Unravelling managers’ attitudes towards work-based learning about depression: the value of qualitative research

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Introduction
This paper is centred on a qualitative, interpretive investigation in some Australian workplaces of managers’ about attitudes towards the implementation of work-based mental health education. Depression is the lens through which the study is focussed.

The macro systemic background
People in the modern workforce are facing many demands. One of these is the assertion that it was crucial for employees to undertake continuous learning to ensure their economic viability in a globalising economy in which increased demands of time and effort are made upon workers (Australian National Training Authority 2003). But what would this continuous learning consist of? Also emerging in Australia at that time was the increasing recognition of the social and economic impact of depression (Andrews 2001). Depression was described as a major public health concern affecting over 800,000 Australians every year (Henderson, Andrews & Hall 2000; Hickie 2002). Mental health disorders (which include depression) were described in an Australian Institute of Health and Welfare (AIHW 2002) report as accounting for almost ten percent of total health systems costs and rated about three of the six illnesses that made up the national health expenditure. When averaged across Australia’s workforce, the lost productivity per person with untreated depression symptoms was approximately $10,000 [Australian] annually (Whiteford, Sheridan, Cleary & Hilton 2005, p. 7). The data for the United Kingdom, Canada, the USA and New Zealand are very similar (World Health Organisation 2001).

Secrecy about depression
Despite evidence-based data that depression is manageable and that people can be treated in individually appropriate ways with great success, depression appears to be poorly understood (Kline & Sussman 2000; Parker, 2004; Sartorius 2004; beyondblue, 2007). People with depression are also often marginalised in workplaces, being regarded as non-productive and an expensive burden to
business (Jorm and Parslow, 2002). The lack of knowledge and understanding about depression can lead to stigma - the linking of undesirable characteristics with mental illnesses - which affects social outcomes through both its negative effects on self-concept and through prejudice and discrimination (Corrigan & Watson 2002; Lauber Nordt Falcato & Rossler 2004). People therefore become secretive about depression and may be reticent about seeking the kinds assistance which could benefit them (Haslam Brown Hastings & Haslam 2003; McNair Highet Hickie & Davenport 2002).

**Socially constructed solutions to a civic problem**

With increasing evidence about the value of anti-stigmatising strategies, workplaces were identified as desirable sites to promulgate mental health awareness and education about depression to increase knowledge and to reduce stigma (Jorm 2000; Byrne 2000; Gabriel and Liimatainen 2000; Bolton 2003; Haslam, Brown Hastings & Haslam 2003; *beyond blue* 2007; University of Queensland 2008).

Depression had moved from being a private experience to a public concern, requiring socially constructed solutions.

**What is depression?**

There are confounding factors in undertaking research about depression. Current Western mainstream medicine and psychiatry are centred in modernist science in which depression is pathologised either as an illness or mood disorder and is perceived as having an organic, neurological basis associated with disturbances in brain chemistry (Munoz, Hollon & McGrath 1994). Associated literature suggests that people with depression are likely to respond well to anti-depressant medication and psychological treatments (National Institute for Clinical Excellence 2004).

Other social constructions offer additional perspectives; Wolpert (2000) and Radden (2002) queried the pathologising of depression and Bowers (2000) proposed that the way in which humans construct their personal realities and their feelings about those realities may be affected by a person’s social class, gender or socioeconomic status and so on.

**Research method and methodology: a qualitative, interpretive approach**

In 2004 interviews were undertaken with eight people who described themselves as having human resources (HR) responsibilities in information and communication technology (ICT) organisations in South Australia. Information was not gathered to investigate the causes of depression; instead it was to conceptualise what was currently understood about managing depressed employees by people who were for them in workplaces. Insights into the prevailing attitudes in toward workers with depression were also sought. What people in that sector believed would be useful to assist them in their daily interactions with and management of
employees with depression was also to be identified. By developing deeper understandings of the influences and discourses that are inherent in the workplaces practices and of the organisational cultures and learning in which this research was situated, I aimed to make recommendations about the kinds of work-based depression education approaches which could be accepted and utilised in workplaces.

Participants
People were sourced from enterprises which varied in size from less than 20 employees (small) through to large organisations of greater than 200 employees (Wiesner & McDonald 2001). Two of the participants had formally designated HR Manager roles. The remainder included a managing director, a practice manager, the South Australian office manager, a quality manager/administration support officer and the director of operations. Those latter participants selected themselves as the person in their organisation who had the HR responsibilities for their employees.
To maintain their anonymity, I refer to these people as participants or managers.

Qualitative research
As I sought to explore and ultimately to understand the perceptions and experiences of people who had personnel responsibilities within a particular work context, qualitative methodology was chosen. This approach would describe the phenomena from the perspectives of both the participants and me, in a rich and comprehensive way. Ideally this dual perspective could contribute to a reader’s understanding of the phenomena under investigation (Hoepfl 1997). This study was investigating the tacit and overt learning which was occurring about the value of education about depression in the workplace, and qualitative research methods enabled the ability to explore and understand the participants’ work-worlds (Morse 1991; Strauss & Corbin, 1998).

Methodological issues in qualitative research
Positivist researchers tend to see limitations to qualitative research. Hence I anticipated that as the findings may provide a foundation on which future actions - developed from an understanding of the social shaping factors that emerged from this study - could be undertaken, this study needed to be accepted as both rigorous and evidence-based. This would enhance the credibility and compelling nature of the findings in terms of their relevance to the discourse about the need for increasing social awareness about depression. Moreover it would also add to the knowledge about how and where it may be efficacious to undertake mental health education.

Trustworthiness: credibility
Interview data was converged with other sources of information (Patton, 1990). This process of triangulating information from the literature, my experience-based knowledge and information from the interview participants, assisted in building credibility when persistent themes emerged from these different sources.
The triangulated findings were then further measured against relevant social activities depicted in general and government media to further assist with credibility when persistent themes were found in these different sources. This credibility can be further gauged by utilising a form of peer review which involves presentation and discussion of the research process and findings with colleagues who are not personally involved in the research study, but who are experienced in utilising qualitative methodology. Hence throughout the development of the interview pro-forma, during the information gathering and throughout the analysis stages, the advice, debriefing and feedback of peers, conference participants and colleagues was utilised (Erlandson et al 1993, p. 140).

Lincoln and Guba (1985 p.Lisa Davies 189) also contended that a researcher must understand much about the roles under investigation; having been employed in that sector for ten years shortly prior to undertaking my research, I had intimate domain knowledge of the context. Trustworthiness: confirmability This can be enhanced by a reflexive statement of beliefs and researcher bias. Patton (1990) and Lincoln& Guba (1985) noted the importance of being aware of and acknowledging my personal voice to allow the reader to make their own assessments about the likely biases in the interpretation. That is, the queries and findings in this qualitative research could be evaluated as unavoidably value laden; my understanding and knowledge being influenced by my own biographical, social, historical and social-political perceptions (Candy 1989; Garman 1996). Therefore I examined those preconceptions which initially led to the research question and design in relation to what actually emerged. I kept my underlying beliefs and philosophical assumptions as transparent as possible in the process of analysis (Yin 1994) as these influenced my observations (Janesick 2000). Rather than challenging the credibility of the findings, this level of self-awareness and reflexivity could increase the sense of verisimilitude of the findings through its easy identification with and recognisability to people who have worked in similar fields and roles.

Trustworthiness: confirmability, dependability over time
The level of detail in describing the methods of data collection, methods of analysis and methods of interpretation can determine whether other researchers appraise the study as likely to be able to be repeated and to produce consistent findings. To mitigate potential ethical problems attached to such a detailed audit, a form of audit in which all data identity is obscured by a process of coding, could be utilised to protect individuals’ identities (Miles & Huberman 1994, p. 440).

Sample bias
Interviewing only those participants who, by their acceptance to be a part of the research may indicate an interest in the topic that non-participants do not demonstrate, is unavoidable and is considered to be highly problematic in qualitative research. However, as the sampling in this study is more concerned with the representativeness of the shared beliefs and concepts, or variations within those within a particular sector, the choice of specific kinds of
organisations then accepting the self-selection of participants who had an active interest in the topic under review was not a quandary. Such selection of people who demonstrate interest in the study is a strength of a smaller and self-selected sample (Sandelowski 1986). As Crabtree and Miller (1992) asserted, in qualitative research, the people selected to take part should be identified and chosen with purpose to enable a deep and rich understanding rather than to be reliant upon transferability.

**Limitations**
The sample size is small, and the results may not transfer across other organisations. The focus is on smaller organisations.

**Ethical considerations**
As this research involved people, in 2003 approval was sought and received from the Human Research Ethics Committee of the University of South Australia to undertake the research using this methodology.

**The response rates**
Of the people from the 24 organisations who were invited to take part, 16 declined to be interviewed. In total, people from eight different organisations were interviewed. Two were employed in large multinational organisations. The response rate of 33 percent was within the expected range found by other researchers in related fields (Lussier 1996; Greenbank 2000).

**Semi-structured questions**
Participants were a total of approximately thirty semi-structured questions. Accompanying idiosyncratic probes were also used to clarify and enhance the understanding of participants' answers to increase the accuracy of reported information (Schober and Conrad 1997).

**Thematic analysis**
Given that the intention was to map participants' responses to extant relevant literature, thematic analysis (Braun & Clarke 2006, p. 78) was the method utilised to identify persistent themes in the data.

**Individual differences**
A qualitative inquiry also enabled insights about individual participant's emotional states, their feelings and thoughts (Candy 1989; Mason 2002). This was relevant as in a further stage of analysis individual differences from themes were investigated. These highlighted - by comparison - the shared themes that had been residing in the interview information. Further to this, investigation of differences provided a richness of information that may have otherwise been missed. As Lincoln and Guba (1985) contended, the opportunity provided by a qualitative researcher who as a human instrument can explore all responses, minimises the potential data loss that can occur in positivist, statistically centred
methods. Moreover, such information was valuable as it enhanced the depth and variability of the study.

Socio-cognitive, adult and workplace learning theories
Learning theories were used to unravel the themes which emerged as factors which influenced managers’ beliefs about depression, and their responses to government recommendations to adopt mental health education in their workplaces.

Findings: major themes
The major themes which prevailed across the organisations included one of a prevailing disquiet about the topic of depression. Depression was a taboo topic in workplaces. Almost all participants expressed some concern about the fiscal impact of a depressed employee on business productivity.

Participants’ idiosyncratic variations in knowledge about depression related to their prior biographies. Some people reverted to general belief systems which were embedded in stigma and value laden judgments.

The small to medium enterprise (SME) managers had little knowledge about how to assist employees with depression, had limited HRM, occupational health and safety (OHS) knowledge or training and instead relied upon family and friends as advisors. They had few documented HR processes and cited flexibility as their key response to their employees’ needs.

The managers in both large and small enterprises were cognisant of the impact of macro systemic influences - and in particular that of the state of the economy - upon their organisations’ viability,

Useful employee education in a booming economy
In a context of burgeoning first world economies, ICT organisations were described in 2007 and early 2008 as having to develop new methods to retain and or attract skilled employees to their organisational ranks (Moon 2007). Many enterprises in that sector recognised the importance of workplace wellness programs as a central component of maintaining employee satisfaction and hence employee tenure and productivity (Moon, 2008; Rance 2008). There was an increasing emphasis on the financial desirability of undertaking work-based mental health promotion to reduce the costs of having depressed employees (beyondblue 2007; University of Queensland, 2008) and to become an employer of choice in a market in which employees could pick and choose from a relative plethora of jobs.

However, in September 2008 the news that major sections of the financial world were heading towards what was described across all forms of the media in both Australia and overseas, as a global financial crisis was released. The conclusion
that either economic recession or economic depression would almost inevitably develop in major world economies, exploded across all forms of the media.

There are potentially profound implications related to the adoption of education about depression in workplaces in a new recessionary climate. There will arguably be a much larger ready pool of now unemployed, well trained and experienced people from which employers can choose new employees if their current ones apparently fail to maintain high levels of productivity. Sophisticated and sympathetic employee benefits may be regarded as luxuries which can be sacrificed; a focus on education about depression in workplaces may no longer hold appeal in more expedient organisations.

**Concluding comment**

The question about whether qualitative or quantitative methods produce useful research to inform adult life-long learning practice perhaps becomes disturbingly irrelevant when the rationale for what constitutes such research and really useful lifelong learning may no longer be centred on the purism of the methodological or paradigmatic arguments about which I had been heedful. Instead responses to social developments - in particular topics within the focus of this study - may be tied inexorably to the state of the economy rather than a desire to develop polices related to social justice.

Notwithstanding this current economic turbulence, the findings of this study will remain relevant and significant. When the economy improves, an understanding of how to encourage the adoption of relevant social policy into the workplace areas must be a priority. We live in a world in which many employees spend almost a quarter of their lives at work and contemporary workplace learning strategies are based in part on motivating and engaging workers. This humanistic process requires an organisation to deal with employee well-being in a more meaningful way and work-based mental health education is one of the key issues related to this.

**References**


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