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Preventing workplace violence won't work without employee involvement

Workers must be able to recognize, react, and report

The July horror played out in a Meridian, MS, Lockheed Martin plant was a stark reminder of the ever-present threat of workplace violence. The good news is that a growing number of employers have taken important steps to help reduce the likelihood of such events. The even better news is the increased recognition of the critical importance of employee involvement in prevention — and that means *all* your employees.

"I think it's paramount that you involve all employees in the effort to prevent workplace violence," says **Eugene A. Rugala**, supervisory special agent with the FBI's National Center for the Analysis of Violent Crime at the FBI Academy in Quantico, VA. "No group [of professionals] can do it on its own."

Rugala says he has seen this proven in the 10-plus years he has dealt with workplace violence, and that employee involvement also will be cited prominently in a monograph the FBI will publish this fall, the product of a multidisciplined group the agency convened to address workplace violence prevention.

"Without the involvement of the employees, there's really no way to prevent workplace violence," adds **Jane Lipscomb**, PhD, RN, associate professor at the school of nursing, University of Maryland in Baltimore. "The problem is extremely complex. There are many causes, regardless of the type of violence; and the direct line worker, whether in health care or manufacturing, knows the work process, knows where there are needs for greater security, and what policy changes or education are needed. Without them, you operate in a vacuum."

In fact, if you look at OSHA's workplace violence prevention guidelines (www.osha.gov), you will see that the very first element is management commitment and employee involvement. "We know this is a process that works," says OSHA's workplace violence program coordinator. "We believe it is extremely important to have employees involved in the process when it is set up and when it is implemented. This way, you will not only have their commitment to the program, but their ideas as to where the risk factors are, what they are experiencing, and how it should be addressed. Many times, employees know things management may not."

To have the help of employees, say the experts, you need their buy-in.

The best way to ensure this, says Lipscomb, is to make them part of the process.

"A structure of a joint labor-management health and safety committee is a wonderful vehicle to begin that process," she recommends. "Begin with a genuine expressed interest and respect for the worker's position on this issue, and acknowledge their important role. It's not a case of employees reporting to management, but rather a way of providing them with a forum, [a way] to treat them as equals, as well as demonstrate a commitment on the part of management." She notes that OSHA's guidelines include specific examples of employee involvement.

Management commitment is essential

Management commitment is essential for employee buy-in, adds Rugala. "A lot of what's to be done has to be driven by upper management; that's the big key," he asserts. "They have to buy in to the fact that this is a good program. Then, that buy-in has to be forced down to the lower levels of the organization. It has to be constant and reinforced in a variety of ways — training, posters, brown-bag lunches, and management meetings."

In order to successfully roll out a workplace violence prevention program, you have to lay the proper infrastructure first, he continues. "It must be logical, and it must seem to make sense in the particular workplace, so when the bell does ring people know who to call and what to do. Invariably, you will get calls, and if employees find out that the program was not rolled out completely, or that something is lacking, or the perception is that management is not listening, you will not get a lot more reports and you may ignore issues that perhaps shouldn't be ignored."

Finally, he notes, the program "has to be rolled out to *all* the employees."

Know what to look for

When it comes to training, one of the most important things you can teach your employees is how to spot potential problems.

"Look at it this way — the typical offender has a very clear and distinct profile about them as a person. They are very consistent in what they do and say, and how they act," says **Paul Viollis**, MPA, senior managing director and practice leader for New York City-based Citigate Global Intelligence & Security. "Prior to acting they hit their one deepest sense of powerlessness and feel there is no other choice but this act. Workplace violence, other than the case of the lone gunman coming in a store and opening fire, is clearly avoidable and not spontaneous."

It is critical to teach employees what to look for, he continues, because "if you say you don't know where the act came from, you weren't looking and listening. This person is going to tell you what they are going to do. So, when you enlist the services of employees, the key is to train them to know what workplace violence is, what it looks like, who typically perpetrates it, and what behaviors they will display. Once your employees are educated, they can report to management, who can enlist services of the EAP [employee assistance program] or a clinician who is trained to address these issues. Thus, you can mitigate a conflict prior to it becoming an incident," Viollis says. **(While there are common warning signs**

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and behaviors, each potential violent act and offender are unique. See the sidebar on p. 100.)

Employees must be armed with the knowledge they need, adds Lipscomb. "They must know about the problem of workplace violence and what the risk factors in their particular [job and industry] sector are," she notes. "They need to understand what the history of their particular workplace has been, and if there have been past incidents."

You should make sure that employees understand and then agree with the policies and procedures that have been set out by management, she adds. "A lot of companies have policies and procedures on paper only, but they are not understood and/or agreed upon by the people who are supposed to carry them out."

Rugala agrees. "Employees have to learn what the policy is, and what it's there to prevent," he says.

Early on, he notes, most companies had zero-tolerance policies, but he's not so sure that's the best way to go. "If you lump someone who brings a gun into the workplace with someone who made an off-handed comment, both cases have to be investigated, but the punishment must fit the crime," he says. "Zero tolerance may be an easy tool for management because it doesn't require much thinking, but you have to be careful."

What else should employees be trained to do? "The key to successful training is, number one, that it has to speak to what workplace violence is," says Viollis. "There are so many different vehicles — from stalking e-mails to violent events to product contamination."

Employees should be trained to know where violence comes from, he continues. "What is the profile of the offender, and what are the behavioral red flags?" he poses. "Employees should know how and when to intervene safely."

Employees should also be taught proper listening skills, says Viollis. "We are very poor listeners," he asserts. Last but not least, there is conflict resolution training for managers. "This key," says Viollis. "This guy lives in world of powerlessness. Clearly, this is someone who can be helped, but you have to do it in a timely manner.

An ounce of prevention

Timeliness is critical, says Viollis. For example, "The [occupational health] clinician is a key player in mitigating and diffusing workplace violence, but the problem is a majority of employers don't educate their managers about the involvement of health care as it pertains to this particular issue."

If you get to the troubled employee early enough you can get optimal results, he continues. "When you have an incident and you hear people say that employee was sent to anger management, when did they do it? Not only don't you help the employee [if you wait too long], but you put the health care worker at risk, too."

The bottom line, he says, is to provide thorough training, and a sound policy culture that does not tolerate threats and educates managers about how to involve the health care clinician at the early stages. "When we do that, we start to win the game," he asserts.

He cites a recent example where such an approach worked exactly as intended. "The risk manager for a mid-sized city in Florida called me and asked me to do some workplace violence prevention training," Viollis recalls. "They did not have a policy in place, so we created one, and then conducted employee training sessions. A month or two later I got a call from him and he was ecstatic. One of his employees recognized certain behaviors in a fellow employee from the profile [i.e., making idle threats]; and when he saw him slamming doors shut, he realized he had to act right away. He reported it to the supervisor, who followed procedure to a 'T'; they got the EAP involved and they were able to diffuse the situation. This guy admitted what he was going to do if he did not get the help he got; he even told them the violent act he was planning. But since then, he has become a model employee."

Successful implementation

How can you consistently ensure this type of result? Can you really increase the odds that your employees will comply with the prevention policy you create and with the training you provide? Experts say there are a number of strategies that will help improve your chances of success.

"Make the training program mandatory," offers the OSHA official. "Make sure that all employees — old and new — get it. And it should be repeated — not necessarily every year, but maybe biannually, with some recurrence so people have a refresher and remember."

"Training needs to be constant because of turnover," adds Rugala.

That training also may include such topics as diffusing angry behavior and conflict resolution, the OSHA official adds. "In addition, you need to

Warning signs: One size does not fit all

But they can point to trouble

It is quite true that there are common warning signs that can indicate potential workplace violence problems, says **Eugene A. Rugala**, supervisory special agent for the FBI's National Center for the Analysis of Violent Crime at the FBI Academy in Quantico, VA. There even is a profile of the typical offender. However, he warns, when training employees it's important to also remind them that every case is different.

Rugala knows whereof he speaks. He has been involved with workplace violence prevention for more than 10 years, and the National Center for the Analysis of Violent Crime includes profilers who get involved in serial crimes and sexual assault murder, but also with threat assessment, stalking, and school violence.

In June 2002, his unit brought together a multidisciplined group to look at workplace violence from both behavioral and law enforcement perspectives. Participants included occupational health professionals, lawyers from labor and private industry, mental health professionals, academia, the military, and victim witnesses.

Based on his own experience, as well as input from the group, Rugala says there are a number of behaviors employees should be taught to look for:

- past violent behavior — this does not necessarily mean criminal behavior; it could include actions like belligerence on the job, throwing things, or punching inanimate objects such as walls.
- individuals who blame others or who hold grudges;
- hypersensitivity to criticism;
- a loner — someone who tends to talk to him or herself;
- mental health issues;
- individuals who are easily frustrated;
- individuals who make threats;
- preoccupation with violent themes or recently publicized violent events;
- remarks about homicide or suicide;
- substance abuse;
- depression;
- fascination with weapons;
- recent acquisition of weapons;
- obsession with others or unwanted interest in a co-worker (stalking);
- someone who is distrustful of others.

In terms of profiling offenders, "generally, it is a white male, 30-50, argumentative, disgruntled, unhappy," says Rugala. "But every case is individual in nature, so you can't get too focused on the profile."

None of the factors listed above means that an individual will definitely act out violently, he continues. "You have to look at a totality of factors — behavior, what's happening in the workplace, what's happening at home," he explains. "These things are best viewed once a case comes to your attention. The list can be used as a way to screen out employees."

Rugala explains that if a company has an employee it is worried about, they cannot contact the FBI directly. "They [can] call law enforcement, who in turn will call us," he says. "This is a service we provide only to law enforcement."

However, he notes, a monograph is being developed from the group's discussions, and once it has been completed (sometime this fall), it will be posted on the FBI's web site (www.fbi.gov), and interested occupational health professionals will be able to download it. ■

definitely make sure you have a reporting mechanism in place. The employee needs to know there is a way to report an incident, and that they will be responded to."

This means, of course, compliance on the part of management and supervisors. "If necessary, it can be an anonymous reporting system because sometimes people are afraid," the OSHA representative adds. "Consistent with that would be the need to let employees know there will not be reprisals against them [for reporting]."

"You clearly want to encourage reporting and create an environment where it is acceptable that employees report incidents and that reports are taken seriously," adds Lipscomb.

Above all, she advises, lay the proper foundation. "Have a health and safety committee that's truly proactive, where workers have an equal voice with management — that's the foundation that is needed. Everything else flows from that."

That "everything else" is a safer, more productive workplace. "This is for the protection of your own employees, as well as for limiting your potential liability as an employer," says Rugala. "No one wants to see death or bodily injury occur in the workplace."

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CDC cites health system for back injury project

Frequency of injuries reduced 57% over three years

The Centers for Disease Control and prevention (CDC) has recognized St. Louis-based BJC HealthCare for its involvement in a successful project to reduce work-related injuries in its nursing homes.

The CDC's National Institute for Occupational Safety and Health (NIOSH) awarded its 2003 Partnering Award to the project partners, including BJC HealthCare, BJC Occupational Health Nurse Council, Washington University, and West Virginia University.

The CDC said the project reduced the frequency of back injuries in six BJC facilities by 57%, and also lowered injury rates by 58% and decreased workers' compensation expenses by 71% (from $476,913 to $185,085).

The project identified movements and postures that put nursing assistants at risk for back strain, stress, and injury in lifting and moving patients. It also evaluated mechanical lifting devices for reducing those stresses and strains, and implemented a best practices program based on those results and employee input.

The project was part of the National Occupational Research Agenda (NORA), developed by NIOSH and more than 500 partner organizations to stimulate and support new collaborative research in 21 priority areas of occupational injury and illness prevention.

Timing was perfect

The timing of the project couldn't have been better, says **Laurie Wolf**, MS, CPE, the ergonomist at BJC Health Care, which includes 25,000 employees and 13 hospitals.

"This all started in 1997," she recalls. "I had had quite a few years' experience reducing workers' comp claims in industrial and manufacturing environments, and BJC felt we could put the same injury prevention methods into practice in the health care environment. At the same time, NIOSH was doing a laboratory study that looked at the injury prevention impact of different lift devices in the lab, and the timing worked out great."

NIOSH was armed with recommendations about various lift devices they thought could reduce back compression, which would also reduce injuries, Wolf explains, and they were looking for a partner for the field studies. "At that time, I was doing our own field program, looking at all the literature I could find, and a lot of that was done through grants from NIOSH," she explains. "I went to a NORA conference, presented information about our program, talked with the director of NIOSH about our program and said that I had gone to them to look for a partner in nursing homes — and it's been a great partnership."

As Wolf further explains, "We had the program and the employees, NIOSH provided funding for some of the equipment, manpower, and scientific direction. They have a scientific approach that validates the basis for our program."

The study unfolds

The study compared the injury, disability, and injury-related cost experience of nursing aides, orderlies and assistants over a 36-month pre-intervention period (1995-1997) with those of a 36-month post-intervention period (1998-2000). In addition to the two BJC organizations and the aforementioned academic institutions, the partners included equipment manufacturers Arjo Inc. and EZ Way Inc.

The study involved not only an evaluation of the devices themselves, but assessing the effectiveness of the best practices injury prevention

program — which included the use of mechanical patient lifting devices, worker training on how to use the devices, a zero-lift policy prohibiting manual lifting of nonweight-bearing patients, and medical management of injured workers.

"The focus of the project was to combine measures that may help reduce possible causes of injury," Wolf explains. "Movement and postures that put nursing assistants at risk of back strain, stress, and injury in lifting and moving residents were identified."

Employees had input into both the choice of devices, as well as the ergonomics policy, notes Wolf. "The safety and risk management councils developed the core policies, and then staff tweaked and adjusted them," she explains.

Here are a few of the other key elements of the program:

• **Zero-Lift Core Policy:** What this basic guideline means is that whenever a patient needs a lift device it should always be used. "You can't get in too much of a hurry," says Wolf. "Yes, it tacks on extra time; someone has to go find the lift, move stuff, and so on, but everyone has to have this commitment. Our nurses are committed to it, and the techs are, too."

• **Sticker System:** BJC uses colored stickers to indicate patient needs; for example, a red sticker means full-body lift, and a yellow stick means stand-up lift. "Either the physical therapist or the nurse, whoever is in charge, will determine what type of lift device is appropriate for that patient," says Wolf, explaining that these determinations are made with the aid of a set of algorithms.

• **The Lift Devices:** The most important feature of the lift devices chosen, says Wolf, was the scale. "A full-body lift should have a scale," she insists. "I can better convince staff to use a device if it has a scale." Other important features are remote hand controls, which, says Wolf, almost all devices now have, and an ample supply of slings. "That's our biggest problem," she says. "Slings get lost, or they have to be laundered."

• **The Ergo Rangers:** While the program is headed by the ergonomist (Wolf), it wouldn't have succeeded without the 2.5 ergo rangers who assist her. "Diane Haudrich, the ergonomics specialist assigned to long-term care, was responsible for the training and problem-solving a project of this scope needs," Wolf notes.

There were other important elements, such as body mechanics classes, but with the focus being on zero lift, "You should use appropriate lift equipment whenever possible," notes Wolf.

"I always try to design out the risk of injury, because no matter what perfect body mechanics you use, you still will get inured," she says.

"It was also very important to get consent from the director of nursing for each home, as well as from the occ-health nurse associated with each different one," she adds.

Commitment is critical

Staff commitment to an ergonomics program is critical, but getting that commitment, Wolf admits, "is hard — particularly in acute care."

So how do you get that commitment? "A big key is having management behind you — they need to support the program and be willing to give it time to succeed. Usually staff will ultimately get behind it because it benefits them."

Wolf cites these as the keys to success in any program like hers:

- management support;
- employee participation;
- a good medical management program;
- an adequate number of lifting devices;
- a good zero-lift or safe-lift policy.

For occupational health professionals looking to reduce patient handling, injuries, Wolf also recommends *Patient Care Ergonomics Resource Guide: Safe Patients handling Movement*, a handbook by Audrey Nelson of the Veterans Affairs in Tampa, FL, which includes information on how to develop a zero-lift policy, as well as a number of algorithms, she notes.

For more information about NIOSH and NORA, call the toll-free NIOSH information number, (800) 35-NIOSH [(800) 356-4674], or visit the NORA web site: www2.cdc.gov/NORA/default.html.

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Right attitude needed to recharge batteries

Expert offers stress reduction techniques

Human beings do not come with batteries included. "When we were children and received presents, sometimes when we opened them, we were disappointed to learn they needed

batteries before they could work," says **Bobby Staten**, BSN, MPH, CSP, who employs what she calls motivational humor to help employees learn how to deal with stress. "It's the same with us; you have to bring your own batteries and create excitement and happiness on the job. You can't plug into some energy source, but rather you must provide your own."

Being able to recharge your batteries, she asserts, is the key to being happy in life or on the job. "Think of a charcoal grill," she suggests. "After you first light it, before long you need more fuel. We need to keep fueling life and work with new ideas, new learnings, and meeting new people."

Take five

Over the years, Staten has honed the recharging process into five key principles:

• **Take care of yourself:** Get enough rest and exercise — this is the physical piece of the puzzle. "We have so much to do, we often save the energy needed for ourselves for last," notes Staten. "There are so many pressures at work, that if you're not feeling good you can't do the job well. Physical and mental well-being go hand in hand," she stresses. "If you're not feeling good, you won't be motivated to achieve goals."

To be happy on the job, you also need a sense of purpose, she adds. "You need a goal, to know what you want to do, and to have a plan. If you're not moving toward something, you're not growing and you're not motivated."

• **Decide what belongs in your circle:** Everybody has stress, says Staten. The key is not to let too many things become overly important. You do this by deciding which few things are really important, and therefore belong in your circle. "The big things I decided to let in my circle were my health, my family, and my God," says Staten. "If something is outside your circle, you don't let it get close to you or under your skin. If you're stressed out, it's because you are letting everything be a mountain, not a molehill."

Being human, Staten concedes that once in awhile "anything can get inside my circle — but I don't let it stay in there. If I find myself getting mad, I ask myself if this issue is related to one of the three things in my circle. So, for example, if my car is stolen, but I don't have any entry wounds or exit wounds, it's not a life-or-death situation."

• **Boost each other out of the bucket:** If you're in a bad mood, you'd just soon as everyone else was in a bad mood, too — that's just human nature, says Staten. "There's nothing more annoying about being in a bad mood than seeing other people in a good one," she says. However, this attitude can negatively impact the entire workplace. "If you see two crabs in a bucket, as one tries to claw its way out you'll see the other grab it and pull it back in," Staten observes. "It's the same with a crabby person; they keep pulling other people down — the whole department or even the whole office. You should decide instead that you want to boost people up, to help them out of the bucket." Recent economic woes and job insecurity tend to make us want to get out of the bucket by crawling over our co-workers, but you don't have to do that, she says. "Instead, shine a laser pointer on them," Staten advises. "You can do it with a smile, by remembering their name, or by complimenting them; there are a thousand ways to do it."

• **Learn to say "Just checking":** Staten tells the story of how her husband, who is not normally the most communicative person, always asks for her schedule for the upcoming week every Sunday night. Then, when she finishes a speech, before she even gets to her hotel he calls her to say, 'Just checking.' "That means, 'Did you give a good speech? Did you sell a lot of new business?' He knows I can handle the rest," Staten relates. "At work, a lot of times you may like somebody or the job they are doing, but if you don't do something about it, how will they know? You have to put your thoughts into action."

• **Practice letting out little puffs of pain:** "I believe laughter lets out little puffs of pain," Staten explains. "Remember the old saying, 'One day we'll look back on this and laugh'? We often laugh to distance ourselves from the pain; that's why we enjoy watching things like 'America's Funniest Videos.'" Sometimes, we don't use our senses of humor at work because we don't want people to know what we are afraid of, Staten suggests.

"But when something bad happens, we need to laugh at our frailties," she insists. "It diffuses tension, and people enjoy being around others who have a sense of humor."

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Vibration studies target hand and arm injuries

Findings can aid in treatment, prevention

The industrial revolution brought with it a world of positive changes, but among the negative by-products was a slew of new occupational injuries. For example, as far back as 1911, scientists associated vibration from hand-held tools with the risk of pain, numbing, and blanching of the fingers, known as vibration white finger. Although limited progress has been made in reducing this risk over the years, many key aspects of the problem still are not well understood, hampering further efforts to identify worker populations at risk, and to design effective control measures.

The National Institute for Occupational Safety and Health (NIOSH) is pursuing studies to help fill those critical gaps and point to ways for effectively reducing risks of hand-vibration disorders for employees who use jackhammers, chipping hammers, power drills, and other vibrating tools. Individually, the studies focus on particularly complex, challenging areas where new data will further advance the understanding and prevention of job-related hand-vibration disorders. Collectively, the studies constitute a balanced, interlocking program of strategic research.

"White finger occurs more frequently in colder climates, and it works in concert with the vascular constriction associated with colder temperatures," explains **Aaron Schopper**, PhD, of the NIOSH Health Effects Laboratory Division in Morgantown, WV. "It also affects people who work in refrigerated areas. And in the U.K., for example, they have had a big problem with miners." In addition, says Schopper, individuals who work with hand-held tools are subject to cumulative trauma syndrome (CTS), and occasionally might find problems with elbow joints or shoulders.

What are the greatest risks?

It is difficult to ascertain the precise impact of this type of injury in the United States, says Schopper, because they do not appear in OSHA logs as recordable disorders, "But if you look at the statistics in the United Kingdom, you would figure there certainly is apt to be significant concern here."

The NIOSH studies will give scientists better insight into the factors that link occupational exposures to vibration with given physiological outcomes: How is the energy from a vibrating handle transmitted into the hand and arm? What effects result? By combining this better understanding of physiological health effects with epidemiological data showing trends in the occurrence of cases, scientists will have greater ability to predict types of occupations, work activities, and work settings that may pose the greatest risk of hand-arm vibration disorders. Current projects at NIOSH include:

- **Using** advanced microscope technologies to determine if adverse effects from vibrating tools can be predicted from physical changes in the capillaries at the base of the fingernail cuticle, too small to see with the naked eye. If such changes were discerned, says Schopper, "you would definitely want to consider administrative responses, such as finding the employee some other place to work or a job at which they could work." Limiting exposure to vibration, he says, is the bottom line. For particularly high-vibration frequencies, for example, some types of anti-vibration gloves can be used to reduce exposure.
- **Developing** a computer model of stress and strain on the fingertips from vibrating tool handles, as measured by the degree to which the soft tissues of the fingertips are compressed or displaced by the vibrating handle, as another potential way to flag early warning of adverse effects.
- **Assessing** infrared thermal imaging of the hands as a potential method for identifying the presence and severity of hand-arm vibration syndrome: (A detailed description of hand-arm vibration syndrome can be found at www.labor.state.ak.us/lss/pads/hand-harm.htm.)
- **Designing** a test method for simultaneously measuring the impact of a chipping hammer bit and the degree of vibration from the handle. The method would give scientists a way to determine if control measures effectively minimize vibration without diminishing the chipping hammer's performance.
- **Investigating** the effectiveness of anti-vibration gloves through tests using an instrumented vibrating handle that simulates specific tools and vibration characteristics.

Letting this condition go untreated for an extended period of time is no laughing matter, says Schopper. "You will develop tingling and numbness, similar to what you feel when you use a weedwhacker," he explains. "That's the

sensory-neural part of it. Then there is thermal sensation to some extent, and the ability to detect vibration is degraded. Longer term, you get the symptoms for white finger disease."

This was a particular problem with forestry workers using chain saws, but the advent of shock absorbers has improved conditions. "In U.S. rock quarries in the early days, it was even possible for vascular deterioration to result in gangrene," notes Schopper. While that's highly unlikely today, it could still happen if an employee totally ignored his symptoms. "But it can take 15 years or more to get to that point," he notes.

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GUEST COLUMN

Proven techniques to boost client satisfaction

Expert says follow hospitality's lead

By **Polly Gerber Zimmermann**,
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Chicago

Customer (or patient) satisfaction is gaining more attention in occupational health. In one recent survey, 54% of people were not satisfied with their health care.[1] Why? Health care clients judge the providers' competence from their customer service skills (not clinical skills) approximately 85% of the time.[2] One emergency department was able to decrease their patient complaints by 70%, increase their patient compliments 100%, and significantly improve the patient's ratings of staff competencies by using these hospitality industry-proven techniques:[3,4]

• **Initial contact:** As the old saying goes, you never get a second chance to make a first impression, which is why staff are told to:

— ***Look up and say "Hello!" when someone enters.*** Then, they won't feel ignored.

— ***Beam a smile.*** In the book, *How to make People Like You in 90 Seconds*,[5] the author emphasizes the need for eye contact, keeping the heart's physical area open (e.g., no crossed arms), and leaning slightly forward. It signals you are interested and welcoming.

— ***Use a warm voice tone.*** One study found that the physician's tone of voice, particularly if it demonstrated hostility or lack of concern, directly correlated with malpractice claims.[6]

• **During the wait:** Waiting is a universal irritant. The key is to manage the waiting area, just like any other treatment room. You can do so by:

— ***Renaming the waiting room.*** Consider calling it the lobby or process area. That subconsciously projects a different impression.

— ***Providing pleasant amenities.*** Make the waiting room attractive and comfortable. The presence of nature, such as plants, a fish tank, or a small waterfall, has a calming effect. A television, if possible, is great, but at least have reading material. (Staff can donate their used magazines, with name and address removed.) One office starts a jigsaw puzzle on a side table.

— ***Eliminating the clock.*** While it seems drastic, remove the room's wall clock. Offices that do this report receiving fewer time-related complaints.

— ***Avoiding triggers.*** Staff eating, laughing, or just standing around commonly irks people. People who witness this may perceive that staff are doing nothing, even though there honestly can be periods of time where staff must wait to proceed. Always do these types of activities out of client earshot and eyesight.

• **During the interview:** At the beginning of the interview, the client explains the reason for the visit. This is what is most significant to them. Avoid multitasking, pay full attention, and do the following:

— ***Sit down physically close to the client.*** The client will perceive that the interaction lasted two to three times longer if you do. A frequent misperception is that the nurse is hurried or abrupt if he/she stands by the doorway.

— ***Initially repeat their complaint (concern) in their own words.*** Then the person feels that you've understood. The tendency is to translate. The client states, "My arm is sore." The nurse states while assessing, "You've bruised your arm," while charting "5 x 7 ecchymotic region s/p blunt trauma to the left forearm." Then, however, the client doesn't feel heard because to him or her, his complaint of soreness does not equate to a bruise.

— ***Always praise what was done right.***

Everyone is hypersensitive to criticism. Start on a positive note. Even if the client should have come in for treatment earlier, state that you are glad he came in today. Though she can't recall the name of her anti-hypertension medication, tell her you are glad she is aware to take it daily.

— ***Use scripted phrases.*** It is hard to think of new, creative, therapeutic statements all day long, especially when rushed or distracted. It is easy to forget to express nurturing or compassion for something routine to the clinic. Develop a few statements that work well for your personality and use them regularly. Possibilities include, "I'm sorry this happened to you," "That looks sore," and "Sure, I can help you with that!" Now the client feels that you've shown empathy.

• **Handling a complaint:** Inevitably, things do go wrong sometimes. People remain satisfied, though, if they feel their complaints are properly handled in a timely manner.

— ***Broken record.*** If someone vents, acknowledge their feelings and then repeat in a calm voice the information. "I understand you've been waiting for a long time, and it will be about another 20 minutes until the physician can see you."

The key is to keep repeating the same information matter-of-factly without irritation, no matter how the client repeats the complaint. Once you become angry, the focus becomes the emotion rather than the information. The temptation is to keep trying to give a better explanation that the person will finally accept, but the variety only fuels the process. The complainant then has reason to hope you will eventually change the answer to what he or she wants to hear.

— ***The blameless apology.*** When someone lodges a complaint, indicate you are sorry they had a problem. Note that responsibility is not assigned or accepted by anyone. You are simply acknowledging there was been a difficulty. "I'm sorry this paperwork has been a burden for you to complete."

— ***Listen and offer self.*** Initially, do not debate; do not defend; or do not interrupt the complaining person. Trying to correct them only enhances their feelings of being misunderstood or mistreated. As the saying goes, silence is one of the hardest things to refute.

After the client is done, ask, "What would you like to do now?" Most of the time they will say that they just wanted "someone to know."

It is more rewarding personally and professionally when clients are able to appreciate the effort and quality of the nursing care. Present your interaction in a way that allows clients to perceive your concerning care and its value for their well-being.

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ACOEM'S checklist aims at infectious diseases

Tips on infection control provided

Every year, millions of Americans contract infectious diseases that can result in staggering health care costs, reduced workplace productivity, and adverse or even fatal outcomes. At a time when new infections such as severe acute respiratory syndrome (SARS) have appeared, it is important to remember that many life-threatening infectious illnesses can be prevented by adhering to simple principles of infection control both in the workplace and at home.

Because of the worldwide concern regarding the spread of viruses, the American College of Occupational and Environmental Medicine (ACOEM) has chosen the prevention of infectious diseases as the focus of its annual Labor Day CheckList. The 2003 CheckList, Control of

Infectious Diseases, is posted on the ACOEM web site at www.acoem.org/pdfs/2003LaborDay CheckList.pdf.

Each year, the Arlington Heights, IL-based ACOEM issues a Labor Day Checklist addressing an issue of importance to occupational health professionals. This year's infectious diseases CheckList addresses these five major areas:

- education;
- hand washing;
- cleaning and disinfecting;
- food handling and preparation;
- vaccinations.

Each area is divided into recommendations for employers and employees. The CheckList summarizes several steps employees can take to reduce the chances that they, a family member, or a colleague will unnecessarily contract an infectious illness. Covering your mouth when you cough or sneeze, washing your hands frequently and properly, storing foods at correct temperatures, and receiving an annual flu vaccination if you are in a high-risk category, are only a few of the steps listed in the easy-to-read table format for employers and employees.

Given all the possible issues ACOEM could have addressed in its Labor Day CheckList, why choose infectious diseases? "With current emerging infections such as SARS, that remind us how easily potentially deadly viruses can be passed from person to person, it is worth reviewing the very basic principles of infection control," states **Mark Russi**, MD, MPH, chair of ACOEM's Committee on Infectious Diseases and author of this year's CheckList. "I think everybody has been reminded this year that not only in the population in general, but working people in particular are at risk for a number of infectious diseases."

He notes that these diseases do not have to be as dramatic as severe acute respiratory syndrome (SARS) or monkeypox to be of concern to the working population. "While the CheckList does not to go into more detailed preventive measures for diseases that are more pervasive among health care workers, such as SARS or smallpox, this is a year when infectious diseases have come to the fore a little more," he notes. "We felt the desire to provide some reminders to people that infectious diseases overall extract a tremendous toll in American workers."

Many of these are run-of-the-mill diseases that are fairly easily prevented, says Russi, including respiratory or diahrreal infections. "Hopefully this CheckList can sensitize people to the issue that the workplace can be a conduit of transferring information to help prevent [the spread of these diseases]," notes. "If you follow the suggested measures for employers and employees alike, you can reduce workplace transmissions of infectious illness and adhere to steps that can be taken at home as well."

How can occupational health professionals best make use of the CheckList? "They could use the materials from the CheckList to make posters or to extract certain key points to include in brief presentations with employees to remind them," Russi offers. "This is not rocket science; these are basic and straightforward recommendations that have been around a long time. But it is good to have them all in one place."

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NEWS BRIEFS

AHA, provider groups urge HIPAA action

In a letter to Department of Health and Human Services (HHS) Secretary Tommy Thompson, the American Hospital Association (AHA), the

COMING IN FUTURE MONTHS

■ How to make your office operations more efficient and more productive

■ Study simulates hospital room to test employee TB protection system

■ New program makes long-term commitment to battling bone problems

■ U.S. Department of Labor launches Hispanic worker protection program

■ How new federal overtime pay regulations will impact occ-health nurses

American Clinical Laboratory Association, the American Health Care Association, the American Medical Association, Premier Inc., and VHA Inc. urged HHS to act promptly to prevent an impending train wreck from an uncoordinated implementation of the Health Insurance Portability and Accountability Act (HIPAA) standardized transactions on Oct. 16.

"Despite the best efforts of all parties, many covered entities will not be able to achieve full compliance by that date due to circumstances beyond their control," the organizations wrote. They warned that absent action from HHS, rejection of nonstandard electronic transactions and resulting reversion to paper transactions by significant numbers of providers will lead to a major disruption of payments to providers under Medicare, Medicaid, and private-sector health plans.

The organizations urged HHS to clarify that during a reasonable migration period, transactions standards compliance requires only that claims be in the HIPAA standard format, use the standard codes and contain only the data content necessary for adjudication. They also urged the agency to develop a process to ensure an adequate level of cash flow to providers during the transition. The letter can be viewed at www.aha.org by clicking on "HIPAA" under Key Issues, then "What's New." ▼

AONE report highlights nursing best practices

Hospitals and health systems are working hard to improve the working environment for nurses as part of their efforts to relieve the widespread nursing shortage, according to a report released today by the American Organization of Nurse Executives, an American Hospital Association affiliate.

The report contains insights from a survey of 21 hospitals and 61 individuals about their experiences, best practices, and lessons for strengthening the nursing work environment. It focuses on six key organizational success factors in such efforts: leadership development and effectiveness, empowered collaborative decision making, work design and service delivery innovation, values-driven organizational culture, recognition and reward systems, and professional growth and accountability.

The free report, *Healthy Work Environments: Striving for Excellence, Volume II,* can be downloaded at www.aone.org. ■