



# Occupying the mind

Combining research with teaching, hands-on consultancy and a wealth of other activities is all part of the job for

**Professor Kevin Kelloway**

## Firstly, what inspired you to work in occupational health psychology?

At the completion of my undergraduate course I worked with a firm that provided employee assistance programmes, and this involvement sparked my interest. I subsequently completed an MSc in Industrial and Organizational (I/O) Psychology at Saint Mary's University, Halifax and a PhD in Organizational Psychology at Queen's University, Kingston. Throughout my career I have been interested in topics related to occupational stress and safety – indeed, my first publication dealt with measurement of role stressors in organizations. Some of my research interests grew directly from my work experiences; for example, a long standing concern with workplace violence is rooted in my time working on the admissions ward of a psychiatric facility.

## You have a diverse set of roles in addition to your academic position, such as Associate Editor on multiple journals and consultant. How do these positions complement one another?

I do not see my activities as constituting a diverse set of roles: they are all aspects of one. My training in I/O psychology always emphasized the scientist-practitioner role, and I see consulting and research as being part of the same endeavour. Research questions grow out of consulting experiences, during which I get to interact with organizations. At the same time, consulting is an opportunity to apply and generate research findings in a 'real world' setting. Working as an associate editor also comes naturally as a result of my research and keeps me abreast of research directions.

The classes I teach are mainly graduate level, while I supervise graduate research. This is also central to my investigations – many of my students have interests that intersect with mine. I often say that the best part of my job is spending each day surrounded by really smart people who are interested in the same things I am. As with consulting or other activities, teaching is not a distraction from my research, it is how it gets done. I see my primary 'job' as being an applied researcher; teaching, consulting, editorial work and involvement with professional associations are some of the ways I do that.

## On a personal level, what is the significance of your election as President of the Canadian Psychological Association?

The Canadian Psychological Association (CPA) is the country's largest psychology society. It is truly a privilege and gives me the opportunity to work with the amazing staff of CPA and to advance causes that I value.

## Further to this, what aims do you have for your presidency and why did you choose the theme of *Mental Health in the Workplace*?

Being President gives me some unique opportunities. One of these is to choose a 'theme' for my presidency and to focus the resources of the organization on a single topic. I chose *Mental Health in the Workplace* because it reflects both my research interests and the needs of the Canadian workforce. We estimate that one in five Canadians will experience a mental health disorder and we know some of the consequences of this for organizations; for example, short- and long-term disability rates are increasing, with a large number of mental health claims. The Mental Health Commission of Canada worked with the Canadian Standards Association to promulgate a standard on psychological health and safety and major organizations have engaged in the campaign to reduce the stigma of mental health disorders. So, focusing CPA on mental health in the workplace is a timely and natural extension of our activities. CPA has been active for several years in promoting the effectiveness of psychological interventions for individuals, and I also hope to expand that focus by highlighting the contribution of I/O psychology to organizational effectiveness. Finally, we need to continually work to engage and involve our members in the work of the Association and that will be another focus.



# Positive approaches to work

Dignity in the workplace is being investigated and advocated by researchers in the Psychology Department at **Saint Mary's University**, Canada

**OCCUPATIONAL HEALTH PSYCHOLOGY** is concerned with promoting the health of individuals in the workplace, and also with making organizations more effective by advancing the wellbeing and engagement of employees. Research consistently identifies the importance of occupational health for both individual and collective outcomes. Indeed, Professor Kevin Kelloway, a Canada Research Chair (Tier One) in Occupational Health Psychology, believes there will be a “continuing emphasis on individual wellbeing in the workplace”, adding: “The specific topics change over the years but the end goal – creating healthier and more effective work environments – remains constant”

Based at Saint Mary's University (SMU) in Halifax, Nova Scotia, Kelloway is well placed to make such perceptive observations. He is the President Elect of the Canadian Psychological Association, Fellow of both the Society for Industrial and Organizational Psychology and the Association for Psychological Science, and an associate editor on multiple journals. He has published over 150 articles, book chapters and technical reports in addition to 14 authored/edited books. In 2007, Kelloway received the SMU President's Award for Excellence in Research and, to round off his pertinent credentials, he is a practising consultant in the field. Two of his principal concerns are dignity in the workplace and leadership.

## THE CENTRALITY OF DIGNITY

Kelloway asserts that dignity is key to health and engagement in the workplace. “It is not possible to be

engaged in your work when you feel under attack or when someone (or something) at work is undermining your dignity,” he argues. This assertion should be seen in context of the fact that mental health problems are seen as the leading cause of work disability, and that in addition to the impact of these on individuals, they are often linked to low productivity, absenteeism, poor interpersonal relationships and increased costs (e.g. medical). However, Kelloway's focus is not merely on identifying and addressing the negatives: “On a more positive note, enhancing dignity may be a route to increasing employee engagement as people will naturally respond favourably to events that build up their sense of self-worth”.

While his research does, of course, build on previous work, the attention and emphasis given to enhancing dignity and recognition at work, seeking to promote it actively rather than simply addressing threats to it, is novel. Kelloway says that he was influenced by meta-ethnography work that shows just how important individual dignity is, helping bring him to the view that there is more involved than simply avoiding undermining people: “We need to go beyond just not doing the bad stuff that detracts from dignity”. Praise, recognition and reciprocity are clearly fundamental, but Kelloway suggests that good leadership is another key element in achieving this.

## LEADING TO GOOD OUTCOMES

A surprising aspect of Kelloway's research is the range of effects that a leader/supervisor/manager can have on working people, and he believes this is an area that has

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been overlooked. He offers an example: “We have documented elevated blood pressure that continues into the ‘post-work’ portion of the day, and this is consistent with a growing body of evidence that links cardiovascular outcomes to poor leadership”.

Kelloway contends that leadership is a relatively under-researched area in occupational health, and indeed what research there is focuses on the negative consequences of poor practice; an important part of the question, but not the only one. As with dignity in the workplace, his studies are exploring the more positive, more novel area of effective or ‘transformational’ leadership and its outcomes. Alluding to an additional finding, Kelloway concludes: “Importantly, the data also suggest that we can teach leaders to be transformational and that the results of these interventions include improvements in both occupational safety and individual wellbeing”. If leadership is this important and it can be taught, then research in this area is especially valuable, with numerous practical applications in the workplace.

#### DEVELOPING GREATER PRECISION

Out of necessity, most occupational health research is conducted in the field. While ‘real world’ studies have their advantages, they restrict the experimental control researchers can exercise. To counteract this, Kelloway and his colleagues are developing laboratory-based simulated work environments that will allow greater precision in studying key variables. This will supplement rather than supersede field work. In addition, the laboratory is trying to move away from self-report measures towards more physiological and objective measures, which suit greater use of laboratory environments and techniques.

The development and refinement of this approach complements Kelloway’s overall intention to build on the observational and survey data that currently dominate the research field, making greater use of longitudinal and experimental data. The focus of this investigation will be on identification of causal processes, while its purpose will be to bring about and measure improved practice in organizations, in particular promoting and monitoring dignity-enhancing behaviour. It is intended that the outcomes be practical, measurable and beneficial for both workers and organizations in the future.

#### ONE GOOD TURN DESERVES ANOTHER

One tool in the field is social exchange theory. Perhaps its best known feature is reciprocity, or ‘one good turn deserves another’. For example, if you hold the door open for someone, that person is then expected to open the next one for you. This way of viewing social exchanges can be applied to the workplace. Some of Kelloway’s recent research has indicated that when individuals are praised and recognized at work, they are more likely to engage in ‘organizational citizenship behaviours’, such as helping colleagues and working extra, and this is viewed as fitting into the social exchanges framework.

#### UNINTENDED CONSEQUENCES

Cost-benefit analyses often misfire. They focus on what is intended and ignore what might happen unintentionally, the latter of which might undermine any gains made. For example, when organizations try to address absenteeism they may encourage ‘presenteeism’ (employees attend work but do not work to capacity) and turnover (employees leave because they dislike the new policies), incurring new costs that make the measures counterproductive. This approach is often associated with an approach known as ‘human resource accounting’.

#### STRATEGIC HUMAN RESOURCES

Rather than looking at desired outcomes in isolation and without examining them, HR practices can be correlated with organizational performance measures, such as those derived from traditional financial indicators (e.g. profit). The theory is that this establishes a direct connection between specific activities and overall firm performance. In this way, a causal chain between practices and performance – and by extension between specific behaviours/practices and a healthy workplace, and a healthy workplace and an effective organization – may be identified. This may then lead to testable/falsifiable hypotheses, advanced understanding and better informed policy.

#### OCCUPATIONAL HEALTH PSYCHOLOGY

##### RESEARCH INTERESTS

- Occupational health
- Mental health issues in the workplace
- Dignity in the workplace
- Leadership

##### KEY COLLABORATORS

- Dr **Julian Barling**, Queen’s University, Canada  
Dr **Jane Mullen**, Mount Allison University, Canada  
Dr **Lori Francis**, Saint Mary’s University, Canada

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#### CONTACT

**Dr Kevin Kelloway**  
Professor of Psychology, Canada Research Chair in Occupational Health Psychology

Department of Psychology  
Saint Mary’s University  
923 Robie Street  
Halifax, Nova Scotia  
B3H 3C3  
Canada

T +1 902 491 8616

E [kevin.kelloway@smu.ca](mailto:kevin.kelloway@smu.ca)

<http://ohpsychology.ca/>

<http://bit.ly/LinkedInKelloway>

[@OHPsychologyca](https://twitter.com/OHPsychologyca)



**KEVIN KELLOWAY** received an MSc in Industrial and Organizational Psychology at Saint Mary’s University, Halifax, Canada, before completing his PhD in Organizational Psychology at Queen’s University, Kingston, Canada. He is currently a Professor in the Department of Psychology at Saint Mary’s University and is also President Elect of the Canadian Psychological Association.

