 2011), the researcher ensured that all efforts were made to ensure that an adequate response rate was achieved.

3.4.2.6.1 Survey Design

When constructing a research instrument for quantitative research, Kumar (2014) claims that there are no specific guidelines provided to beginners on how to construct a research tool. Mertens (2005) previously recommended that a researcher should review the relevant literature prior to making data collection decisions to evaluate if there are any suitable instruments which can be utilized for the study.

The researcher chose to use a survey provided through the GM@W resources (CARMHA, 2012) as a method of collecting data to test the hypotheses developed as part of this study. In addition, organisational review worksheets provided through the GM@W resources (CARMHA, 2012), were used by the researcher to achieve the objectives of this study. Both the survey and organisational review worksheets enabled the researcher to assess the psychological health and safety of employees in his workplace across thirteen different psychosocial factors. In addition, this also allowed him to compare employee’s perspectives pertaining to workplace psychological health and safety with that of the senior manager’s perspectives.
The intention of the GM@W employee survey is to assess employee’s perspectives of psychological health and safety across each of the following thirteen psychosocial factors (PF) summarised in Figure 3.1 below (CARMHA, 2012).

![Image of Figure 3.1 Thirteen Psychosocial Factors]

**Fig. 3.1 Thirteen Psychosocial Factors**

- **PF1**: Psychological Support
- **PF2**: Organizational Culture
- **PF3**: Clear Leadership & Expectations
- **PF4**: Civility & Respect
- **PF5**: Psychological Competencies & Requirements
- **PF6**: Growth & Development
- **PF7**: Recognition & Reward
- **PF8**: Involvement & Influence
- **PF9**: Workload Management
- **PF10**: Engagement
- **PF11**: Balance
- **PF12**: Psychological Protection
- **PF13**: Protection of Physical Safety
In contrast, the purpose of the organisational review worksheets are to assess the senior manager’s perspectives of their employee’s psychological health and safety across each of the thirteen psychosocial factors summarised in Figure 3.1 above thus enabling a comparison between both senior manager and employee perspectives across each of the factors.

For the employee survey, each participant was presented with sixty-five statements whereby each of the thirteen psychosocial factors was comprised of five statements. The statements were randomised in the employee survey so that the respondents were unable to ascertain which questions related to which psychosocial factor. In addition to the sixty-five statements pertaining to the psychosocial factors, participants were also presented with a further three statements pertaining to specific areas of concern. These areas of concern referred directly to an employee’s experience of discrimination, bullying or harassment, and unfair treatment in the workplace. Furthermore, numerous demographic questions were also asked in the employee survey which would enable the researcher to segregate the survey results on the basis of union status therefore allowing him to test the hypotheses developed as part of this study.

Similar to the employee survey, the senior manager survey consisted of sixty-five statements. In this instance, the statements were non-randomised and listed under the applicable psychosocial factor heading to which they related. The statements in both surveys were presented as closed ended statements, in that the possible answers were pre-populated in the questionnaire. Kumar (2014) maintains that closed ended questions are very useful when the aim of the research is to elicit factual information.
As the primary objective of this study is to compare the perspectives of non-unionised and unionised employees, the survey in this study was constructed using attitudinal scales of the likert scale type (Kumar, 2014) whereby respondents were asked to rate each of the sixty-five statements based on four response categories: strongly agree, somewhat agree, somewhat disagree, or strongly disagree. This was also the case for the senior manager survey. All questions, in both surveys, were portrayed as a positive statement.

Therefore, considering that there are four response categories, each response category was scored between four and one where strongly agree was allocated the highest score of four, somewhat agree was given a score of three, somewhat disagree was given a score of two and the lowest score of one was allocated to the strongly disagree category. For the three specific areas of concern statements in the employee survey, participants were provided with just a yes or no option when completing this section.

### 3.4.2.6.2 Population and Sample

In order to achieve the objectives of this study which have been outlined in Chapter 1, two surveys were used to conduct the study. As a result, there were two separate populations chosen. The first population, which was relatively small, consisted of all senior managers within the researcher’s place of work. Considering the potential organisational benefits as a result of conducting this study, the researcher was confident that he would be able to survey the whole population; therefore a census approach (Collis & Hussey, 2009) was used for this population.
The second population, which proved to be more difficult to sample, consisted of all active employees, both non-unionised and unionised, within the researcher’s workplace. Collis & Hussey (2009) suggest that the larger the sample size, the more representative it will be of the population thus enabling results to be generalised to the population. Furthermore, Kumar (2014) maintains that the accuracy of findings will be determined by the way that a sample is selected and that the aim of a sampling design is to reduce the gap between the results obtained from the sample and those prevalent amongst the study population. However, Sarantakos (2005) previously argued that the quality of results is dependent on a number of factors, not just the sample size, and that large sample sizes do not always ensure a high degree of precision, validity and success.

Mertens (2005) states that a researcher must also consider the reality constraints in terms of access when determining suitable sampling methods. For the employee survey, the researcher recognized that he would be restricted in employing probability sampling designs. Although a sampling frame was available, drawing samples from that frame would be difficult to achieve. This was due to the fact that the researcher was presented with certain employee access constraints. In addition, the design of the employee survey, which ensured participant confidentiality, prevented the researcher from determining the number of non-unionised and unionised participants until the survey was closed. Instead, the researcher would only be able to view the total number of respondents regardless of the stratum to which the respondents belonged (for example, union status or gender).

Sarantakos (2005) suggests that non-probability sampling designs are used when the elements within a population cannot be individually identified. Therefore, for the employee survey, a self-selection sampling method was used meaning that the employees participating decided to
take part on a voluntary basis (Sarantakos, 2005). Walliman (2011) contends that the risk associated with non-probability sampling is that it provides only a weak basis for generalization. Yin (2014) argues, however, against this contention and states that “rather than thinking about your case as a sample, you should think of it as the opportunity to shed empirical light about some theoretical concepts or principles” (Yin, 2014:40) and that a case study is “likely to strive for generalizable findings” (Yin, 2014:40).

3.4.2.6.3 Reliability and Validity

Mertens (2005) maintains that the purpose of measurement is to provide the researcher with an accurate estimation of a specific attribute whereby accuracy is achieved through reducing the sources of error as much as possible. Sarantakos (2005) notes that validity and reliability are both interrelated, quality measures used to determine the appropriateness of a data collection instrument (Mertens, 2005). While it is impossible to completely eliminate validity and reliability threats throughout a piece of research, the effects of these threats can be reduced when a researcher pays particular attention to reliability and validity during their research (Cohen et al., 2007). To ensure accuracy in the data produced from this study, it was therefore important for the researcher to establish the reliability and validity of the research instruments used for this study.

Mouton & Marais (1988) describe the researcher, the participant, the instrument, and the research context, as variables which influence the reliability of data. Kumar (2014) notes that if a research instrument is stable and consistent, then the reliability of the instrument will be greater if the degrees of stability and consistency in the instrument are also greater. When using attitude scales in a survey, Collis & Hussey (2009) highlight that a researcher must
ensure that the scales will consistently measure the participant’s views to help ensure the reliability of the responses received. Kumar (2014) specifies that respondents may interpret questions differently if there is any ambiguity in the wording of the questions, which in turn can affect the reliability of the research instrument.

Sarantakos (2005) describes validity as a measure of precision, accuracy and relevance. Collis & Hussey (2009) maintain that validity can be undermined through research errors which can occur as a result of flawed research procedures, poor sampling, or inaccurate measurements. In most cases, a researcher will only be able to control some of the threats to validity as it is usually impossible to control all of the factors which therefore present a threat to the validity of their findings and as a result the researcher will sometimes need to make allowances based on rational thinking (Mouton & Marais, 1988).

Although the researcher understood that it would be extremely challenging to control all of the factors which influence reliability and validity, every effort was made to minimize the impact of these factors on the data produced. For instance, during the data analysis stages of this study, the researcher sought to improve the validity of the data by ensuring that statistical procedures were applied in order to demonstrate correlations between the questions and the outcome variables (Kumar, 2014). To further strengthen these statistical procedures, statistical support was sought from a professional statistician who provided their expertise during the test of significance analyses stages of this study.

Cohen et al. (2007) highlight that one of the major difficulties in survey research is to obtain a sufficient response rate to ensure reliability in the data produced. To overcome this, the researcher sought to maximize response rates for his study by offering participants incentives
in the form of two €100 vouchers in an attempt to encourage participation. Furthermore, as suggested by Collis & Hussey (2009), the researcher piloted both surveys prior to distribution to ensure that the questions being asked in both the employee and senior manager surveys were not open to ambiguity or confusion.

3.4.2.6.4 Pilot Survey

The researcher piloted both the employee and senior manager survey’s prior to distribution. Sarantakos (2005) maintains that pilot studies help to identify mechanical problems in an instrument in addition to highlighting organisational or administrative issues related to the wider study and respondents. Kumar (2014) suggests that pre-testing a research instrument, involving a critical evaluation of the understanding of each question by the participant, helps to identify if there are problems in understanding the wording of questions or how respondents interpret a question and if that is different from what you were trying to convey.

For the purposes of this study, the researcher conducted three separate pilot studies. The first pilot study was concerned with the employee survey and involved six members of the employee sample population. In addition, the content of the employee survey was also reviewed with the HR manager. The outcome of this pilot study resulted in the removal of certain demographic related questions contained in the employee survey which caused confusion and were not actually relevant to this study. All participants in this pilot study concluded that all statements contained within the GM@W employee survey were clear and did not cause any confusion. The second pilot study, involving the senior manager survey, was performed with just the HR manager as the sample population for this survey was smaller. There were no refinements required to this survey as a result of the pilot study.
Prior to distributing the employee survey, the researcher felt that it was also important to ensure that he was familiar with the GM@W survey software, which would be used to collect the employee survey data. When selecting which demographic questions were to be included in the employee survey (for example, union status and gender), the researcher observed that survey results would not be made available for any demographic question which had less than ten respondents. The purpose of this control was to ensure anonymity of respondents. If this was to occur during the main study, it would prevent the researcher from segregating the survey results on the basis of union status and thus would impact the ability of the researcher to address the objectives of this study.

Therefore, to understand how the segregation of the survey results would occur following completion of the survey, the researcher trialed the GM@W employee survey himself and completed a total of forty surveys. Of the forty surveys completed, ten surveys were completed as male / unionised respondents, ten as female / unionised, ten as male / non-unionised and finally, ten as female / non-unionised respondents. Subsequent to this, the researcher identified that he would be unable to segregate the survey results on the basis of union status, regardless of gender. Instead he would be provided with four separate survey reports (male / unionised, female / unionised, male / non-unionised, and female / non-unionised) in addition to an all employee survey report. In an attempt to ensure that sufficient responses were obtained during the main study to enable segregation of the employee survey results as highlighted previously, the researcher created an incentive tracker which will be further discussed in Section 3.5.
3.5 Data Collection

The data for this study were collected using two online surveys, distributed through two different web based survey software's. The employee survey was conducted using the GM@W online software while the senior manager’s survey was conducted using the survey provider, Survey Monkey. The organisational review worksheets, which were provided in the form of a document, were transcribed into an online survey format in Survey Monkey, as this would make it more efficient to distribute and analyse the results of the senior manager survey.

Collis & Hussey (2009) suggest that, prior to gathering the data for a study, a researcher must provide an explanation as to the purpose of the study so that respondents can gain an understanding of the context in which the questions are being asked. In light of this, the researcher circulated an email to all employees and senior managers a number of days prior to distributing the survey. The email provided the recipients with an explanation of the study and also indicated when the study would be conducted. The researcher also highlighted that the study was being conducted as part of his dissertation and that it was not a study being conducted on behalf of the researcher’s organisation. Furthermore, the researcher also reassured the recipients that their participation would be completely anonymous and that it would not be possible to identify individual responses. To encourage participation in the study, the researcher also communicated that there would be an opportunity for participants to win one of two €100 vouchers.

A number of days after sending the pre-roll out email, the researcher sent a follow up email which contained a link to the survey and instructions on how to complete the survey. This
email was circulated to employees only, therefore excluding senior managers. A separate email was then sent to senior managers with a link to another survey again including completion instructions. The purpose of excluding the senior managers from the email which was sent to all employees was to prevent them from completing the employee survey in error. Although anonymity was ensured, this factor made it difficult for the researcher to capture those participants who completed the survey for inclusion in the €100 voucher competition.

For this reason, the researcher requested that upon completion of survey, a print screen indicating successful completion of the survey was sent back to the researcher so that the participants could be included in the competition. The participant's names were then added to a tracker which, in fact, provided the researcher with the benefit of evaluating the demographics of the respondents enabling him to ensure that there would be a sufficient demographic split across union status and gender thus avoiding segregation issues prior to closing the employee survey.

Both surveys were self-administered without the presence of the researcher. Cohen et al. (2007) suggests that this administration technique is helpful in that it allows respondents to complete the questionnaire in private and enables them to spend as much time as is required without the pressure of researcher presence. Although this technique can also increase the risk of respondents misinterpreting questions and restricts their ability to seek clarity thus leading to potential inaccuracies in the answers (Cohen et al., 2007); through feedback received during the pilot survey testing stage, the researcher was confident that these risks would be very minimal if at all present. Once distributed, the surveys were left open for fourteen days during which time one reminder email was sent to all employees and senior
managers, at the mid-point of the data collection stage. Once the required sample numbers were obtained, the surveys were closed to enable the researcher to proceed with data analysis.

### 3.6 Data Analysis

Once the data had been collected, it first required processing which involved preparing the data in a way that would make the data suitable for analysis. Kumar (2014) specifies that one of the steps in data processing is to ensure that the data is free from inconsistencies and incompleteness. In this instance, the researcher was able to surpass this step as both the employee and senior manager surveys were developed in a way that required all of the questions to be answered. The data collection process for this study resulted in a total of six survey reports containing data related to:

- Male Unionised Employees
- Female Unionised Employees
- Male Non-Unionised Employees
- Female Non-Unionised Employees
- All Employees
- Senior Managers

Prior to data analysis, the researcher had to first combine the findings of the male unionised and female unionised employees. Similarly, the findings of the male non-unionised and female non-unionised employees also had to be combined to enable analysis of the thirteen psychosocial factors on the basis of union status. In order to avoid disproportionate representation of the population (for example, if unionised or non-unionised employees were
either over or under represented), the researcher decided that it would be more appropriate to apply a weighted mean calculation when combining the results obtained. As indicated by Cohen et al. (2007), weighting of sub-groups in a sample is important to consider once data has been collected in order to avoid unfair representation of the sample.

For each of the psychosocial factors, the GM@W survey report provides a score which can range between five and twenty. Within this range there are four categories which indicate whether the psychosocial factor, for which the score relates to, is a concern for or strength to the psychological health and safety of the participant. For example, lower scores suggest that there is a higher risk to or concern for employee’s psychological health and organisational psychological safety whereas higher scores suggest that there is greater employee and organisational resilience and sustainability (CARMHA, 2012). The categories and range of scores developed by GM@W are as follows:

- A score ranging between five and nine indicates that this is a significant concern.
- A score ranging between ten and thirteen indicates that this is a moderate concern.
- A score ranging between fourteen and sixteen indicates that this is a minimal concern.
- A score ranging between seventeen and twenty indicates that this is a relative strength.

In relation to the three specific areas of concerns which were also evaluated in the employee survey, the findings in this section of the research were compared to guideline results which are provided by GM@W.

For this most part of this study, the stages of data analysis involved the use of descriptive statistics, as suggested by Cohen et al. (2007), who state that “descriptive statistics may speak for themselves, and that the careful portrayal of descriptive data may be important” (Cohen et
al., 2007:504). Descriptive statistics were used for this study to describe and compare the results obtained across each of the thirteen psychosocial factors. Given the benefit of this research to key stakeholders, such as senior managers in the researcher’s organisation, the researcher felt that by using descriptive statistics, this would enable him to present the findings in a more meaningful way. To accommodate the use of descriptive statistics, the data was entered into the software program known as Excel.

Finally, in order to test the hypotheses developed as part of this study; the researcher used a statistical software program known as Minitab to carry out a test of significance. This test was also performed during the analysis of the all employee and senior manager’s results. A test of significance is performed when “we want to know about the significance of our findings, that is, about the extent to which the findings of the study reflect or are consistent with what happens in the target population” (Sarantakos, 2005:381). Mertens (2005) outlines that a test of statistical significance provides a researcher with the necessary information to determine if they can accept or reject the null hypothesis. Furthermore, it also indicates the level of confidence that is associated with their decision to accept or reject the null hypothesis (Mertens, 2005). The test of significance used for this study was in the form of a paired t-test. Saunders et al. (2009) notes that a paired t-test is used to evaluate the possibility of any difference between two variable occurring as a result of chance when there are “two variables that measure the same feature but under different conditions” (Saunders et al., 2009:457).

3.7 Research Findings

Sarantakos (2005) notes that tables and graphs are the two most common ways of presenting quantitative research findings. In addition, Collis & Hussey (2009) suggest that displaying
findings in a graphical format is beneficial in that it enables the researcher to communicate
general points while appealing to a more general audience. Therefore, the findings collected
for this study will be presented using tabulated and graphical descriptions in addition to
providing statistical commentary as this will help to improve the visualization and
understanding of the data. More specifically, the graphs used to present the research findings
will consist of 3-D pie charts, 3-D clustered bar charts and 3-D clustered column charts.

3.8 Ethical Considerations

Kumar (2014) describes ethical issues related to research participants which must be
considered when conducting research. Some of these considerations include maintaining
confidentiality, informed consent, seeking sensitive information, and providing incentives
(Kumar, 2014). In attempt to overcome these ethical issues, the researcher ensured that
participation in his study was on a voluntary basis while also re-assuring participants that the
information provided would be anonymous and that the researcher would be unable to
identify individual participants in the employee survey.

Kumar (2014) also suggests that there are ethical issues to consider which relate to the
researcher, one of which includes researcher bias. As this research was being conducted
within the researchers own organisation, this presented the possibility of researcher bias. To
avoid this, the researcher ensured that his bias was controlled and that he would not
deliberately attempt to hide any information which related to this study.

Finally, another ethical consideration that had to be taken into the account by the researcher
was the request from his organisation not to disclose the name of the company for which this
study related to. Therefore, every effort was made throughout this study to conceal the name of that organisation in order to uphold this request.

3.9 Limitations

The researcher faced a number of different challenges throughout this study. As previously discussed in Section 3.4.2.5, gaining alignment from key stakeholders within the researcher's organisation proved to be time consuming and as a result placed a lot of pressure on the progression of this dissertation. Furthermore, as the researcher was prevented from performing interviews with employees or managers, this restricted him in terms of how his research would be conducted.

By utilizing the GM@W online resources (although they proved to be valuable when conducting this study), these resources were not without their challenges. One of the challenges was in relation to the senior manager survey. Although GM@W provided the necessary software that could be used by the researcher to conduct the employee survey, this was not the case for the senior manager survey. Instead, organisational review worksheets, in the form of documents, were provided for each of the thirteen psychosocial factors. Although these worksheets were already constructed in the format of a survey, the researcher was required to transcribe these worksheets into Survey Monkey in order to conduct the senior manager survey online.

Another challenge faced by the researcher was that he was limited in the information which could be accessed following the completion of the employee survey. For each of the thirteen psychosocial factors, the researcher had hoped that he would be able to demonstrate if the
differences between the scores for each factor for non-unionised and unionised employees were statistically significantly. To do this, the researcher required access to the standard deviation, which would indicate how far the individual responses within each psychosocial factor deviated from the mean, thus demonstrating the spread of the responses. The researcher contacted the developers of the GM@W initiative to assess if this information was accessible, but unfortunately, he was unable to retrieve this information. As a result, the researcher needed to apply descriptive statistics in order to describe the results obtained for each individual psychosocial factor. Consequently, a test of significance was performed on the combined results of all thirteen psychosocial factors across both employee groups in addition to a statistical analysis which was conducted on the all employee and senior manager data.

Another limitation of this study was in relation to the sampling method which was used for the employee survey. The researcher was unable to utilize a probability sampling method as gaining access to the population was somewhat restricted due to the necessity for voluntary participation. As a result, the researcher was required to use a non-probability sampling method in the form of self-selection sampling. Furthermore, not being able to view the demographics of the employee respondents in terms of their gender and union status, when performing the survey, also presented challenges.

Finally, one of the most impactful limitations during this study was trying to incorporate the work involved in this dissertation into the day to day work commitments. The researcher was successfully promoted to a new role during the middle stages of this research process. Although his aim was to strike a balance between both, this new role required extra commitments in the evenings and weekends, which intruded on the time that he had allocated
for his dissertation. In addition, this new role required him to travel to the U.S. and Europe, which added extra pressure on his ability to progress with his research. Despite all of these challenges, the researcher found the overall experience extremely educational, insightful and rewarding.

3.10 Conclusion

To achieve the objectives of this research a well-constructed research design was required. The researcher explored the various options relating to research methodology to determine which methodology would be best suited to this current study. As research methodology underpins any study, the researcher placed a lot of emphasis on understanding the different research paradigms, methodologies and associated methods, prior to making a decision on how to conduct his study. The literature on quantitative, qualitative and case study methodologies is very detailed with much conflicting arguments presented by various experts in the field of research methodology. Having familiarised himself with these methodologies, the researcher's stance for this study was one which resided within the positivism research paradigm. This indicated to the researcher that his single case study would be best conducted using the methods associated with quantitative methodologies. In addition to this, the researcher also had to take into consideration the requirements of his stakeholders within his organisation, in terms of how he would be able to conduct his research.

As a result, a survey method was used to collect the necessary information required for this study. Two surveys, which have been developed by the Canadian based Centre for Applied Research in Mental Health and Addiction (CARMHA), were used for this study. The first survey consisted of an employee survey which was conducted using the GM@W survey
software. The second survey consisted of a senior manager survey, yet this survey was provided in the form of organisational review worksheets for each of the thirteen psychosocial factors. This required the researcher to transcribe each organisational review worksheet into Survey Monkey prior to conducting the senior manager survey. The process for analysing the data from the findings of the surveys is discussed at much length in this chapter. The findings and analysis of these data will be presented in Chapter 4.
Chapter 4 Research Findings & Analysis

This chapter will report on the findings and analysis in relation to the quantitative research which has been conducted in order to address the research objectives of this study.

4.0 Introduction

An analysis of the data collected from the both the employee and senior manager surveys which were used to conduct this study will be presented in this chapter. Both surveys were performed using the Guarding Minds @ Work (GM@W) online resources provided by the Canadian based Centre for Applied Research in Mental Health and Addiction (CARMHA). The surveys were conducted online and distributed to employees and senior managers through an email which contained a link to the surveys.

This study is concerned with examining the psychological health and safety of employees in the researcher’s workplace with an emphasis on comparing the differences between non-unionised and unionised employee’s perspectives. The researcher conducted a thorough review of the relevant literature relating to mental and psychological health and safety in the workplace prior to collecting the necessary data. The research findings and analysis will be broken down into two three sections to systematically address the research hypotheses and research objectives for this study. The researcher has hypothesized that there are more concerns for the psychological health and safety of unionised employees in his workplace. To test this theory the following null (H₀) and alternative (H₁) hypotheses have been developed:

Null Hypothesis (H₀):

“If a union exists within a workplace, then there will be no difference between the combined psychological health and safety concerns for non-unionised and unionised employees”.

Alternative Hypothesis (H1):

"If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which will indicate that there is a greater risk to the psychological health and safety of unionised employees".

In addition to the testing of the hypotheses outlined above, the research objectives that will be addressed during this study are as follows:

1. To examine employees' experience of discrimination, bullying or harassment, and unfair treatment in the workplace.

2. To examine if there are differences in the perspectives of senior managers and employees pertaining to the psychological health and safety of employees in the workplace.

Section A of Chapter 4 shall report on the findings of the employee survey and the associated hypotheses testing. This section is divided into two parts. Both parts will evaluate employee's perspectives of psychological health and safety in the workplace across each of the thirteen psychosocial factors developed by the Canadian based Centre for Applied Research in Mental Health and Addiction (CARMHA).

Part 1, will present on the findings relating to the statistical analysis of the combined psychological health and safety concerns for non-unionised and unionised employees. The purpose of the statistical analysis will be to determine if there is more of a concern pertaining to the psychological health and safety of unionised employees and if so, to determine if the
differences in the results are statistically significant. If that is the case, the null hypothesis 
\( H_0 \) can be rejected and consequently, the alternative hypothesis \( H_1 \) can be accepted.

Part 2, will present on the findings relating to the analysis of the perspectives of both non-
unionised and unionised employees, across each of the individual thirteen psychosocial 
factors detailed hereafter. This will enable the researcher to perform a more descriptive 
analysis of the research findings across each of the individual psychosocial factors.

Section B of Chapter 4 will present on the findings relating to the specific areas of concerns 
in the organisation. More specifically, this section will present the findings associated with 
the non-unionised and unionised employee’s experience of discrimination, bullying or 
harassment, and unfair treatment in the workplace.

Section C of Chapter 4 shall firstly present the summary findings of both the senior manager 
and employee surveys (regardless of union status), across each of the thirteen psychosocial 
factors. Similar to Section A, Part 1, this section will then present the findings of the 
statistical analysis performed on the results obtained for both of these groups. The purpose of 
this analysis is to compare the differences between the perspectives of senior managers and 
employees, relating to the psychological health and safety of employees in the workplace. 
The results of this analysis will determine if there is a statistically significant difference 
between the perspectives of both of these groups.
4.1 Section A: Comparison of Non-Unionised and Unionised Employees’ Perspectives of Psychological Health and Safety in the Workplace

The employee survey consisted of sixty-five closed-ended questions presented in the form of statements (refer to Appendix A). The first part of the survey consisted of sixty-five statements whereby each psychosocial factor was composed of five statements. Each statement was evaluated using attitudinal scales of the likert scale type. Respondents were given a number of options to express how strongly they agreed or disagreed with a statement. The sixty-five statements were randomised in the employee survey so that respondents were unable to determine which statement related to which psychosocial factor. To provide a greater understanding of the context of the research findings presented hereafter, the researcher felt that it would be of benefit to include in Part 2 of Section A, the statements presented to the employee participants which were associated with each of the psychosocial factors.

In total, there were one hundred and sixty-seven employee participants who completed the online survey (refer to Appendix C). The demographics of the respondents were determined on the basis of employee gender and union status. As the survey provided the option of selecting a ‘no response’ answer to questions relating to their gender and union status, the researcher found that seven participants failed to provide a response to either the question of gender or union status. Therefore, only the results from the remaining one hundred and sixty participants were used to present the research findings in Section A and Section B.

Of the one hundred and sixty employee participants, seventy-eight (forty-nine percent) of them were male whereas eighty-two (fifty-one percent) were female. In relation to the union
status of the participants, sixty-three (thirty-nine percent) of them indicated that they were a member of a union while ninety-seven (sixty-one percent) participants reported that they were not a member of a union. Of the sixty-three participants who indicated that they were a member of a union, thirty-two (fifty-one percent) of them were male while thirty-one (forty-nine percent) of them were female. Similarly, of the ninety-seven non-unionised participants, forty-six (forty-seven percent) of them were male while fifty-one (fifty-three percent) of them were female. The demographic split of participants is illustrated in Figures 4.1, 4.2, 4.3 & 4.4 below.

The following section is divided into two separate parts. Part 1 of Section A will present a statistical analysis that has been performed on the mean results obtained for each
psychosocial factor for both the non-unionised and unionised participants. In this part, the researcher will present the findings from the testing of the null ($H_0$) and alternative ($H_1$) hypotheses developed as part of this study.

### 4.1.1 Part 1: Findings & Analysis of the Combined Psychosocial Factor (PF) Results for Non-Unionised & Unionised Employees

This research has revealed that there is a statistically significant difference between the results obtained for the non-unionised and unionised employee groups, pertaining to their perspectives of psychological health and safety in the workplace. These findings demonstrate that overall, there is a greater concern for the psychological health and safety of unionised employees. Table 4.1 displays the mean results obtained for both non-unionised and unionised employees for each of the thirteen psychosocial factors. In addition, Table 4.1 also illustrates the difference between the mean results obtained for both of these groups. The mean results obtained for both the non-unionised and unionised groups, across each psychosocial factor, will be discussed in more detail in Section 4.1.2.

However, at this point, it is important to note that a higher mean result obtained for a specific psychosocial factor, demonstrates that there is less of a concern to the psychological health and safety of that group, associated with that particular psychosocial factor. For example, in Table 4.1 below, the mean result obtained for the non-unionised group relating to the psychological support psychosocial factor was 15.5, whereas, the result obtained for the unionised group was 15.4. As the result obtained for the non-unionised group was higher, this indicates that there is less of a concern for the psychological health and safety of the unionised group, relating specifically to the psychological support psychosocial factor.
Table 4.1: Summary of Mean Results for Non-Unionised & Unionised Employees

<table>
<thead>
<tr>
<th>Psychosocial Factors</th>
<th>Non-Unionised Employees</th>
<th>Unionised Employees</th>
<th>Difference in Mean Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Psychological Support</td>
<td>15.5</td>
<td>15.4</td>
<td>0.1359</td>
</tr>
<tr>
<td>2 Organizational Culture</td>
<td>13.8</td>
<td>13.1</td>
<td>0.6879</td>
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<tr>
<td>3 Clear Leadership &amp; Expectations</td>
<td>15.3</td>
<td>14.6</td>
<td>0.7752</td>
</tr>
<tr>
<td>4 Civility &amp; Respect</td>
<td>15.1</td>
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<td>5 Psychological Competencies &amp; Requirements</td>
<td>15.9</td>
<td>14.9</td>
<td>1.0359</td>
</tr>
<tr>
<td>6 Growth &amp; Development</td>
<td>16.1</td>
<td>14.3</td>
<td>1.7405</td>
</tr>
<tr>
<td>7 Recognition &amp; Reward</td>
<td>15.5</td>
<td>14.9</td>
<td>0.6915</td>
</tr>
<tr>
<td>8 Involvement &amp; Influence</td>
<td>16.4</td>
<td>15.5</td>
<td>0.9863</td>
</tr>
<tr>
<td>9 Workload Management</td>
<td>14.2</td>
<td>14.8</td>
<td>-0.5573</td>
</tr>
<tr>
<td>10 Engagement</td>
<td>17.9</td>
<td>16.4</td>
<td>1.4952</td>
</tr>
<tr>
<td>11 Balance</td>
<td>14.7</td>
<td>15.0</td>
<td>-0.2643</td>
</tr>
<tr>
<td>12 Psychological Protection</td>
<td>15.3</td>
<td>15.1</td>
<td>0.2476</td>
</tr>
<tr>
<td>13 Protection of Physical Safety</td>
<td>18.8</td>
<td>18.3</td>
<td>0.5038</td>
</tr>
</tbody>
</table>

Furthermore, where a positive value is listed in the ‘difference of mean results’ column of Table 4.1 above, this indicates that there is a greater concern for the psychological health and safety of unionised employees. On the other hand, where a negative value is listed, this indicates that there is a greater concern for the psychological health and safety of non-unionised employees. The difference in the mean results obtained for both groups, across each psychosocial factor, is illustrated in Figure 4.5 below.
To determine if the difference in the perspectives of non-unionised and unionised employees, illustrated in Figure 4.5 above, is statistically significant, a paired t-test was performed to compare the differences in the results obtained. As the researcher has previously hypothesized that there would be a greater concern for the psychological health and safety of unionised employees in the workplace, the findings from this analysis should suggest that the null hypothesis ($H_0$) is not true, but instead, that the alternative hypothesis ($H_1$) is true. To determine if this was the case, the analysis involved testing against a one-sided alternative (one-sided t-test), in that, the mean result for non-unionised employees must be higher than the mean result for unionised employees. Table 4.2 below illustrates the results obtained from the one-sided paired t-test.
Table 4.2: Results of One Sided Paired T-Test comparing the Perspectives of Non-Unionised & Unionised Employees

<table>
<thead>
<tr>
<th></th>
<th>No. of Psychosocial Factors (N)</th>
<th>Mean Result</th>
<th>Standard Deviation (Stdev)</th>
<th>Mean of Standard Error (SE Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Unionised Employees</td>
<td>13</td>
<td>15.750</td>
<td>1.359</td>
<td>0.377</td>
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<tr>
<td>Unionised Employees</td>
<td>13</td>
<td>15.112</td>
<td>1.203</td>
<td>0.334</td>
</tr>
<tr>
<td>Difference</td>
<td>13</td>
<td>0.639</td>
<td>0.642</td>
<td>0.178</td>
</tr>
</tbody>
</table>

95% lower bound for mean difference: 0.321

T-Test of mean difference = 0 (vs > 0): T-Value = 3.58 ; P-Value = 0.002

As can be seen from Table 4.2 above, the p-value obtained from this analysis was 0.002. The mean difference in the perspectives of these groups was found to be 0.639. Also, the 95% lower bound of mean difference, as described in Table 4.2 above, shows that there is 95% confidence that the difference in results is either 0.321 or higher.

As the p-value obtained is <0.01, this analysis suggests that the perspective differences in the results between non-unionised and unionised employee’s regarding psychological health and safety in the workplace, is statistically different. Furthermore, the analysis proves that there is a greater concern for the psychological health and safety of unionised employees. As a result of these findings, the researcher is able to reject the following null hypothesis:

“If a union exists within a workplace, then there will be no difference between the combined psychological health and safety concerns for non-unionised and unionised employees”.

Consequently, the alternative (H₁) hypothesis detailed below can be accepted as being true:
“If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which will indicate that there is a greater risk to the psychological health and safety of unionised employees”.

Part 2 of Section A presents a more detailed analysis of the findings for both the non-unionised and unionised participants across each of the thirteen psychosocial factors.

4.1.2 Part 2: Findings & Analysis of the Thirteen Individual Psychosocial Factor (PF) Results for Non-Unionised & Unionised Employees

This section will present an analysis of the findings for each of the individual thirteen psychosocial factors, for both the non-unionised and unionised employee groups. The research findings in this part will be presented under the following headings:


The mean results of both non-unionised and unionised participants will be presented in the form of bar charts. For the analysis of the findings in Part 2, the researcher will apply the concern or relative strength scale, which has been provided by GM@W, to the mean results obtained. This scale will indicate if the mean result obtained for both groups, across each of
the psychosocial factors, is a concern or strength for the psychological health and safety of that group. The scale consists of the following four categories and associated scoring system:

- Significant concern: a score ranging between five and nine.
- Moderate concern: a score ranging between ten and thirteen.
- Minimal concern: a score ranging between fourteen and sixteen.
- Relative strength: a score ranging between seventeen and twenty.

### 4.1.2.1 PF 1: Psychological Support

This research has found that psychological support, for both non-unionised and unionised employees, is a low concern for the psychological health and safety of these groups. Figure 4.6 below illustrates the mean response of non-unionised and unionised employees associated with their perspectives of psychological support within the workplace.

The purpose of this psychosocial factor was to assess if the work environment of the respondents is supportive of their concerns relating to mental and psychological health and, when needed, the organisation responds appropriately to these concerns. Each participant was presented with the following statements relating to psychological support:

1. My employer offers services or benefits that adequately address my psychological and mental health.
2. My supervisor would say or do something helpful if I looked distressed while at work.
3. I feel supported in my workplace when I am dealing with personal or family issues.
4. My workplace supports employees who are returning to work after time off due to a mental health condition.
5. People in my workplace have a good understanding of the importance of employee mental health.

While the result of the unionised employee respondents is lower, demonstrating that psychological support in the workplace is more of a concern for the psychological health and safety of this group, the difference between the mean responses of both groups is minimal.

4.1.2.2 PF 2: Organizational Culture

An interesting finding emerging from this study is that the results of both non-unionised and unionised employees demonstrate that organizational culture is an area of moderate concern for the psychological health and safety of both groups. Furthermore, the findings reveal that organizational culture is a greater psychological health and safety concern for unionised employees when compared to the results of the non-unionised employee group. Figure 4.7 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of organizational culture.
The purpose of this psychosocial factor was to assess if trust, honesty and equality are embedded in the culture of the organisation. Each participant was presented with the following statements relating to organizational culture:

1. All people in our workplace are held accountable for their actions.
2. People at work show sincere respect for others' ideas, values and beliefs.
3. Difficult situations at work are addressed effectively.
4. I feel that I am part of a community at work.
5. Employees and management trust one another.

These findings reveal reasonable psychological health and safety concerns related to trust, honesty and fairness within the organisation, based on the perspectives of both unionised and non-unionised employees. However, the findings show that this psychosocial factor presents a greater risk for the psychological health and safety of unionised employees.
4.1.2.3 PF 3: Clear Leadership & Expectations

Interestingly, this study demonstrates, from the results obtained for the clear leadership and expectations psychosocial factor, that there is a greater concern for the psychological health and safety of the unionised employee group when compared to the non-unionised group. Figure 4.8 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of clear leadership and expectations within the workplace.

The purpose of this psychosocial factor was to assess if leadership in the organisation is effective and if employees understand what they are expected to do and how their efforts contribute to the organisation. Each participant was presented with the following statements relating to this psychosocial factor:

1. In my job, I know what I am expected to do.
2. Leadership in my workplace is effective.
3. I am informed about important changes at work in a timely manner.
4. My supervisor provides helpful feedback on my performance.
5. My organisation provides clear, effective communication.

![Fig. 4.8 Employee Survey Results for Clear Leadership & Expectations](image)
Although the results from both groups show that this psychosocial factor is a low concern for their psychological health and safety, Figure 4.8 above demonstrates that unionised employees perceive leadership in the organisation to be less effective.

4.1.2.4 PF 4: Civility & Respect

This study has revealed that the perspectives of civility and respect within the organisation, is more worrying for the psychological health and safety of unionised employees when compared to the perspectives of the non-unionised respondents. Figure 4.9 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of civility and respect within the workplace.

The purpose of this psychosocial factor was to evaluate if respondents feel that there is respect and care during interactions with one another, in addition to interactions with external parties. Each participant was presented with the following statements relating to civility and respect:

1. People treat each other with respect and consideration in our workplace.
2. Our workplace effectively handles “people problems” that exist between staff.
3. People from all backgrounds are treated fairly in our workplace.
4. Unnecessary conflict is kept to a minimum in our workplace.
5. My workplace has effective ways of addressing inappropriate behaviour by customers or clients.
While these results demonstrate that concerns relating to civility and respect in the workplace are somewhat low for both groups, it is evident from Figure 4.9 that the psychological health and safety of unionised employees is more at risk as a result of issues pertaining to civility and respect in the workplace.

4.1.2.5 **PF 5: Psychological Competencies & Requirements**

An interesting finding emerging from this study is that the interpersonal and emotional competencies of unionised employees seem to be more misaligned with the requirements of their respective roles, when compared to that of the non-unionised respondents. Figure 4.10 below illustrates the mean response of unionised and non-unionised employees associated with the psychological competencies and requirements psychosocial factor.

The purpose of this factor was to evaluate how well the emotional and interpersonal competencies of respondents were aligned with the requirements of their role. Each
participant was presented with the following statements relating to psychological competencies & requirements:

1. Hiring/promotion decisions consider the "people skills" necessary for specific positions.
2. My company hires people who fit well within the organisation.
3. I have the social and emotional skills needed to do my job well.
4. My supervisor believes that social skills are as valuable as other skills.
5. My position makes good use of my personal strengths.

Although the results obtained from both groups reveal that this psychosocial factor is a low concern for their psychological health and safety, it is evident that there is more of a concern with unionised employees thus indicating that the psychological health and safety of this group is presented with a greater risk.
4.1.2.6 PF 6: Growth & Development

Interestingly, out of the thirteen psychosocial factors, the growth and development psychosocial factor demonstrated the greatest difference in results between the unionised and non-unionised respondents. More importantly, this study has found that unionised employees feel that they receive less support to expand their existing skills and to acquire new development opportunities. Figure 4.11 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of growth and development in the workplace.

The purpose of this factor was to assess if employees feel that they receive appropriate opportunities to develop their interpersonal, emotional and job skills. Each participant was presented with the following statements relating to growth and development:

1. I receive feedback at work that helps me grow and develop.
2. My supervisor is open to my ideas for taking on new opportunities and challenges.
3. I have the opportunity to advance within my organisation.
4. My company values employees’ ongoing growth and development.
5. I have the opportunity to develop my “people skills” at work.

![Fig. 4.11 Employee Survey Results for Growth & Development](image-url)
While the results from both groups reside within the minimal concern category, it is evident from Figure 4.11 above, that this psychosocial factor is stronger for non-unionised employees. The mean response obtained for the unionised group is relatively close to the moderate concern category which indicates that the psychological health and safety of the unionised group is impacted more by this psychosocial factor.

4.1.2.7 PF 7: Recognition & Reward

Figure 4.12 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of recognition and reward in the workplace. Although the results of both unionised and non-unionised employees, for this psychosocial factor, demonstrate that this is a low concern for the organisation, this study has revealed a lower mean response for the unionised employee group.

The purpose of this factor was to evaluate how employees perceive the organisations ability to acknowledge and appreciate the efforts of employees. Each participant was presented with the following statements relating to recognition and reward in the workplace:

1. My immediate supervisor appreciates my work.
2. I am paid fairly for the work I do.
3. My company appreciates extra effort made by employees.
4. Our organisation celebrates our shared accomplishments.
5. My employer values my commitment and passion for my work.
It is evident from Figure 4.12 above that there is a greater risk for the psychological health and safety of the unionised employee group which is directly linked with the processes in place for recognizing and rewarding unionised employees.

### 4.1.2.8 PF 8: Involvement & Influence

An interesting finding emerging from this study indicates that the unionised employee group has a lesser involvement in organisational decisions. Furthermore, the findings suggest that unionised employees have an inferior ability to influence how their work is performed. Figure 4.13 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of involvement and influence in the workplace.

The purpose of this factor was to assess how employees perceive their level of involvement in discussions regarding how their work is performed, how organisational decisions are made and thus their ability to influence such decisions. Each participant was presented with the following statements relating to involvement and influence in the workplace:
1. I am able to talk to my immediate supervisor about how I do my work.
2. I have some control over how I organize my work.
3. My opinions and suggestions are considered at work.
4. I am informed of important changes that may impact how my work is done.
5. My employer encourages input from all staff on important issues related to their work.

![Fig. 4.13 Employee Survey Results for Involvement & Influence](image)

The results presented in Figure 4.13 above indicate that the psychological health and safety of unionised employees is more at risk as a result of limitations pertaining to their involvement in, and ability, to influence decisions made in the workplace.

### 4.1.2.9 PF 9: Workload Management

This study has revealed that there is more of a risk to the psychological health and safety of non-unionised employees as a result of workplace factors which influence workload management. Moreover, this psychosocial factor is the first of just two factors whereby the results of the non-unionised respondents demonstrate a greater concern for their
psychological health and safety. Figure 4.14 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of workload management.

The purpose of this psychosocial factor was to evaluate the respondent’s ability to manage their workload and to complete their tasks successfully. Each participant was presented with the following statements relating to workload management:

1. The amount of work I am expected to do is reasonable for my position.
2. I can talk to my supervisor about the amount of work I have to do.
3. I have the equipment and resources needed to do my job well.
4. My work is free from unnecessary interruptions and disruptions.
5. I have control over prioritizing tasks and responsibilities when facing multiple demands at work.

![Fig. 4.14 Employee Survey Results for Workload Management](image)

Similar to much of the previous findings, the results from both the unionised and non-unionised employee groups show that workload management is of a low concern for the
organisation. It is interesting however that the mean response obtained for the non-unionised group is not only lower than that of the mean response obtained for the unionised group, but it is also much closer to the moderate concern category suggesting that there are more challenges present within the non-unionised employee group which is preventing them from effectively managing their workload.

4.1.2.10 PF 10: Engagement

Similar to the findings from the growth and development psychosocial factor, employee engagement has resulted in the second largest difference in responses between the unionised and non-unionised employee groups. The results, in this instance, are more favourable towards to the non-unionised employee group. In addition, the mean response of the non-unionised group reveals that the engagement psychosocial factor is a relative strength for the psychological health and safety of this group. Figure 4.15 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of engagement in the workplace.

The purpose of this psychosocial factor was to evaluate the respondent’s level of engagement and motivation. Each participant was presented with the following statements relating to employee engagement:

1. I enjoy my work.
2. I am willing to give extra effort at work if needed.
3. My work is an important part of who I am.
4. I am committed to the success of my organisation.
5. I am proud of the work I do.
As can be seen in Figure 4.15 above the non-unionised group scored highly for this psychosocial factor. These results show that engagement does not present a risk for the psychological health and safety of this group. In addition, it is important to note that the unionised group also scored highly for this psychosocial factor even though employee engagement is still a concern for the psychological health and safety of this group.

4.1.2.11 PF 11: Balance

This study demonstrates that work-life balance is a greater concern for the psychological health and safety of non-unionised employees. The result obtained for this psychosocial factor is the second of just two psychosocial factors which are unfavorable towards the psychological health and safety of the non-unionised employee group. Figure 4.16 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of work-life balance.
The purpose of this psychosocial factor was to assess if employees felt that there was recognition in the workplace of the need to strike a balance between the demands of work and non-work related activities. Each participant was presented with the following statements relating to work-life balance:

1. My employer encourages me to take my entitled breaks (e.g., lunchtime, sick time, vacation time, earned days off, parental leave).
2. I am able to reasonably balance the demands of work and personal life.
3. My employer promotes work-life balance.
4. I can talk to my supervisor when I am having trouble maintaining work-life balance.
5. I have energy left at the end of most workdays for my personal life.

![Fig. 4.16 Employee Survey Results for Balance](image)

While the results from both groups reside within the low concern category, Figure 4.16 above shows that this psychosocial factor presents risks which are of greater concern for the non-unionised group of respondents.
4.1.2.12 PF 12: Psychological Protection

Figure 4.17 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of psychological protection in the workplace. Although the results of both unionised and non-unionised employees for this psychosocial factor demonstrate that this is a low concern for the organisation, the findings reveal that there are somewhat greater risks presented to the unionised employee group pertaining to the protection of their psychological safety.

The purpose of this psychosocial factor was to evaluate how employees perceive the efforts of their employer to ensure that the psychological safety of employees is protected. Each participant was presented with the following statements relating to the psychological protection of employees:

1. My employer is committed to minimizing unnecessary stress at work.
2. My immediate supervisor cares about my emotional well-being.
3. My employer makes efforts to prevent harm to employees from harassment, discrimination or violence.
4. I would describe my workplace as being psychologically healthy.
5. My employer deals effectively with situations that may threaten or harm employees (e.g., harassment, discrimination, violence).
Although the differences in the results for this psychosocial factor are minimal, the findings do suggest that there are some hazards in the workplace with respect to the psychological protection of employees. This may be impacting the psychological health and safety of both non-unionised and unionised employees and thus could have implications for employee morale and engagement in the workplace.

4.1.2.13 PF 13: Protection of Physical Safety

Interestingly, the results of this study have revealed that both the unionised and non-unionised employee groups regard their physical safety in the workplace as a relative strength. This is the only psychosocial factor, whereby the results of both the unionised and non-unionised groups, are classified as a relative strength. Figure 4.18 below illustrates the mean response of unionised and non-unionised employees associated with their perspectives of physical safety in the workplace.
The purpose of this psychosocial factor was to evaluate if employees feel that management in
the organisation take sufficient action to protect the physical safety of employees. Each
participant was presented with the following statements relating to the protection of physical
safety in the workplace:

1. Management takes appropriate action to protect my physical safety at work.
2. My employer offers sufficient training to help protect my physical safety at work
   (emergency preparedness, safe lifting, violence prevention).
3. When physical accidents occur or physical risks are identified, my employer responds
effectively.
4. I have the equipment and tools I need to do my job in a physically safe way (protective
clothing, adequate lighting, ergonomic seating).
5. My employer responds appropriately when workers raise concerns about physical
   safety.

Fig. 4.18 Employee Survey Results for Protection of Physical Safety
Although the results of the unionised group are lower than that of the non-unionised group, the results presented in Figure 4.18 above show that the organisation is providing appropriate protection for the physical safety of both groups of employees.

4.2 Section B: Employees’ Experience of Discrimination, Bullying or Harassment, and Unfair Treatment in the Workplace

This section will present the findings associated with both non-unionised and unionised employee’s experiences of discrimination, bullying or harassment, and unfair treatment in the workplace. Similar to Section A of Chapter 4, the results from one hundred and sixty employees consisting of sixty-three unionised employees and ninety-seven non-unionised employees were used. In the latter part of the employee survey, employees were presented with three specific areas of concerns (refer to Appendix A). Three statements were given which required participants to provide a yes or no answer. These statements related specifically to their experiences of:

- Discrimination due to their cultural or ethnic background, disability, sexual orientation, gender or age.
- Verbal, physical or sexual bullying or harassment.
- Unfair treatment in the workplace as a result of a mental illness.

In this section, the results obtained from the non-unionised and unionised employees will be illustrated. For the purposes of effective analysis hereafter, the results obtained have been benchmarked against baseline results provided by GM@W. These baseline values are an outcome of an Ipsos Reid survey which was commissioned by GM@W and conducted in
2012. In total, there were four thousand, three hundred and seven participants in the 2012 survey. The baseline values are illustrated in Figure 4.19 below.

This study has identified three important findings. The first of these findings indicates that there is a concern for unionised employee's experiences of bullying or harassment in the workplace. Figure 4.19 below illustrates that five unionised employees (7.9%) have experienced either verbal, physical or sexual bullying or harassment in the workplace. This finding is greater than that of the GM@W baseline result which is 6.7%. Interestingly, the findings from the non-unionised participants show that these participants have never experienced verbal, physical or sexual bullying or harassment in the workplace.

A second finding from this study relates to employees experience of unfair treatment in the workplace due to a mental illness. Figure 4.19 below shows that the findings from the unionised employees are somewhat higher than that of the GM@W baseline, which is 1.3%. In this study, one unionised participant (1.6%) reported that they have experienced unfair treatment in the workplace due to a mental illness. Similarly, within the non-unionised employee group, one participant (1.0%) reported that they have experienced unfair treatment in the workplace due to a mental illness. However, the non-unionised result is lower than that of the GM@W baseline.
Finally, when participants were asked if they had experienced discrimination in the workplace either as a result of their cultural or ethnic background, disability, sexual orientation, gender or age, two respondents from the non-unionised participants (2.1%) and one respondent from the unionised participants (1.6%), reported that they had experienced discrimination in the workplace as a result of their cultural or ethnic background, disability, sexual orientation, gender or age. However, both of these findings are lower than that of the GM@W baseline result which is 5.5%.

4.3 Section C: Comparison of Senior Manager’s and Employee’s Perspectives of Psychological Health & Safety in the Workplace

For the analysis in this section, the survey results for all employees were compared to the results obtained from the senior manager’s survey. In total, one hundred and sixty-seven
employees completed the employee survey (refer to Appendix C). For the senior manager’s survey, a total of seven responses were obtained which meant that a one hundred percent participation rate was achieved for the senior manager’s survey (refer to Appendix C). Of the senior manager participants, three were male (forty-three percent) while four were female (fifty-seven percent). The demographic split of the senior manager participants is illustrated in Figure 4.20 below.

![Fig 4.20 Gender of Senior Manager Participants](image)

While the employee survey consisted of sixty five statements, relating to their own perspectives of psychological health and safety in the workplace, the senior manager survey presented sixty five statements which assessed senior manager’s perspectives of employee’s psychological health and safety in the workplace. The statements included in this survey are outlined in Appendix B.

As a result of analyzing the findings from both surveys, this study has found that senior managers are significantly underestimating the concerns relating to the psychological health and safety of employees when compared to the perspectives of employees themselves. Figure 4.21 below illustrates the mean results obtained from the senior manager and employee surveys across each of the thirteen psychosocial factors.
As illustrated in Figure 4.21 above, a higher mean result indicates that there is less of a concern for the psychological health and safety of employees. Whereas a lower mean result suggests that there is more of a risk or concern for the psychological health and safety of employees. Table 4.3 below displays the mean results which have been illustrated previously.
in Figure 4.21 above. In addition, Table 4.3 also illustrates the difference between the mean results obtained for both groups.

<table>
<thead>
<tr>
<th>Psychosocial Factors</th>
<th>Senior Managers</th>
<th>Employees</th>
<th>Difference in Mean Results</th>
</tr>
</thead>
<tbody>
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<td>1 Psychological Support</td>
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<td>15.4</td>
<td>1.8</td>
</tr>
<tr>
<td>2 Organizational Culture</td>
<td>15.9</td>
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</tr>
<tr>
<td>3 Clear Leadership &amp; Expectations</td>
<td>16.4</td>
<td>14.9</td>
<td>1.5</td>
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<tr>
<td>4 Civility &amp; Respect</td>
<td>17.3</td>
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<td>15.5</td>
<td>1.4</td>
</tr>
<tr>
<td>6 Growth &amp; Development</td>
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<td>3.0</td>
</tr>
<tr>
<td>7 Recognition &amp; Reward</td>
<td>18.1</td>
<td>15.2</td>
<td>2.9</td>
</tr>
<tr>
<td>8 Involvement &amp; Influence</td>
<td>17.9</td>
<td>16.0</td>
<td>1.9</td>
</tr>
<tr>
<td>9 Workload Management</td>
<td>16.0</td>
<td>14.4</td>
<td>1.6</td>
</tr>
<tr>
<td>10 Engagement</td>
<td>17.6</td>
<td>17.4</td>
<td>0.2</td>
</tr>
<tr>
<td>11 Balance</td>
<td>16.6</td>
<td>14.7</td>
<td>1.9</td>
</tr>
<tr>
<td>12 Psychological Protection</td>
<td>18.3</td>
<td>15.1</td>
<td>3.2</td>
</tr>
<tr>
<td>13 Protection of Physical Safety</td>
<td>19.9</td>
<td>18.5</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Figure 4.22 below illustrates the difference in the mean results obtained for both groups across each of the psychosocial factors.
As can be seen from Table 4.3 and Figure 4.22 above, there are no negative differences obtained between the results for both groups. Therefore, this reveals that senior managers are underestimating the concerns relating employee’s psychological health and safety in the workplace. However, to determine if the difference in perspectives between senior managers and employees is statistically significant, a two sided paired t-test was performed on the results obtained. Table 4.4 below shows the results obtained from the two-sided paired t-test.

Table 4.4: Results of Two Sided Paired T-Test comparing the Perspectives of Senior Managers & Employees

<table>
<thead>
<tr>
<th></th>
<th>No. of Psychosocial Factors (N)</th>
<th>Mean Result</th>
<th>Standard Deviation (Stdev)</th>
<th>Mean of Standard Error (SE Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Managers</td>
<td>13</td>
<td>17.415</td>
<td>1.110</td>
<td>0.308</td>
</tr>
<tr>
<td>Employees</td>
<td>13</td>
<td>15.431</td>
<td>1.289</td>
<td>0.358</td>
</tr>
<tr>
<td>Difference</td>
<td>13</td>
<td>1.985</td>
<td>0.826</td>
<td>0.229</td>
</tr>
</tbody>
</table>

95% confidence interval for mean difference: 1.485, 2.484

T-Test of mean difference = 0 (vs > 0): T-Value = 8.66 ; P-Value = 0.000
As can be seen from Table 4.4 above, the p-value obtained from this analysis was 0.000. The mean difference in the perspectives of senior managers and employees was found to be 1.985. Also, the 95% confidence interval for the mean difference, as described in Table 4.4 above, shows that there is 95% confidence that the difference in results ranges between 1.485 and 2.484, respectively.

As the p-value obtained is <0.01, this analysis has revealed that the difference in the results between the perspectives of employees and senior managers, relating to employees psychological health and safety in the workplace is statistically significant. Moreover, the findings of this study demonstrate that senior managers are underestimating the concerns with employees psychological health and safety in the workplace.

4.4 Conclusion

Chapter 4 presented the findings and analysis of this study which was conducted in order to examine mental and psychological health and safety in the researcher’s workplace. This chapter included sample demographics, data collection, and analysis procedures, and findings of data collection from closed-ended statements which were presented to non-unionised, unionised and senior manager participants.

This chapter was divided into three sections. Section A presented the findings from the analysis of non-unionised and unionised employee’s perspectives of psychological health and safety in the workplace. As a result of applying a test of significance to the employee data collected during this study, the analysis revealed that there are greater risks for the psychological health and safety of unionised employees in this workplace. Therefore, the null hypothesis (H₀) developed for this study was found not to be true. Instead, the alternative
hypothesis (H₁) detailed hereafter, was found to be true and was therefore accepted.

“If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which will indicate that there is a greater risk to the psychological health and safety of unionised employees”.

Section B of Chapter 4 presented an analysis of the findings with respect to employee’s experience of discrimination, bullying or harassment, and unfair treatment in the workplace. The results obtained for both non-unionised and unionised participants were compared to that of baseline results provided by GM@W. The findings of this study revealed that unionised 7.9% of unionised employees have reported that they previously experienced bullying or harassment in the workplace. This finding is higher than that of GM@W who suggests a baseline result of 6.9%.

Section C of Chapter 4 presented the findings from the comparison of senior managers and all employees’ perspective differences relating to the psychological health and safety of employees in the workplace. As a result of applying statistical testing by means of a test of significance, this section revealed that senior managers are largely underestimating the presence of psychological health and safety risks in the workplace, when compared to the perspectives of employees themselves.

Chapter 5 will discuss the main findings identified during this study while also describing the implications of these findings and their associations with the existing body of literature on this area of research. In addition, recommendations for future practice and future research will be outlined.
Chapter 5  Main Findings, Recommendations & Conclusions

5.0 Introduction

This current research was undertaken in order to evaluate the mental and psychological health and safety of employees in the workplace of the researcher. This study used a tool known as Guarding Minds @ Work (GM@W), to evaluate the presence of psychosocial risks in the workplace across thirteen different psychosocial factors. To conduct this quantitative study, two online surveys were used, each of which consisted of closed-ended statements. The employee survey used during this study presented a total of sixty-eight statements to non-unionised and unionised employees whereas the senior manager survey presented just sixty-five statements. Each participant was provided with a number of options to express how strongly they agreed or disagreed with each statement.

The primary objective of this research was to test a hypothesis. The researcher hypothesized that there would be more psychological health and safety concerns / risks present among unionised employees in a workplace consisting of both non-unionised and unionised employees. In order to test this hypothesis, a test of significance was used to compare the perspectives of non-unionised and unionised employees across thirteen different psychosocial factors which can impact an employee’s psychological response to work and work conditions thus leading to possible psychological health problems. Another objective of this study was to assess both non-unionised and unionised employee’s experience of discrimination, bullying or harassment, and unfair treatment in the workplace. The final objective of this study was to determine if there were differences between the perspectives of senior managers and employees, with respect to the psychological health and safety of employees in the...
workplace. A statistical test of significance was also applied to this data to determine if the differences were statistically significant.

In total, there were one hundred and sixty-seven employee participants who partook in this study. However, as noted in Chapter 4, only the results of one hundred and sixty employees could be used to achieve two objectives of this study namely, comparing the perspectives of non-unionised and unionised employees and to evaluate employee’s experience of discrimination, bullying or harassment, and unfair treatment in the workplace. Of those one hundred and sixty participants, sixty-three were members of a union while ninety-seven participants were not. For the senior manager’s survey, all senior managers participated which resulted in a total of seven participants. This section of the study utilized the responses from all one hundred and sixty-seven employees.

The empirical findings revealed during this study are described below. These main findings will be discussed further in Sections 5.1, 5.2 and 5.3.

1) Unionised employees psychological health and safety in the workplace is more at risk.

2) A greater number of unionised employees report that they have previously experienced either verbal, physical or sexual bullying or harassment in the workplace.

3) Senior managers are significantly underestimating the presence of psychological health and safety risks in the workplace.

This chapter will present the main empirical findings of this research in addition to discussing the individual and/or organisational implications of such findings. The findings presented hereafter will also be compared to the existing literature and body of knowledge associated with this area of research. A summary of the main findings will be provided in this chapter.
prior to providing recommendations for future practice in addition to outlining suggestions for future research topics. Finally, this chapter will conclude by providing a summary of this current study.

5.1 Section A: Comparison of Non-Unionised and Unionised Employees’ Perspectives of Psychological Health and Safety in the Workplace

Section A of Chapter 5 discusses the main findings from the quantitative employee survey, which was conducted in order to test the hypotheses developed for the purposes of this study. The most pertinent findings from the comparison of perspective differences between the non-unionised and unionised employee participants across specific psychosocial factors will also be discussed in this section.

5.1.1 Unionised Employees’ Psychological Health and Safety in the Workplace is More at Risk

Once the findings from each of the thirteen psychosocial factors were combined across both the non-unionised and unionised groups, for the purposes of testing the hypotheses developed for this study, a statistical test of significance was applied to the data. It is clear from the p-value obtained (p-value = 0.002) that there is substantial evidence, which suggests that there are greater psychological health and safety risks for unionised employees in this organisation (Chapter 4:109). Consequently, the null hypothesis (H₀) for this study was rejected and the alternative hypothesis (H₁), described below, was accepted as being true.

“If a union exists within a workplace, then there will be a difference between the combined psychological health and safety concerns for non-unionised and unionised employees which
will indicate that there is a greater risk to the psychological health and safety of unionised employees”.

This finding is unique, in that much of the previous studies on this particular area of research have focused on fewer factors which can impact the psychological health and safety of an employee in the workplace (Bryson et al., 2004; Macky & Boxall, 2009; Bryson et al., 2010; Green & Heywood, 2010; and Haile et al., 2012). Furthermore, to the author’s knowledge, having reviewed the available literature with respect to comparing the differences in psychological health and safety risks among non-unionised and unionised employees, this is the first study of its kind which has utilised the GM@W tool to conduct such research. It is interesting, however, to learn that Avery (2015) has recently utilized the GM@W tool in order to assess the status of union member’s psychological health and safety in the workplace, though the results of this study are yet to be published. This suggests that the utilization of the GM@W tool may get more focus in future studies on evaluating psychosocial risks in the workplace.

Most notably, this study highlights that the psychological health and safety of unionised employees is of greater concern across eleven out of the thirteen psychosocial risk factors (Chapter 4:106-107). Out of the eleven psychosocial factors, the following four factors demonstrated the largest difference in perspectives between non-unionised and unionised employees: Growth & Development, Engagement, Psychological Competencies & Requirements, and Involvement & Influence. These main findings and the associated implications will be discussed further in the subsequent sections.
5.1.1.1 Fewer Growth and Development Opportunities are Impacting the Psychological Health and Safety of Unionised Employees

A key finding in this research is in relation to the growth and development psychosocial factor. The perspectives of non-unionised and unionised employees differ most for this psychosocial factor (Chapter 4:118) thus implying that unionised employees feel that they get less encouragement and support in the workplace to develop their interpersonal, emotional and job related skills, when compared to their non-unionised colleagues. Furthermore, this finding also suggests that unionised employees are less challenged by their work which could result in them becoming fed up with the type of work that they are doing.

This finding addresses a gap in a previous study conducted by Nurse (2005) who assessed unionised and non-unionised employees opinions on whether their expectations of career advancement and training and development were being met. In this study, Nurse (2005) reports that workers from both the union and non-union groups were undecided as to whether their expectations for career advancement and development were being adequately met by their employer. The implications of the findings in this current study are important to consider for this organisation as employees who are not provided with the opportunity to develop and grow may become disengaged (CARMHA, 2012). As a result of this, their performance can deteriorate which in turn can create conflict or distress thus impacting their well-being and psychological health and safety in the workplace (CARMHA, 2012).
5.1.1.2 Unionised Employees are Less Engaged than Non-Unionised Employees

Interestingly, this current study has also found that unionised employees are more disengaged when compared to the perspectives of non-unionised employees in this organisation (Chapter 4:124). This is an interesting finding considering that it was previously noted that a lack of exposure to growth and development opportunities can result in an employee becoming disengaged in the workplace thus indicating a correlation between unionised employee’s perspectives of growth and development and engagement. Furthermore, while employee engagement is a concern for the psychological health and safety of unionised employees, it is also interesting to discover that this particular psychosocial factor is a relative strength for the psychological health and safety of non-unionised employees (Chapter 4:124).

These findings are similar to that of Tyler (2009) who previously discussed the results of a Gallup poll consisting of more than five hundred organisations. This study found that forty-five percent of non-unionised employees are engaged in the workplace in comparison to only thirty-eight percent of unionised employees (Tyler, 2009). This finding is valuable, in that less engagement among unionised employees can present risks to their well-being due to the fact that employee “engagement can help to reduce stress levels, promote a culture of support...and help to reduce the likelihood of work related mental health problems” (IBEC, 2012:18).
5.1.1.3 Non-Unionised Employees’ Psychological Competencies are Better Matched to the Requirements of the Position that they Hold

Another interesting finding from this study is that the psychological skills and emotional intelligence of unionised employees are misaligned with the psychological competencies required for such a role, more so than that of non-unionised employees. This is demonstrated from the findings of the psychological competencies and requirements psychosocial factor which has revealed that there is a greater risk for the psychological health and safety of unionised employees pertaining to this psychosocial factor (Chapter 4:117). A discrepancy between an employee’s psychological competencies and the requirements of a role can lead to on the job psychological strain which can result in lower energy and mood levels, defensiveness, and emotional suffering and stimulation (CARMHA, 2012). This finding is of particular importance considering the findings of Carmeli et al. (2009) who previously reported that employees with higher levels of emotional intelligence also demonstrate higher levels of self-esteem, life satisfaction and self-acceptance. Whereas employees with low emotional intelligence may have implications on the individual’s well-being which in turn can negatively affect their functioning in the workplace (Carmeli et al., 2009).

5.1.1.4 Unionised Employees Have Less Involvement and Influence in the Workplace

This current study has found that unionised employees psychological health and safety is more at risk than non-unionised employees due to less opportunities being provided to unionised employees to be involved in and to influence organisational and workplace decisions. This is evident from the findings in this current study which indicates that there is
more concern for unionised employee’s psychological health and safety with respect to the involvement and influence psychosocial factor (Chapter 4:121).

This finding differs to that of Bryson et al. (2010) who previously found while examining employee satisfaction with respect to the amount of influence they had over their job that both unionised and non-unionised employees reported similar levels of satisfaction regarding the influence they had over their work. Interestingly, prior to Bryson et al. (2010), Bryson (2004) noted that the voice of non-unionised employees was more effective than the voice of unionised employees in gaining a response from managers in the workplace.

Furthermore, Freeman (2007) discusses findings of previous Worker Representation and Participation Survey’s which to a degree support the finding in this current study. Most notably, Freeman (2007) contends that eighty-five to ninety percent of employees in the workplace desire more collective say than what they currently have. In addition, this study suggests that providing employees with more representation and a greater voice would not only benefit employees but it would also benefit the organisation (Freeman, 2007). Freeman (2007) also discusses findings from a previous poll which asked employees if they would support an association of workers that was not a union to represent the interests of employees. The results of which indicate that almost eighty percent of employees would either definitely or probably vote for an association of workers that was not a union with the majority of reasons for wanting such an association reflecting a “desire to have a voice with management that avoided confrontation” (Freeman, 2007:8) in addition to “an independent voice at the workplace without collective bargaining, irrespective of dues and concern over union failings” (Freeman, 2007:8).
Considering that CIPD (2014) define employee voice as a process of “two way communication between employer and employee” (CIPD, 2014, para 1) whereby the employer communicates with the employee while also receiving and listening to communication from an employee, the implications of the findings in this current study suggest that two-way communication processes for unionised employees are less effective than the processes in place for non-unionised employees. In addition, how employees perceive their voice to be effective and what “level of influence they have during communications will often be determined by the culture of the organisation and managers willingness to consult and involve employees” (Centre for Tomorrow’s Company & IPA, 2011:16).

5.1.1.5 Organisational Culture is a Moderate Concern for the Psychological Health & Safety of both Unionised and Non-Unionised Employees

This study has revealed an important finding which shows that both unionised and non-unionised employees demonstrate a moderate concern for their psychological health and safety with respect to the organisational culture psychosocial factor (Chapter 4:113). These findings suggest that there are issues with trust, honesty and fairness in the organisation. In addition, CARMHA (2012) outline that negative or unhealthy organisational cultures can undermine workplace initiatives which are aimed at supporting employees. Furthermore, an unhealthy organisational culture can also reduce employee well-being as negative cultures are often associated with stressful workplaces within which burnout is considered to be normal (CARMHA, 2012). Interestingly, this study also found that non-unionised employees reported a greater risk to their psychological health and safety as a result of factors associated
with work-life balance and workload management (Chapter 4:125 & 122). This finding contradicts that of Macky & Boxall (2009) who previously found that unionised employees report higher levels of workload and poorer levels of work-life balance.

Even though organisational culture is an area of reasonable concern for the organisation, there are differences in the perspectives of unionised and non-unionised employees which suggests that organisational culture is more of a risk for the psychological health and safety of unionised employees (Chapter 4:113). The findings in this current study differ to that of Burchell et al. (2002) who previously evaluated the percentage of unionised and non-unionised employees who trust that management in the organisation will look after their best interests. In this study, Burchell et al. (2002) reported that fifty-five percent of employees surveyed indicated that they trust managers either ‘somewhat’ or ‘a lot’, however forty-four percent of employees reported that they could trust management ‘only a little’ or ‘not at all’. Furthermore, this study also reported that a large number of statements associated with a lack of trust in the organisation, regarded management as “manipulative, self-interested, insincere and untruthful”. (Burchell et al., 2002:57). However, there were little differences in the findings of unionised and non-unionised employees with respect to employee’s trust in management (Burchell et al., 2002).

5.2 Section B: Employees’ Experience of Discrimination, Bullying or Harassment, and Unfair Treatment in the Workplace

This section outlines the main finding from the employee survey which sought to evaluate employee’s experience of discrimination, bullying or harassment, and unfair treatment in the workplace. The finding discussed hereafter, will encompass the individual and organisational
implications of such a finding, in addition, the relationship between the finding in this study and the larger body of literature on this topic will also be discussed.

5.2.1 A Greater Number of Unionised Employees Report that they have Experienced either Verbal, Physical or Sexual Bullying or Harassment in the Workplace

A key finding from this current study has revealed that a considerable number of unionised employees have experienced either verbal, physical or sexual bullying or harassment in the workplace (Chapter 4:131). In fact, of the sixty-three unionised participants, five unionised employees reported that they had previously experienced verbal, physical or sexual bullying or harassment in the workplace (Chapter 4:130-131). Yet, of the ninety-seven non-unionised employees who participated in this study, no participant reported that they had previously experienced bullying or harassment in the workplace (Chapter 4:130-131).

It is important to note that the finding for unionised employees (7.9%) is also higher than that of the baseline result provided by GM@W (CARMHA, 2012), which is 6.7% (Chapter 4:131). In addition, it is also important to outline that unionised employee’s experiences of bullying or harassment in the workplace could be associated with unionised employee’s perspectives with respect to civility and respect in the workplace. In this study, unionised employee’s perspectives of civility and respect in the workplace demonstrated that this psychosocial factor presented a greater risk to the psychological health and safety of unionised employees (Chapter 4:116). As outlined by CARMHA (2012), a work environment which is uncivil and disrespectful can create more conflict in the workplace while also increasing the occurrences of grievances and legal issues. Furthermore, bullying, which is
one of the most extreme forms of disrespectful behaviour, can create a significant amount of psychological issues among the victims of bullies (CARMHA, 2012).

Although union segregation is not reported, the higher rate of bullying or harassment reported in this current study could also be associated with that of Eurofound (2013) who previously presented findings from a working conditions survey which highlighted that bullying and harassment rates in Ireland are the seventh highest across the Europe Union. The consequences of the finding in this current study may have negative effects on the psychological health and safety of those unionised employees who are experiencing bullying or harassment in the workplace. As outlined by ReachOut (2015), employees who experience bullying or harassment in the workplace may be:

- Less productive in the workplace.
- Less confident in their capabilities.
- Feeling frightened, anxious, stressed, or depressed.
- Allowing bullying in the workplace to impact their life outside of work.
- Avoiding the workplace.
- Lacking trusting relationships with employers and colleagues.
- Experiencing self-esteem issues.
- Experiencing physical symptoms of stress.

Interestingly, the finding in this current study contradicts that of a large scale study conducted by the Irish Nurses and Midwives Organisation (INMO), NUI Galway and the National College or Ireland (INMO, 2015) which examined the levels of workplace bullying among Irish nurses and midwives. While the findings of this study suggest that almost six percent of
participants experience bullying in the workplace on a regular basis, the study highlights that non-union members who experience bullying in the workplace is almost double that of union members. On the other hand, Hernandez (2010) previously highlighted that non-unionised employees are more likely than unionised employees to report misconduct in work with respect to sexual harassment and abusive behaviour.

According to a poll conducted by the Workplace Bullying Institute (WBI, 2011) which assessed how employees viewed the role of unions in addressing bullying issues in the workplace, respondents felt that unions were more necessary than ever to protect the health and safety of employees. However, an important finding in the study of WBI (2011) highlighted that twenty-four percent of participants who have previously been a target of bullying, reported that they did not trust their unions anymore than their employer to assist with situations of bullying in the workplace (WBI, 2011). Furthermore, the WBI (2011) contend that although unions can be supportive to members who are experiencing bullying by non-members, when the bully is also a member of the union this places the union in a difficult predicament as the union may feel obliged to support both the abusive and abused unionised employee.

While that may be the case, Einarsen et al. (2003) maintain that if trade union representation is strong in the workplace and if they are involved in the handling of bullying issues as part of their role of employee representation, then there are better chances that the extent and effects of bullying in the workplace will be reduced.
5.3 Section C: Comparison of Senior Manager’s and Employee’s Perspectives of Psychological Health & Safety in the Workplace

Section C of Chapter presents the final main finding of this study which, similar to Section 5.1.1, utilized a test of significance to determine if the differences in the perspectives of senior managers and employees pertaining to the psychological health and safety of employees in the workplace were statistically significant. The main finding in this section will be discussed in addition to discussing the implications of this finding and the relationship that it has with the wider body of literature on this topic.

5.3.1 Senior Managers are Significantly Underestimating the Presence of Psychological Health and Safety Risks in the Workplace

A key finding from this study reveals that senior managers in this organisation are significantly underestimating the presence of psychological health and safety risks in the workplace. A statistical test of significance, in the form of a t-test, was applied to the data obtained from all employees and senior managers to determine if the difference in the perspectives between both groups were statistically significant. It is clear from the p-value obtained (p-value=0.000) that senior managers are significantly underestimating the presence of psychological health and safety risks among employees in this organisation (Chapter 4:135).

Furthermore, the analysis has identified that senior managers regard each of the thirteen psychosocial factors to be less of a risk for the psychological health and safety of employees than what employees report themselves (Chapter 4:133). Yet, the findings from the mean results of all employees differ significantly and demonstrate that there are in fact a total of
eleven out of the thirteen psychosocial factors which present risks to the psychological health and safety of employees (Chapter 4:133).

This is an important finding and it is also one that supports the argument of Rolfe et al. (2006) who previously noted that there is a need for management practices in the workplace to be improved. In particular, management practices related to identifying and rectifying issues in the workplace which create risks to the mental health of employees need to be improved (Rolfe et al., 2006). However, it may also be the case that the finding in this current study could be associated with that of AXA (2015) who conducted a comparative survey consisting of one thousand employees and a further one thousand senior managers or business owners. In this study, AXA (2015) found that just thirty-nine percent of employees would be open and honest with their manager if they were suffering from stress, anxiety or depression. Furthermore, twenty-three percent of employees who would not be open with their manager stated that they were afraid of being judged while a further fifteen percent reported fear of being doubted by their employer (AXA, 2015). AXA (2015) also contend that forty-six percent of employees feel that their employers do not take mental health issues in the workplace seriously. Even though fifty-four percent of employers indicated that they felt attitudes towards mental health in the workplace have improved (AXA, 2015).

Both the findings in this current study and the research findings from AXA (2015) imply that employees are not comfortable discussing such important issues with managers. The implications of this are that managers may have limited opportunity to become more aware of these issues and consequently are under-estimating the prevalence of mental and psychological related health and safety issues in the workplace. This argument is also supported by Aviva (2012) who previously reported that twenty-two percent of employees
would talk to a colleague or friend if they felt stressed in the workplace, whereas only three percent of employees would discuss these feelings with their employer. Although an employee may not be comfortable discussing issues pertaining to stress in the workplace, Millward Brown IMS (2007) do note that fifty-eight percent of employees would feel comfortable discussing a mental health difficulty with their employer.

5.4 Summary of Main Empirical Findings

Figure 5.1 below summarises the main empirical findings from this current study on mental and psychological health and safety in the workplace.
5.5 Recommendations for Future Practice

This section of the study puts forward a number of recommendations for practice which relate specifically to improving psychological health and safety in the workplace. The recommendations described hereafter, where relevant, should be considered by policy makers, employers, managers, human resource and occupational health professionals in addition to professional development organisations.

5.5.1 Recommendations for Policy

The Mental Health Commission of Ireland should consider developing a national framework for employers to support them in their efforts of trying to protect and promote the psychological health and safety of employees. This framework should provide resources for employers which enable them to effectively identify psychosocial risks in the workplace. It should provide a consistent process for assessing the level of psychological health and safety risks across different workplaces and organisations. Furthermore, this standard should also provide employers with recommendations on how to remove or minimize hazards in the workplace and should ensure that the necessary resources are provided which assist employers in trying to develop and sustain psychologically healthy workplaces.

5.5.2 Recommendations for Organisations and Employees

1) This study has demonstrated that the psychological health and safety of unionised employees is more at risk in the workplace. Therefore, it is vital for both employers and trade union representatives to inquire further into the source of these hazards in the
workplace to ensure that effective processes and systems are in place within the organisation which encourage a psychologically healthy workplace for employees. As a recommendation from this study, one approach could be to ensure that effective employee voice systems are in place within the organisation which serve to increase the participation, influence and involvement of unionised employees. In doing so, employees will be provided with more suitable communication channels which will enable them to offer up their suggestions, ideas, or concerns either in an informal or formal psychologically safe and friendly work environment.

2) Although the findings from this study suggest that unionised employees psychological health and safety is more at risk with respect to the psychological competencies and requirements psychosocial factor, a recommendation from this study would be for employers and managers to ensure that effective strategies are in place which seek to further develop the emotional intelligence of all employees. By investing in the emotional intelligence development of employees, employers will provide employees with a greater ability to control factors in their own environment while also motivating them to set their own goals in order to achieve their potential. This investment will also enhance the well-being of the workforce. By providing employees with this personal growth and development opportunity, it will also ensure that positive interpersonal relationships are maintained within the workplace thus minimizing some of the psychological health and safety risks which may be present in the workplace.

3) To address the perspectives of non-unionised and unionised employees with regard to organisational culture, this study recommends for more employers and leaders to consider implementing a mental health policy in the workplace. Taking into
consideration that Aware (2015) have highlighted that only sixteen percent of employers in Ireland have a well-being policy or programme implemented in their workplace, by adopting the recommendation from this study employers would demonstrate to employees that they are supportive of a work environment and organisational culture which promotes the well-being and psychological and mental safety of employees. Implementing a workplace policy on well-being and mental health would provide employees with a suitable structure and framework consisting of steps and guidelines that deal with a broad range of items which need to be place in order to protect and promote a psychologically healthy workplace for all employees.

4) An important recommendation from this study is associated with the findings of increased rates of either verbal, physical or sexual bullying or harassment among unionised employees. This researcher would recommend for both employers and employee representatives to ensure that formal procedures and training programs are in place which adequately address the risks and consequences of these negative behaviours present within the workplace. Specialised training should be provided to both unionised and non-unionised employees and managers on an annual refresher basis which informs all employees of the impact that bullying can have on the well-being and mental health of an employee who is a victim of bullying or harassment in the workplace.

5) Similar to various leadership training programs which many organisations provide in order to support leader development, more organisations should consider that all leaders and managers are educated in mental and psychological health and safety in the context of the workplace. This recommendation would provide managers with the
necessary skills and competencies that would broaden their understanding of mental and psychological health but it would also provide them with a specialised skill set that could empower them to eliminate hazards in the workplace which are negatively impacting the well-being of an employee. Furthermore, such training programs will be a necessity if employers are seeking to improve the mental and psychological health and safety status of their workforce. This training would educate managers on the various risks that can be present in the workplace while also assisting them in their efforts to ensure that appropriate measures are implemented which minimize the impact of such risks to an employee’s psychological health and safety.

5.6 Recommendations for Future Research

1. Although this study has generated valuable empirical evidence which has provided the researcher’s organisation with new knowledge and insights into the workplace risks which are impacting the psychological health and safety of both non-unionised and unionised employees, a recommendation for future research would be for this organisation to consider expanding the GM@W tool to its other facilities based in Ireland. This would provide the organisation with a broader knowledge of psychological health and safety risks across numerous sites with varying demographics and trade union status. This recommendation should also be considered by other organisations who are considering conducting such an analysis within their individual workplaces.

2. Further research which would compliment this current study would be to conduct a supplementary study to investigate the sources of psychological health and safety risks
which are negatively impacting non-unionised employees. In doing so, this research should determine which risks in the workplace are caused as a result of organisational factors and in contrast, which risks are solely associated with being a member of trade union.

3. An interesting future research direction resulting from this study would be to further investigate the increased prevalence of bullying or harassment within the unionised employee group. The objectives of this future research would be to determine the nature of bullying within these groups while also evaluating the cause and source of bullying with a particular focus on determining if the sources of bullying come from internal or external to the trade union. An alternative approach to this study could evaluate if there are barriers in place which are preventing non-unionised employees from reporting if they have ever experienced bullying or harassment in the workplace.

4. Considering that this study has demonstrated a significant difference between the perspectives of employees and senior managers pertaining to the psychological health and safety of employees in the workplace, it would be beneficial to also study the perspectives of line managers and supervisors in a workplace. Such a study would determine whether the perspectives of managers and supervisors are more aligned with the perspectives of employees or those of senior managers.
5.7 Conclusion

This research has successfully achieved the main aim of this study which was to examine the psychological health and safety of employees in the workplace of the researcher. This study has revealed a number of key findings relating to the psychological health and safety of non-unionised and unionised employees, employees experience of bullying and harassment in the workplace and finally, senior manager's perspectives with respect to psychological health and safety risks present among employees in the workplace.

Initial exploration of the existing literature pertaining to mental health and psychological health and safety in the workplace, highlighted that these important aspects of employee well-being are becoming key considerations as part of the future strategic goals and objectives of organisations. Furthermore, it was also clear that employers are gaining a better understanding of the significant benefits that can be gained from investing in employee well-being; however, evidence still exists that workplace factors continue to have negative effects on the mental and psychological health, safety and well-being of an employee. Much debate exists in the literature with regard to the differences in factors which affect the psychological health and safety of non-unionised and unionised employees; in addition, past researchers have suggested that much more empirical evidence needs to be gathered in this area of research. This study has contributed to the existing literature pertaining to the psychological health and safety of non-unionised and unionised employees while also highlighting some unique findings resulting from this study.

By conducting a quantitative case study which utilized an online survey tool provided by GM@W as a method of collecting data, this study captured the perspectives of one hundred
and sixty employee participants in the researcher’s workplace. Ninety-seven non-unionised
and sixty-three unionised employees participated in this study which examined their
perspectives of psychological health and safety in the workplace across thirteen psychosocial
factors which can have either a positive or negative impact on the well-being of an employee.
To achieve the primary objective of this study a statistical test of significance, in the form of
a t-test, was applied to the results obtained from non-unionised and unionised employees in
order to test a hypothesis developed as part of this study which suggested that there would be
more psychological health and safety risks for unionised employees in the workplace.

The findings from this analysis revealed that there are in fact more risks to the psychological
health and safety of unionised employees in this workplace. The p-value obtained from the t-
test analysis was found to be 0.002 which was significantly lower than 0.01. This
demonstrates that the differences in the perspectives of non-unionised and unionised
employees, with respect to risks in the workplace which negatively impact an employee’s
psychological health and safety, are significantly different and highlight that there are more
risks for the mental and psychological health and safety of unionised employees in the
workplace. Furthermore, of the thirteen psychosocial factors which were examined during
this study, there were eleven factors which were flagged as a greater concern for unionised
employees. Of those eleven factors, the following four factors demonstrated the greatest
difference between the perspectives of non-unionised and unionised employees indicating
that these factors were more of a concern for the psychological health and safety of unionised
employees: Growth & Development, Engagement, Psychological Competencies &
Requirements, and Involvement & Influence.
Another key finding which is associated with another objective of this study has revealed that unionised employees experience more bullying and harassment (verbal, physical or sexual forms) in the workplace. Interestingly, this study also found that unionised employee’s experience of bullying and harassment in this workplace (7.9%) was higher than that of the baseline result (6.7%) provided by GM@W. Furthermore, this study also discovered that all non-unionised employee participants failed to report any experience of bullying or harassment in the workplace. Higher incidences of bullying with any group in an organisation can have significant consequences on both the employee who is being subjected to such destructive behaviours and, the culture of the organisation where bullying or harassment activities are present in the workplace.

The final objective of this study involved an analysis of the perspectives of senior managers pertaining to the psychological health and safety of employees in the workplace. When these findings were analyzed and compared to the findings from all employee participants, across each of the thirteen psychosocial factors, this study found that senior managers are significantly underestimating the presence of psychological health and safety risks which are impacting employees in the workplace. The analysis of the t-test on this data set has resulted in a p-value of 0.000 which demonstrates that this finding is statistically valid and also shows that there is strong evidence that senior managers are significantly underestimating the psychological health and safety status of employees. Most notably, the mean findings from seven senior manager participants who were involved in this study reveal that senior managers regard each of the thirteen psychosocial factors to be less of a concern when compared to the findings from the perspectives of employees themselves.
This study has confirmed that there are more risks to the psychological health and safety of unionised employees in this workplace. It remains to be answered whether the higher hazardous occurrences for the psychological health and safety of unionised employees originates as a result of poor management practices or ineffective organisational processes and procedures, or it may also be the case that the cause of this higher concern stems from an employees union status.

The empirical evidence acquired through this study in addition to the recommendations for future practice put forward by the researcher, have provided valuable contributions and unique findings to this area of knowledge. The findings and recommendations presented in this study will not only provide significant benefits to the researcher’s own organisation, but these findings will also assist policy makers, employers, senior and middle level management, human resource and occupational health departments, employee assistance programs, trade union representatives and finally, professional and organisational development institutions, as they work together to ensure that effective strategies are put in place to minimize the impact of psychosocial risks in the workplace on the psychological health and safety of employees. This study presents a number of recommendations for future research which would provide further insights to compliment this current study but would also make some key contributions to the existing body of knowledge on this area of research which, in the view of this researcher, warrants more empirical evidence to be generated on this subject.
References


Examining the Mental and Psychological Health and Safety of Non-Unionised and Unionised Employees

AFqjCNHfzkBE3gbCdqclbCWn25-ejg4dfQ&sigr2=hWlJ8J6fGIWy6kgDQIKW7Q, accessed at 9.55pm, Apr 15, 2015.


Exhibiting the Mental and Psychological Health and Safety of Non-Unionised and Unionised Employees


Samele, C., Frew, S., & Urquía, N. 2013. “Mental Health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be Expected from Investments into Mental Health”, *Executive Agency for Health and Consumers Tender*,


Appendix A: Employee Survey

GM@W Survey

What is GM@W?

Guarding Minds @ Work (GM@W) is a unique, evidence-based, comprehensive set of resources designed to effectively assess and address psychological health and safety in the workplace. A psychologically healthy and safe workplace is one that promotes employees' psychological well-being and actively works to prevent harm to employees psychological health due to negligent, reckless or intentional acts.

You are being asked to complete this survey because your workplace is undertaking a review of its psychological health and safety. Employee input is a critical component of this review.

Survey Instructions: This survey contains 68 statements about common work experiences. The statements cover a range of topics including work responsibilities, work relationships, and leadership.

Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.

When responding to these statements, please keep the following in mind:

• Answer based on your own personal experiences in your current job.
• Choose the answer that is true most of the time.
• This survey is concerned with your thoughts, opinions and feelings. If you are unsure of an answer, please select the option that you believe is most likely to be true.
• These statements use the terms 'employee', 'staff', 'supervisor', 'management' and 'employer', however your workplace may use different language to describe these roles. Please respond keeping in mind the terms appropriate for your workplace.
<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My employer offers services or benefits that adequately address my psychological and mental health.</td>
<td>4</td>
</tr>
<tr>
<td>2. All people in our workplace are held accountable for their actions.</td>
<td>4</td>
</tr>
<tr>
<td>3. In my job, I know what I am expected to do.</td>
<td>4</td>
</tr>
<tr>
<td>4. People treat each other with respect and consideration in our workplace.</td>
<td>4</td>
</tr>
<tr>
<td>5. Hiring/promotion decisions consider the &quot;people skills&quot; necessary for specific positions.</td>
<td>4</td>
</tr>
<tr>
<td>6. I receive feedback at work that helps me grow and develop.</td>
<td>4</td>
</tr>
<tr>
<td>7. My immediate supervisor appreciates my work.</td>
<td>4</td>
</tr>
<tr>
<td>8. I am able to talk to my immediate supervisor about how I do my work.</td>
<td>4</td>
</tr>
<tr>
<td>9. The amount of work I am expected to do is reasonable for my position.</td>
<td>4</td>
</tr>
<tr>
<td>10. I enjoy my work.</td>
<td>4</td>
</tr>
<tr>
<td>11. My employer encourages me to take my entitled breaks: (e.g., lunchtime, sick time, vacation time, earned days off, parental leave).</td>
<td>4</td>
</tr>
<tr>
<td>12. My employer is committed to minimizing unnecessary stress at work.</td>
<td>4</td>
</tr>
<tr>
<td>13. Management takes appropriate action to protect my physical safety at work.</td>
<td>4</td>
</tr>
<tr>
<td>14. My supervisor would say or do something helpful if I looked distressed while at work.</td>
<td>4</td>
</tr>
<tr>
<td>15. People at work show sincere respect for others' ideas, values and beliefs.</td>
<td>4</td>
</tr>
<tr>
<td>16. Leadership in my workplace is effective.</td>
<td>4</td>
</tr>
<tr>
<td>17. Our workplace effectively handles &quot;people problems&quot; that exist between staff.</td>
<td>4</td>
</tr>
<tr>
<td>18. My company hires people who fit well within the organization.</td>
<td>4</td>
</tr>
<tr>
<td>19. My supervisor is open to my ideas for taking on new opportunities and challenges.</td>
<td>4</td>
</tr>
<tr>
<td>20. I am paid fairly for the work I do.</td>
<td>4</td>
</tr>
<tr>
<td>21. I have some control over how I organize my work.</td>
<td>4</td>
</tr>
<tr>
<td>22. I can talk to my supervisor about the amount of work I have to do.</td>
<td>4</td>
</tr>
<tr>
<td>23. I am willing to give extra effort at work if needed.</td>
<td>4</td>
</tr>
<tr>
<td>24. I am able to reasonably balance the demands of work and personal life.</td>
<td>4</td>
</tr>
<tr>
<td>25.</td>
<td>My immediate supervisor cares about my emotional well-being.</td>
</tr>
<tr>
<td>26.</td>
<td>My employer offers sufficient training to help protect my physical safety at work (emergency preparedness, safe lifting, violence prevention).</td>
</tr>
<tr>
<td>27.</td>
<td>I feel supported in my workplace when I am dealing with personal or family issues.</td>
</tr>
<tr>
<td>28.</td>
<td>Difficult situations at work are addressed effectively.</td>
</tr>
<tr>
<td>29.</td>
<td>I am informed about important changes at work in a timely manner.</td>
</tr>
<tr>
<td>30.</td>
<td>People from all backgrounds are treated fairly in our workplace.</td>
</tr>
<tr>
<td>31.</td>
<td>I have the social and emotional skills needed to do my job well.</td>
</tr>
<tr>
<td>32.</td>
<td>I have the opportunity to advance within my organization.</td>
</tr>
<tr>
<td>33.</td>
<td>My company appreciates extra effort made by employees.</td>
</tr>
<tr>
<td>34.</td>
<td>My opinions and suggestions are considered at work.</td>
</tr>
<tr>
<td>35.</td>
<td>I have the equipment and resources needed to do my job well.</td>
</tr>
<tr>
<td>36.</td>
<td>My work is an important part of who I am.</td>
</tr>
<tr>
<td>37.</td>
<td>My employer promotes work-life balance.</td>
</tr>
<tr>
<td>38.</td>
<td>My employer makes efforts to prevent harm to employees from harassment, discrimination or violence.</td>
</tr>
<tr>
<td>39.</td>
<td>When physical accidents occur or physical risks are identified, my employer responds effectively.</td>
</tr>
<tr>
<td>40.</td>
<td>My workplace supports employees who are returning to work after time off due to a mental health condition.</td>
</tr>
<tr>
<td>41.</td>
<td>I feel that I am part of a community at work.</td>
</tr>
<tr>
<td>42.</td>
<td>My supervisor provides helpful feedback on my performance.</td>
</tr>
<tr>
<td>43.</td>
<td>Unnecessary conflict is kept to a minimum in our workplace.</td>
</tr>
<tr>
<td>44.</td>
<td>My supervisor believes that social skills are as valuable as other skills.</td>
</tr>
<tr>
<td>45.</td>
<td>My company values employees’ ongoing growth and development.</td>
</tr>
<tr>
<td>46.</td>
<td>Our organization celebrates our shared accomplishments.</td>
</tr>
<tr>
<td>47.</td>
<td>I am informed of important changes that may impact how my work is done.</td>
</tr>
<tr>
<td>48.</td>
<td>My work is free from unnecessary interruptions and disruptions.</td>
</tr>
<tr>
<td>49.</td>
<td>I am committed to the success of my organization.</td>
</tr>
</tbody>
</table>
50. I can talk to my supervisor when I am having trouble maintaining work-life balance. 
51. I would describe my workplace as being psychologically healthy. 
52. I have the equipment and tools I need to do my job in a physically safe way (protective clothing, adequate lighting, ergonomic seating). 
53. People in my workplace have a good understanding of the importance of employee mental health. 
54. Employees and management trust one another. 
55. My organization provides clear, effective communication. 
56. My workplace has effective ways of addressing inappropriate behaviour by customers or clients. 
57. My position makes good use of my personal strengths. 
58. I have the opportunity to develop my “people skills” at work. 
59. My employer values my commitment and passion for my work. 
60. My employer encourages input from all staff on important issues related to their work. 
61. I have control over prioritizing tasks and responsibilities when facing multiple demands at work. 
62. I am proud of the work I do. 
63. I have energy left at the end of most workdays for my personal life. 
64. My employer deals effectively with situations that may threaten or harm employees (e.g., harassment, discrimination, violence). 
65. My employer responds appropriately when workers raise concerns about physical safety.

Specific Areas of Concern:

1) In my workplace, I am experiencing discrimination because of my cultural/ethnic background, disability, sexual orientation, gender or age.
   - □ Yes □ No

2) In my workplace, I am being bullied or harassed, either verbally, physically or sexually.
   - □ Yes □ No

3) In my workplace, I am being treated unfairly because I have a mental illness.
   - □ Yes □ No
Appendix B: Senior Manager’s Survey

Senior Managers’ Survey

PF1: PSYCHOLOGICAL SUPPORT

* Our workplace offers services or benefits that adequately address employee psychological and mental health.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* Our supervisors would say or do something helpful if an employee looked distressed while at work.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* Employees feel supported in our workplace when they are dealing with personal or family issues.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* Our workplace supports employees who are returning to work after time off due to a mental health condition.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* People in our workplace have a good understanding of the importance of employee mental health.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

PF2: ORGANIZATIONAL CULTURE

* All people in our workplace are held accountable for their actions.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* People at work show sincere respect for others' ideas, values and beliefs.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* Difficult situations at work are addressed effectively.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* Employees feel that they are part of a community at work.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

* Employees and management trust one another.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>
**Senior Managers' Survey**

**PF3: CLEAR LEADERSHIP & EXPECTATIONS**

* In their jobs, employees know what they are expected to do.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

* Leadership in our workplace is effective.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* Staff are informed about important changes at work in a timely manner.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

* Supervisors provide helpful feedback to employees on their performance.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Our organization provides clear, effective communication.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

**Senior Managers' Survey**

**PF4: CIVILITY & RESPECT**

* People treat each other with respect and consideration in our workplace.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* Our workplace effectively handles “people problems” that exist between staff.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* People from all backgrounds are treated fairly in our workplace.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Unnecessary conflict is kept to a minimum in our workplace.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Our workplace has effective ways of addressing inappropriate behavior by customers or clients.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Senior Managers' Survey

#### PF5: PSYCHOLOGICAL COMPETENCIES & REQUIREMENTS

- **Hiring/promotion decisions consider the “people skills” necessary for specific positions.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Our company hires people who fit well within the organization.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Employees have the social and emotional skills needed to do their jobs well.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Supervisors believe that social skills are as valuable as other skills.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Positions make good use of employees’ personal strengths.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

### Senior Managers' Survey

#### PF6: GROWTH & DEVELOPMENT

- **Employees receive feedback at work that helps them grow and develop.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Supervisors are open to employee ideas for taking on new opportunities and challenges.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Employees have opportunities to advance within their organization.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Our company values employees’ ongoing growth and development.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

- **Employees have the opportunity to develop their “people skills” at work.**
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree
### Senior Managers' Survey

**PF7: RECOGNITION & REWARD**

* Immediate supervisors demonstrate appreciation of employees' work.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Employees are paid fairly for the work they do.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Our company appreciates extra effort made by employees.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Our organization celebrates our shared accomplishments.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Our workplace values employees' commitment and passion for their work.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

### Senior Managers' Survey

**PF8: INVOLVEMENT & INFLUENCE**

* Employees are able to talk to their immediate supervisors about how they do their work.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Employees have some control over how they organize their work.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Employee opinions and suggestions are considered at work.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Employees are informed of important changes that may impact how their work is done.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree

* Our workplace encourages input from all staff on important decisions related to their work.
  - Strongly Agree
  - Somewhat Agree
  - Somewhat Disagree
  - Strongly Disagree
### Senior Managers' Survey

**PF9: WORKLOAD MANAGEMENT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>* The amount of work employees are expected to do is reasonable for their positions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees can talk to their supervisors about the amount of work they have to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees have the equipment and resources needed to do their jobs well.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees' work is free from unnecessary interruptions and disruptions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees have control over prioritizing tasks and responsibilities when facing multiple demands.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PF10: ENGAGEMENT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Employees enjoy their work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees are willing to give extra effort at work if needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees describe work as an important part of who they are.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees are committed to the success of our organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Employees are proud of the work they do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Senior Managers' Survey

**PF11: BALANCE**

* Our workplace encourages employees to take their entitled breaks (e.g., lunchtime, sick time, vacation time, earned days off, parental leave).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Employees are able to reasonably balance the demands of work and personal life.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Our workplace promotes work-life balance.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* Employees can talk to their supervisors when they are having trouble maintaining work-life balance.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Employees have energy left at the end of most workdays for their personal life.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Senior Managers' Survey

**PF12: PSYCHOLOGICAL PROTECTION**

* Our workplace is committed to minimizing unnecessary stress at work.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Immediate supervisors care about employees' emotional well-being.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Our organization makes efforts to prevent harm to employees from harassment, discrimination or violence.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Employees would describe our workplace as being psychologically healthy.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Our workplace deals effectively with situations that may threaten or harm employees (e.g., harassment, discrimination, violence).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Senior Managers' Survey

**PF13: PROTECTION OF PHYSICAL SAFETY**

* Management takes appropriate action to protect employees' physical safety at work.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

* Our workplace offers sufficient training to help protect employees' physical safety at work (e.g., emergency preparedness, safe lifting, violence prevention).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* When accidents occur or risks are identified, our workplace responds effectively.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Employees have the equipment and tools they need to do their job in a physically safe way (e.g., protective clothing, adequate lighting, ergonomic seating).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Our workplace responds appropriately when workers raise concerns about physical safety.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Appendix C: Response Summary of Employee Survey

All Employees:

GM@W Overview Report

ORGANIZATIONAL REPRESENTATIVE: Peter O'Mahony
GM@W ONLINE SURVEY NAME: MSD - 02 Jun 15
GM@W ONLINE SURVEY CLOSE DATE: 2015-06-16 15:35:52
GM@W REPORT GENERATION DATE: 2015-06-16 23:37:05

ORGANIZATION INFORMATION

Total number of employees, company-wide 300-499
Number of employees to whom this GM@W Online Survey was delivered 300-499
Number of employees who completed this GM@W Online Survey (total number of employee respondents) 167

Type of Organization

For-profit, Private Sector, Mixed

Industry sector

Professional, scientific and technical services

Male Unionised Employees:

GM@W Overview Report

ORGANIZATIONAL REPRESENTATIVE: Peter O'Mahony
GM@W ONLINE SURVEY NAME: MSD - 02 Jun 15
GM@W ONLINE SURVEY CLOSE DATE: 2015-06-16 15:35:52
GM@W REPORT GENERATION DATE: 2015-06-16 23:37:05

ORGANIZATION INFORMATION

Total number of employees, company-wide 300-499
Number of employees to whom this GM@W Online Survey was delivered 300-499
Number of employees who completed this GM@W Online Survey (total number of employee respondents) 32

Type of Organization

For-profit, Private Sector, Mixed

Industry sector

Professional, scientific and technical services

EMPLOYEE DEMOGRAPHIC RESULTS

Sex

Percentage of Total Employee Respondents (n = 32)

Male 100%

Union Status

Percentage of Total Employee Respondents (n = 32)

Yes 100%
### Female Unionised Employees:

**GM@W Overview Report**

**ORGANIZATIONAL REPRESENTATIVE:** Peter O'Mahony  
**GM@W ONLINE SURVEY NAME:** MG0 - 02 Jun 15  
**GM@W ONLINE SURVEY CLOSE DATE:** 2015-06-16 15:35:52  
**GM@W REPORT GENERATION DATE:** 2015-06-16 20:44:38

**ORGANIZATION INFORMATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of employees, company-wide</td>
<td>300-499</td>
</tr>
<tr>
<td>Number of employees to whom this GM@W Online Survey was delivered</td>
<td>300-499</td>
</tr>
<tr>
<td>Number of employees who completed this GM@W Online Survey (total number of employee respondents)</td>
<td>31</td>
</tr>
<tr>
<td>Type of Organization</td>
<td>For-profit, Private Sector, Mixed</td>
</tr>
<tr>
<td>Industry sector</td>
<td>Professional, scientific and technical services</td>
</tr>
</tbody>
</table>

**EMPLOYEE DEMOGRAPHIC RESULTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Percentage of Total Employee Respondents (n = 31)</td>
</tr>
<tr>
<td>Female</td>
<td>100%</td>
</tr>
<tr>
<td>Union Status</td>
<td>Percentage of Total Employee Respondents (n = 31)</td>
</tr>
<tr>
<td>Yes</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Male Non-Unionised Employees:

**GM@W Overview Report**

**ORGANIZATIONAL REPRESENTATIVE:** Peter O'Mahony  
**GM@W ONLINE SURVEY NAME:** MG0 - 02 Jun 15  
**GM@W ONLINE SURVEY CLOSE DATE:** 2015-06-16 15:35:52  
**GM@W REPORT GENERATION DATE:** 2015-06-16 20:42:06

**ORGANIZATION INFORMATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of employees, company-wide</td>
<td>300-499</td>
</tr>
<tr>
<td>Number of employees to whom this GM@W Online Survey was delivered</td>
<td>300-499</td>
</tr>
<tr>
<td>Number of employees who completed this GM@W Online Survey (total number of employee respondents)</td>
<td>46</td>
</tr>
<tr>
<td>Type of Organization</td>
<td>For-profit, Private Sector, Mixed</td>
</tr>
<tr>
<td>Industry sector</td>
<td>Professional, scientific and technical services</td>
</tr>
</tbody>
</table>

**EMPLOYEE DEMOGRAPHIC RESULTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Percentage of Total Employee Respondents (n = 46)</td>
</tr>
<tr>
<td>Male</td>
<td>100%</td>
</tr>
<tr>
<td>Union Status</td>
<td>Percentage of Total Employee Respondents (n = 46)</td>
</tr>
<tr>
<td>Yes</td>
<td>100%</td>
</tr>
</tbody>
</table>
Female Non-Unionised Employees:

GM@W Overview Report

ORGANIZATIONAL REPRESENTATIVE: Peter O'Mahony
GM@W ONLINE SURVEY NAME: SGD - 02 Jun 15
GM@W ONLINE SURVEY CLOSE DATE: 2015-06-16 15:35:52
GM@W REPORT GENERATION DATE: 2015-06-16 20:42:55

ORGANIZATION INFORMATION

| Total number of employees, company-wide | 300-499 |
| Number of employees to whom this GM@W Online Survey was delivered | 300-499 |
| Number of employees who completed this GM@W Online Survey (total number of employee respondents) | 51 |

Type of Organization: For-profit, Private Sector, Mixed
Industry Sector: Professional, scientific and technical services

EMPLOYEE DEMOGRAPHIC RESULTS

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percentage of Total Employee Respondents (n = 51)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>100%</td>
</tr>
<tr>
<td>Union Status</td>
<td>Percentage of Total Employee Respondents (n = 51)</td>
</tr>
<tr>
<td>No</td>
<td>100%</td>
</tr>
</tbody>
</table>
Appendix D: Response Summary of Senior Manager Survey