

# Predicting Workplace Violence: An EAP's Perspective

Insights from the Warren Shepell Research Group



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## EXECUTIVE SUMMARY

With mental health concerns and stress rising at alarming rates among working-age Canadians, and a trend toward legislation that specifically requires employers to create workplaces that are safe and healthy, there is an urgent need for business leaders to recognize the signs of a violence-prone workplace.

*Predicting Workplace Violence: An EAP's Perspective* provides details about the most recent study published by the Warren Shepell Research Group. The study reviewed three years of data (2000 - 2002) from a sample group of 40 organizations, representing 360,000 employees. Among its key findings:

- For the first time ever, employers now have a method of using their organization's Employee Assistance Program (EAP) data to predict - and therefore take steps to prevent - the emergence of 'toxic workplaces' and the risk of workplace violence.
- Serious mental health issues are directly linked to higher rates of work-related trauma, including violence, harassment and workplace conflict.
- Personal problems such as anger, grief, marital/relationship issues, addictions and family challenges are among the key predictors of work-related trauma.

The research tested the theory that the issues presented to the EAP could be viewed as a '*psychosocial fingerprint*:' a profile of an organization's overall mental health climate, and its risk for workplace violence.

The study found a direct relationship between the number of Critical Incident Stress Debriefings (CISDs) delivered and individual counselling requested for specific types of issues. The EAP presenting issues that emerged as key predictors of work-related trauma are:

Personal/Emotional Issues	Anger, Grief
Family Issues	"Other's" Addiction (the effects of the addiction of a loved one), Child-Related Issues, Domestic Violence
Addictions Issues	Smoking, Alcohol, Gambling
Workplace Issues	Workplace Violence, Conflict, Work Performance Issues, Career

Employers are urged to review their EAP data for indicators of a higher risk of work-related trauma. Recommendations also include conducting a violence risk audit and delivering specialized training to managers and supervisors to assist them in recognizing the signs of personal and workplace stress early, and prevent problems from escalating to incidents of harassment, aggression, conflict and other forms of workplace violence.

## INTRODUCTION

The inclusion of an EAP in an organization's benefit program conveys the employer's commitment to promoting a safe and healthy environment for its employees - specifically with respect to mental health concerns that, if left unresolved, may lead to incidents of workplace harassment, conflict or violence. An EAP underscores the employer's intent to create and maintain a workplace culture that is respectful, tolerant and "wellness

focused." To achieve its full effect, an EAP must align with other demonstrations of the corporate wellness culture such as Human Resources policies and procedures, benefits, health and safety programs, management training initiatives and supervisory practices to send a clear signal that an employer can and will take action when any employee's mental or physical health is compromised.

An EAP's real strength is its ability to assist individuals and organizations to manage and recover from the negative consequences of aggression or violence in the workplace. A comprehensive EAP provides resources that can be used by employees who are exposed to or victims of violence in the workplace, such as individual counselling for workplace conflict or harassment. For managers and supervisors, an EAP offers management consults to assist in identifying and dealing with troubled employees, those with performance issues or those who show signs of aggression or other inappropriate workplace behaviour. An EAP offers organizational-level support through critical incident stress debriefings in the aftermath of traumatic workplace events to help individuals, workgroups and in some cases entire organizations to return to normal functioning.

In terms of preventative programs, EAPs can provide consultation on conducting a violence risk audit and implementing a 'zero tolerance' policy - although these organizational-level activities are generally thought of as separate from the core counselling services of the EAP, delivered at the individual level. While EAP and complementary programs provide excellent management of the stress caused by workplace violence, the main focus of EAP services remains interventionist and remedial. Despite the laudable intentions of legislators, social policy groups and anti-violence advocates in recommending EAPs, EAP providers themselves are well aware that there is work to be done to use an EAP effectively to **prevent** workplace violence and to **promote** a violence-resistant workplace culture.

### What is Your EAP Data Trying to Tell You?

The first step in extending an EAP's ability to be more preventative around workplace violence is to understand the factors at play. Warren Shepell Consultants Corp. is fortunate to have a wealth of data about mental health concerns and traumatic events in Canadian workplaces, with 25 years of experience and over 2,000 client organizations. By examining two parallel but separate sources of information about the mental health issues and traumatic events experienced within organizations, we are in a position to assist organizations in taking action to address workplace violence and the conditions that allow it to occur.

It is our theory that the issues presented to the EAP - i.e., the individual mental health or psychosocial concerns of employees - when aggregated across an entire organization, can be viewed as a psychosocial fingerprint, a unique identifier of that organization's overall mental health climate. We believe this is true even despite the self-selection bias that exists as a result of the voluntary nature of the EAP and the fact that individual employees must choose to access the EAP. While the aggregate profile of any given organization is comprised of self-reported stressors, these are presumed to be "the tip of the iceberg" and therefore indicative of an even greater number of those same issues existing under the surface. This pattern will fluctuate from company to company based on a range of variables including (but not limited to): industry, occupation type, employee demographics, management style and training, competitive or market factors, and other psychosocial support programs in place.

The validity of this concept is supported in part by comparisons of EAP presenting issues to the incidence of these same issues in the general population. We know, for example, that addictions are presented to the EAP at a rate of one out of every 10 incidents in the general population. Therefore, it is reasonable to assume that for every addiction the EAP 'catches,' there are nine more cases that remain unidentified in the general employee population. Similar underreporting occurs with depression and anxiety.

We have a second set of data that measures the organization's aggregate mental health: its history of critical incident stress debriefings (CISDs), which tells us about the volume and type of trauma the organization has experienced. Like the EAP data, the organization's CISD history may be considered a unique identifier, reflecting its particular circumstances - here, with respect to traumatic incidents in the workplace, many of which stem from situations of workplace violence. Support for this concept is provided in research that demonstrates that certain workplaces are prone to certain types of trauma: retail and banking (robberies); hospitals and public service agencies (patient/client violence); transportation and manufacturing (accidents, deaths in the workplace).

The existence of a measure of an organization's typical mental health issues (the EAP dataset) and the types and frequency of traumatic workplace events (the CISD dataset) give rise to the possibility of finding a relationship between them. By correlating the two sets of data from across a sample group of companies, we can determine which EAP presenting issues correlate most highly with an increased frequency of certain types of traumatic events. This is not to say that the critical incidents are in any way caused by the presented mental health issues or vice versa; simply that there may be an underlying factor or common

variable that means an organization susceptible to certain types of psychosocial and mental health issues is also susceptible to certain types or frequency of trauma. If such a relationship is found, this allows us to use EAP data as a "workplace violence indicator" to identify an organization's risk of workplace trauma, including incidents of harassment, conflict and other forms of workplace violence. A predictive model of workplace trauma based on EAP presenting issues offers all organizations the ability to use their EAP utilization data for workplace violence prevention goals.

## METHODOLOGY

We collected three years (2000 through 2002) of EAP primary presenting issue data (converted to a proportion of total utilization) and the same three years of work-related trauma data (total count of trauma frequency by type) from a sample of 40 Warren Shepell Consultants Corp. client organizations. Note that we included trauma (CISD) categories that were considered reflective of work-related trauma: instances of racial, sexual and emotional harassment, workplace violence, conflict, employee termination, workplace accidents, patient care or customer issues, and so on.




Correlations were calculated between each of the primary assessed problems and the total work-related trauma count

using company as the experimental unit. For each of the three years, the presenting issues with the highest correlations with total trauma count were introduced into a multiple regression model with the primary assessed problems as the independent variables and the total trauma count as the dependent variable. The statistical program (Statistical Package for the Social Sciences - SPSS) was then directed to perform a stepwise analysis, which selects the best predictor from the several given, and then the next predictor, given the first, and so on, until no other variable adds a significant amount of variance to the prediction equation.

## RESULTS

Figure 1 illustrates the presenting issues correlated most highly with work-related trauma in each of the three years reviewed (2000 through 2002).

Figure 1: High Correlating EAP Presenting Issues and Predictive Models, 2000-2002

Year	Presenting Issues	Predictive Model
2000	Anger Work-Related Conflict Marital/Relationships Grief Smoking Elder-Related Issues Gambling Anxiety Domestic Violence Workplace Violence	 <p>41% of the variation in work-related trauma predicted by 5 EAP presenting problems</p>
2001	Workplace Violence Work Performance Issues Anger Child-Related Issues Career Other's Addiction	 <p>38% of the variation in work-related trauma predicted by 4 EAP presenting problems</p>
2002	Grief Harassment Issues Other's Addiction Marital/Relationships Life Transition Legal Alcohol Gambling	 <p>48% of the variation in work-related trauma predicted by 5 EAP presenting problems</p>

Workplace

Personal/Emotional

Family/Relationship

Addictions

Other (legal, financial)

When entered into the stepwise multiple regression model, the variables noted in bold type, above, emerged as statistically significant predictors of work-related trauma. Their independence from each other, and the proportion of each in terms of its contribution to the total amount of work-related trauma variance, are illustrated in the right-hand column, "Predictive Model."

## DISCUSSION/INTERPRETATION

Some common EAP presenting issues are highly correlated with work-related trauma across the three years of data reviewed. These are: anger, marital/relationships, grief, gambling, workplace violence, and other's addiction (personal problems and stresses resulting from the addiction of a loved one).

These EAP presenting issues cover a variety of personal, family, addictions/mental health and work-related issues. In collapsing these presenting issues into their higher-order categories, additional commonalities emerge. For example, each year includes a predictor from the workplace, personal/emotional, family/relationship and addictions categories. These higher-order clusters underscore the need for employers to provide support on a broad range of issues, beyond the strictly-defined mental health issues that are commonly associated with EAP counselling.

While the relationship between some presenting problems (e.g., work-related violence, work-related conflict and anger) and work-related trauma might appear self-evident on the surface, others (e.g., grief, marital/relationship issues, domestic violence, other's addiction) may not be as clear. However, the appearance of these latter issues as predictors of work-related trauma is entirely consistent with the literature in this area. For example, domestic violence carrying over from the home into the workplace is the leading cause of work-related death for women (U.S. Bureau of Labor, 2001) and the number one cause of workplace assault (National Institute of Occupational Safety & Health, 1996).

The importance of "other's addiction" as a predictor of work-related trauma and violence cannot be overstated.

Note that the presenting issues that correlate most highly with work-related trauma may not all emerge as significant predictors of work-related trauma. It is, however, informative to review the individual correlations as they seem to indicate some stability in the presenting issues that ought to be considered as predictor variables.

Other's addiction was highly correlated with work-related trauma in 2001 and 2002, and emerges as a significant predictor of work-related trauma.

From both a clinical and a 'real life' point of view, the problem of having a loved one in the grip of an addiction is particularly complex. Issues of co-dependency and the internalization of blame and responsibility for 'fixing' the addiction often arise in individuals who live with or are intimately involved with someone struggling with a drug, alcohol or gambling issue. Very often, parenting, marital/relationship, financial and legal problems co-exist with addictions issues, and these directly affect the partner and often play out in the workplace. The employee health and productivity challenges posed by individuals in this situation underscore the need for employers to uncover and provide resources to address this critical problem - even more so now that a relationship between other's addiction and work-related trauma is seen.

All five workplace issues (workplace violence, work-related conflict, career, work performance issues and harassment) were also highly correlated with work-related trauma over the three years reviewed. Correlations between workplace presenting issues and higher frequency of workplace trauma ought to be considered doubly troubling to employers for several reasons. First, it indicates a disproportional contribution of these issues to the risk of work-related trauma and violence compared to the proportion these issues contribute to overall EAP case volume. In previous research (WS Research Group, *Work-Related Stress: An EAP's Perspective*, Spring 2003), we found that individual stress as a result work-related issues is high and on the rise; however, workplace issues as a separate category of presenting problems remains stable



at approximately 10 per cent of WSCC's overall case volume. This category's contribution to the frequency of work-related trauma, however, appears to be more significant than this, as one or more workplace problems appear highly correlated to work-related trauma in each of the three years, and two distinct workplace problems survive as predictive variables in two of the three years (work-related conflict and workplace violence in 2000; workplace violence and career in 2001).

A second reason for concern about the high correlation between workplace presenting problems and work-related trauma is because organizations are, in fact, applying two separate types of resources to deal with the effects of these issues: one at the individual level in the form of EAP counselling, and one at the organizational level in the form of critical incident stress debriefings for workplace events.

## SUMMARY

The current research offers an excellent theoretical framework for the development of a broad-based approach to workplace violence prevention using the 'psychosocial fingerprint' of an organization's unique EAP presenting problem data. While we have looked at only three years of data, the results we are finding are robust. Next steps include follow-up research to find the common underlying variable(s) - i.e., the factor or factors that are driving both the EAP presenting issues as well as the volume of work-related trauma. We also recommend testing the impact of delivering targeted support for the specific EAP issues that predict work-related trauma - e.g., anger, marital / relationship, other's addictions - to see if this approach will have an impact on reducing the incidence of trauma.

The usefulness of the "psychosocial fingerprint" concept offers excellent possibilities to assist individual organizations

The common cause or causes of both types of work-related stress is unclear, but what is incontrovertible is that workplaces are becoming increasingly stressful places to be, and organizations need to apply more resources than ever to combat this rising stress.

While reaching out to more people in need is always a goal of any EAP, now there is yet another reason for targeting anger and stress management; or marital/relationship support to specific employee populations: these services may offer the additional potential to achieve work-related trauma prevention goals. While we do not yet understand the mechanism(s) at play in the relationship between these issues and workplace trauma, our efforts in extending these services to those who may need them can only help those people specifically, and may also help the organization more generally.

to use their EAP utilization data proactively. By fine tuning and delivering specific psychosocial programs, we can achieve preventative goals with EAP (where currently it is typically positioned almost exclusively as an intervention). This in turn, will refine the EAP's contribution to reducing absenteeism and disability, the potential for violence and enhancing productivity and worker commitment.

EAP providers have the responsibility to assist organizations in developing leading-edge approaches to uncover and treat serious mental health, addictions and family issues, and prevent workplace violence from occurring in 'toxic workplaces.' The current research provides a solid foundation for that approach.

## THE WS RESEARCH GROUP

The WS Research Group has been formed to gather, analyze and provide commentary on organizational health trends that affect our clients, their employees and families. Collecting and disseminating data about mental health issues, linking with some of the industry's highest profile research institutes and individual scholars, and drawing from our 24 years of expertise in the industry, the WS Research Group's mandate is to help our clients and the broader business community understand the intricacies and the impact of poor mental health, work/life imbalances and related issues in our workplaces and in our communities. This research study was conducted by Jennifer Watson, Research Associate, and supported by data analysis by MASI Research Consultants, Inc. Clinical review was provided by Gerry Smith, VP Organizational Health. The WS Research Group is directed by Karen Seward, VP Research and Development. Questions or comments may be directed to Karen Seward at 1-800-461-9722.