

**Discrimination, Harassment, Abuse and Bullying in The Workplace:
Contribution of Workplace Injustice to Occupational Health Disparities**

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INTRODUCTION

Occupational health disparities refer to the unequal distribution of adverse work-related health outcomes (i.e., fatal and non-fatal injuries, occupational illnesses) and other health outcomes across worker groups defined by some demographic characteristic (e.g., race/ethnicity, nativity, gender, age, sexual orientation, physical/mental ability). Marginalized worker groups (e.g., racial/ethnic minorities, immigrants and migrant workers, women) may bear a disproportionate burden of such occupational health outcomes, reflecting broader social and institutional forces that promote and perpetuate disparate health. In the workplace, one reflection of these forces is in the mistreatment of some workers (individually or as a group) through unjust practices, such as discrimination, harassment, abuse, and bullying. Such practices can have direct and indirect negative impacts on workers' health by placing workers in circumstances that increase their risk of exposure to and suffering of a work-related injury or illness. Accordingly, it is important to note that the levels of these workplace injustices are related to the level of power imbalances between types of worker groups (Hodson, Roscigno, & Lopez, 2006; Lopez, Hodson, & Roscigno, 2009; Turney, 2003). Furthermore, while evidence shows that occupation is a primary predictor of health outcomes even after adjusting for sociodemographic factors such as race/ethnicity and income (Clougherty, Eisen, Slade, Kawachi, & Cullen, 2009; Clougherty, Souza, & Cullen, 2010), experiencing such injustices at work may compound the risks for disparately poor health already shouldered by marginalized groups.

This paper synthesizes previous research and reports that reveal how workplace injustices – discrimination, harassment, and bullying – contribute to disparities in occupational health outcomes ranging from fatal work-related injuries to lung disease to mental health. The scope of our synthesis focused on the literature reporting direct associations of these forms of workplace injustice with health outcomes, as well as that identifying indirect routes (e.g., occupational segregation of a particular group of workers into high risk jobs). Based on our review, a conceptual framework is presented to illustrate how workplace injustices result in disparate health outcomes. We start, though, with a general discussion of the specific types of workplace injustice we have identified in the paper and how they foster disadvantage in terms of both working conditions and health outcomes for workers.

Conceptual Framework

The conceptual model presented in Figure 1 illustrates how workplace injustices can lead to occupational health disparities. Based on work by Krieger, the model posits pathways between workplace injustices and adverse occupational health outcomes, and recognizes that workplace injustices operate both at the institutional level (structural input) and individual/interpersonal level (direct exposures) (Krieger, 1994; Krieger, et al., 2008). Institutionally, workplace injustice can play out in a given workplace as a function of the society in which it is embedded.

Types of Workplace Injustice

Currently, the definitions and scope of workplace injustice differ based on discipline and context of the body of literature being reviewed. The United States Equal Employment Opportunity Commission (US EEOC) protects workers from workplace injustice based on age, disability, gender/sex, genetic information, national origin, pregnancy, race/color, or religion (2011). This EEOC definition excludes sexual orientation, which is covered by some states. In this paper, we operationalize workplace injustice as discrimination, harassment and bullying based on the EEOC protected classes but also including sexual orientation, gender identity, health condition, and job title/position within the workplace. The perpetrator of workplace injustice can be an institution, an organization, a supervisor, a coworker, or customer/client. Although many reports depict dominant, majority groups as primary perpetrators against minority group workers, some studies reveal that injustice can also be committed within and between socially and economically disadvantaged groups themselves, including the use of informal ranking systems of workers based on race/ethnicity and nativity (A.B. de Castro, K. Fujishiro, E. Sweitzer, & J. Oliva, 2006).

Workplace discrimination refers to when institutions and/or individuals within them enact unfair terms and conditions that systematically impair the ability of members of a group to work (K.M. Rospenda, J.A. Richman, & C.A. Shannon, 2009). Often times, it is motivated by beliefs of inferiority of a socially disadvantaged outgroup compared to a dominant group (Roberts, Swanson, & Murphy, 2004). Racism, or discrimination based on race, justifies the mistreatment and dominance of members of a particular racial group due to beliefs of their genetic and/or cultural inferiority; it also carries with it a history of societal power relationships between races (D. R. Williams, 1997). As mentioned above, discrimination can occur between disadvantaged groups themselves. For example, de Castro et al. (2006) noted how a sample of immigrant workers in Chicago observed that “Ecuadorians, Puerto Ricans, and Polish were favored over Mexicans” and “Koreans were favored over Latinos and Latinos over Filipinos” (p. 255). These ranking systems were shown to be initiated and perpetuated by both coworkers and employers/supervisors alike (A. B. de Castro, K. Fujishiro, E. Sweitzer, & J. Oliva, 2006). Indigenous Latino farm workers in Oregon have reported experiencing ethnic discrimination from other Latino farm workers who had risen through the ranks to become foremen or supervisors (Farquhar et al., 2008). Also, African Americans from different workplaces reported experiences of intra-group discrimination from other African American co-workers (Din-Dzietham, Nembhard, Collins, & Davis, 2004).

Discrimination against workers with disabilities has also been shown to have both societal and historical influences and to persist despite being made illegal by the Americans with Disabilities Act (Moore, Konrad, Yang, Ng, & Doherty, 2011; Scheid, 2005; Snyder, Carmichael, Blackwell, Cleveland, & Thornton, 2010; Stuart, 2006). Ageism, which is discrimination based on age, has been shown to have a lifecourse trajectory whereby it disproportionately affects younger workers in their 20s and older workers above 50 (Gee, Long, & Pavalko, 2007). Gender- or sex-based discrimination "involves treating someone (an applicant or employee) unfavorably because of that person's sex"(EEOC). Gender discrimination has been shown to result in pay and promotions based on gender rather than performance.

Workplace harassment involves behaviors that contribute to a hostile work environment. Workplace harassment must include discrimination based on a protected class status (such as race, religion, disability etc) in order to meet the US legal definition (Carbo, 2008; Ehrenreich, 1999), and, may also be deemed illegal if it results in an unfair, adverse employment decision, such as termination or demotion (EEOC, 2011). Sexual harassment is a type of workplace harassment that is typically characterized along gender/sex lines. Fitzgerald and colleagues (1999) delineated four types of sexual harassment—sexist behavior, sexual hostility, unwanted sexual attention, and sexual coercion. Sexist behaviors are “experiences that can be considered primarily discriminatory based on one’s sex” (Fitzgerald et al., 1999, p. 249). This overlap in definition can make distinguishing between antecedents and outcomes of gender discrimination versus harassment somewhat difficult. The other three describe experiences that are more sexual in nature.

One type of harassment, **workplace bullying**, involves actions that harass, offend or socially exclude a worker or group of workers or that have a negative effect on the person or group’s work tasks (Grubb, Roberts, Grosch, & Brightwell, 2004). These actions occur repeatedly and regularly over a period of time (Grubb, et al., 2004). Workplace bullying is related to “deterioration of interpersonal relations as well as organizational dysfunctions” and both the harassing actions taken and workers’ sensitivity to it can vary according to culture (Cassitto et al., 2003). Other terms for workplace bullying include abuse, mistreatment, harassment, mobbing, petty tyranny, social undermining and incivility.

PATHWAYS: FROM INJUSTICE TO HEALTH DISPARITIES

Labor Stratification

Workplace injustice can occur upstream even before entry into the labor force. Injustice and consequent occupational health disparities occur downstream from occupational segregation, at the societal level, whereby disadvantaged workers experience unfair access or denial to employment opportunities and are disproportionately relegated to certain industrial sectors and/or undesirable or precariously hazardous jobs (Agudelo-Suarez et al., 2009; Blau, Ferber, & Winkler, 2002; de Castro, Gee, & Takeuchi, 2008; de Castro, Rue, & Takeuchi, 2010; Delp, Podolsky, & Aguilar, 2009; Farquhar, et al., 2008; Forman, 2003; V. M. Mays, Coleman, & Jackson, 1996; Murray, 2003a; Roberts, et al., 2004). For example, among African Americans, Haggerty and Johnson (1995) point out that occupational segregation is part of broader societal level injustices, notably poor educational systems and opportunities as well as growing up in environmentally polluted communities, therefore, predisposing African Americans to limited, hazardous, poor-quality job opportunities in adulthood (Haggerty & Johnson, 1995).

Experimental studies have documented employers responding negatively to job applicants based on age, gender, race (including the combination of race and criminal records) and sexual orientation, thus discriminating against or preferentially hiring applicants of certain types of workers for certain types of jobs (Bertrand & Mullainathan, 2004; Crow, Fok, & Hartman, 1998;

Hebl, Foster, Mannix, & Dovidio, 2002; Horvath & Ryan, 2003; Pager, 2003; Pager, Western, & Bonikowski, 2009). Other studies, based on self-report, have also found discrimination and bias in hiring and/or promotion based on sexual orientation and age of applicants (Badgett, Lau, Sears, & Ho, 2007; Johnson & Neumark, 1996). Further, a recent analysis of court cases showed that women encounter what is termed a “maternal wall,” whereby they are illegally denied employment and/or promotion due to pregnancy or childbirth (J. C. Williams & Westfall, 2006).

Institutional and Interpersonal Injustice

Jones’ (2000) characterization of institutional racism, “differential access to the goods, services, and opportunities of society” (p. 1212), can be applied to the characterization of institutional workplace injustice. The injustice is “normative, sometimes legalized, and often manifests as inherited disadvantage,” and “structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator” (p. 1212). Because the injustice is “normalized” and codified in institutional custom, practice and law, institutional injustice can persist even after levels of individual injustice has lessened in a society (D. R. Williams & Mohammed, 2009). For example, homosexual workers have reported feeling isolated and not contributing to workplace discussion of family-related matters because of heterosexist norms at workplace social events (Bowleg, Brooks, & Ritz, 2008). At the individual/interpersonal level, workplace injustice can be intentional or unintentional, and, encompasses acts of commission and omission. Studies have documented a range of such unfair practices, such as excluding socially or economically disadvantaged workers to an outgroup worker being the target of overtly hostile actions and behaviors (e.g. being subjected to insults and jokes related to one’s race/ethnicity, gender, sexual orientation, age, etc.). For example, racial/ethnic minorities report being targets of derogatory comments and having their work duties and activities made difficult by others (Alleyne, 2004; Raver & Nishii, 2010).

Exposure to Occupational Hazards

There is evidence that disadvantaged populations are also differentially exposed to poor working conditions (Frumkin, Walker, & Friedman-Jimenez, 1999; Murray, 2003b). In some cases, workers are directly exposed to more occupational hazards through assignment of the most hazardous jobs to socially and economically disadvantaged populations, thus increasing their risk for work-related injury or illness (A. B. de Castro, et al., 2006; Delp, et al., 2009; Farquhar, et al., 2008; Murray, 2003a; C. A. Shannon, K. M. Rospenda, J. A. Richman, & L. M. Minich, 2009). Early observations of disparate outcomes between worker groups led to discoveries that minority workers were sometimes relegated to the “dirtiest” jobs on a worksite (Frumkin et. al., 1999). An early documented example is that of the Gauley Bridge/Hawk’s Nest tunnel disaster in 1930 (Cherniack, 1986). Although many preliminary explanations for the increased incidence of and disproportionate death from pneumoconiosis among Black versus white workers may have been advanced, an examination of job placement of workers in the mine environment exposed the cause as race-based job assignments. Black workers were *de facto* assigned to the deepest, dustiest parts of the tunnel; white workers were likely to be assigned to work outside, where exposures were diluted by fresh air. Contemporary evidence show that, after controlling for differences in education and experience, the average African-American and Hispanic worker

is more likely to be employed in occupations where serious injuries and illnesses are more likely to occur (Loomis & Richardson, 1998; Robinson, 1984, 1987; C. Shannon, K. Rospenda, J. Richman, & L. Minich, 2009)

The social forces behind disproportionate exposures to minority worker groups may be complex. A U.S. study of a unionized, multi-ethnic working class sample found that 85% of workers reported high exposure to at least one occupational hazard (dust, chemicals, noise, job strain, and musculoskeletal hazards) (Quinn et al., 2007). This same group of workers also had a high prevalence of exposure to at least one of three workplace injustices (i.e., bullying, sexual harassment, and/or racial discrimination) (Krieger et al., 2006). These two and subsequent studies with the sample showed that exposure to these hazards were unevenly distributed based on race and gender in addition to the composition of the workplaces so that being a minority in any way increased workers' chances of being exposed to hazards (Barbeau et al., 2004; Krieger, et al., 2008; Krieger et al., 2010; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005; Krieger, et al., 2006). The issue of differential occupational exposures among minority workers is particularly notable given that recent examination of employees (in a European city) found that physical conditions at work explained most of the observed inequalities in health (Kaikkonen, Rahkonen, Lallukka, & Lahelma, 2009). Likewise, a French study found a social gradient in exposure to physical, ergonomic and chemical hazards in addition to a gradient in experiences of workplace bullying in which managers and professionals were less likely to be exposed to any hazard compared to blue-collar workers (Niedhammer, Chastang, David, & Kelleher, 2008).

Furthermore, when occupational regulations or policies that serve to protect workers' health and safety go unenforced differentially in industries and occupations where minority workers predominate, health disparities can result. For example, Delp, Podolsky, and Aguilar (2009) described the plight of Latino day laborers hired as post-Hurricane Katrina cleanup workers. These workers were not provided training, personal protective equipment, or hazard communication; nor did they have access to adequate housing and healthcare services (Delp et al, 2009). Moreover, disaster conditions prompted the U.S. Department of Labor to suspend the enforcement of OSHA standards during the cleanup process, thereby creating unregulated working conditions for the mostly low-income minority workforce. de Castro et al. (2006), documented how racial/ethnic minority immigrants in Chicago complained of receiving lower wages, fewer promotions, less desirable working hours, and shorter or no breaks compared to majority group workers. In another example, immigrant Latino indigenous (defined as being from pre-Columbian, self-governing communities whose primary language is indigenous rather than Spanish) farm workers employed as pickers and in nurseries and canneries in Oregon, were not provided worker training in a language they could understand, and, were not properly instructed on how to report injuries and file for workers' compensation (Farquhar, et al., 2008).

Stress Pathway

Another suggested pathway between workplace injustice and health disparities utilizes the stressor-stress-strain framework. Based on work by Lazarus and Folkman (1982, 1984), negative health effects result when an individual perceives situational demands as stressful and

this stress experience exceeds their capacity to cope. Experiences of discrimination, harassment and bullying in the workplace can operate as stressors provoking a psychological and/or physiological stress response. There is strong empirical evidence for the assertion that stress can cause biological host resistance through the activation of neuroendocrinological and immunological responses (Cohen, Janicki-Deverts, & Miller, 2007). The activation of these responses can include disturbances in the circadian cortisol profile, which several studies have found among targets of workplace injustice (Hansen et al., 2006; Huebner & Davis, 2005; Kudielka & Kern, 2004; Townsend, Major, Gangi, & Mendes, 2011). These types of disruptions in cortisol have been shown to lead to a host of chronic negative health conditions (Cohen, et al., 2007). In contrast, prospective longitudinal studies with the Whitehall cohort have shown that perceived workplace *justice* is associated with lower risk of coronary heart disease (Kivimäki et al., 2005) and decreased psychiatric symptoms (Ferrie et al., 2006).

OUTCOMES: CONTRIBUTIONS OF INJUSTICE TO HEALTH DISPARITIES

Health Outcomes

The broader literature on stress and health has established links between experiences of discrimination and harassment and adverse health outcomes. In the occupational health literature, workplace injustices are directly associated with four types of adverse outcomes: poor psychological and physical health, unhealthy behaviors, and decreased job performance.

Evidence from cross sectional studies show that workers who experience racial/ethnic discrimination in the workplace suffer a range of negative psychological health outcomes, such as poor mental health (K Fujishiro & Heaney, 2009; Hammond, Gillen, & Yen, 2010; Roberts, et al., 2004), distress (Forman, 2003; V. M. Mays, et al., 1996; Wadsworth et al., 2007), anxiety and depression (Agudelo-Suarez, et al., 2009; Bhui et al., 2005; Raver & Nishii, 2010), negative emotions (Fox & Stallworth, 2005), and shame and emotional trauma (Alleyne, 2004). While these studies utilized self-report, other experimental research has provided added evidence for the influence of work- and non-work-related racial discrimination on mental health (Salvatore & Shelton, 2007).

Sexual harassment has been linked to anxiety, hostility, depression, suicidal thoughts, and dissatisfaction with life and work (Buchanan & Fitzgerald, 2008; Glomb, Richman, Hulin, & Drasgow, 1997)). Workplace ageism has been linked to psychological distress among older workers (Yuan, 2007); one study showed that ageism and sexism can operate concomitantly to negatively influence the health of older working women (Payne & Doyal, 2010). Cross-sectional and longitudinal studies illustrate the association between workplace bullying and short- and long- term change in psychological distress (Hogh, Henriksson, & Burr, 2005) and depression (Kivimäki et al., 2003; Nolfé, Petrella, Zontini, & Uttieri, 2010). One longitudinal study suggested the possibility of a cycle because developing depression in turn increased the risk of workers becoming targets of bullying (Kivimäki, Elovainio, & Vahtera, 2000). Several studies have found evidence of symptoms and diagnosis of post-traumatic stress disorder (PTSD) among workers exposed to workplace injustice (Buchanan & Fitzgerald, 2008; Larsen & Fitzgerald,

2010; Leymann & Gustafsson, 1996; Matthiesen & Einarsen, 2004; Mikkelsen & Einarsen, 2002; Rodríguez-Muñoz, Moreno-Jiménez, Vergel, & Hernández, 2010; Schneider, Swan, & Fitzgerald, 1997; Tehrani, 2004; D. R. Williams & Mohammed, 2009; Willness, Steel, & Lee, 2007). In explaining how bullying leads to PTSD, Einarsen and colleague (2003) posit that even though the experience of workplace injustice is often not life-threatening, the experience threatens the inner world of the target by shattering basic cognitive schema about fairness and justice and negatively influences one's social and personal identity leading to PTSD.

Other studies suggest physical health effects of workplace injustice. Experimental studies provide strong evidence that supervisory style can influence workers' blood pressure. For example, one study showed that working under a less favorable supervisor (which included being bullied) was associated with clinically significant increase in blood pressure (Wager, Fieldman, & Hussey, 2003). Several cross-sectional studies documented that those who experience racial discrimination were at increased risk for work-related injury or illness (A. B. de Castro, et al., 2006; Delp, et al., 2009; Farquhar, et al., 2008; Murray, 2003a; C. A. Shannon, et al., 2009). Also, racial/ethnic discrimination, sexual harassment and bullying have been negatively associated with self-rated health and unhealthy days (de Castro, et al., 2010; K. Fujishiro, 2009; Gunnarsdottir, Sveinsdottir, Bernburg, Fridriksdottir, & Tomasson, 2006; Krieger, 1999; Nazroo, 2003). Additionally, racial discrimination and workplace bullying have been associated with bodily pain (Burgess et al., 2009; Saastamoinen, Laaksonen, Leino-Arjas, & Lahelma, 2009). Sexual harassment has also been linked to a host of physical health symptoms, including headaches, stomach aches; disruption in sleep (Goldenhar, Swanson, Hurrell, Ruder, & Deddens, 1998; Gutek & Koss, 1993; Magley, Hulin, Fitzgerald, & DeNardo, 1999; Wasti, Bergman, Glomb, & Dragow, 2000).

Health Behaviors

Exposure to workplace injustice may lead to unhealthy behaviors (e.g., smoking, alcohol use, substance abuse, eating disorders, and sleep disruption) that likely operate as coping mechanisms. Evidence from the larger literature on stress and health shows that one mechanism through which stress influence health is by leading to changes in health behavior (Droomers, Schrijvers, Stronks, van de Mheen, & Mackenbach, 1999; Epel et al., 2000; Ng & Jeffery, 2003; Steptoe, Lipsey, & Wardle, 1998). Likewise, although a majority of the studies did not focus on workplace racial discrimination and many of the studies have been cross-sectional, racial discrimination has been associated with smoking (Bennett, Wolin, Robinson, Fowler, & Edwards, 2005; Borrell et al., 2007; Guthrie, Young, Williams, Boyd, & Kintner, 2002; Harris et al., 2006; Landrine & Klonoff, 2000; Okechukwu et al., 2010). Also, heavy alcohol use has been linked to sexual harassment among women (Gradus et al., 2008) and to workplace bullying (Rospenda, Richman, & Shannon, 2009).

Job Outcomes

Workplace racial discrimination and bullying have been linked to both self-reported and medically-certified sickness absence, though strongest associations were observed between bullying and medically-certified sickness absence (Alleyne, 2004; Kivimäki, et al., 2000). A

study of female metal workers in male-dominated worksites found that sexual harassment explained their greater risk for sickness absence (Hensing & Alexanderson, 2004). An important feature of bullying and discrimination includes restriction of information or services related to advancement (Alexis & Vydellingum, 2004). Because of various workplace injustices, targets often become socially isolated and/or ostracized (Lutgen-Sandvik, Tracy, & Alberts, 2007; Zapf, Knorz, & Kulla, 1996), and, then, might engage in higher levels of counterproductive work behaviors (e.g., coming in late and leaving early) and reduced productivity, and/or withdraw from seeking promotions, thus lessening their credibility and value at work (Allan, Cowie, & Smith, 2009; Caver & Livers, 2002; Day & Schoenrade, 1997; Fox & Stallworth, 2005; Spratlen-Price, 1995).

Career advancement has also been shown to be hindered by workplace injustices leading directly to premature exit from the workforce, particularly among socially disadvantaged workers, or indirectly via sickness absence and other health consequences (Alexis & Vydellingum, 2004; Giga, Hoel, & Lewis, 2008). This premature exit may also be a result of behavioral hints encouraging them to quit their job, which disadvantaged workers are already more likely to encounter in the workplace (Giga, et al., 2008).

Income has been shown to be related to both physical and mental health (Marmot, 2002; Pappas, Queen, Hadden, & Fisher, 1993). Thus, workplace injustice could also influence health disparities by reducing the wage available to socially and economically disadvantaged populations. White men in the U.S. still earn considerably more than equally qualified women and men of other race/ethnicities (IWPR, 2010). Although the Equal Pay Act of 1963 prohibits employers from paying men and women who perform equal tasks at different pay rates, a gender wage gap persists (IWPR, 2010; US Dept of Commerce, 2011). In some organizations, men are still promoted to management positions over their equal female counterparts. And, many women encounter a “glass ceiling,” unable to move up the corporate ladder despite their achievements (J. Williams, 2001). A wage penalty between 9% and 18% per child has been noted among mothers (Gangl & Ziefle, 2009). In contrast, men seem to benefit from having families in terms of career advancement (Friedman & Greenhaus, 2000). Leaves of absence are associated with fewer promotions and smaller salary increases (Judiesch & Lyness, 1999), but women are more affected than men because new mothers have to take maternity leave whereas fathers often do not. The wage penalty based on sexual orientation, though, is more complicated. A review of nine studies found that gay and bisexual men earned 10% to 32% less than heterosexual men (Badgett, et al., 2007). However, the review also found no statistically significant difference in earnings by sexual orientation among male workers in California, demonstrating, in this case, that context at the state-level mattered. The results regarding wage differentials by sexual orientation among women is more complicated with some studies finding that lesbians earned more while other studies found that they earned less (Badgett, 1995; Badgett, et al., 2007; Black, Makar, Sanders, & Taylor, 2003).

Also worth noting is that non-target witnesses of workplace injustice are not spared its health effects. Non-bullied witnesses to workplace bullying reported more anxiety (Hansen, et al.,

2006), and, workers who witnessed repeated bullying in their workplace were almost twice as likely to report acute pain as those who did not (Saastamoinen, et al., 2009). A U.S. study found that witnesses to bullying report better outcomes (work quality and health) than victims of bullying but their outcomes were worse than those of non-witnesses (Lutgen-Sandvik, et al., 2007). Among a sample of female employees in a public utility and food processing plant, Glomb and colleagues found that observing sexual harassment (called ambient sexual harassment) was linked to lower job satisfaction and psychological well-being, similar to individuals who experienced the harassment directly (Glomb, et al., 1997). Another study found that observing the mistreatment was linked to poor psychological well-being, even after controlling for one's own experiences (Miner-Rubino & Cortina, 2004, 2007). Researchers have posited that the influence on bystander health is partly because bystanders develop a fear of becoming a target (Hoel, Faragher, & Cooper, 2004). Yet to be empirically explored is whether bystander effects are worst when the witnesses are members of the same disadvantaged group as the target (e.g. are there worse effects for female versus male witnesses of sexual harassment?)

Family Well-Being

Lastly, there is some evidence indicating that workplace injustice influences the health and well-being of workers' family members. From a family systems perspective, family members are linked, and, thus, what happens to one member can influence others through their interactions and communications (Cox & Paley, 1997). As such, health outcomes of workplace injustice can extend beyond the worker to family members via family interactions. One pathway, characterized as the "kick the dog" phenomenon by Hoobler and Brass (2010), can play out where an abused worker, in turn, acts abusively towards family members. Family members of workers who experienced workplace bullying by supervisors reported that the workers engaged in family undermining when they got home (Hoobler, Rospenda, Lemmon, & Rosa, 2010). Furthermore, the stress and well-being of the victim of injustice can cross over and influence the well-being of family members (Westman, 2001). For example, with a sample of Mexican American families, Crouter and colleagues (2006) found that men's reports of workplace racism were positively associated with depressive symptoms for not only them but their wives' as well. This effect was moderated by acculturation, in that the more workplace racism fathers in less acculturated families experienced, the more depressive symptoms family members reported. This association was not apparent in families in which mothers reported higher levels of acculturation (Crouter, Davis, Updegraff, Delgado, & Fortner, 2006). Thus, workplace injustice can affect family members directly, due to lack of resources from deserved pay and promotions for example, or indirectly due to the disadvantaged workers' distress or health.

Potential Modifiers

Workplace injustice further contributes to health disparities by having differential effects on disadvantaged populations compared to dominant groups. For example, racial/ethnic minorities have increased risks of the PTSD related effects of workplace bullying (Rodríguez-Muñoz, et al., 2010). Also, there are indications that generalized bullying is associated with stronger psychological effects for women and increases drinking to intoxication for women but not men and (K. M. Rospenda, et al., 2009). In contrast, men seem more likely to develop depressive

disorder with increasing severity of bullying (Nolfe, et al., 2010). Similarly, even though experiences of workplace bullying were significantly associated with negative emotional reactions for all targets, African Americans report significantly higher emotional response to racial/ethnic bullying compared to other groups (Fox & Stallworth, 2005). Krieger's (1990) study demonstrated how keeping quiet about experiences of discrimination may take a toll on health: Black women who accepted and did not tell others about the unfair treatment they received were four times more likely to report high blood pressure than women who told others (a similar association was not significant for White women) (Krieger, 1990). Likewise, one study suggests that even though lack of equality is associated with poorer self-reported health for both men and women, women's health is influenced when inequality exists for men and/or women while men's health is only affected when it is men who are being treated badly (Bildt, 2005).

MEASUREMENT AND METHODOLOGICAL CONSIDERATIONS

Qualitative studies have provided rich perspectives from workers themselves to explain how workplace injustice plays out in the labor market and within their jobs and/or worksite (Agudelo-Suarez, et al., 2009; Allan, et al., 2009; Baillien, Neyens, & De Witte, 2008; Bowleg, et al., 2008; A. B. de Castro, et al., 2006; Delp, et al., 2009; Farquhar, et al., 2008; van Heugten, 2010). Some studies have taken a grounded theory approach to allow for the emergence of themes explicitly or implicitly indicative of workplace injustice. Some of these qualitative studies did not necessarily have a predetermined aim of documenting workplace racial/ethnic discrimination, but rather initially set out to examine physical and/or psychosocial working conditions of a particular racial/ethnic minority group or groups. For example, de Castro and colleagues (2006) reviewed worker complaints received at a community-based workers' rights center. The authors discovered that many complaints about working conditions and arrangements were tinged with experiences of discrimination based on workers' race or ethnicity.

Other studies have quantified workplace injustices using either a self-labeling or operational method through surveys (Bond et al., 2007). In the self-labeling, study participants are asked to indicate whether they have been exposed to a pre-defined type of injustice. The operational method commonly involves study participants indicating whether or not they have experienced different events in a list of acts within a specified period. The number and frequency of experienced acts is then used to classify whether one has or has not experienced a particular workplace injustice. Studies using both methods have shown that prevalence is consistently lower in the self-labeling versus operational method (Chan, 2008; Hogh, Carneiro, Giver, & Rugulies, 2011; Krieger, et al., 2005; Lutgen-Sandvik, et al., 2007; Mikkelsen & Einarsen, 2001). An important issue for both methods relates to timing, duration, and severity of the experience, which are often not measured (Badgett, et al., 2007; Bond, et al., 2007; Estrada, Probst, Brown, & Graso, 2011; Rospenda, Richman, Ehmke, & Zlatoper, 2005; Saunders, Huynh, & Goodman-Delahunty, 2007; D. R. Williams, Neighbors, & Jackson, 2008). Some measures have a very wide window for capturing when an injustice occurred. For example, the

most widely used measure of sexual harassment (SEQ) has a 24-month reference period (see (Gutek, Murphy, & Douma, 2004) for a critique). One-time assessments do not capture the ebb and flow of emotions and experiences related to workplace injustice that occurs over time. This raises the issue of feasibility: How can researchers study this when individuals may never report the injustice or may have experienced injustice for a length of time before filing a complaint? Accordingly, sampling and the timing of study participant recruitment poses a barrier to elucidating the injustice-health linkages. There are also inconsistencies in the measure of the different workplace injustice exposures and their outcomes. Regarding the exposures, there are no set definitions of the various types of workplace injustice. As a result, studies have measured workplace injustices using different definitions, some strictly employing legal definitions while others using more inclusive definitions. Also, some assessments consist of a one-item measure (e.g., whether a person has been ever discriminated/harassed/abused against at work because of race, religion, sex, age, marital status, nationality, disability, or for any other reason). A key finding in the literature on stress and health is that such failure to develop measures for and measure stressful experiences, such as workplace injustice, comprehensively has the end of result of understating the impact of stress on health (Thoits, 2010).

Another methodological issue is that most studies have been cross-sectional, along with having limitations with respect to sample, settings, measures, and other biases. While cross-sectional studies provide surveillance data and can suggest associations between exposures and health outcomes, they do not provide evidence of causality. Furthermore, cross-sectional designs provide little information in terms of temporality (e.g., onset and duration), severity of the injustice event(s), or predictability for worker health and organizational outcomes. Although cross-sectional studies are valuable for describing the experience of specific worker groups at one point in time, longitudinal study designs are needed to better understand the unfolding relationship of workplace injustice and health.

An added issue for occupational-related studies is that (even in studies with large sample sizes) most of the samples are from white-collar settings. Few of the studies of workplace injustice have been of workers in service settings and even fewer have been of blue-collar workers. Studies should also consider contextual and historical contributions to workplace injustices such as the historical and current ratio of men to women in the workplace and the race, age, sexual orientation, and gender of supervisors. For example, women are more likely to experience workplace injustice in most workplaces but men can easily become the targets in certain workplaces that are historically female. The prevalence of bullying was twice as high for male versus female nursing assistant in a Norwegian study (Eriksen & Einarsen, 2004).

Additionally, there is a lack of studies incorporating multiple reporters, such as manager, coworkers, and family members (an exception is the work done by Hoobler and colleagues). There is a likely a ripple effect of an injustice experience that extends beyond the parties involved through the work context and into the family and other contexts. Including a diverse sample of reporter perspectives could provide evidence of the extent to which incidents of workplace injustice occur, and, in turn, insight into possible interventions.

Furthermore, studies examining interactions of more than one type of workplace injustice are needed and have not been extensively explored. How much do workplace injustices co-occur? How does exposure to multiple injustices affect health and does exposure have disparate influences on different minority groups? Studies show that being a minority puts one at increased risk of all types of discrimination, harassment, and bullying (Buchanan & Fitzgerald, 2008). Some studies have documented the co-occurrence of gender and age discrimination with some of them addressing the added influence of minority race/ethnicity and immigration status (Encel & Studencki, 1997; Handy & Davy, 2007; Walker, Grant, Meadows, & Cook, 2007). Others report that distinguishing between bullying and harassment of minorities from racial discrimination can be difficult, particularly because being a minority increases one's chances of being a target and both bullying and sexual harassment occur in racialized forms (Alexis & Vydellingum, 2004; Fielden, Davidson, Woolnough, & Hunt, 2010; Woods, Buchanan, & Settles, 2009). A Danish study examined the intersection of race/ethnicity and immigration status and found that Western immigrants reported the same level of bullying as Danish workers while non-Western immigrants had 85% higher risk of experiencing workplace bullying than Danish workers (Hogh, et al., 2011). However, the study also found that compared to non-immigrants, all immigrants (Western and non-Western) report more bullying by clients. Another study that aimed to rank job applicants' risk of exposure to discrimination found that black male homosexual job candidates were the primary target of discrimination while white female heterosexual candidates were the least likely to experience workplace discrimination (Crow, et al., 1998).

One study suggested that there is only a small additive effect of ethnic harassment, gender harassment, and generalized workplace harassment on mental and physical health (Raver & Nishii, 2010). The investigators theorized that workers adapt such that further harassment does not yield significantly higher negative effects. This is a premise of the adaptation level theory, which posits that people subconsciously adjust to exposure to one form of workplace injustice by using coping strategies that buffer them from further harm (Raver & Nishii, 2010). However, other studies use comparisons of exposure to injustice to exposure to trauma to conclude that exposure to multiple injustices is associated with much greater distress (thus potentially more health harming) than exposure to one injustice (Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Buchanan & Fitzgerald, 2008; Krupnick et al., 2004; Yoder & Aniakudo, 1995). These discrepant findings could be due to the timing, severity, and/or type of injustices experienced. The magnitude of additive or multiplicative effect of exposure to multiple workplace injustice is a question that can be answered empirically through more studies specifically designed to answer this question such as the one described below. Expanding the study design of such studies to make them more longitudinal and to use a lifecourse lens would enhance these studies. Also, studies would have to incorporate recruitment strategies that allow them to recruit study participants who have been exposed to the multiple exposures under study.

Case Study One: United for Health Study of Social and Occupational Hazards in a Multiethnic Working Class sample.

Noting a dearth of studies that examined occupational and social hazards jointly and in working class samples, Barbeau and colleagues designed the United for Health study (Barbeau, Hartman, Quinn, Stoddard, & Krieger, 2007). The aim of the study, which was funded by NIOSH, was to understand the joint distribution and health effects of occupational and social hazards on working class populations. Of particular interest was where and in what groups occupational and social hazards clustered jointly. They were also interested in how workers' exposures are related to intimate relationship hazards such as being victims or perpetrators of intimate partner violence.

To gain access to workers who were employed across a diverse range of worksites and who experienced a range of occupational and social hazards, the researchers partnered with several unions. Once they had buy-in from the unions, the researchers also worked to get management commitment and workers' buy in. Working with unions provided reliable access to the workers and a safe setting in which the workers could provide information about the sensitive topics under study without fear of exposure to or retribution from management. Another key strategy of the investigators was to conduct formative qualitative and quantitative research, which informed their recruitment plan and study design. The results of the formative research were important in recruiting a diverse range of workers. For example, through focus groups, the investigators discovered that their initial plan to conduct surveys outside work hours would limit the ability of many disadvantaged workers to participate because many had time and financial constraints such as a second job. Consequently, they devised participation incentives for both workers and their employers. The incentives allowed workers to take the survey during work hours. In addition, the investigators hired research assistants from backgrounds that mirrored the background of the workers. Lastly, instead of having the research assistants administer the surveys, the investigators made them available for recruitment and to answer questions but used Audio Computer-Assisted Self-Interviewing (ACASI). With ACASI, questions are shown on screen as they are read aloud through a headphone, allowing even participants with low literacy to answer questions privately.

Another important feature of this study was that the study questionnaire allowed the participants to pick several nonstandard answer choices. For example, the participants had the option of picking several gender, race, ethnicity, and sexual orientation options and there was room to record answers when none of the choices worked. The study was able to recruit a diverse sample from 14 worksites from manufacturing, meat processing, retail, and transportation, which included 15% sexual minorities, 62% male, 36% female, 39% black, 23% Hispanic, 25% white, 31% earning less than a living wage, 40% below the poverty level, and 23% with less than a high school education. In addition to publishing epidemiologic results of the study, the investigators also published their recruitment strategy.

STATE OF RESEARCH REGARDING INTERVENTION EFFECTIVENESS

Even though most studies show that organizational climate and structures are the biggest determinants of workplace injustice (Bildt, 2005; Willness, et al., 2007), most interventions have focused on training individual workers. However, programs, such as diversity training programs, have not been associated with decreased discrimination, harassment, or bullying (Hemphill & Haines, 1997). Other programs, such as affinity group work stress support groups (e.g. (V.M. Mays, 1995) place the onus on the discriminated workers to cope with the consequences of workplace injustice. Many workplaces have set up and continue to use informal structures to address workplace injustice. Such practices might perpetuate further injustice because twice as many women report lack of access to these informal structures than men (Bildt, 2005). Enactment and enforcement of laws to address workplace injustice continue to be the most effective medium for combating workplace injustice. This is partly because such laws, when enforced, remove institutional barriers that block access for disadvantaged populations. For example, an evaluation of the Americans with Disabilities Act showed that it reduced discrimination and improved access for workers with disabilities, though disparities in opportunities to improve economic independence persist (Honeycutt, 2010). Several researchers have made recommendations for policy and practice to minimize bias in the workplace. For example, Bieby (2000) stated that research shows that gender and racial stereotyping can be minimized, if not avoided, by providing relevant information to decision-makers and holding them accountable for the process they used to evaluate employees. This requires an effective oversight system.

There is a dearth of research evaluating sexual harassment training; this is true for other forms of harassment training. Tools have been developed to inform employees and supervisors as well as to assess the workplace. For example, the Bullying Risk Assessment Tool (BRAT) was developed to measure risk factors of bullying including team conflict, organizational fairness, workload, and leadership (Hoel & Giga, 2006). Research is needed to understand the appropriate dosage and format of training that will successfully inform individuals in the organization and foster an accepting climate. Many forms of training exist but rigorous testing and comparisons are lacking. Diversity training programs are difficult to design, deliver, and evaluate and may appear to be perpetuating rather than reducing stereotypes (Pettigrew and Martin, 1987).

Case Study Two: A Systems Level Union Intervention for Immigrant Meatpacking Workers

Beginning in the 1980's, the immigration picture in the US changed dramatically. For the first time, communities in the Southeast, Midwest and Rocky Mountain regions were suddenly confronted with large influxes of non-white immigrants. Just three years after the construction of a new Iowa Beef Packers plant, Lexington, Nebraska, had a five-fold increase in population, including a gain of 23% in ethnic minorities, the majority of whom were Hispanic. There was a

shortage of housing for this new population; some plants bought land and erected mobile home parks for the workers.

The meatpacking industry had moved into smaller communities in the right-to-work states of Iowa, Nebraska and North Carolina that were close to the source of raw material—live cattle. Those states had also attracted the meatpacking industry by offering tax abatements and other subsidies. At the same time, plants reduced labor costs by de-skilling the work, resulting in the closure of many union plants. A shortage of labor willing to work at reduced wages led to a reliance on workers transported by bus from border states. Many of these Hispanics were Mexican nationals but a significant number were from other Central American countries, including Guatemala, Honduras, El Salvador and Nicaragua. Resettled Vietnamese and Lao refugees also joined the meatpacking labor force. Turnover in the plants, which ranged from 100 to 200%, heavily affected the plants, the towns and the local unions.

Within plants, management was struggling to communicate with this new workforce. There were no supervisors on the lines who spoke any language except English. Healthcare providers in the plant clinics were also unable to communicate with injured workers. At the same time, cumulative trauma disorders, carpal tunnel syndrome (ergonomic injuries) were epidemic in the plants. In one plant in the late 1980s, nearly one-third of the workers were receiving surgery! Many workers were unable to return to their previous jobs and had to be placed on “light” or “restricted” duty. Plants varied in their handling of these workers but many of solutions were discriminatory against the immigrant workers. One plant’s solution for these injured workers was a “C shift” from 11 pm to 7 am in which the workers reported to one supervisor. The jobs were menial. Reportedly, one woman was told to sit on a stool and watch a light bulb and report to her supervisor if the light went out. Others were sent to the parking lot to pick up cigarette butts, cans, garbage. They were paid less than on their regular jobs and were given a special colored hardhat, so that the supervisor could keep track of them. Most of these workers were Latino; therefore, their union, United Food and Commercial Workers International Union’s assisted 15 workers with an EEOC discrimination suit.

The UFCW’s struggle mirrored that of small town rural communities and to some extent the meatpacking companies. The union was ill-equipped to deal with the problems and concerns of this new workforce. They didn’t know or understand the new populations of workers. Just like the plant managers, union officials could neither relate to the workers nor communicate with them. Because the workers couldn’t speak English and worked in a packing house, some union leaders assumed that all the new workers were illiterate and ignorant. In reality, many of the workers were educated, very savvy and determined and had made their way to the US against tremendous odds. Many were highly motivated to make a better life for themselves and their families and angry and indignant at the way they were treated by the employers. On the other

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hand, many of the workers were afraid and had experienced employer retaliation for complaints. They were unfamiliar with the union process. Discrimination based on national origin discrimination was widespread both on the job and in other aspects of their daily life. In the plants, some companies actively promoted racial tension between the Hispanic and the African-American employees. Independent unions were having some success in both organizing new plants and raiding UFCW plants.

In 1995, it was clear that to the UFCW International Union that the union was in crisis at the packing plants. An attorney who worked with the IU Packing Division for years wrote a memo that was pivotal in the gradual culture change that occurred within the UFCW.

The union started by recruiting bi-lingual staff and many were hired from the new workforce. Then, documents and contracts were translated, education programs were provided to educate the workforce about the union and how it worked as well as basic legal rights, including immigration-related employment issues. The union conducted an assessment of community resources and services to determine what could assist their education and servicing roles. For example, rather than focusing on paid holidays like the Thanksgiving holiday, the union realized that their Latino workers wanted adequate funeral leave in order to return home. Therefore, they structured their collective bargaining agreement to allow versatility in how holidays were used. In addition, the UFCW local unions sponsored food banks and provided translators and interpreters for their members.

Another intervention that began in the 1990s, which continues today, is negotiated Multicultural or Diversity Funds in many collective bargaining agreements. These dollars have allowed for the funding of community groups and centers, such as the Mary Treglia Community House in Sioux City, Iowa. According to UFCW Local 222 President Marv Harrington, “community support for the (immigrant) workers and their families has made a huge difference. There’s an acknowledgement in the community now of the union and what we are about.” The House offers ESL and GED classes, immigration assistance and helps workers navigate resources available in the community. The Funds sponsor both adult soccer teams and a youth soccer team for the children of the workers at the plants. Funding for these teams provides structure and long-term viability of the programs. The Funds support Vietnamese New Year and Cinco de Mayo celebrations. All workers and community members are invited so they can learn more about the cultures, enjoy ethnic food and celebrate the communities’ diversity.

CONCLUSIONS AND RECOMMENDATIONS

There is a strong extant literature to describe the phenomena of discrimination, harassment, and bullying in the workplace. These experiences are most often described as affecting workers in non-dominant groups in the workplace. As a result, demographic minority (e.g., racial, ethnic etc.) groups in the workplace are often the targets of workplace injustice. These same worker groups often hold the most hazardous jobs and experience poorer general health. This paper explored the hypothesis that workplace injustice, by disproportionately affecting so-called “disparity populations” (e.g., women, gender minorities, racial and ethnic minority groups, workers in young and older age groups, and immigrant workers), can contribute to a broad set of health disparities among these workers. Additionally, this paper presented a conceptual model, based on previous work by Nancy Krieger and colleagues, for the relationship between experiences and exposures in the workplace and health.

Clearly, prospective studies and development of improved methods for characterizing and quantifying injustices are needed to establish causative roles and to disentangle the contributions of various exposures. Studies should employ representative samples and an oversampling of minorities when needed. Studies should be designed and powered to show any interaction interactions between workplace injustices (e.g. to examine levels of harassment for black men in different positions). The literature on workplace ageism and its health effects are lacking; as the workforce ages and workers delay retirement, this is a timely area for study.

Though the body of literature linking workplace injustice and health is small, we believe that our conceptual model is a working model that incorporates the evidence to date. While more research should be done to characterize the relationship between workplace injustice and health, the current evidence supports the pathways in this model and points to a potentially important role for workplace injustice and its converse, workplace justice, in the health status of working people and likely their families.

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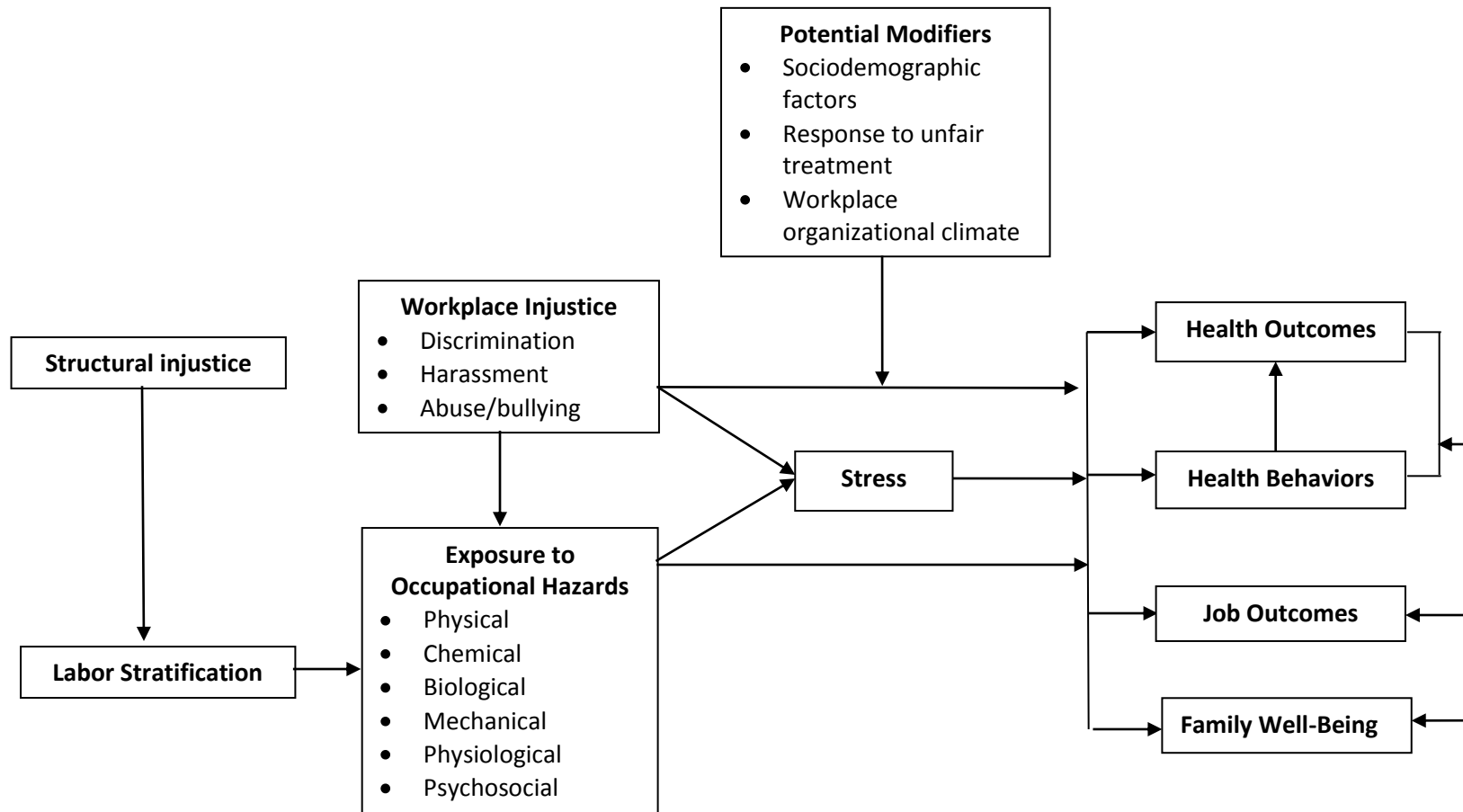
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Figure 1: A Model of Workplace Injustice and Occupational Health Disparities



Note. This model is based on the work of Krieger ((Krieger, 1994; Krieger et al., 2008).