

Occupational Health Management™

A monthly advisory for occupational health programs

IN THIS ISSUE

Despite stress of shortages, nurse job satisfaction solid

As both providers of occupational health services and employees themselves, occ-health nurses occupy a unique position in the current struggle to stem the tide of nursing shortages. Few could blame them for griping about the long hours and heavy responsibilities attendant to reduced staffing, yet a new survey includes some surprising findings. Among them are indications that a majority of nurses are still satisfied with their jobs and would recommend the profession to others. Does this attitude offer a ray of optimism for those battling a seemingly intractable problem, or is the industry facing a demographic inevitability? cover

Stress management program based on CAM techniques

Does alternative medicine have a place in an occupational health program? You bet it does — just ask Joan Cantwell, manager of health & wellness for Quaker Oats. Her mindfulness stress management program, which incorporates yoga, medication, and other CAM (complementary alternative medicine) methodologies, has reduced the percentage of employees at risk for stress-related

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Occ-health pros can play part in reducing shortage

Despite great pressures, most nurses like their jobs

While the nursing shortage has grabbed the attention of the entire health care profession, the issue is especially relevant for occ-health nurses and, in particular, for those who manage occupational health programs and facilities. Not only do they have to worry about staffing shortages and the potential impact on patient safety, as do all nurse managers, but they also face the additional challenge of dealing with the occupational health and safety issues impacting the entire nursing staff — which is, after all, composed of employees of the facility.

Because of the widespread impact of the nursing shortage, a new survey conducted jointly by the American Hospital Association's (AHA) American Organization of Nurse Executives (AONE) and *NurseWeek* magazine has generated significant attention. It not only reveals the extent of the shortage, but it also offers some clues as to how this disturbing trend may be reversed.

The survey, conducted among a national sample of 7,600 registered nurses, produced some findings that were not surprising. For example, 88% of respondents reported a nursing shortage in their community, and seven of 10 hospital nurses said they had seen a negative impact on the quality of patient care in the past year as the result of a greater number of patients per nurse and higher turnover among experienced nurses.

In the face of these trends, however, 77% of the RNs said they were satisfied with being a nurse, and 60% said they would recommend nursing as a career choice.

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illness by 18%. What's more, her health & wellness staff estimates the program has been responsible for annual savings of nearly \$95,000. 77

Panelists identify key productivity instruments

A combined panel of experts from Thomas Jefferson University and the American College of Occupational and Environmental Medicine has identified the most significant tools for measuring employee productivity and, in a designated subset, tools for measuring the productivity impact of migraine headaches. With a growing number of companies seeking data on productivity, says Ronald S. Leopold, MD, MPH, of Met Life Disability, occupational health professionals should sit up and take notice. In fact, he argues, employee productivity is a niche ideally suited for occ-health professionals 79

Skin cancer screening soars at United headquarters

United Airlines has joined a growing number of corporations participating in free melanoma/skin cancer screenings offered annually by the American Academy of Dermatology (AAD). Over 150 UAL employees were screened at the airline's Chicago-area headquarters during this year's 'Melanoma Monday,' in which 2,000 AAD volunteers offered their services. It is United's goal, says a spokesperson, 'to screen as many employees as possible' 80

NIOSH shines spotlight on violence in hospitals

Noting that hospital workers are at higher risk for violent attack than the general working population, the Centers for Disease Control's National Institute for Occupational Safety and Health has issued a new publication called *Violence: Occupational Hazards in Hospitals*, designed to educate hospital workers and management about specific risk factors, recommended prevention strategies, and actions to take when faced with a potentially violent situation 82

COMING IN FUTURE ISSUES

- Benchmarking tools: What is their role in occupational health management?
- Health care practitioners, organizations recommend HIPAA modifications
- The latest product innovations designed to address latex sensitivity
- On-line service helps employees make informed health decisions
- Depression: How to recognize it, what to do

"We got both the good and the bad," says **Carol Bradley**, MSN, RN, regional vice president/editor of *NurseWeek's* California edition. "People who think about what they do as a nurse are still happy with their career choice — they do not regret choosing to be a caregiver."

Bradley says her team purposely recruited nurse-researchers with a very high priority of being as objective as possible, and framed the questions in as unbiased a fashion as possible. "Nevertheless, the respondents were willing to tell the researchers what bothers them the most about the workplace, and they what want to see fixed," she asserts.

Some of those issues can be found in another intriguing survey response. Many RNs who plan to leave their present jobs said they would consider staying, and still others who have left nursing altogether say they would consider returning if certain conditions were met. Among those conditions were better compensation, an improved work environment, better hours, and more respect from management.

The logical choice

Because of their unique position in the health-care industry, occupational health nurses are the logical choice to lead the charge to eliminate the nursing shortage and to work to improve the aforementioned working conditions, asserts **Ann Cox**, CAE, executive director of the Atlanta-based American Association of Occupational Health Nurses (AAOHN). "We are both part of the problem and part of the solution," she explains.

AAOHN is fighting a three-front war against the nursing shortage, says Cox. The three areas of focus are:

- Offering training to help occupational health nurses be a more effective voice in the decision-making processes in their work environments. "If you can't speak the language, you can't be effective," she explains.
- Refining key messages for internal and external dissemination. These messages will be centered around the concept that AAOHN is committed to the health and safety of its members and is creating programs to reduce injury and illness.
- Working on a comprehensive database repository of evidence-based information that demonstrates the bottom line contributions — i.e., those resulting in cost decreases — made by occupational health nurses. "We have over some

time collected a body of individual research," she explains. "We will be developing benchmarking approaches for comparative analysis. One of the products we are working on is a template around the balanced scorecard approach used in other businesses — applying it to issues such as productivity, return to work programs, and so on."

The organization is not only targeting those currently in the nursing profession, but those considering nursing as well. "We regularly participate in education sessions at the National Association of Student Nurses annual conferences," says Cox. "At the local level, our members serve as faculty."

Finally, AAOHN is targeting policy makers. "They need to consider occupational health and safety issues when they are addressing the nursing shortage and seeking to find solutions," Cox explains. "We have an aging work force, and the data support the assertion that the key contributing factor to the nursing shortage is the work environment."

A good foundation

Judging by the survey results, AAOHN has a solid foundation upon which to build. With all of the factors mitigating against job satisfaction, the percentage of respondents saying they were content with their profession is encouraging.

Those with long years of experience in the profession think they know why job satisfaction remains relatively high. "Nursing was always an elevated profession in the eyes of the public," says **Annette B. Haag**, RN, BA, COHN, president of Annette B. Haag & Associates of Simi Valley, CA, "and that's still true — it's one of the most trusted groups of professionals."

Haag, who recently got her MBA, was encouraged to hear management guru Tom Peters say that women make excellent managers because of their caring attitude. "I love the profession because you get to see in peoples' faces the gratitude they have for what you do for them," she adds. "We are so needed."

Diane Riggert, RN, COHN-S, manager of occupational health services, Children's Hospital and Regional Medical Center, Seattle, agrees. "I think nurses enjoy that patient-nurse relationship a great deal," she says. "It's very satisfying, when that's your area of strength and skill, to be able work in that area — to be able to make a difference — and to have a body of scientific knowledge you can apply. It's also enjoyable to be part of a community of nurses."

Of course, being deprived of that ability to help can contribute to job dissatisfaction and all the attendant stress-related woes. "When nurses can't have that one-to-one contact, and have to do other different things, the job become less satisfying to them," says Riggert.

While noting the strides that women have made in the job market in recent years, Haag says health care lags in this area. "We now see more equality in general, and women have greater recognition in business, but not in medicine. We're still not properly recognized for what we contribute."

Reversing the trends

Most observers agree that if present job conditions persist, the nursing shortage will only get worse — despite relatively high job satisfaction and despite the best efforts of groups like the AAOHN. So, how can they be reversed?

In terms of getting greater respect from management, Haag asserts there is much that nurses can do on their own to reverse current trends. "The real key is learning to understand the business of healthcare," she says. "We are currently not in a position of setting policy."

Government agencies such as OSHA have long emphasized the importance of the worker, she observes, and that should apply equally in the hospital setting. "But we don't learn enough skills in nursing school curricula on how to effect policy. Going back to school really helped me, and I encourage nurses to go and take business courses so you can talk that language," she advises.

This, in turn, can help solve the salary issue. Through exposure to business courses, nurses will learn negotiating skills as well as financial and policy management.

"People should be paid according to position," Haag says. "Write down your job description and review the organizational structure. If you are responsible for an entire department and have strong credentials, why should you make less than another department head with less credentials?"

Some nurses feel they don't deserve as much money because they are not bringing in revenue, but that's erroneous reasoning, says Haag. "They need to look at cost avoidance — case management, return-to-work programs, and so forth," she says.

Nurses are getting additional help in this area from organized labor, notes Riggert. "The unions are giving nurses quite a bit of support and I see them really working things out quite well," she says. "I think nurses are fairly well

compensated here, but it varies a lot in different parts of the country. Yes, salary is a huge factor in job satisfaction."

Bradley says attitudes within the hospital world have begun to change. "Just look at what's going on; there's been a tremendous amount of focus on what hospitals need to do about their workplace," she says. For example, the AHA recently published its work force commission report, *In Our Hands*. "That's just one of many examples of where hospitals are finally realizing there is much they have to do about the workplace," Bradley declares. **(The National Institute for Occupational Safety and Health [NIOSH] recently devoted an entire publication to workplace violence in hospitals. See related story on p. 82.)**

Other issues at work

Issues impacting job satisfaction and the well-being of nurses extend beyond those specifically outlined in the survey responses, says Riggert. For example, an improved work environment must also mean a safer work environment.

"From the occupational health nurse's point of view, our goal is to really focus on helping to prevent injuries, using the epidemiological approach to figure out what really is happening, and to use an injury prevention approach — primary, secondary, and tertiary," she says.

"Our biggest challenge is back injuries," Riggert continues. "Now, we have the data on costs of back injuries. This is compelling information for administrators because these high costs affect the bottom line of hospitals. Preventing back injuries is an opportunity for cost savings."

Part of the problem, she says, is that agencies have not clearly focused on the issue. "JCAHO [Joint Commission on Accreditation of Healthcare Organizations, based in Oakbrook Terrace, IL] only focuses on patient safety and not on staff safety, and that's something that has to change," she insists. "Hospitals are only safe for patients when they are a safe place to work. As the nursing population ages and suffers natural degenerative changes, they are put at greater risk for back injury if nothing is done to make patient lifting and transport easier. Even NIOSH is trying to focus on the [workplace] risks to health care workers, and I know they're looking at what can be done in this area."

So what's the solution? "This requires an attitude change on the part of nurses as well as management — in the future we will have to look at

both of these areas," Riggert advises. "For example, when nurses need to move a difficult patient, they must develop the mindset that they *will* wait for help, or that they *will* use the lifting devices. That takes buy-in, and we need to be involved in making that happen."

But nurses need management support as well, she declares, to make sure there are other people available to help nurses lift patients. "We need lift teams, assistance in restraining difficult patients," Riggert says. "The whole idea has not been well received because of cost, but perhaps you don't have to hire more people, rather look to people already on staff to help — for example, lifting assistance or a code lift team on any shift. Also, management may want to consider having built-in lift devices in the ceilings. That would make their job more attractive. It says to nurses that we really are thinking about you — by practicing primary prevention."

One issue that should not be a major concern, says Riggert, is long working hours. "I had been concerned about all of the 12-hour shifts and whether they were contributing to back injuries among nurses," she concedes. "But my research couldn't link long shifts to injury. Besides, nurses love the 12-hour shifts because they give them more time to be with their families. I don't think they'd want to go back to eight-hour shifts if they could."

In search of other solutions

There are a number of other strategies, say the experts, that can serve to ameliorate the nursing shortage. "We need to tap the CNAs [certified nurse assistants]," Haag suggests. "We should approach them and say, 'Let's find programs where we can elevate you to RN.' I wonder what strategies could really be developed."

"Looking at it strictly from an occupational health point of view, having highly trained safety officers who really know how to put the principals of injury prevention in place in a hospital will be very important," Riggert offers. "For years, hospitals — compared to manufacturing — have been slower to address the safety of workers. Now we know more of the risks posed by this work environment and addressing this is critical to retaining highly valued nurses."

"The solutions are going to have to be local," adds Bradley. "They must be a combination of responding to issues in the workplace and building the pipeline [of new nurses]."

Other highlights from AONE/NurseWeek survey

Substantial numbers of RNs say that in the past year, they have personally experienced:

- Back or other musculoskeletal injuries (34%)
- Exposure to bloodborne pathogens, including needlesticks (31%)
- Episodes of violence in the workplace (28%)
- Sexual harassment or a hostile work environment related to physicians (19%) or other staff (19%)

At least half of all nurses rate their current work setting as only fair or poor as far as:

- Opportunities to influence decisions about workplace organization (56%)
- Opportunities for professional development and advancement (55%)
- Recognition of accomplishments and work well done (54%)

That pipeline has been poor for three decades, Bradley notes. "We now have a lot of subsidies beginning to flow from hospitals directly into schools of nursing in California. They are identifying which schools have enrollment improvement capacity, then writing direct checks to fund faculty positions. We added 600 students last year, which on a percentage basis is quite impressive."

AAOHN is seeking to enhance its own efforts by partnering with other organizations. "We are collaborating with the American Nurses Association, which has developed a comprehensive strategic plan to address the shortage," says Cox. "All of us within professional organizations will carry activities for our own groups to help make a difference from the bottom up."

In addition, Cox says, AAOHN is aiding Johnson & Johnson with its own initiative to combat the nursing shortage. "We are listed on their web site as an informational resource for those interested in nursing," she explains. "We provide information on the numerous types of positions they can consider."

One of the key motivators Bradley had going into the study, she reasserts, was to try to provide a balanced view of what was happening. "Unfortunately, because the nursing shortage is so hot a topic, a lot of what has been covered has been a negative portrayal," she observes. "The affirmation I got out of this is that we know it's not all bad. There's a great deal of opportunity to

improve the hospital employment environment."

Cox asserts that occupational health nurse are the logical choice to lead the charge. "We can bring both business and health care expertise together to help address the management and occupational health issues related to healthcare professionals," she concludes.

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CAM program reduces employees' stress risk

Annual savings estimated at nearly \$95,000

Involvement with CAM (complementary and alternative medicine) is not just something occupational health professionals should be aware of because many employees are using alternative therapies. It also offers real-world strategies that can improve the health of their overall employee populations.

This has been dramatically demonstrated in a four-year program at Quaker Foods and Beverages in Chicago. Its Mindfulness-Based Stress Reduction Program (MBSR) has achieved a reduction in "at risk for stress" among repeat health risk appraisal (HRA) participants from 61% to 56%. At the same time, the health & wellness staff estimates annual savings of \$94,900.

Among the other results of the program:

- The mean number of physical complaints was 16.13 before the program, and 8.92 after the program;

- Percentile scores for depression dropped from 76 pre-program to 46 post-program, and for anxiety from 66 pre-program to 38 post-program;
- The Quality of Life Index scores were 22.6 post-program, compared with 20.1 pre-program.

A clear need

“We had done a lot of traditional stress reduction programs in the past,” observes **Joan Cantwell**, RN, MA, COHN-S, manager of health & wellness for Quaker Foods and Beverages. “But we were looking for something where employees could actually build a skill in stress management.”

The need was clear: Quaker’s own stress-related statistics showed \$1,064,700 in annual avoidable direct health care costs and \$1,504,000 in annual avoidable indirect costs, for a total of \$2,568,700 in avoidable costs.

The answer came from Cantwell’s own personal experience. “I took a program in the community because I wanted to learn yoga,” she recalls. In fact, she got more than she bargained for.

The person who offered the program, **Chris Coniak**, MD, had trained at the University of Massachusetts with Jon Kabat-Zinn, author of *Full Catastrophe Living*. “He had had tremendous success with people with pain,” Cantwell says. “His research found that it helped participants

not only with chronic problems, but also for general well-being and wellness. They showed decreased hospital days.”

Cantwell enjoyed the program so much she worked with Coniak to adapt the program to the Quaker Oats worksite.

The program consists of eight weekly one-hour classes. What is referred to as the “formal practice” involves breath and body awareness exercises, sitting and walking meditation, and yoga.

Participants learn to meditate and learn moment-to-moment, nonjudgmental awareness. There is also some gentle walking. Then they are given homework, which includes reading a copy of *Full Catastrophe Living*, as well as a number of assignments. “You practice the skills you have learned at home for 40-45 minutes,” says Cantwell. There are audiocassettes that lead participants through meditation, breathing, and yoga exercises.

Mindfulness, in addition to the moment-to-moment nonjudgmental awareness, consists of getting off autopilot — the kind of state we are in when we drive a car for 10 or 20 minutes, arrive at our destination and don’t really know how we got there. It involves staying present to your own experience, rather than prejudging, suppressing, or distorting it. In addition, mindfulness entails choiceless awareness and a quality of attention, focus, and awareness that can be cultivated through meditation, yoga and body awareness exercises.

Through these exercises, a set of skills is developed. They include:

- concentration;
- energy;
- focus;
- nonreactivity in the midst of change (i.e., steadiness).

These skills in turn enable the worker to function more effectively in times of stress. “Say you’re in a meeting or facing a stressful deadline,” Cantwell explains. “Instead of worrying, you focus on what’s in the present moment, which breaks the stress cycle, and you just do what you need to do. It can affect your presentations, how you interact with people, and by extension, even your lifestyle — like becoming more aware of your eating habits.”

This is what is referred to as “informal practice,” or applying the learned skills to daily activities, events, communications, interactions, diet, and other lifestyle behaviors.

“Informal practice is the skill that comes out of the program,” say Cantwell. “You use it almost intuitively to break the stress cycle.”

Participants say program produced lifestyle changes

The following is a sampling of findings from the post-program questionnaire issued to Quaker Oats employees who participated in the mindfulness stress reduction program:

- **94%** of those who completed the program say that they have drawn something of lasting value from it.
- **87%** of participants report being better able to handle stressful situations as a result of having taken the program.
- **87%** of participants report knowing how to take better care of themselves than before the program.
- **79%** of participants report they are taking better care of themselves than before the program.
- **63%** of participants have made healthy lifestyle changes as a result of the program.
- **87%** of participants report a positive change in their relationship to their thoughts and feelings, and in their reactions to them.

Through the formal practice you develop skills of being able to focus, to live in the present moment, to reduce stress, and to become much more aware of your surroundings. "By extension, that affects productivity and safety," says Cantwell. "In a manufacturing plant, for example, you will be more focused and productive in the worksite."

Not as simple as it sounds

It sounds simple, really: a few breathing exercises, some yoga, and *voilà*, goodbye stress. But it's really anything *but* simple, Cantwell insists

"First, it requires a lot of commitment," she says. "This includes the [HRA] baseline screening and then the follow-ups." In addition, the graduate groups continue to meet monthly.

What's more, she says, "We're asking people to do something that's almost counter-intuitive. We're asking them to be still, to slow down, in a world that's asking just the opposite — to go faster and faster."

It may also be counter-intuitive because it is derived from the Eastern mind-body-spirit model, she suggests. "But once they do it, they're more in touch with their lives," Cantwell notes. "Often people [in our society] use numbing behaviors like workaholism or alcoholism. Mindfulness asks you to relate differently to the stress in your life. For the majority of us, it can be scary and uncomfortable." **(Nevertheless, employee response to the program has been quite positive. See the survey results on p. 78.)**

Over time, however, it's like any other exercise. "Once you build the skills, you start to automatically relate differently to stress," she concludes.

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Tool developed to get a grip on productivity

Characteristics identified as part of assessment

A team of researchers funded by AstraZeneca Pharmaceuticals based in Wilmington, DE, has completed a project aimed at developing a greater understanding of the characteristics and

measurement of workplace productivity. The panel, composed of experts from the Office of Healthy Policy and Clinical Outcomes of Thomas Jefferson University in Philadelphia, and the American College of Occupational and Environmental Medicine (ACOEM) of Arlington Heights, IL, revealed their findings at ACOEM's recent annual meeting in Chicago.

"Actually, the collaboration had a twofold intent," explains **Ronald S. Leopold, MD, MPH**, national medical director and vice president, Met Life Disability, Atlanta, and moderator of the Chicago panel. "One was to develop a measurement model of workplace productivity as it pertains to any and all injuries. The second was to specifically develop such tools for migraine headache."

A multi-pronged approach

What the researchers eventually came up with, says Leopold, was a multi-pronged approach to identify what the elements of productivity were, what the characteristics were, and then the best existing instruments to measure them.

The elements of productivity were put into three categories:

- absenteeism (workers' comp, short- and long-term disability, Family Medical Leave Act and sick leave);
- presenteeism (quality of work, quantity of work, and other personal factors);
- turnover and replacement costs.

Next, the group measured a number of available tools. "They were evaluated based on their scientific merit, the applicability across industries and occupations and disease states and conditions, and whether or not they translated functionality into financial impact," says Leopold. "After they were identified, the different tools were put through an expert panel and scored."

The General Measurement Products selected were:

- The Osterhaus Technique Work Limitations Questionnaire;
- The MacArthur Health and Performance Questionnaire;
- The Stanford / American Health Association Presenteeism Scale;
- The Work Productivity and Activity Impairment Questionnaire;
- The Employer Health Care Association of Tampa.

Migraine-specific products identified were:

- The Work Productivity and Activity Impairment Questionnaire;
- The Migraine Work and Productivity Loss Questionnaire.

AstraZeneca will use those tools identified as suited for migraine for their own continuing research.

“I think in essence what they did was a decent job in identifying what’s out there,” says Leopold, commenting on the panel’s work. “They used sound methodology and it was a good panel — many are colleagues I’m familiar with. They ended up making recommendations for tools that are very good.”

The importance of migraine

It’s clear that AstraZeneca’s interest in migraine was based at least in part on products it either currently manufactures or has in the pipeline, but beyond that, should it be of significant concern to occupational health professionals?

“Our short-term disability coverage begins after one week and lasts six months,” notes Leopold. “For the 1 million covered lives we have, we have roughly 200–250 short-term disability claims for migraine headaches.”

This is based solely on ICD-9 codes. It does not include cluster or other severe headaches. “Typically, a bad headache does not warrant missing work for more than one week,” Leopold points out.

Despite the fact that migraine is nowhere near the top 10 issues facing workers, it clearly impacts lots of people. “Migraines may not last that long, and many times people may be out for less than one week and we won’t see that in our statistics,” Leopold explains. “So what we have only gives you the tip of the iceberg.” And by their very nature, he says, migraines are going to be completely debilitating — especially for white-collar workers.

What’s more important than any specific condition is for occupational health professionals to pay more attention to issues of productivity, says Leopold.

“Those of us in the occupational health profession subscribe to the belief that having a good working life is part of having a good life overall,” Leopold says. “Many times we find ourselves at the point of assessing when a person can or should return to work and optimize their ability to work as best they can.”

In terms of migraines, occupational health professionals should recognize that migraine headaches have a significant place in the working population, they are a disorder that can be treated, and that successful treatment is characterized by greatly improved productivity.

In terms of productivity in general, “Occupational health professionals will no doubt be hearing more and more about productivity as years go by,” Leopold predicts. “A lot of our large corporate customers are getting increasingly interested in measuring productivity. At ACOEM and the AAOHN, there is growing interest in the subject matter. It really is a niche that is ideally suited for occupational health.”

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UAL screening hundreds for skin cancer/melanoma

Nationwide program provided by AAD

By the end of this year, hundreds of United Airlines (UAL) employees will have been screened for skin cancer and melanoma as part of a nationwide program sponsored by the Schaumburg, IL-based American Academy of Dermatology (AAD). The first program, held at UAL’s Chicago headquarters and at its hub at O’Hare International Airport on May 6 as part of the AAD’s Melanoma Monday, saw over 150 employees participate.

“We chose skin cancer/melanoma because it is the most common kind of cancer in the United States. To our knowledge, new cases and deaths have risen significantly. We view melanoma/skin cancer as a significant health concern for our employees and the public,” notes **Star Ebbola**, a manager at UAL’s medical department. “We are grateful to the American Academy of Dermatology for partnering with us to create employee and public awareness as well as to promote safe sun practices and early detection.”

This is only the beginning of UAL’s participation, according to **Fred F. Castrow II, MD**, president of the AAD.

"We will also perform screenings at their San Francisco, Denver, and Washington, DC, hubs," he notes.

"We did not make any goals in number of employees that we would hope to have screened," adds Ebbole. "We are trying to screen as many employees as possible. Our intention is to create awareness of how serious a health threat skin cancer is, promote safe sun practices, early detection, and possibly save lives."

This pairing was a natural, notes Castrow, and not just because AAD and UAL are corporate neighbors. "Studies show that pilots have a higher incidence of skin cancer than the average population," he observes.

During the screenings, volunteer dermatologists, including Castrow himself, looked at all sun exposures for suspicious lesions. "We were looking for melanomas in particular," he notes, reciting the **A** (asymmetry), **B** (border — irregular, leaking, or notching), **C** (irregular color), and **D** (diameter — usually smaller than a pencil eraser) that are looked for during the examination.

Ebbole is very pleased with the results. "We feel the program went extremely well," she says. "The employee response was overwhelmingly positive." She says that 159 United Airlines employees were screened in Chicago on Melanoma Monday. "We had approximately 63 employees waitlisted as well, and we were able to screen a good number of them."

Incidence increasing

Besides the basic health reasons for skin cancer screenings, Castrow notes the AAD is seeking to stem the tide of an alarming trend. Despite all of the recent publicity about the dangers of sun exposure, melanoma and skin cancer are increasing. "We don't know why they're increasing," he concedes. "Part of it could be due to more frequent early detection, but there are likely multiple factors involved. People have more free time, more money, and more time to spend on the beaches. But if we test early we can cure many of them."

One of AAD's major targets has been high-profile industries where sun exposure is greater than average. This provides the combined benefit of screening workers who need it and raising awareness. "The most high-profile industry we've done so far is major-league baseball," says Castrow.

Each year a team is designated as the Highlighted team. Last year, it happened to be the Arizona Diamondbacks, who ended up being

world champions. "This really has helped increase awareness," Castrow notes. "We screened players, staff and family of all the major league teams, but we run public service announcements (PSA's) on the highlighted teams." The theme of the announcements is "Play Smart in the Sun."

AAD also sponsors a similar program with soccer, which was rolled out in the last few weeks. In addition, they held an awareness day in early May on Capitol Hill, which featured Sen. John McCain (R-AZ) as a speaker.

More than 2,000 volunteers

There are over 2,000 AAD member dermatologists who volunteer their services at screenings across the country, says Castrow. "That's a big number," he concedes, "But it's an important public service and one of the core programs of the academy. We really do need to focus on this and make the public aware of the damage of the sun."

The challenge was made clear by a recent AAD telephone survey in which more than 90% of the respondents said they felt being in the sun was unhealthy, but more than 80% said they felt they looked better after being in the sun. That's what makes facilities such as tanning salons so dangerous, says Castrow. "They are the present-day cigarette-smoking hazard," he declares.

While the advertising focus has been on high-profile industries (for obvious reasons), Castrow says any company can participate in Melanoma Monday and other screening programs. "They just have to call the academy and let us set up some screenings for them," he says. "Also, every year the host cities in large metropolitan areas are published in the local newspapers." You can also call the Atlanta-based American Cancer Society, which is partnering with AAD on Melanoma Monday.

The AAD has other skin care-awareness initiatives — educational pieces and publications. You can check with AAD staff or visit the AAD web site (www.aad.org).

United Airlines has already taken advantage of some of these additional opportunities. "Along with our free skin screenings that were held on Melanoma Monday, one of the volunteer dermatologists held a discussion for our employees to provide education regarding skin cancer," says Ebbole. "We also provided pamphlets to employees as provided by the AAD, and encouraged them to visit the AAD's web site to locate free screenings that are available within their areas. We have more than 80,000 employees and we intend to inform them

regarding same via our company paper. We would be very much interested in partnering with AAD on a yearly basis to make these screenings an annual event."

Castrow is determined to continue the screening programs because he knows they're performing a valuable service. "I personally found one young lady [at the UAL screening] who had four potential basal cell carcinomas," he says, "So we're doing some good."

[For more information on AAD programs and availability, contact:

- **Karen Klickmann.** Telephone: (847) 240-1735.] ■

Hospital workers at high risk for violent attacks

NIOSH says nurses and aides most likely victims

A new publication from the Centers for Disease Control's National Institute for Occupational Safety and Health (NIOSH) paints a disturbing picture of the risk of violent attack faced by hospital employees. In fact, says the publication, *Violence: Occupational Hazards in Hospitals*, recent data indicate that hospital workers are at high risk for experiencing violence in the workplace.

"According to estimates of the Bureau of Labor Statistics (BLS), 2,637 nonfatal assaults on hospital workers occurred in 1999 — a rate of 8.3 assaults per 10,000 workers. This rate is much higher than the rate of nonfatal assaults for all private-sector industries, which is two per 10,000 workers," claims NIOSH.

Examples of violence can be placed in three

major categories:

- **Threats:** Expressions of intent to cause harm, including verbal threats, threatening body language, and written threats.

- **Physical assaults:** Attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives.

- **Muggings:** Aggravated assaults, usually conducted by surprise and with intent to rob.

Although anyone who works in a hospital can become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk. Others at increased risk are emergency response personnel, hospital safety officers and all health care providers. Violence occurs most frequently in psychiatric wards, emergency rooms, waiting rooms and geriatric units.

Violence is a significant issue for occupation health professionals, says NIOSH, not just because of the physical injuries that can occur. "Violence may also have negative organizational outcomes such as low worker morale, increased job stress, increased worker turnover, reduced trust of management and co-workers, and a hostile working environment."

There are many things you can do to prevent or minimize the likelihood of violence in your hospital, says NIOSH. Your facility should develop a safety and health program that includes management commitment, employee participation, hazard identification, safety and health training, and hazard prevention, control, and reporting.

Prevention strategies recommended

Here are a number of prevention strategies recommended by NIOSH:

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time;

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- Restrict the movement of the public in hospitals by card-controlled access;
- Develop a system for alerting security personnel when violence is threatened;
- Provide all workers with training in recognizing and managing assaults, resolving conflicts and maintaining hazard awareness;
- Design the triage area and other public areas to minimize the risk of assault. This includes providing staff restrooms and emergency exits; installing closed nurses' stations; installing deep service counters or bullet-resistant and shatter-proof glass enclosures in reception areas; and arranging furniture and other objects to minimize their use as weapons.

All workplaces not created equal

When it comes to workplace violence, hospitals are a breed apart, says NIOSH. In other workplaces such as convenience stores and taxicabs, violence most often relates to robbery. In hospitals, however, violence usually results from patients and occasionally from their family members who feel frustrated, vulnerable, and out of control. Here are just a few examples:

- An elderly patient verbally abused a nurse and pulled her hair when she prevented him from leaving the hospital to go home in the middle of the night.
- An agitated psychotic patient attacked a nurse, broke her arm, and scratched, and bruised her.
- A disturbed family member whose father had died in surgery at the community hospital walked into the emergency department and fired a small-caliber handgun, killing a nurse and an emergency medical technician, and wounding the emergency physician.

What are the signals that can alert you to potential impending violence?

- verbally expressed anger and frustration;
- body language such as threatening gestures;
- signs of drug or alcohol use;
- presence of a weapon.

Respond with a calm, caring attitude, acknowledge the person's feelings and avoid any behavior that might be interpreted as aggressive. Be vigilant throughout the encounter, and always keep an open path for exiting. If you can't defuse the situation, remove yourself and call security for help. Report all violent incidents to management. ■

- Provide security escorts to the parking lots at night;
- Install security devices such as metal detectors, cameras and good lighting in hallways;
- Develop emergency signaling, alarms and monitoring systems.

Prevention strategies work

NIOSH cites several instances where the employment of these strategies has helped prevent violence. For example, a security screening system in a Detroit hospital included stationary metal detectors supplemented by hand-held units. The system prevented the entry of 33 handguns, 1,324 knives, and 97 mace-type sprays during a six-month period.

A system restricting movement of visitors in a New York City hospital used identification badges

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Editorial Questions

For questions or comments, call **Alison Allen** at (404) 262-5431.

and color-coded passes to limit each visitor to a specific floor. The hospital also enforced the limit of two visitors at a time per patient. Over 18 months, these actions reduced the number of reported violent crimes by 65%. **(Circumstances of hospital violence differ from the circumstances of workplace violence in general. See box on p. 83.)**

[To receive a copy of "Violence: Occupational Hazards in Hospitals," or to request additional information, contact:

• **NIOSH — Publications Dissemination**, 4676 Columbia Parkway, Cincinnati, OH 45226-1998. Telephone: (800) 356-4674. Fax: (513) 533-8573. E-mail: pubstaf@cdc.gov. Or, visit the NIOSH web site at: www.cdc.gov/niosh.] ■

Adults: Don't forget to get vaccinated

Vaccines still necessary to prevent some diseases

Vaccines have made more of an impact on public health than any other strategy except safe drinking water, according to the National Partnership for Immunization (NPI) in Bethesda, MD. Yet vaccine-preventable diseases still occur in the United States.

According to NPI, pneumococcal disease causes approximately 17,000 cases of invasive disease among children younger than 5 years old, resulting in 700 cases of meningitis and 200 deaths each year. However, failure to keep children's immunization schedules up to date not only impacts their health in childhood, it often puts them at risk in adulthood as well. The risk of complications and death from chickenpox is 10-20 times greater for adults than children. Because chickenpox is endemic in the United States, anyone who is not vaccinated is at increased risk for contracting the disease in adulthood.

For these reasons and many others, NPI has designated August as National Immunization Awareness Month. They encourage health care organizations to schedule community outreach events to educate the public about the benefits of immunization during this month.

Many Americans think that vaccines are for infants and children, but recommended vaccinations begin soon after birth and should continue throughout life. There generally is good coverage

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among young children and older adults, but adolescents and adults usually do not have up-to-date immunization records, says **David A. Neumann**, PhD, director of the National Partnership for Immunizations.

For example, the last time most adults had a tetanus shot, they were on their way to summer camp, yet this vaccine should be given every 10 years. In addition, many adolescents and adults could be at risk for hepatitis A and B and would benefit from these vaccinations.

Some adolescents need to be vaccinated for meningitis. Last year, there was an outbreak of meningitis among college students with several deaths, yet many people don't know it is a vaccine-preventable disease. There is an increased incidence of meningitis among students living in dormitories, particularly among first-year students, says Neumann.

[For more information about immunizations or National Immunization Awareness Month, contact:

• **David A. Neumann**, PhD, Director, National Partnership for Immunization, 4733 Bethesda Ave., Bethesda, MD 20814. Telephone: (301) 656-0003. Web site: www.partnersforimmunization.org.] ■