Occupational Health Management™

A monthly advisory for occupational health programs

AHC Media LLC

INSIDE

Statement of Financial Disclosure: Stacey Kusterbeck (Editor), Coles McKagen (Associate Publisher), Joy Dickinson (Senior Managing Editor), and Grace K. Paranzino (Nurse Planner) report no consultant, stockholder, speaker's bureau, research, or other financial relationships with companies having ties to this field of study.

DECEMBER 2008
VOL. 18, NO. 12 • (pages 129-140)

Be your own PR person: It could get you promoted, even in a down economy

(Editor's Note: This is the first of a three-part series on how occupational health professionals can survive in a down economy. Future issues will cover low-cost ways to obtain skills that are especially needed now, and steps to take if you suspect your company is going to outsource occupational health or cut programs.)

With companies looking to cut costs anywhere they can, it's a bad time to be "out of sight, out of mind."

"With the changing job market and economy, anything an occupational health professional can do to justify their position is critical," says **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, clinical assistant professor for the Occupational Health Nursing Program at the University of North Carolina at Chapel Hill.

"It isn't enough to just increase your value. It has to be communicated — orally, in writing, and in graphs and charts — that you are on top of the latest issues in the field," says Randolph. **(See related story, p. 131, on low-tech ways to demonstrate the success of occupational health programs.)**

In difficult economies, scrutiny over what you do becomes "even more acute," says **Don R. Powell**, PhD, president and CEO of the American Institute for Preventive Medicine, a wellness program provider based in Farmington Hills, MI. "The more you can let others see the value you pro-

EXECUTIVE SUMMARY

As companies look to cut costs, be proactive to make yourself visible and show the value of services you provide. Occupational health experts recommend:

- writing a monthly column in the company's newsletter;
- handing out information at a "stop by" table;
- using quotes from employees and managers as testimonials for programs;
- showing participation numbers, satisfaction survey results, and eye-catching statistics.

vide, the more secure your job will be. You have to be very, very proactive."

Powell recommends that you "be your own public relations person, and embark on a major visibility campaign. I believe in a saturation effect. You can't publicize too much." When he gives talks, Powell asks audience members if they remember certain advertising jingles from 35 years ago. "And they do, and it's because we heard them over and over again. Imagine if you could do the same sort of messaging for the services that occupational health provides."

Here are some ways to make your presence known:

• **Contribute to the company's newsletter.**

"The occupational health role has changed over the years to be more of a wellness provider, but employees may not have kept pace with that," says Powell.

If your company doesn't have a newsletter, put one together yourself. "There is simple publishing software which allows health education to look like a newsletter," says **Kay N. Campbell**, EdD, RN-C, COHN-S, FAAOHN, president elect of the American Association of Occupational Health Nurses.

However, a less time-consuming approach is to contribute to an existing company newsletter if there is one, by featuring a program or service in every issue with your photo displayed, to provide education and make yourself known to employees. "There are vendors who will provide newsletters for distribution periodically, and customization is also available," says Campbell. **(See resource box on p. 131 for more information.)**

• **Make connections.**

"Partner with other events in the company to create value around those activities," says Campbell. "Highlight the value of employee productivity and health." She suggests:

— Offer a health risk assessment at open enrollment for health benefits.

— Hold a benefits fair to display all of the services offered by occupational health. Collaborate with the human resources staff to showcase all the benefits offered, including maternity programs, disease management programs, mental health services, health education, and fitness programs, Campbell says.

— Partner with the cafeteria to promote healthy food choices. **(For more information, see "Make healthy food available to workers," *Occupational Health Management*, August 2007, p. 92, and "Avoid these mistakes with your healthy food program," p. 94.)**

• **Set up a "stop by" table.**

Hand out fliers and brochures on upcoming activities in a busy lobby or the cafeteria. "This is another vehicle to let everyone know that that the occupational health department stands ready to help any employee work on specific lifestyle issues," says Powell.

• **Share success stories.**

"Ask managers and employees about programs and the value they have to them and the company," says Campbell. "You can then use the quote or story — with permission, of course — as a testimonial for the program." Campbell says that one of the company's senior vice presidents endorsed the "energy and resilience" programs, which are mental health services that are pro-

Occupational Health Management™ (ISSN# 1082-5339) is published monthly by AHC Media LLC, 3525 Piedmont Road, Building Six, Piedmont Center, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to ***Occupational Health Management***™, P.O. Box 740059, Atlanta, GA 30374.

AHC Media LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been approved for 15 nursing contact hours using a 60-minute contact hour.

Provider approved by the California Board of Registered Nursing, Provider #14749, for 15 Contact Hours.

This activity is intended for occupational nurses, occupational health managers and directors. It is in effect for 36 months from the date of publication.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customer service@ahcmedia.com). Hours: 8:30-6:00 M-Th; 8:30-4:30 F.

Subscription rates: U.S.A., one year (12 issues), $489. Add $17.95 for shipping & handling. Outside U.S., add $30 per year, total prepaid in U.S. funds. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $82 each. (GST registration number R128870672.)

Editor: **Stacey Kusterbeck.**
Associate Publisher: **Coles McKagen**, (404) 262-5420, (coles.mckagen@ahcmedia.com).
Senior Managing Editor: **Joy Dickinson**, (229) 551-9195, (joy.dickinson@ahcmedia.com).
Production Editor: **Ami Sutaria**.

AHC Media LLC

Editorial Questions

For questions or comments, call **Joy Dickinson** at (229) 551-9195.

moted to employees as a way to help them deal with change effectively, lessen the negative impact of stress, and become more productive.

• **Provide a questionnaire.**

Solicit input from employees as to what activities they would like to see occupational health offer, advises Powell. The questionnaire should give them choices, but also have space for other suggestions.

• **Have a presence on the web.**

Powell recommends working with information technology to set up a link on your company's Intranet site to list all the different services you offer. Your web site link also could have a "health tip of the day" and a weekly recipe. **(For more information on obtaining these, see resource box, left.)**

• **Interview top management.**

Campbell suggests you ask them the following:

— What keeps you up at night?

— What are your people concerns?

— How can occupational health help you accomplish your business goals?

— What services do you value that are offered by occupational health?

" If they don't know any services, there is an opportunity to educate," says Campbell. ■

SOURCES/RESOURCES

For more information on demonstrating the value of occupational health, contact:

• **Kay N. Campbell**, EdD, RN-C, COHN-S, FAAOHN, Director, Global Health and Productivity, Glaxo SmithKline, Research Triangle Park, NC. Phone: (919) 483-2185. Fax: (919) 483-8535. E-mail: kay.n.campbell@gsk.com

• **Don R. Powell**, PhD, President and CEO, American Institute for Preventive Medicine, Farmington Hills, MI. Phone: (248) 539-1800 Ext. 221. Fax: (248) 539-1808. E-mail: dpowell@healthylife.com. Web: www.healthylife.com.

• **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, Clinical Assistant Professor, Occupational Health Nursing Program, University of North Carolina at Chapel Hill. Phone: (919) 966-0979. Fax: (919) 966-8999. E-mail: susan.randolph@unc.

• The American Institute for Preventive Medicine offers printed and electronic newsletters in two-, four-, and eight-page formats that occupational health nurses can customize. One thousand copies of the four-page newsletter is $.36 per copy in paper and $.21 per electronic copy. For more information, go to www.HealthyLife.com and click on "Products."

The institute also licenses several health tip products. Under "Search by Topic," click on "Health Tip-A-Day Products." The Health Tips CopyWrites Binder contains 610 tips that can be used for e-mail, newsletters, handouts, or paycheck stuffers. The cost is $249.

A booklet titled HealthyLife Weigh Menus and Recipes has menu plans for 28 days and sells for $4.95 per copy. Under "Search by Topic," click on "Weight Control/Nutrition," and under "HealthyLife Weigh Menus & Recipes Book," click on "More information."

Shipping and handling is 9% of the order total. For pricing information or to place an order, call (800) 345-2476 or (248) 539-1800. Fax: (248) 539-1808. E-mail: aipm@healthylife.com.

What do you do if you don't have data?

You may not have "knock-your-socks-off" data to show that you saved your company thousands of dollars in health care costs because of a wellness program or other initiative. But there are still ways you can demonstrate success and, possibly, save the program or your job in the process.

"Look for things to measure that can bridge the gap if you don't have hardcore data showing ROI [return on investment]. You can still show that there are positive things being provided," says **Don R. Powell**, PhD, president and CEO of the American Institute for Preventive Medicine, a wellness program provider based in Farmington Hills, MI. Some examples:

• Give participation numbers.

"Clearly, the more participation you get for the activities that you provide, the more value is perceived," says Powell. Record the number of people who attended a lunch and learn or how many employees took a brochure at an occupational health "stop by" table.

• Prove that employees are happy with what you are doing.

Give employees a questionnaire that asks them to rate a service provided by occupational health as excellent, very good, good, fair, or poor. "You

are then able to show the percentage of employees that say the service was excellent," says Powell.

• Come up with small but eye-catching statistics.

Tell your bosses how many extra steps employees walked this week as a result of an occupational health program, suggests Powell.

• List the "no cost" things you did.

Report on initiatives that the company spent absolutely nothing on, says Powell. "For instance, people will lose weight by putting a scale in a key company location with the diet-plan-of-the-week above it. **(See resource box, p. 131, for more information.)**

It gets people thinking about weight loss so they can weigh themselves privately," he says. "Or, set up a stress reduction room so employees have a place to go to listen to restful music, instead of drinking coffee, which is a stimulant." ■

Phone coaching saved $311,755 in health costs

Use this method to compute your own ROI

Demonstrating a program's return on investment (ROI) is more important than ever.

"To sell a program, you need to talk about more than just health outcomes. Business people are also looking for an economic calculation for how it might impact their bottom line," says **Ron Goetzel**, PhD, research professor of health policy and management at Emory University's Rollins School of Public Health and vice president for consulting and applied research at Thomson Reuters.

Researchers followed 890 employees enrolled for 12 months in a telephone-coaching program for obesity management, and measured 11 key health risk variables including nutrition, fitness, current smoking, former smoking, stress, cholesterol, blood pressure, alcohol abuse, depression, glucose, and body weight.[1] At the end of one year, the study found statistically significant reductions in seven health risk factors, including a 21.3% decrease in poor eating habits and 15.1% reduction in poor physical activity. The program saved $311,755, mostly from reduced health care spending costs and improved productivity. **(To see how the researchers came up with this figure, see p. 133.)**

Claims-based ROI studies typically require time and financial resources or skills that are not available or not justified, based on the scale of the intervention, says **Kristin M. Baker**, MPH, the study's lead author. "Thus, an evidence-based ROI model, such as the one presented in this paper, is an ideal tool for occupational health professionals to use to determine prospective or retrospective ROI in an efficient manner," she says.

EXECUTIVE SUMMARY

Researchers using an evidence-based return on investment (ROI) model were able to show that a telephone coaching program for obesity management saved $311,755 and reduced risk factors significantly for participating employees. To estimate a program's ROI:

Estimate by how much you think obesity rates will be reduced over a year.

Show how much more it costs to have an obese employee.

Use research to determine how much is saved by changing an employee's risk profile.

Come up with a good estimate

You can use a similar method to establish a potential ROI for a risk reduction program in your workplace. "If you are able to determine what the actual parameters are, then you can plug in that data along with demographic population to come up with an estimate of cost savings. You can then subtract the investment cost to predict the ROI," says Goetzel, one of the study's authors.

If you don't have that information, though, Goetzel says you can make a guess and come up with a good estimate. "Let's say 30% of the population is obese, and you think the program will be able to reduce obesity rates by 1 percentage point a year. So you would go from 30% obese to 25% obese in five years. You can plug that into the model, along with demographic information, age, gender, and medical costs. It will then predict how much savings you can expect over that five-year period."

The model used by the researchers can do this for 11 risk factors. "This is not easy to do. The foundation for our model is research we did over the last 10 or so years, using a large database that

SOURCES/RESOURCES

For more information on determining potential return on investment for risk reduction programs, contact:

• **Kristin M. Baker**, MPH, Workplace Health Group, Department of Health Promotion and Behavior, College of Public Health, University of Georgia, Athens. Phone: (706) 583-0692. E-mail: kmbaker@uga.edu.
• **Ron Z. Goetzel**, PhD, Research Professor and Director, Institute for Health and Productivity Studies, Rollins School of Public Health, Emory University, Atlanta. Phone: (202) 719-7850. Fax: (202) 719-7801. E-mail: ron.goetzel@emory.edu.

connects risk factors, demographics, and expenditures." Goetzel says.

Even if you don't have access to this type of detailed data, you can begin with studies that link certain risk factors to higher costs. Show how much more it costs to have a stressed or obese employee, for example.[2] "You need that basic information to do this kind of calculation," Goetzel says. "But you can do that kind of estimate on your own. Then, refer to research that shows you are able to change risk profile in the workplace.[3] And if you change risk, then you save money."

References

1. Baker KM, Goetzel RZ, Pei X, et al. Using a return-on-investment estimation model to evaluate outcomes from an obesity management worksite health promotion program. *J Occup Environ Med* 2008, 50:991-997.
2. Goetzel RZ, Anderson DR, Whitmer RM, et al. The relationship between modifiable health risks and health care expenditures: An analysis of the multi-employer HERO health risk and cost database. *J Occup Environ Med* 1998; 4:843-857.
3. Heaney CA, Goetzel RZ. A review of health-related outcomes of multi-component worksite health promotion programs. *Am J Health Promot* 1997; 11:290-308. ■

Use this formula for productivity savings

Researchers calculated the productivity benefits for 890 employees enrolled in a telephone coaching obesity management program, using these assumptions based on previous research:[1]

• If a person loses significant weight and also reduces another risk factor, 40 hours of productivity are gained annually due to reduced presenteeism.

• An additional 20 hours are gained for those who lose significant weight and reduce a third risk factor.

• An additional 20 hours are gained for those who lose significant weight and reduce a fourth risk factor.

• An additional 10 hours are gained for those who lose significant weight and reduce a fifth risk factor.

• Thus, the maximum productivity gain from losing weight and modifying another health risk factor is 90 hours. Annual productivity gain was monetized by multiplying total hours of productivity gained in the year by the participant's average hourly wage.

Reference

1. Burton WN, Chen CY, Conti DJ, et al. The association between health risk change and presenteeism change. *J Ocx Environ Med* 2006; 48:252-263. ■

Get your fragrance-free workplace off the ground

Attitudes of resistant employees will change

More than half of states have laws requiring 100% smoke-free workplaces, but hardly any workplaces are fragrance free. This is getting increasing attention, however, with growing evidence of the serious health risks posed by synthetic fragrances to workers.[1]

Asthma and migraine headaches are both associated with exposure to fragrances and are both leading causes of lost work time, according to **Evelyn I. Bain**, MEd, RN, COHN-S, FAAOHN, associate director and coordinator of the Massachusetts Nurses Association's Health and Safety Division. "Occupational health nurses have a great opportunity to address the issue of fragrance-free workplaces through their wellness program activities," says Bain.

"I think many occupational health nurses have not been confronted with the concern of fra-

EXECUTIVE SUMMARY

Very few workplaces are fragrance-free, but occupational health professionals should be aware that fragrance exposure is linked to serious health risks, including asthma and migraine headaches. To implement this:
Tell employees that headaches, sneezing, coughing, and wheezing could be caused by fragrance.
Connect absenteeism and medical expenses to fragrance.
Switch to fragrance-free cleaners and disinfectants.

grance-free workplaces, and thus have not had an opportunity to research the question," says Bain. "There is often conflict between employees on the subject if it does arise."

Employees may be resistant at first, but this changes when they realize the health risks. "It does not happen overnight, but the change in attitude over time is really amazing," Bain says. "Most people appreciate the fact that they can now breathe cleaner air and that they are not experiencing headaches, coughing, and wheezing at work."

To implement a fragrance-free workplace, do these three things:

1. Start with science.

The science of fragrances is an excellent place to begin, says Bain. Educate employees that fragrances are mainly comprised of volatile organic compounds (VOCs), which are associated with a multitude of adverse health effects.

Often, explaining the link between exposure to fragrance and symptoms of headache, sneezing, coughing, and wheezing makes many more people aware that they are in fact experiencing these symptoms in the presence of fragrance, says Bain.

2. Go a step further than employee use of fragrance.

Be sure that chemicals used in environmental cleaning and disinfection, as well as in other processes, are fragrance-free with low or no VOCs as well, says Bain. She recommends using the Material Safety Data Sheets that are required to be available on all chemicals used in the facility to learn what symptoms are caused by the chemicals in cleaners and disinfectants.

3. Connect costs with fragrance in the workplace.

If you link absenteeism and medical expenses to fragrance, the issue becomes "one of logic rather than emotion," says Bain. "Look at your asthma and migraine headache-related absenteeism. See if you can tease it out from personal health insurance claims," she suggests. "Both of these conditions are quite closely related to exposure to fragrance. Use that information, or simply the association, as you bring fragrance-free workplace proposals to your managers."

SOURCE

For more information about implementing a fragrance-free workplace, contact:

• **Evelyn I. Bain**, MEd, RN, COHN-S, FAAOHN, Associate Director, Coordinator, Health and Safety Division, Massachusetts Nurses Association, Canton. Phone: (781) 821-4625 Ext. 776. Fax: (781) 821-4445. E-mail: eviebain@mnarn.org.

Reference

1. Steinemann AC. Fragranced consumer products and undisclosed ingredients. *Environ Impact Assess Rev* 2008. Doi: 10.1016/j.eiar.2008.05.002. ■

Yes, worksite weight loss programs do work

But results might be a 'best case scenario'

If anyone questions whether your company's workplace weight loss programs are really getting workers to lose pounds, you have a ready answer in light of a new review of studies.[1]

Researchers looked at 11 studies published since 1994 on programs to improve diet and physical activity, most involving education and counseling. They found that participants lost an average of 2.2 pounds to almost 14 pounds, while non-participants ranged from a loss of 1.5 pounds to a gain of 1.1 pounds. Programs involving face-to-face contact more than once a month were more effective.

The findings show that these programs work

SOURCE

For more information about worksite wellness programs, contact:

• **Michael Benedict**, MD, Assistant Professor, Department of Internal Medicine, University of Cincinnati (OH). Phone: (513) 558-8791. E-mail: michael.benedict@uc.edu.

modestly in the short term for those who choose to participate, says **Michael Benedict**, MD, one of the study's authors, and an assistant professor in the Department of Internal Medicine at University of Cincinnati (OH). However, Benedict acknowledges that the programs that were looked at might be a "best case scenario," because subjects were mainly volunteers and highly motivated. "I would anticipate less success if trying to recruit a broader group of obese employees," he says.

The research doesn't give any information on weight maintenance or return on investment for employers. "There is also not much to guide us on how to optimally set up the program, although we believe frequent contact with employees — more than once a month — may be important," says Benedict.

Reference

1. Arterburn D, Benedict MA. Worksite-based weight loss programs: A systematic review of recent literature. *Amer J Health Promot* 2008; 22:408-416. ■

Diet counseling gets only modest gains

Diet counseling is a part of many employee wellness programs, but a recent review of 38 studies shows this counseling results in only modest improvements in risk factors such as high cholesterol and blood pressure.[1]

Adults who received advice on their diets increased consumption of fruits and vegetables by 1.25 servings, increased fiber intake, and decreased total dietary fats.

"Occupational health professionals know they have a challenge when it comes to changing dietary habits," says **Eric Brunner**, Ph.D., the study's author, and a researcher in the Department of Epidemiology and Public Health at the University College London Medical School.

Individuals at higher risk, such as those with high blood pressure or cholesterol, responded better than those with "average" levels of risk. Also, when more than three personal contacts were made, results were better. The review suggests that "healthy" adults — free of a disease label but not necessarily at low risk — are not strongly motivated to respond to dietary advice.

"The work context is therefore a key factor that can influence dietary habits," says Brunner. "Vending machines, ads, and so on, are equally if not more important than the counseling program."

Reference

1. Brunner EJ, Rees K, Ward K, et al. Dietary advice for reducing cardiovascular risk. Cochrane Database of Systematic Reviews, 2007. DOI: 10.1002/14651858.CD002128.pub3. ■

Evaluate this before an injured worker returns

Do a job-specific fitness for duty evaluation

Even if a physician releases an employee to return to work, that employee might still be impaired and at risk for further injury. This risk is

EXECUTIVE SUMMARY

Injured employees still may be impaired even after their physician releases them to return to work. To reduce risk of further injury, take these steps before an employee returns to work:

- Have an occupational physician do a job-specific fitness-for-duty evaluation.
- Give the employee's doctor a detailed job description, written or videotaped.
- Ask the employee to demonstrate the ability to perform essential job duties, or have workers return on a conditional basis.

because the physician may not realize the job-specific functionality that is needed, warns **Howard M. Sandler**, MD, president of Sandler Occupational Medicine Associates in Melville, NY.

"The person being released to work is fine except for one little thing. If that person is prematurely released and injures themselves, those physicians are at risk for wrongful placement," he says. "There have been a number of successful litigation suits for inappropriate, too early return to work."

Sandler points to a Department of Labor provision that says once the employee's personal physician releases the individual to come to work from the Family and Medical Leave Act (FMLA), you have to put them back to work. "The problem is that few physicians understand what types of abilities are necessary to perform the job or the degree of impairment that is restricting for performance of job functions," says Sandler.

If the physician isn't able to correctly judge whether the worker meets the requirements to do the job without increased risk, there is a danger of the worker coming back and re-injuring him or herself. "They may let somebody come back just because they are running out of FMLA," says Sandler. "Our advice is pay them, but don't put them back to work until you have your own occupational physician perform a true occupational job-specific fitness-for-duty evaluation."

Without this information, you're at risk for making a "bad call," says Sandler. "The bottom line is not to keep people out of work, but to make sure they are off the right time and put back into the right job, according to what their current medical capabilities are," he says.

Give a detailed job description

To avoid a premature or uninformed release to return to work, take this precaution, advises **John W. Robinson IV**, a shareholder in the litigation department in the Tampa, FL, office of Fowler White Boggs Banker: Provide the medical professional with a detailed job description covering physical demands, emergency duties, hours, and responsibilities.

"Written job descriptions are a start," he says. "Some employers even videotape the demands of the necessary job tasks to share with applicants and medical professionals."

If the employee is re-injured or suffers new injuries after being released to work prematurely, he or she will likely recover workers' compensation benefits, adds Robinson. "Release to work limitations are not an exact science. Some employees perform better than others," says Robinson.

If you suspect a problem, Robinson recommends doing these things:

- Obtain a second opinion on the employee's release to return to work and ability to perform essential job duties.
- Ask the returning employee to demonstrate an ability to perform essential job duties, such as emergency functions.
- Allow employees to return on an experimental or conditional basis for a set time, with evaluation of performance afterward.

"Keep in mind that when rehiring an injured employee or sick employee, it is difficult to immediately discipline the employee," says Robinson. "The risk is discrimination or retaliation claims under family medical leave, disabilities laws, or workers' compensation." ■

SOURCES

For more information on steps to take before an employee returns to work, contact:

- **John W. Robinson IV**, Shareholder, Litigation Department, Fowler White Boggs Banker, Tampa, FL. Phone: (813) 222-1118. Fax: (813) 229-8313. E-mail: jrobinso@fowlerwhite.com.
- **Howard M. Sandler**, MD, President, Sandler Occupational Medicine Associates, Melville, NY. Phone: (631) 756-2204. Fax: (631) 756-2213. E-mail: drsandler@somaonline.com.

Leadership affects health and well-being at work

Research evidence suggests that good leadership positively affects employee health and well-being, including decreased sick leave and disability, reports a recent study.[1]

Led by **Jaana Kuoppala**, MD, PhD, of Siinto, Kiiskilampi, Finland, the researchers searched for studies of the effects of leadership on key measures of employee health and well-being. Qualities associated with good leadership

included treating employees considerately and truthfully, providing social support, and providing inspirational motivation and intellectual stimulation.

Based on the 27 best-quality studies, the review provided "moderately strong" evidence linking good leadership to increased employee well-being. Workers with good leadership were 40% more likely to be in the highest category of job well-being (for example, with low rates of symptoms such as anxiety, depression, and job stress).

There was also moderate evidence linking good leadership with reduced sick days and disability. Good leadership was associated with a 27% reduction in sick leave and a 46% reduction in disability pensions.

Some studies found that good leadership was associated with increased job satisfaction, although this evidence was relatively weak. There was no evidence showing a significant effect of leadership on measures of job performance.

Several characteristics of work can affect employee health. Studies have shown that factors such as job control and support influence measurable health outcomes, such as sick leave. Leadership is thought to be one of the most important factors mediating the relationship between work and health.

The findings support the "job well-being pyramid model," which is a theory suggesting that a strong foundation of leadership, healthy work environment, and good working conditions reduces worker health problems. The pyramid model might provide a useful framework for monitoring occupational health within organizations, Kuoppala and colleagues believe. Companies could use routine follow-up data on employee well-being at work as part of efforts to develop and evaluate steps to improve working conditions and work ability.

The researchers note the "relative lack" of high-quality studies targeting the association between leadership and employee health. However, the few good studies found an important link between the role of leadership and employee job satisfaction, job well-being, sickness absences, and disability pensions.

The relationship between leadership and job performance remains unclear. Kuoppala and colleagues conclude, "If the association between leadership and health and well-being described in this review represents a true relationship, it would be extremely important that leadership function was considered, measured, and evaluated, and good leadership practices were promoted in all work environments."

Reference

1. Kuoppala J, Lamminpaa A, Liira J, et al. Leadership, job well-being, and health effects — a systematic review and a meta-analysis. *J Occ Environ Med* 2008; 50:904-915. ■

Carpal tunnel syndrome: When is referral OK?

There is a high prevalence of carpal tunnel syndrome (CTS), and several other conditions that mimic symptoms of CTS. Do you know when it is appropriate to refer a patient to a specialist for diagnosis?

Researchers set out to develop an easy screening questionnaire to help determine when it is appropriate to refer a patient for nerve conduction studies and needle electromyography (EMG), which are the electrodiagnostic tests most commonly used to diagnose CTS.

A seven-item screening questionnaire screened patients with possible CTS before clinician referral for electrodiagnostic testing. The questionnaire was completed by 100 patients. Three key questions predicted the diagnosis of CTS:

- tingling in at least two of the first four digits;
- symptoms worsening during the night/on awakening;
- the condition improving upon shaking the hand.

With at least two "yes" responses to the questions, the sensitivity of the questionnaire to predict abnormal electrodiagnostic test was 97% ($p < 0.001$). **Simon Podnar**, MD, of the University Medical Centre Ljubljana in Slovenia, said, "It seems that only patients with the most advanced CTS may be missed by the questionnaire; therefore looking for muscle atrophy and abnormal skin sensation in the hand is not to be skipped on physical examination by the doctor."

Used by clinicians in combination with physical examination, the questionnaire can result in more timely referrals for electrodiagnostic testing, diagnosis, and treatment for patients with CTS, the researchers concluded.

This study was presented at the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recent annual meeting. ■

NIOSH: Take steps to reduce hazard of stress

Health workers need more than coping strategies

It just takes an evening of viewing the television drama ER to know that hospital work is stressful. But the stress that evolves into an occupational hazard isn't from treating trauma victims or mysterious illnesses.

The stressful work environment — inadequate staffing, long hours, poorly defined roles, lack of communication — can lead to physical, behavioral, and psychological problems, including high blood pressure, sleeplessness, absenteeism, job dissatisfaction and depression. It also can impair performance and affect the interaction between employees and patients.

The National Institute for Occupational Safety and Health (NIOSH) provides an overview of stress as a hazard in hospitals and possible interventions in a brochure on *Exposure to Stress*. The brochure is part of a series on occupational hazards in hospitals (www.cdc.gov/niosh/docs/2008-136).

"Many people think it's just part of the job that they have to deal with, [but] it is important to look at occupational stress as an occupational hazard," says **Naomi Swanson**, PhD, chief of the organizational science and human factors branch at NIOSH in Cincinnati.

Techniques and interventions

Despite the inherent challenges in health care, stress can be reduced both through stress management techniques and organizational interventions, Swanson says. Stress management techniques include exercise, meditation and relaxation, and coping mechanisms. But that is not enough, according to NIOSH. "Although worker interventions can help workers deal with stress more effectively, they do not remove the sources of workplace stress, and thus may lose effectiveness over time."

NIOSH encourages organizational changes that:

- ensure that the workload is in line with workers' capabilities and resources;
- clearly define workers' roles and responsibilities;
- give workers opportunities to participate in decisions and actions affecting their jobs;
- improve communication;
- reduce uncertainty about career development and future employment prospects;
- provide opportunities for social interaction among workers.

Multidisciplinary care teams — for example, composed of physicians, nurses, pharmacists, managers — can improve communication and give frontline workers a greater opportunity for input. The most successful interventions in hospitals involve "teams of employees identifying problems within the workplace and recommending solutions," says Swanson. ■

Survey: Employers say cost is key barrier to coverage

Most employers who don't offer health coverage would not be willing to spend more than $50 per employee to offer a health plan to their workers, according to a new survey by benefits consultant Mercer. **(The survey can be accessed at www.mercer.com/summary.htm?idContent=1325605.)**

The survey was completed by 545 employers that do not offer employee health coverage, and nearly 2,900 employers that do.

When asked their primary reason for not offering health coverage, 43% said they can't afford it, the American Hospital Association reports. Other reasons included employees being covered under other plans (20%), high workforce turnover (9%) and the perception that employees would rather have more pay than health coverage (9%).

Asked how much they would be willing to contribute to offer a health plan, 59% cited $50 or less, the association says. Only 10% said they would pay at least $200. To put these results in context, Massachusetts' "play or pay" law requires employers who don't meet the "play" standard to pay $295 per employee per year to the state, and indications are that this amount might soon be adjusted upward, according to Mercer.

Half of all employers oppose "play or pay" laws, which would require employers to offer health coverage or pay into a government fund to cover the uninsured. Just 31% are supportive, and 19% neither approve nor disapprove. Wholesalers/retail-

ers (68%) and manufacturers (56% are most likely to disapprove of a "play or pay" requirement.

According to Mercer, almost all employers who do not sponsor health coverage have fewer than 500 workers.

"This finding highlights how tough it's going to be to ask very small employers to voluntarily take on the expense of providing health coverage," said Mercer partner Linda Havlin. "It also helps explain why even relatively low-cost catastrophic plans like HSAs have not made great inroads with small employers that find it financially challenging to offer coverage."

Just over half (53%) of employers support requiring individuals to have health coverage if they can afford it, either through their employer or purchased on their own. Nearly half of employers (46%) support having the federal government provide stop-loss protection to cover an employer's catastrophic expenses.

Heath care reform areas targeted

The survey identified employers with workers in Massachusetts, San Francisco, and Vermont, which have enacted broad-based health care reforms requiring employer compliance. The survey asked them what actions they had to take to comply and how burdensome these actions were.

Of the 384 employers with workers in Massachusetts, where reforms are the most complex, 79% have been required to take some action:

- collecting information to meet new reporting requirements (72%);
- establishing a new Section 125 (cafeteria) plan (41%);
- modifying an existing plan (12%);
- establishing a new plan to comply with the Employee Retirement Income Security Act (ERISA) (10%).

Interestingly, only 4% reported that these efforts required "considerable" resources. Most reported that they required "minimal or no resources" (58%) or "some resources, but [not enough to affect] other priorities" (38%).

Most employers are concerned about the potential impact of state or local health reform initiatives. Almost nine out of 10 large employers (86%) said they were concerned or very concerned about the impact on cost. In comparison, 71% are concerned about losing the flexibility to design programs to meet organizational needs, and 64% are concerned about losing ERISA protections.

About half of these employers say it is very unlikely that they will offer a plan in the next three years (49%), and only about one-fourth say it is even somewhat likely.

"While most employers are committed to helping employees and their families be healthy, productive and financially secure, the results show that cost is simply too big a concern for many small employers," Havlin said. ■

CE Objectives/Instructions

The CE objectives for *Occupational Health Management* are to help nurses and other occupational health professionals to:

- Develop employee wellness and prevention programs to improve employee health and productivity.
- Identify employee health trends and issues.
- Comply with OSHA and other federal regulations regarding employee health and safety.

Nurses and other professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this semester's activity, you must complete the evaluation form provided in this issue and return it in the reply envelope provided in order to receive a letter of credit. When your evaluation is received, a letter of credit will be mailed to you. ■

COMING IN FUTURE MONTHS

- ■ How to use benchmarking data to your advantage
- ■ Proven methods to get buy-in for a new wellness program
- ■ Best ways to assess employees for anxiety, depression
- ■ Use technology to make your data stand out

CE *questions*

21. Which is recommended to show the value of services provided by occupational health?
A. Avoid partnering with other events in the company.
B. Hold a benefits fair to show the health benefits of services offered through occupational health.
C. Never share specific stories from employees or managers because of privacy concerns.
D. Don't report participation numbers or satisfaction survey results, only hard data.

22. Which is true regarding the health risk of exposure to fragrance?
A. Overall, there is very little evidence linking fragrances to adverse health effects.
B. Migraine headaches aren't linked to fragrance exposure.
C. Employees may experience headaches, coughing, and wheezing as a result of fragrance exposure.
D. Absenteeism cannot be connected with fragrance exposure.

23. Which was a finding of a review of 38 studies looking at the impact of diet counseling on risk factors?
A. Across the board, diet counseling resulted in very significant improvements for cholesterol and blood pressure.
B. Adults who received advice on their diets actually decreased their intake of fiber, fruits, and vegetables.
C. Individuals with average risk levels got better results than those with higher risk levels.
D. Participants had better results when more than three personal contacts were made.

24. Which is true before an injured employee returns to work?
A. A second opinion is not needed, as long as an employee's physician releases them to return to work.
B. You shouldn't provide the employee's physician with a detailed job description.
C. An occupational physician should perform a job-specific functional evaluation.
D. You should avoid having employees return to work on a conditional basis.

Answers: 21. B; 22. C; 23. D; 24. C.

Occupational Health Management™
2008 Index

When looking for information on a specific topic, back issues of Occupational Health Management, published by AHC Media, LLC, may be useful. To obtain back issues, contact our customer service department at P.O. Box 740060, Atlanta, GA 30374. Telephone: (800) 688-2421 or (404) 262-5476. Fax: (800) 284-3291 or (404) 262-5560. E-mail: custsomerservice@ahcpub.com.