

**WORKPLACE VIOLENCE IN HUMAN SERVICE
ORGANIZATIONS: A QUALITATIVE INQUIRY OF
TEAM-LEVEL DYNAMICS**

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ABSTRACT

The concept of workplace violence and its relation to health and safety regimes in human service organizations is currently experiencing a conceptual renaissance. These terms are now broadly encompassing various intra- and inter-personal factors within the workplace. This study explores how staff in publicly-administered human services experience and perceive workplace violence between staff and health and safety at a team level, and how it can be prevented within these contexts. Semi-structured qualitative interviews were conducted with staff (n=85) in various publicly-administered human service departments across one province in Canada. Data were analyzed following a qualitative approach to conceptualize violence prevention at a team level. Respondents provide insights that help to develop a conceptual representation of *positive intra-personal team dynamics* and *positive inter-personal team dynamics*, which are elaborated to include specific factors under each of these themes. Findings support a model for building effective health and safety regimes that consider the influence of team-level dynamics in human service organizations. These findings support the development of highly effective and safe human service organizations.

Key words: human services; prevention; teams; workplace safety; workplace violence

Points for Practitioners

- Within human service organizations, team level violence and violence prevention is a highly socialized process; as such, interventions to improve health and safety at this level must consider how safety is enacted via cognitive, normative, and inter- as well as intra-personal means.
- Team level violence can occur in many formal as well as informal ways, including through decision-making, workflow structures, and reporting protocols. To address the multifaceted nature of team level violence within human service organizations, health and safety frameworks must be holistic in approach.
- Although many of the factors addressed in this study are commonly found across human service workplaces, none are wholly universal. Practitioners and managers must work to discover which factors in their own workplace are most prominent as key areas for fostering violence prevention and health and safety.

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INTRODUCTION

The concept of workplace violence has emerged in the literature and in management practice under various contexts, contributing to a growing body of knowledge. However, the broad spectrum of workplace violence has led to many branches of research within this overarching topic. Workplace violence has been described as involving a list of physical and psychological factors, such as bullying, verbal abuse, threats, physical abuse, sexual harassment, and sexual abuse, and occurring on many levels of an organization (Boyle & Wallis, 2016) – which both reflect and contribute to its varied components. Researchers suggest that workplace violence can occur as a result of hostile and anti-ethical attitudes and behaviours between a group of employees and administrators (Baines, 2006; Ofluoglu & Somunoglu, 2012), however, it is not yet known whether this is true at each level of an organization. Latent in this theoretical discussion is the concept that team dynamics can be impacted by the *socialization of violence* in a workplace (Bishop, Korczynski, & Cohen, 2005), which contributes to norms that outline appropriate behavior within a certain environment (Baines, 2006). Staff (including supervisors and managers) are the most active agents in the socialization process (Hutchinson, 2009), and determine variables that can either prevent or perpetuate bullying (or other forms of workplace violence) in workplaces, which ultimately impact the ability of staff to deliver quality services to vulnerable persons (Bishop et al., 2005).

Most recently, nonprofit human service organizations in North America have identified workplace violence as an ongoing and costly problem (Vagharseyyedin, 2015) commonly approached through a workplace health and safety lens, which often favors violence prevention strategies, such as training programs (Yang & Caughlin, 2017). However, local and regional governments in Canada

have generally resisted the implementation of broader health and safety policy, such as anti-bullying or violence prevention legislation (Barnetson, 2013). This gap seems especially large when examining psychological health and safety policy across North America (Andersen et al., 2019). Even when structural frameworks do exist, research has shown poor implementation and awareness at an organizational level (Sheikh, Smail-Crevier, & Wang, 2018), often leading employers to design their own interventions with little support (Dimoff & Kelloway, 2013). Clearly, human service organizations require direction on which areas of the workplace to target for violence prevention and health and safety interventions. Missing from this area of knowledge is a fulsome understanding of how workplace violence and workplace health and safety manifest in a *team environment* – specifically within groups in human service organizations.

LITERATURE REVIEW

The empirical conceptualization of violence occurring at a team level offers different pathways through which workplace violence is manifested among working groups. For example, team violence has been studied to occur *laterally* when it is perpetuated from one staff to another in a lower work position (such as from supervisor to front-line worker). Barrett, Korber, and Padula (2009) theorize that lateral violence is likely to occur in environments characterized by poor leadership, unclear expectations of professional roles, and a lack of formal processes that guide behavior. Empirical investigations show that lateral violence is strongly associated with ineffective leadership (Stanley, Martin, Michel, Welton, & Meneth, 2007; Tong, Schwendimann, & Zuniga, 2017) and can lead to negative staff affect (Oh, Uhm, & Yoon, 2016) and lowered work productivity (Berry, Gillespie, Gates, &

Schafer, 2012). Lateral violence has also been studied to occur as a top-down and bottom-up phenomenon within organizations. For example, bullying has been shown to be directed at staff from supervisors in human service organizations (Cassie & Krank, 2018; Leong & Crossman, 2016), while the reverse has also been shown to be true (Kovacic, Podgornik, Pristov, & Respov, 2017; Yildirim, Yildirim, & Timucin, 2007). Likewise, violence has also been shown to occur *horizontally* between coworkers of same or similar positions, especially when there exists ineffective communication (Grace, Sharilyn, & Singh-Carlson, 2014). Horizontal violence may negatively impact patient care (Grace et al., 2014; Volz, Fringer, Walters, & Kowalenko) while contributing to staff isolation (Taylor, 2016) and oppression (Lee & Saeed, 2001). Through such organizational avenues, team violence can emerge as progressive and dynamic (Taylor, Bedeian, Cole, & Zhang, 2017), affecting team climates and employee job-related well-being (Paulin & Griffin, 2016).

In an effort to further refine the concept of violence at a team level, researchers have focused on the construct of *workplace* and *team incivility*, defined as low-intensity deviant workplace behavior with an ambiguous intent to harm (Schilpzand, De Pater, & Erez, 2016). Vagharseyyedin (2015) adds defining attributes of workplace and team incivility, including the violation of mutual respect, and low intensity physical and psychological harm. Additionally, Schilpzand and colleagues (2016) identify three main types of workplace and team incivility from the literature: *experienced* (employees who are the target of uncivil workplace behavior), *witnessed* (those who witness workplace incivility), and *instigated* (those who instigate incivility and direct it towards employees). These defining attributes serve as a foundation for how researchers understand and study team-level workplace violence. Of note, Morrow, McElroy, and Scheibe (2011) emphasize the

importance of broadening the definition of workplace and team incivility to include its effects on observers, adding that incivility does not have to be personally experienced to have negative effects. Early research on this subject has linked observed workplace violence to psychological difficulty (Zhou, Marchand, & Guay, 2017), but also show witnesses to largely underreport violent incidences (Huang & Glenn, 2016).

Other characterizations of workplace violence commonly found in the literature include *bullying*, which has been defined as “the occurrence of harmful and negative workplace behaviours” between coworkers (Saunders, Huynh, & Goodman-Delahunty, 2007, p. 340) and “harassing, offending, socially excluding someone or negatively affecting someone’s work tasks. In order for the label bullying (or mobbing, both terms are used interchangeably) to be applied to a particular activity, interaction, or process, it has to occur repeatedly and regularly (e.g., weekly) and over a period of time (e.g., about 6 months)” (Einarsen, 2003, p.4). Early qualitative research conducted by Strandmark & Hallberg (2007) suggests that bullying in public social services arises from longstanding power struggles and conflicts of values between workers that are caused by organizational conditions and leadership styles, while a more recent study adds that the impersonal management styles common in public social services are also an important contributing factor (Nguyen, Teo, Grover, & Nguyen, 2017). Bullying has been shown to affect social service workers more than the general population (Cassie & Crank, 2018) and can lead to severe social and mental stress (Hauge, Skogstad, & Einarsen, 2010), including emotional exhaustion (Cassie & Crank, 2018), anxiety (Hauge et al., 2010), depression (Einarsen & Nielsen, 2015), while influencing work outcomes such as job satisfaction (Hauge et al., 2010) and long-term absence (Ortega, Christensen, Hogh, Rugulies, & Borg, 2011). Despite the known

outcomes, a surprisingly low amount of research focuses on organizational factors that reduce bullying. Organizational support has been shown to mitigate negative effects of bullying, such as personal well-being (Cooper-Thomas et al., 2013; Parzefall & Salin, 2010), but little is known about effective organizational interventions that achieve this (Cooper-Thomas et al., 2013). Researchers (Nguyen et al., 2017) contend that senior management must consider the role of psychological safety in promoting positive work conditions and effective anti-bullying policy and practice, as well as the supporting factors of social climate, leadership behaviour, and role demands (Skogstad, Torsheim, Einarsen, & Hauge, 2011).

Harassment, relatedly, was described in a definitional analysis conducted by Claybourn, Spinner, & Malcom (2015) to include “negative interpersonal interactions in the workplace involving unwanted behaviour that is engaged in by one or more employees and which affects one or more other employees” (p.596), and has been shown to be widespread among social service workers (Nielsen, Glasø, & Einarsen, 2017). Further, victims experiencing multiple types of harassment is common (Rospenda, Richman, & Shannon, 2009) and negative outcomes associated with harassment are known to be strongest when perpetuated by a coworker (Friborg et al., 2017). Such outcomes can include reduced mental health (Friborg et al., 2017; Nielsen et al., 2017; Rospenda, et al., 2009; Willness, Steel, & Lee, 2007) including depression (Friborg et al., 2017) and psychological distress (Khubchandani & Price, 2015), work-related outcomes such as absenteeism (Khubchandani & Price, 2015; Willness et al., 2007) and decreased job satisfaction (Willness et al., 2007), and reduced physical health (Khubchandani & Price, 2015). A closer look at the problem reveals how specific worker populations may be more at risk. For example, a cross-sectional study by Jones, Finkelstein, & Koehoorn

(2018) shows how harassment rates are higher for public service workers in Canada who live with a disability, and that this group is 2.8 times more likely to experience harassment in the workplace. As well, gender-based studies show how females are especially at-risk (Khubchandani & Price, 2015; Rospenda et al., 2009), particularly if they are in positions of authority in public social service organizations (Wynen, 2016). This commonly leads to significant deficits in professional and psychological well-being (Leskinen, Cortina, & Kabat, 2011). Unfortunately, though policy and legislation at the government level prohibit harassment in the workplace has been in place for years, it is unknown how effective it is at preventing workplace harassment (Jones et al., 2018; Khubchandani & Price, 2015) as there exists little research examining this issue (Nielsen et al., 2017). Research has shown that organizations commonly lack formal responses and policies to sexual harassment, and often deal with the issue on a case-by-case basis (Nielsen et al., 2017). Nevertheless, organizational climate has been found to contribute to the negative outcomes associated with harassment (Willness et al., 2007), providing impetus for additional efforts to examining the issue at an organizational level (Jones et al., 2018) with a specific focus on minority groups, including visible minorities (Khubchandani & Price, 2015) and women (Leskinen et al., 2011; Rospenda et al., 2009). Though a considerable conceptual overlap between each of these terms is apparent, it is important to provide some boundaries for their use in research while mentioning related outcomes in studies.

There exists a growing area of knowledge on the impact of staff-to-staff workplace and team incivility on various employee and team outcomes (Gkorezis, Kalampouka, & Petridou, 2013; Sguera, Bagozzi, Huy, Boss, & Boss, 2016), with a focus on direct negative effects of uncivil team climates on employee well-being (Paulin &

Griffin, 2016). Employee perceptions are prevalent independent variables in studies assessing negative outcomes; for example, Miner-Rubino and Reed (2010) found that employees with lower group regard report less organizational trust when they experience workgroup incivility. As well, perceived workplace incivility has been found to negatively affect job satisfaction and quality of services after controlling for race, gender, and prior experience of harassment (Morrow et al., 2011). Adding to the knowledge base of employee-level outcomes, workplace and team incivility have been found to increase employee emotional exhaustion and reduce motivation to work (Hur, Moon, & Jun, 2014; Vagharseyyedin, 2015) in a team environment (Yang, 2016), often leading to burnout (Taylor et al., 2017).

Another field of research related to workplace and team incivility focuses on team violence prevention (Sguera et al., 2016). Team-building and supervision have been heralded to reduce the association between workplace incivility and negative employee outcomes, such as turnover intention (Sguera et al., 2016). Barrett et al. (2009) measured the impact that violence prevention and communication styles training had on team cohesion and job satisfaction in a quasi-experimental study among nurses (n=45) from a variety of settings, and found that fostering trust, identifying and clarifying roles, engaging staff in decision making, role-modeling positive interactions, and holding each other accountable all improved group cohesion. The Barrett et al. (2009) study provides an example of a restorative approach that fosters shared responsibility and builds positive group norms; however, the testing of similar interventions is underdeveloped in the literature (Hutchinson, 2009). Instead, data on variables that attenuate staff-to-staff team violence has emerged. For example, team incivility has been found to have a negative impact on perceived support for innovation via team member behavior (Yang, 2016),

however, building group harmony by promoting cohesiveness, psychological safety, and conflict avoidance, can reverse this relationship by increasing knowledge sharing among members and reducing task conflict (Chen, Unal, Leung, & Xin, 2016). As such, fostering pro-social relationships within the workplace is marketed as a team violence-prevention measure (Hutchinson, 2009), as are more structural solutions, such as establishing institutional violence prevention policies that foster healthy behaviours among members of a team (Hur et al., 2015). Ultimately, factors associated with workplace violence and health and safety impact the delivery of high-quality and effective services to vulnerable groups (Morrow et al., 2011). Some studies have linked workplace violence to service delays and errors (Roche, Diers, Duffield, & Catling-Paull, 2010), job performance (Lin et al., 2015), and quality of care (Arnetz & Arnetz, 2001), while a literature review by Lanctot & Guay (2014) found workplace violence was commonly associated with poor work functioning and poor relationship with service users. Despite a growing interest in workplace and team violence in the literature, little research has explored why violence occurs among team members in organizations (Gkorezis et al., 2013), and the specific context of team dynamics within a conceptualization of workplace violence and workplace health and safety; which was the focus of this study. Further, studies that explore team-level violence prevention and health and safety within the unique environment of human service organizations are lacking. This may be a result of the complex nature of this issue, as acts of violence and violence prevention manifest in many ways within highly socialized relationships (Hutchinson, 2009). Due to the scoping ways in which it manifests, this study defines workplace violence as any use of power that leads to harm, disadvantage, or injustice (Bufacchi, 2005). It is clear that this underdeveloped area of research deserves more attention for the purpose of informing high-quality and

effective interventions. This study identifies this gap by contributing much needed findings on the nature of team-level violence, and how team violence prevention can inform health and safety protocol within human service organizations.

METHODS

Authors position themselves as mixed-methods human service organization scholars with experience engaging in a variety of service contexts. Three of the authors are university professors, while the first author is a PhD student. All authors hold positions in social work programs at Canadian universities, and have completed similar studies that utilize evaluative and exploratory approaches, including both qualitative and quantitative methodologies. The first author draws on his four years direct practice experience in community-based nonprofit organizations to inform this work as an evaluator and researcher, which he has been engaged with over the past four years. Previous to this study, the first author has worked directly with public child welfare practitioners in a practice and program development capacity, and indirectly with many publicly-funded nonprofit social service organizations. He positions himself as a pragmatic and post-positivist researcher that aims to advance the field through rigorous scientific inquiry within a community-based approach. This study adopted a pragmatic qualitative approach (Creswell, 2009; Miles & Huberman, 1994), utilizing techniques to generate and develop themes (Glaser & Strauss, 1967) related to experiences of workplace violence and health and safety at the team level of analysis. Data were gathered from a province-wide study on health and safety in public social services in western Canada, in collaboration with the provincial government and union representing staff. Researchers (n=3) recruited study

participants using convenience sampling, targeting front line, supervisory, and senior management staff across various units of one public social service organization (including child welfare, income security programs, and other community support programs such as housing and supports for older adults), relying on a recruitment letter that was randomly distributed to staff using an email list provided to the researchers by the organization. Sample demographic and descriptive statistics are listed under *Table 1*. Interested participants were then provided with study information and informed consent by researchers. Following a pragmatic qualitative approach (Sandelowski, 2000; Smith et al., 2011), researchers conducted preliminary analysis of interview data during the collection phase and consulted each other on this process to compare results. When it was evident that findings were no longer novel, and theoretical saturation had been reached, researchers ended the data collection process. This resulted in a final sample of 85 respondents.

Researchers used a semi-structured interview guide to inform open-ended, one to one telephone interviews, lasting 30 to 45 minutes. This allowed for flexibility in interviews, such as opportunities to probe respondents when novel and/or salient responses were provided, but also considered time restraints on behalf of the participants. Importantly, respondents were not provided with a definition of workplace violence before beginning the interview, as researchers did not want to skew answers and preferred respondents to develop their own interpretation of the concept. Respondents generally defined workplace violence as consisting of any behaviour which intentionally or unintentionally caused harm to someone else, be it emotional, psychological, or physical in nature. This definition matches the conception of workplace violence provided in the literature review. Questions from the guide were developed before data collection to elicit data on team

dynamics experienced by respondents; specifically, researchers wanted to know about how experiences on a team, such as team structure and staff relationships, contribute to the overall health and safety of the workplace environment. Examples of these questions included: *What are some aspects of your work environment that contribute to your experiences with workplace violence and/or improve your sense of safety in the workplace? What aspects of your relationships with colleagues contribute to your experiences of workplace violence and safety? What are some things that people in your work environment (such as supervisors or managers) could do differently to reduce individual experiences of work violence associated with negative interpersonal interactions with colleagues?* Conversely, some interview questions were added to the guide after data collection began as researchers worked to develop an accurate description of the study phenomenon, and early interview data began to highlight salient aspects of workplace violence that were not considered by researchers originally. Examples include *What are some workplace experiences that challenge relationships with other colleagues? What are the resources you have from your employer that help reduce incidences of workplace violence?* For a full list of interview questions, please reference to interview guide in *Figure A*. Before any interviews were conducted, trained researchers ensured that participants provided full informed consent. This included providing participants with information on the study, how the interview data was to be collected and anonymized, and explaining the right of the participants to conclude the interview at any time without recourse. Risk of harm as a result of participating in the research was deemed low, however, additional support staff were made available during interviews should the participant become distressed at any point. Interviews were audio recorded and manually transcribed verbatim by a trained research assistant. To help

manage biases, researchers consciously noted subjective reactions to respondent-provided information. These reactions were noted on paper and referenced during analysis.

During analysis, researchers followed a pragmatic qualitative approach (Sandelowski, 2000; Smith et al., 2011) to developing findings from the transcripts (Glaser & Strauss, 1967). Namely, researchers utilized an inductive qualitative approach by applying a constant comparison (Hsieh & Shannon, 2005) strategy to content analysis (Goetz & Lecompte, 1984). This was operationalized by first coding data into general themes, which was completed independently by each researcher before collaborating to compare results. Once all three researchers arrived at a consensus for general themes, the data were again independently coded into “sub-themes” that qualified each general theme. Researchers were particularly interested in locating practical codes that best represented how respondents experienced health and safety at a team level. This second round of coding concluded when researchers came together to cross-reference findings, focusing on developing same or similar codes. This process was repeated until all cases of outlying codes were debated and eventually included in the final version of the findings, and was done to enhance the trustworthiness criteria of the study results (Grinnell & Unrau, 2005). To present the results, authors created a conceptual representation of the findings in this study, which includes all themes and codes (see *Figure B*). This model was developed following findings from each of the two major themes (positive intra-personal and inter-personal team dynamics), which are shown as two overlapping concepts of team-level health and safety. Each of these major themes are then further defined with the sub-themes/codes, which are shown on the periphery of the model. Authors chose this visual representation of team-level health and safety as a way to depict the intersectional

nature of the findings, with specific sub-themes providing a pragmatic application of intra-personal and inter-personal team dynamics. Sub-themes were selected during analysis and categorized using definitions of each major theme, provided in the findings section below. Throughout the findings section we highlight secondary literature that is aligned with the findings from this study to demonstrate convergence with existing scholarship.

FINDINGS

Findings support a two-tiered conceptual model outlining specific aspects of workplace health and safety and workplace violence at a team level. Respondents articulated how relational and socio-cultural variables surfaced as either *positive intra-personal team dynamics* (subthemes included role clarity and differentiation, inclusivity within a team, use of communication tools, participating in a shared vision, and use of knowledge translation tools) or *positive inter-personal team dynamics* (subthemes included collaboration, inter-personal interactions, providing support, openness between colleagues, and trust and confidence in a team). As well, this research reports negative examples from the data that were salient in the findings to provide further context in defining each theme.

The general theme of *positive intra-personal team dynamics* focused on factors that increased or decreased the level of positive affect individuals had towards their work teams, which subsequently was perceived to impact experiences of workplace health and safety or violence at a team level. Respondents identified *role clarity and differentiation* as an important aspect of intra-personal dynamics, explaining how delineating roles within a team helps staff clearly identify responsibilities and understand the specific functions each individual contributes toward a common team goal, thus contributing to a service experience

that provides continuity for service users. Respondents supported empirical knowledge on the importance of identifying and clarifying goals as a violence-prevention strategy (Barrett et al., 2009) while maintaining that role ambiguity contributes to workplace incivility (Sguera, 2016). However, respondents further detailed role ambiguity by explaining how unequal pay scales and unequal distribution of workload among staff of similar positions will exacerbate frustrations regarding fairness and expectations, and increase the risk of workplace violence. One respondent described how a new system of job classification led to a poorly distributed pay scale and contributed to friction between staff of similar positions:

...we have some staff who are classified higher and as a result receive higher pay, and I think that that has created a great deal of conflict among functions and as a result I think that that has created some negativity in work sites because basically you and I are doing the same thing but because you're an assessor and I'm a case manager, you make more than I do...I think it has eroded areas like respect because there's really a sense that you know, there really is no difference, but you get more money.

Beyond the differentiation of roles within a team, respondents outlined a general desire to feel *included* and to include others on a team. Specifically, respondents appreciated when managers took the time and effort to consult individual members of a team before making important decisions that affected workflow and job responsibilities. When opportunities for individual and team input were provided, respondents felt like they had a voice and did not exist in silos, but operated together to affect work outcomes. One staff summarized the experiences of a majority of respondents regarding the benefits of an inclusive decision-making process:

We are definitely included in the decision-making process. Our silos are really non-existent. We communicate regularly between one team and the other and if ever we have questions on a project or we're not sure if for example (another team) needs to do something on a project, it's as easy as walking down the hall and chatting.

Contrarily, workplaces that did not support inclusive processes were at greater risk of perpetuating workplace violence. When team processes fail to consult all affected parties in a decision, or when teams formed exclusive cliques between members, individual staff were less liable to feel safe and included. An interesting example provided by one respondent outlines commonly-held experiences of staff cliques and their effect on supervisor-directed violence:

... amongst the staff, there's a lot of closed doors in the office...people do have their favourites and, you know, there are people that are excluded in the office, you know, so there's like fifteen frontline staff...so there's all those little cliques like gossiping and they do treat their supervisor poorly, like there's frontline staff that yell at their supervisors.

A third sub-theme that supports a positive affect within teams identified by respondents is the *use of communication tools* such as email, instant messaging, team meetings, and phone calls. Respondents highlighted the need for consistent communication between supervisors and staff and across a team, and specifically indicated a need for regular team meetings. This helped individuals feel more informed about daily issues that would arise. In-person meetings were still favored over email and other web-based communication, especially when important information was to be discussed. These systems kept respondents informed

about important service issues, and supported work that was responsive and relevant to issues faced by service users. Lastly, respondents supported the use of technology, such as cell phones and text messaging, to help keep team members informed about each other's whereabouts and status. Many respondents commented on the value of consistent opportunities for meeting and sharing important work-related information. One respondent explained how daily meetings helped staff communicate about pertinent ongoing work-related issues:

...the rest of our team meets on a daily basis, twice a day. Basically at shift change, and any incident or whatever is discussed...at that time as well, and then directives, or, you know, or ideas on a better way to handle a situation are given at that time.

Effective communication across a team was generally cited as important to the *participation in a shared vision*. Respondents enjoyed the process of involvement in a collective that was working towards a common and well-defined goal. This reflects research that supports the notion of group goal setting as contributing to team cohesiveness (Thompson et al., 2016), cooperation (Liang, Shih, & Chiang, 2015), trust (DeOrtentiis, Summers, Ammeter, Douglas, & Ferris, 2013) and customer service behaviour (Słowiak, 2014). However, this finding was included as supporting *intra-personal dynamics* because respondents emphasized how group goal setting contributed to motivation and an alignment between individual work goals and the overall direction of the group. This ultimately benefitted services as respondents become united in their action, response, and behaviour when working with service users. Most respondents conceptualized this process as the creation of a "shared" or "collective vision", and cited individual goal setting or planning activities as supporting the development of shared vision:

...we're a very small team and so we do have our yearly planning sessions where we identify what we want to achieve as a team. We also have our own personal goals for where we want to improve in our careers or certain projects that we want to see through... throughout the year. I would say that by having that focus, collective vision for where we want to go over the next year, it helps us structure our projects and have conversations about where we want to go. I don't see much conflict between us.

Finally, respondents identified how the existence and use of *knowledge translation* tools affected communication within and between teams and had bearing on workplace health and safety. For example, many respondents referenced how having effective methods for communicating inter-personal- and work- related challenges to other teams and departments, including human resources, helped staff access important resources, such as mediation and consultative services. Building pathways for knowledge translation also helped staff support themselves and each other, as described by one respondent:

...because we work in teams, so in our branch, we have four different work units. And the work units work together a lot. And I think that gives people an opportunity to talk with each other and to support each other on different things they might be experiencing... And this then supports feelings of safety and trust within the team.

The second general theme was *positive inter-personal team dynamics*, and it yielded findings pertaining to relational aspects of workplace health and safety on a team level. The first finding, *collaboration*, focused on how work was completed between team members and across different work groups. According to Kamensky and Burlin (2004),

collaborative workplace environments are built using open networks and partnerships, then leveraging these networks to manage complex projects and meet common goals. This has bearing on service continuity and delivery, as open network workplaces leverage the collaborative power work teams to accomplish service goals more effectively and efficiently (Kamensky & Burlin, 2004). This research follows Kamensky and Burlin's (2004) concept of collaborative workplace environments as respondents commented on the usefulness of establishing pathways for communication between teams. Another salient aspect of collaboration as noted by some respondents is an understanding of the dynamics between members of a team and between teams to guide the process of effective collaboration. Capturing some of these themes, one respondent commented:

There are no real silos in our work. It goes from one team to the other quite seamlessly and I would say over the last two years since I've been here for sure, we've developed quite a few internal processes where we ensure that for the client at least, that it's a seamless transition between our two teams. So the partnership team will be chatting with them, developing that early part of the relationship until they get to an agreement. Once the agreement is formed and there is something that we need to communicate, it comes to us and that transfer is made from the partnership team to us. We then talk with the client and then it moves back to the partnership team for maintenance of that community investment to ensure that it continues and that we remain in contact with the business primarily to make sure that their community investment goals are met by the partnership team.

A focus on the nature of *inter-personal interactions* by respondents further details how inter-personal dynamics are adopted on a team. Respondents listed many examples of positive inter-personal interactions that lead to safer team environments, including opportunities for social interactions, positive inter-personal relationships between members on a team, and effective use of humor. However, respondents also provided an equal list of examples that outlined negative inter-personal interactions. Some of these respondent examples provided unfortunate representations of workplace violence, such as manipulative and passive-aggressive behaviors, use of intimidation tactics to control staff, and gossip against individuals. For example, one respondent provided a clear example of a negative inter-personal interaction leading to workplace violence:

There is somebody here who is engaging in this kind of thing. So he's a bit of a ring leader in this. He's very... it's manipulative is what it is. And from what I understand, from people who work with him, he used to be a fairly overt bully. So would yell and that kind of thing and with I think the movement to that kind of behavior being unacceptable has just changed his behavior, so his bullying has I think gone underground...I guess the best way that I can describe it...As the yelling would not be tolerated now, but the more subtle digs and manipulation is still happening.

These outwardly violent behaviours have been found to affect staff in many ways, which translate into serious service interruptions. For example, workflow issues that result from burnout and turnover (such as a surplus of tasks as a result of a temporary leave or unexpected job termination) may burden staff with unmanageable backlog, causing delays in service delivery. Possibly mitigating violent inter-personal behavior and its deleterious effects on

workplace health and safety, the vast majority of respondents gave credence to how *providing support* on a team leads to healthier workplace environments. Examples provided under the finding of providing support include recognizing staff for their positive contributions and value to a team, the fostering of personal connections between team members, and offering emotional support for daily work challenges. Capturing some of these themes, one respondent described:

...we have a focus on sort of being supportive and debriefing after difficult calls and stuff, I think that habit causes relationships that are slightly deeper than your traditional sort of office place relationship which is an insulating factor against bullying and fighting and such...

Building from previous findings on aspects of positive inter-personal team dynamics, respondents highlighted the need for *openness between colleagues*. Openness in this context can be best defined using McCrae's (1987) conceptualization of "openness to experience", which refers to an individual's willingness to explore, consider, and tolerate new ideas. Openness to experience is especially important in diverse teams (Homan et al., 2008) such as the work groups sampled in this study. A number of respondents provided rich examples of openness between colleagues that included confronting individuals to discuss inter-personal issues and taking ownership, transparency among a team and within work processes, and the use of positive and honest communication. One respondent generally described the role of openness in creating a healthy and safe workplace:

...a lot of it I think comes down to just being respectful people and you know, people generally know what that is and if I had concerns that somebody wasn't adhering to some of those values

of respect and trust, I wouldn't have a problem with addressing it with them directly and then if needed I could, if it wasn't dealt with appropriately, then I would have no problem going to the next step.

The analysis showed that an openness between colleagues could provide accountability measures that prevent workplace violence. Another prevention strategy identified by respondents was building *trust and confidence* on a team. Trust and confidence at a team level was gained in many ways, including the overall promotion of positive teamwork strategies, supporting the decisions of other staff, providing opportunities for team members to connect and contribute to each other's work (also a facet of *collaboration*), and through various team building activities. Further, openness between colleagues was found by many respondents to promote the most effective work strategies, which allowed respondents to adopt approaches to their work that favored responsive and effective service. One respondent briefly described how feeling supported by her team led to a sense of trust and confidence:

...any decision we make you don't really have to cover your butt in this unit, because if you make a mistake, people will fall on the sword with you, so... it's not like you're going to get yelled at or demeaned.

DISCUSSION

Respondents from this study provided crucial information on team-level violence and violence prevention within human service organizations by specifically highlighting tangible and practical ways of how workplace health and safety is manifested within these settings. Specifically, respondents provided data on the behaviors, cognitions, and interactions that are demonstrations of team-

level health and safety. From this data we can gather a few important overarching implications. Firstly, findings from this study support the notion that team-level health and safety and team violence are highly socialized processes (Bishop et al., 2005; Salin, 2003). Team members' perceptions of health and safety are rooted in social processes, such as the development of group norms, team and organizational expectations, and workplace culture (Miner-Rubino & Reed, 2010). This is especially important in human service organizations, where staff work together to solve client-based issues which are rooted in biopsychosocial contexts (Hasenfeld, 1983). Therefore, the work produced in human services is social in nature, contributing to an environment where relationships, communication, and social norms are primary factors contributing to the overall success of the mission of an organization (Hutchinson, 2009). Processes of socialization are enacted through intra- and inter- personal interactions between group members. Interestingly, respondents provided examples that indicated how inter- and intra- personal interactions can both inform the socialization of workplace health and safety and *be a product* of this same process. For example, respondents highlighted how systems of consistent and effective communication (such as daily 'shift change' meetings) fostered openness and accountability within a team. Conversely, respondents also indicated that working on a team where openness and trust was high would make them more liable to identify challenges and discuss important team-level issues during meetings. Such examples support the idea that the process of socializing team workplace health and safety and team violence is reciprocal (Bishop et al., 2005), and team members can play both forming and perpetuating roles. Respondent examples also reveal the dynamics shared between each of the sub-themes, and how they may lead to causal relationships, depending on the context. For example,

trust and confidence in a team may lead to an increase in *collaboration*; the opposite may also be true. However, these relationships can only be empirically validated with quantitative testing, which is outside of the scope of this study.

A second important finding is the many various manifestations of workplace health and safety and team violence as indicated by respondents. Researchers contend that workplace health and safety can encompass many variables (Croft & Cash, 2012; Kosny & MacEachen, 2010). Examples provided in this paper reached beyond traditional conceptions of workplace health and safety and team violence to include decision making processes, communication infrastructure, structures of workflow, and reporting protocol. Including these examples in a conceptualization of workplace violence would greatly expand the definition as provided by Boyle & Wallis (2016) earlier in this paper. Moreover, when working towards a conceptualization of health and safety, such considerations are imperative. This variability can have consequences for human service organizations. Firstly, within the many competing projects, services, and grants typical of medium-to-large human service organizations (such as the organizations selected in this study), management must find adequate space to foster health and safety as a critical component of the work being accomplished. Staff must thusly be made aware of what violence looks like, and how it can be managed and prevented. Secondly, human service organizations must find a way to adopt organization-level strategies in ways that support their unique structural characteristics. For example, many public human service organizations are bound to decision-making protocol identified in public policy. Health and safety activities must also adhere to these unique procedures, or risk becoming irrelevant to the regular operation of teams within the organization. Future research can help develop a more

concrete definition of team level workplace health and safety by testing the fit of these descriptors within other human services settings.

Latent in the discussion of designing impactful health and safety interventions is the effect they have on service delivery. However, the link to service user outcomes must not be understated, and was found to be equally important as a result of building safe work environments. Some respondents were able to describe a direct connection between worker well-being and the service experiences of people who were connected to their organization. Others found more indirect associations between these factors. For example, effective health and safety practices were discussed as contributing to respondents' ability to perform their job more accurately and with increased motivation. This was due to factors including increased coworker support, psychological safety, and aspects related to workload management. This relationship can be easily associated with positive service experiences (Morrow et al., 2011) as service users receive timely and attentive care from staff. Ultimately, health and safety encompass both staff well-being and service delivery.

Finally, respondents from this study offered important considerations in the development of workplace health and safety regimes for human service organizations. Team-level factors discussed in the findings were mutually reinforced by group members, supervisors, and within the relationships between staff. Identifying how these factors are enacted by members is a cornerstone to a successful workplace health and safety intervention as it tailors a response to the inevitable uniqueness of any workgroup (Rogers et al., 2016). Programs should target specific relevant behaviours that require change, while identifying antecedent factors (including the themes discussed in this study) and build around them (Berry, Gillespie, Fisher, & Gormley, 2016). The process of developing positive

workplace health and safety environments may require changes that are cultural and behavioural in nature (Arbury, Zankowski, Lipscomb, & Hodgson, 2017). Within human service organizations, cultural and behavioural norms have special relevance to the well-being of staff, who are bound together in highly socialized team-based environments (Hasenfeld, 1983). It is therefore required that approaches to health and safety include process-based and transitional methods that favour latent aspects of how workplace health and safety and violence is socialized in a team setting (Rogers et al., 2016).

This study is not without limitations. First, the research design adopted in this study is purely exploratory, and therefore making inferences from the findings should be done with caution. Specifically, this study utilized convenience sampling of a single public service organization, and any attempt to apply findings within other contexts should proceed with caution. Despite this limitation, the high number of respondents, coupled with a rigorous approach to data analysis, provide many opportunities for this research to be used in further empirical inquiry on the topic of team dynamics and health and safety in human service organizations. Researchers and practitioners should pay special attention to the sample demographics displayed in Table 1 as a comparison to their own organizations for the purpose of assessing similarities and differences, which may impact generalizability and applicability of the findings in this study. Secondly, data were collected within one province within Canada, and some details may not represent experiences or issues faced by other staff in publicly-administered social services from across Canada or in other international contexts generalizable to advanced industrialized countries. However, the sample in this study represents a diverse array of service contexts and organizational levels, and is meant to provide the research with a comprehensive amalgam of

voices. These limitations must be considered when using this research to inform future empirical or practice-based endeavors.

CONCLUSION

The focus of this study was to develop a more comprehensive understanding of how team-level workplace health and safety and workplace violence emerges within human service organizations. Findings were developed as stemming from one of two general themes: *positive intra-personal team dynamics* (role clarity and differentiation, inclusivity within a team, use of communication tools, participating in a shared vision, and use of knowledge translation tools) and *positive inter-personal team dynamics* (collaboration, inter-personal interactions, providing support, openness between colleagues, and trust and confidence in a team). Each finding offers poignant examples of how health and safety is manifested within a team setting unique to human service organizations. Together, the findings offer a conceptual model of workplace health and safety on a team level, visualized in *Figure B*. Though not exhaustive, findings from this research encroach on a new and exciting knowledge base that is beginning to outline the varied inter- and intra- personal aspects of team-level workplace health and safety within human service organizations.

Figure A: Interview guide

1) What are some aspects of your work environment that contribute to your experiences with workplace violence and/or improve your sense of safety in the workplace?

Probes: Are there aspects of the organization's culture that you think support your experiences with workplace violence or safety? Are there characteristics of the organizations structure or hierarchy that contribute to experiences with workplace violence or safety? Can you provide some examples?

2) What aspects of your relationships with colleagues contribute to your experiences of workplace violence and safety?

Probe: What are some workplace experiences that challenge these relationships (e.g. workload, support, stress, autonomy, etc.)

3) Does the way you are supervised or managed contribute to increased exposure to violence? How does the way you are supervised impact the prevalence of negative interpersonal interactions with colleagues?

4) What aspects of the way that your work is carried out might contribute to increased experiences of workplace violence and safety?

Probes: Do you work in a supportive work environment? Do you work in teams? Do you experience isolation? Are you included in the decision making process?

5) How do human resource practices in your workplace mitigate work violence?

Probes: Does the way disputes or conflicts are resolved aid in reducing worker exposure to work violence from colleagues? From services users? Can you

provide some examples?

- 6) How do organizational policies reduce work violence?
Probes: What are the tools or resources you have from your employer to help reduce incidences of work violence from services users? What policies are in place to provide workplace safety? What are the resources you have from your employer to help reduce incidences of work violence from negative interpersonal interactions with colleagues?
- 7) What are some things that people in your work environment (such as supervisors or managers) could do differently to reduce individual experiences of work violence associated with negative interpersonal interactions with colleagues?

Figure B: Conceptualization of Team Dynamics relating to Workplace Health and Safety in Social Service Organizations

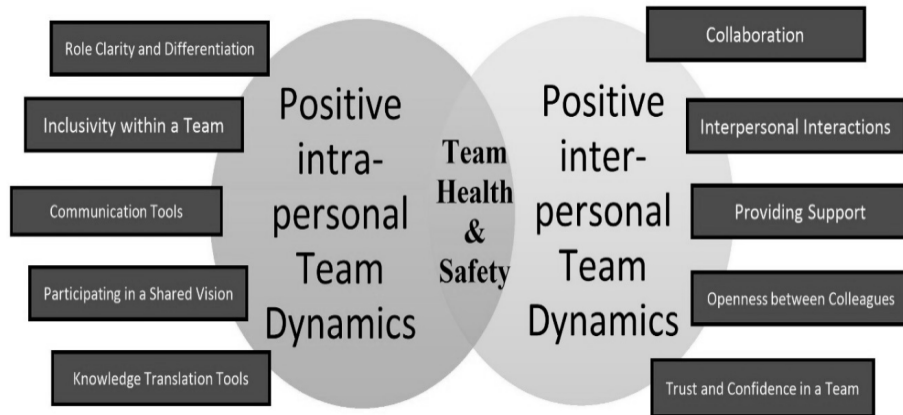


Table 1: Descriptive statistics of study sample (n=81)

Variable	Number (Percent)	Mean (standard deviation)	Response Range
Years in the Field		17.14	2-47
Highest Education Achieved			
High School	13 (16.05)		
College or Undergraduate University	56 (69.13)		
Graduate	12 (14.81)		
Current Position			
Frontline Worker	16 (19.75)		
Manager/Supervisor	25 (30.86)		
Administration Support	13 (16.05)		
Senior Management	18 (22.22)		
Executive Director	9 (11.11)		
Work Area			
Family Violence Prevention and Homeless Supports	16 (23.45)		
Child and Family Services	10 (12.34)		
Employment and Financial Support	18 (22.22)		
Disability Services	8 (9.88)		
Early Childhood and Community Supports	15 (18.52)		
Support to all work areas	14 (17.28)		

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