

# Occupational Health Management™

*A monthly advisory  
for occupational  
health programs*

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## Productivity pressure continues: Which workers are being pushed too far?

*There's a fine line between peak performance and burnout*

Everybody, it seems, loves high productivity. Corporations love it because it boosts the bottom line, which in turn makes stock prices go higher. Employee health professionals have become even more enamored of it in recent years, even coining a phrase, presenteeism, to help them get a handle on employee underperformance.

This emphasis on productivity shows few signs of letting up, even as the economy improves and occupational health professionals agree the issue of productivity will loom large on their radar screens for the foreseeable future. Of course, people are not machines, and while few would argue against the pursuit of peak performance, each individual has his or her limits. Thus, there often is a fine line between peak performance and burnout. In the current environment, it is incumbent upon occ-health professionals to learn all they can about identifying that fine line, knowing when it is being approached and, if possible, preventing it from being crossed.

### **Companies can stress out too**

One of the major concerns with crossing that line is that it may not only impact individual employees, but entire organizations, say the experts. "Can organizations as well as individuals become stressed-out? The short answer is yes," says **James Campbell Quick**, MBA, PhD, a professor of organizational behavior and director of the doctoral program in business administration at the University of Texas at Arlington (UTA). "If you examine Staw's [BB, et al. "Threat-rigidity effects in organizational behavior: A multi-level analysis," *Administrative Science Quarterly*; 1981] threat-rigidity cycle, you see that individuals and groups can get threatened and stressed out in much the same way. The two fundamental processes that engage are parallel at the organizational, group, and individual level."

Such a state is characterized by "centralization of control and shutting down of information processes," he says. "When we get stressed out, we get uptight; Staw calls it rigid. At that point, individuals and organizations rely on well-learned dominant responses — they are not thinking; they are responding."

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Quick says he has personally seen it happen twice: At the Hospital Corporation of America in the 1980s, where a leveraged buyout was the end result; and more recently at UTA, when it lost one-third to one-quarter of its student body.

## **Large number not really there**

**Jim Loehr**, EdD, PhD, CEO, and chairman of LGE Performance Systems, headquartered in Orlando, FL, has seen the impact of stress from a number of different angles. His company began by working with athletes, then started to get requests to work in other high-performance, high-stress areas such as law enforcement (FBI, anti-terrorism), Special Forces, and then medicine, including many physicians and surgeons. He also has worked with some of the largest companies in the United States.

"I just had this situation described to me in a very interesting way," he relates. "Someone described the employees in his work situation as 'beaten sled dogs.'"

Loehr goes on to explain that when he begins working with a company, he conducts what he calls an engagement survey.

"For us, engagement is the condition that leads to the ignition of talent and skill," Loehr says. "Today, the levels of disengagement are massive and increasing because workers are doing the work of two or three people, and everyone is running scared to see if the P&L [profit and loss statement] will allow their department to exist. It's a very austere environment of angst; nothing is being taken off their plates, they continue be stretched to the limits and never really given any kind of indication this will change."

In the surveys his firm is conducting, Loehr says that only one in four employees is really fully engaged, and 19%-25% are actively disengaged. "That means their energies are antithetical to the direction of a corporate entity," he explains. "That's a very big number."

## **Learning the indicators**

Speaking of numbers, there are measures to quantify just how close individuals and companies are to the edge. Certain trends also can be important indicators.

"One very rough measure of how people feel about where they work is the turnover rate," notes **Sean Sullivan**, JD, president and CEO of the Institute for Health and Productivity Management, Scottsdale, AZ, a 6-year-old non-profit research, development, and education organization founded to demonstrate the value of employee health as an investment in business performance.

"Companies are also doing more and more employee satisfaction surveys; if the workers trust the company and answer candidly, you can pick up indicators," he continues. "Also use of the EAP [employee assistance program] can be an indicator. You want them be used to intercept things like depression, but a sudden surge may indicate the environment could be placing more than optimal stress on employees."

"It is a matter of evidence, but it's not a simple matter of evidence," adds Quick, "Because stress as it is identified medically is a systemic response. This means the particular indicators vary some by individual and organization."

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### **Editorial Questions**

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In his recent publication, *Fast Facts — Stress and Strain* (co-authored by Cary L. Cooper, Health Press Limited, Oxford, UK; 2003), Quick cites two diagnostic instruments for stress and stress-related disorders. The first is the Stress and Coping Inventory, from Health Assessment Programs Inc. The second is ASSET — An Organizational Stress Screening Tool ([www.robertsoncooper.com](http://www.robertsoncooper.com)). In addition, an earlier work, *Preventive Stress Management in Organizations* (Quick JC, Quick JD, Nelson DL, et al.; American Psychological Association; 1997) enumerates more than 30 indicators.

## ***A matter of energy***

Having initially worked with athletes, Loehr employed the term “overtraining” to describe what in a corporate setting might be called burnout. “As individuals become less and less able to balance their workload, they are less able to do what they can do best,” he notes.

In the corporate setting, exactly the same process can occur, Loehr continues. “We came up with four principles and have taken those same principles and applied them pretty much across the board within every arena of application,” he says, noting that each one is critical. They are:

- **Physical energy:** “In the corporate world, no one pays attention to the body, yet all energy comes in through nutrition,” he notes.

- **Emotional engagement:** This entails feeling the right emotions. “You get the best results when people are mobilized from opportunity-based emotions, rather than from fear or anger,” says Loehr. “When you get beyond the edge, you start to get angry, impatient, stop eating and sleeping properly. This breeds disengagement everywhere.”

- **Mental energy:** This entails focusing energy on what is relevant. “Multitasking is the enemy of engagement,” Loehr asserts. “That’s what happens when you are in a lot of stress; then, you’re not being extraordinary at anything.”

- **Spiritual energy:** This, more than anything else, leads to extraordinary performance, asserts Loehr. “When an individual can attach the right meaning to what they are doing, it adds an unbelievable sense intensity; your energy is boundless when you’re on the right track,” he notes, adding that spiritual energy can refer to issues of integrity, character, courage, and honesty. “When corporations don’t link what they’re asking the employee to do with their own beliefs, the whole thing comes crashing down.”

When people are worked to excess, all those

levels of energy start crumbling, Loehr says. “You notice it at the physical level; the first thing that starts to surface is fatigue. People are unable to face their demands — they don’t care as much, they don’t give as much, they put messages in voicemail or e-mail rather than meeting one-on-one, they come home and appear to be disconnected,” he observes.

There is an erosion of joy, Loehr continues. “All recovery mechanisms begin not working; you don’t sleep as well, your appetite goes crazy in one direction or another. People just stop taking care of themselves in the most important ways; they may be attracted to excessive alcohol to lighten their spirits, or to break the doldrums and monotony of work when they see no way out. They’re more likely to get sick, because their immune system is compromised. The big thing is they are not performing; their memory is not as clear, they are critical and short with people. That’s where mistakes are made, sometimes with tragic long- and short-term consequences.”

## ***Surveillance aids prevention***

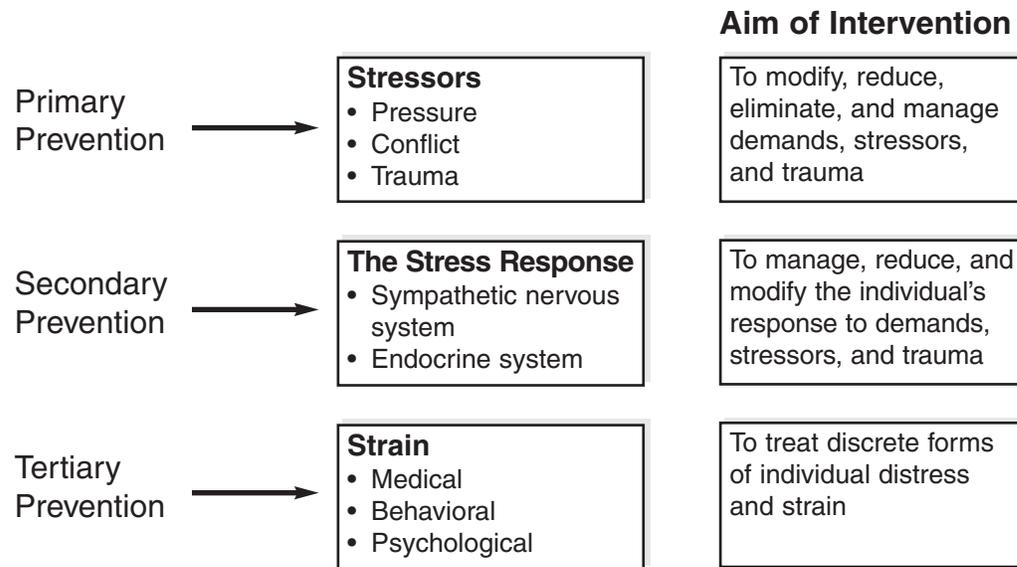
Of course, the best way to deal with burnout is to prevent it from ever occurring. To do that, says Quick, requires vigilant surveillance.

“Good prevention hinges on good information and good surveillance indicators to let you know you are crossing the line,” he explains. “With one of my clients, for example, when we did some assessment conversations we realized that none of them had put together the fact that there was a fairly common symptom in the workplace, which was headaches. What is required is a real attention to the functioning of the organization and the individual, and looking for those symptoms or surveillance indicators that say, ‘I’m getting to the edge.’ For instance, one female executive we interviewed said she always knew she was getting to the edge when she heard the door slam behind her when she went into her office.” **(For an outline of prevention strategies, please see the illustration on p. 16.)**

Loehr adds these three recommendations for preventing burnout:

- **Balance engagement with strategic disengagement.** “You have to find times to turn off the system when it doesn’t matter that much,” he says. “Let’s say you have three or four minutes to disengage; you may close the door, go through deep-breathing exercises, hydrate, eat some mixed peanuts, or listen to relaxing music.”

## The Stress Process



Stress can be considered a chronic health risk for which preventive medicine concepts may be applied.

The illustration above, excerpted from *Fast Facts — Stress and Strain* (second ed., Quick JC, Cooper CL, Oxford, UK: Health Press Limited; 2003), depicts the stress process.

"Pressures, demands or stressors are in the box at the top [left]," notes **James Campbell Quick**, MBA, PhD, a professor of organizational behavior and director of the doctoral program in business administration at the University of Texas at Arlington (UTA) and co-author of the publication. "They trigger the stress response in the second box. That response, we think, is one our best God-given assets for dealing with crisis and

achieving peak performance, but it's not designed to be on all the time. It should fire up, help you get the job done, and then you recover."

The box at the bottom — distress, or strain, can occur both at the organizational level and at the individual level. "That's where we usually pay attention to turnover rates, absenteeism, productivity declines," Quick explains. "In individuals, that can be manifested by backaches, headaches, substance abuse, cardiovascular problems, and so on."

The primary prevention stage, he asserts, is ideally where stress should be addressed. ■

• **To build capacity, you need to push yourself beyond normal limits.** "To build the capacity to deal with these brutal conditions, you need to be pushed outside your comfort zone," Loehr says. "But then you also need high-quality recovery. Otherwise, it will end up breaking you. Burnout, on the other hand, is forced recovery."

• **The creation of positive rituals.** Rituals become automatic and drive you to do the right things at the right time, says Loehr. This could include good eye contact, focusing, mental preparation routines, and time for personal reflection. "That's what helps you manage this massive level of stress," he concludes.

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# Supervisors play key role in return to work

*Stay at work rates also can be impacted*

Occupational health professionals seem to be paying an ever-increasing amount of attention to return-to-work (RTW) efforts, and yet, argue some experts, they and their employers are often overlooking the most important piece of the return-to-work puzzle: the first-line supervisor.

"The first-line supervisor and the everyday work group are key, central, critical to an employee's ability to stay at or return to work successfully," asserts **Jennifer Christian**, MD, president and chief medical officer of Webility Corp., a disability management consulting firm based in Wayland, MA.

Exactly who this individual is, is defined not so much by his or her title as by their relationship to the worker, Christian explains.

"It is the person who is the face-to-face representative of the employer to the worker," she notes. "The supervisor is often the one who creates the quality of the microclimate in which the supervisees are working — and, when the chips are down, in some way personifies the quality of the relationship between the employer and the employee."

Christian would go so far as to assert that the smaller microclimate in which the employee works is more powerful in terms of return to work than the macroclimate, or the company at large. "There are people who work in dysfunctional companies who are highly motivated and fantastic employees, and part of the reason is that there is someone who has created a high-performing work group within that company," she explains.

**Barbara Wleklinski**, MS, workplace injury network (WIN) program manager, Carle Clinic Association, Urbana, IL, is in complete agreement. "You can have the most well-developed and written RTW program with upper management and policy support, the necessary essential program structure with timelines and clear entry and exit criteria, and it will fall on its face without training the people who need to execute the program," she asserts.

Carle Clinic Association is a physician-owned, 286-plus multipractice and subspecialty group. Wleklinski leads the WIN program, which provides 16 hours of training, technical assistance, and program development services for small

employers to design disability management programs.

## ***Real-life examples***

Christian uses case studies to illustrate just how important the supervisor can be. "In one case study we use, we tell the story of Bob, who has eczema," she relates. "As many occ-health professionals know, it is partly an allergic reaction; but if you are upset, it can also become worse. The company docs put him out of work for a month, saying that dust in the shop exaggerated the symptoms. In the past, Bob had asked the other guys to shut the shop door, and they had refused and made fun of him. So he says to himself, 'Why should I be at work with these guys, and what's with the supervisor, that he allows guys to be picked on?' So in this case, the supervisor either creates an environment in which Bob wants to give his all to his job or he doesn't."

How an employee is treated after he or she is hurt is crucial, she continues. "Some problems can be created by treating a good employee poorly after they are hurt," she offers. "Let's say no one calls while they are home; that neglect can have a serious impact. Also, there's a lot of harassment and teasing that go on when people can't do their jobs, and it hurts if they feel they are not being protected by their workgroup or supervisor."

In one particularly egregious example, an employee for a gas company fractured his ankle and was told by his doctor not to stand on that foot, but his supervisor insisted upon his standing anyway. "Failure to treat employees with respect makes them feel in danger and not cared for," says Christian.

## ***Recognizing a critical need***

Unfortunately, says Christian, far too few employers recognize just how critically important supervisors are to keeping employees at work or helping them return more quickly after an illness or an injury. In fact, she says, most companies do not provide the necessary training for their supervisors.

"Typically, supervisors have not had any training in this area; and if they have had any, it is likely at the paperwork level," claims Christian. "This is even globally true for disability management

*(Continued on page 19)*

## Responsibilities for Rehab and Recovery

Rehabilitation and recovery to full work resumption is not a singular task of providing medical services, but a cooperative partnership with ongoing communication by everyone.

A clear understanding of the role and expectation of all parties will facilitate a smooth recovery, minimize

work disruption and provide a safe, timely return to work (RTW). The following guidelines, authored by **Barbara Wleklinski**, MS, workplace injury network program manager at the Carle Clinic Association in Urbana, IL, help to clarify each party's role and responsibilities:

<p><b>Physician</b></p> <ul style="list-style-type: none"> <li>• Provide clear and concise information to the employee and employer regarding the treatment plan and prognosis.</li> <li>• Identify current functional abilities and medical restrictions for employer to make RTW decisions.</li> <li>• Estimate length of recovery.</li> <li>• Provide treatment and evaluation in a timely manner.</li> <li>• Timely completion of requested documentation and reports.</li> <li>• Work with internal and external professionals to facilitate timely communication.</li> <li>• Establish "return to work" as one of the treatment goals.</li> </ul>	<p><b>Employee</b></p> <ul style="list-style-type: none"> <li>• Promptly attend medical appointments and follow through on the treatment plan.</li> <li>• Follow the medical restrictions the physician advises at work as well as off work.</li> <li>• Report any significant pain associated with work activities to supervisor and physician.</li> <li>• Communicate work return options and functional demands to physician.</li> <li>• Bring information from medical provider to appropriate representative of the company and keep supervisor informed of your progress.</li> <li>• Schedule medical appointments to cause the least work disruption.</li> <li>• If off work, call supervisor or human resources weekly.</li> </ul>
<p><b>Return-to-Work Administrator</b></p> <ul style="list-style-type: none"> <li>• Administer the RTW program and works as an employee advocate by providing the employee with information about company benefits, programs and policies such as sick leave, compensation benefits, and medical coordination services.</li> <li>• Work with supervisor and employee to discuss work return options and accommodations.</li> <li>• Communicate with medical provider to ensure the employee is receiving proper medical care that optimizes recovery. Ensure that medical provider has appropriate information about the job and availability of transitional employment opportunities.</li> <li>• Serve as a liaison with workers' compensation administrator and follows protocol for reporting and recording injury/illness to governmental agencies. Schedule initial RTW meeting with injured employees and supervisor to develop and review the RTW program objectives.</li> <li>• Schedule initial RTW meeting with injured employees and supervisor to develop and review the RTW program objectives.</li> </ul>	<p><b>Supervisor</b></p> <ul style="list-style-type: none"> <li>• Keep in touch with the injured employee during absences (weekly).</li> <li>• Work and communicate with the RTW administrator progress issues, work requirements and possible job alternatives that meet restrictions.</li> <li>• Responsible to make sure employee is working within restrictions.</li> <li>• If employee returns to work in an accommodated basis, offer help and support, problem solving that works for the recovering employee and other co-workers.</li> <li>• Assist in the development of job analysis that detail the physical demand level of the job.</li> <li>• As recovery occurs, work to gradually increase meaningful job activities and demands to meet increased capacities.</li> <li>• Inform RTW administrator when continued restrictive work will negatively impact productivity and adjustments are needed.</li> </ul>

people; even claims adjusters and case managers are not trained that much in interpersonal skills."

The lack of trained supervisors inevitably impacts the ability of the occupational health professional to do their job. "It absolutely limits what an occ-health professional can achieve," Christian says. "The three key players in this area are going to be the worker, the supervisor, and the doctor. When any one of those three is not fully engaged and supportive it jeopardizes the outcome; it impacts the engagement of the worker."

She goes on to point out that doctors tend to believe they know more about the patient than the employer.

"In reality, the supervisor may know the employee far better as a person, and has observed them in actual circumstances at work, and could be a real ally in protecting somebody and analyzing the facts."

In light of this critical need for supervisor training, Christian's company, Webility, has created and is now beta-testing a web-based course for supervisors. "Our approach has been to design our web-based training as a management development course for supervisors," she explains. "The three co-authors are a physician (me), a lawyer/HR executive, and a safety training professional. We promise the supervisors who take it that they will feel more comfortable and will become better people managers as a result. In the background, the course is surveying the supervisors as they take the course. When Webility sends the group results reports to company management, they get a picture of the group's perception of RTW reality."

Wleklinski had, in fact, urged Christian to create such a course. "I asked Jennifer to develop training for supervisors because it is needed, and there is not much out there organized to meet employer/trainers' needs," she notes. "If management expects to reduce disability absence-related costs, then they need to put their money where their mouth is and train the people how to do it."

The course takes about an hour to complete, and covers such major topics as readiness to manage disability; decision making in terms of staying at or returning to work; management issues; and transitional work assignments. The underlying theme throughout each of the sections is the need to relate to the employee in a positive, supportive way. "Do not send unintended messages; do not act angry or annoyed," the course instructs. "Be aware that all the people who work for you are watching you, and will learn lessons

from how you respond to a sick, injured, or impaired employee."

"We set out to create leadership, or to point out leadership opportunities," Christian explains. "A unique part of our training is that we focus on how you should act within this process — what are the overarching principles and purposes for doing what you do. It's sort of analogous to being more than a technical safety program director. The technical director will know how the building itself will be made safe; we build the will to carry out the plan."

"Jennifer's program offers a basic foundation for supervisors and a tool for safety/HR trainers to open the doors of communication with labor and management to explore the benefits of early return to work as part of the treatment process," says Wleklinski. "It offers a guide to the benefits of transitional employment and early RTW. Naturally, one should not assume that once finished with the course that we have mastered competency, but it does hit the right chords and sets a tone and framework for making decisions."

"We plan to beta-test with employers of various sizes and in a variety of industries," Christian notes. "There are very good reasons to want to have your supervisors be better trained — especially if you are in the midst of an improvement initiative."

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## UV lamps in offices may help millions of workers

*Significant savings per worker are possible*

**N**ew research indicates that installing ultraviolet lamps in ventilation systems could significantly reduce sickness among office workers.

"Installation of UGVI [ultraviolet germicidal radiation] in most North American offices could resolve work-related symptoms in about 4 million employees, caused by microbial contamination of

heating, ventilating, and air-condition systems," claimed the authors of the study that appeared in the Nov. 29, 2003, issue of the British medical journal *The Lancet*.<sup>1</sup>

"We have been interested in the office environment and effects on human health for over a decade," relates lead author **Richard Menzies**, MD, who is with the respiratory epidemiology unit of the Montreal Chest Institute. "We've looked at things like varying the outdoor air supply and other factors; and the one thing we identified as important was bacterial mold, and at least one could trace that to the ventilation system. Also, there is a body of evidence that ventilation systems pose a health threat, and that they could harbor mold because of condensation."

Menzies and his teamed combined that knowledge with the fact that UV lights are known to kill almost any organism, and hypothesized that putting such lights in the central ventilation system to shine on the drip pans would reduce symptoms in workers in offices that are fed air by such systems.

Interestingly, while UVGI has often been studied in the past, there had never been a study of its impact on bacteria in office buildings. The research team set out to determine if UVGI irradiation of both the drip pans and cooling coils within office ventilation systems would not only reduce microbial contamination, but also work-related symptoms among employees.

There were 771 participants in the study, which took place in office buildings in Montreal. UVGI was alternatively off for 12 weeks, then on for four weeks. This pattern was repeated three times. The primary outcomes of self-reported work-related symptoms and secondary outcomes of endotoxin and viable microbial concentrations in air and on surfaces were measured six times.

### **Results are significant**

The UVGI reduced overall worker sickness by about 20%, including a 40% drop in breathing problems. The benefits were greatest for workers with allergies and for people who had never smoked. The use of the lights also resulted in a 99% reduction of the concentration of germs on irradiated surfaces within the ventilation systems.

"We identified a significant and fairly substantial reduction in symptoms that are possibly related to microbial contamination of the ventilation system — itchy, runny eyes and nose, sore throat, dry

throat, as well as respiratory symptoms — chest tightening, coughing and wheezing," notes Menzies, "and we identified that the people most likely to derive benefit were people with a history of allergy — the very groups you would expect to be allergic to mold in the air."

In a large office environment, he continues, there are people who are susceptible to a wide variety of things. "This doesn't mean, for example, that everyone will react to, say, mold, but the susceptible subgroup will react," he explains.

The problem of the sealed office environment and its impact on worker health, Menzies continues, is a multifactorial one. "UVGI may be part of the solution, but it may not be the whole solution," he concedes.

### **A clear benefit**

Nevertheless, Menzies asserts, office workers would clearly benefit from the installation of UVGI lamps in ventilation systems, and the cost of installation would be equaled or exceeded by reduced health care costs.

How did Menzies arrive at his estimate of 4 million employees who could be helped by such an initiative?

"We found that about 4% overall of all the workers studied, or 10% of the symptomatic workers, got better significantly and consistently," he notes. "If you take 4% of all the workers in the United States who work in office buildings, which is estimated at 100 million, it shows you that number is conservative, if anything."

It's a conservative estimate, Menzies continues, because in certain areas, far more than 4% of the workers could be helped. "In the southern United States, for example, which is much more humid, there will be a lot more problems, and therefore the potential benefit of UVGI is a lot greater," he explains.

In terms of cost savings, the estimated \$52 for initial installation and \$14 a year for operating costs "compare favorably with the estimated yearly losses from absence caused by building-related sickness," the authors wrote.

"The costs of sickness easily equal the costs of the system — and that's just the cost of sickness per absence, never mind the loss of productivity," says Menzies. "NIOSH [National Institute for Occupational Safety and Health] has estimated those costs at between \$10 billion and \$70 billion in the U.S. — that's a huge amount of money."

In addition, says Menzies, the use of UVGI can

aid in prevention. "It can help prevent illnesses, and certainly will prevent major outbreaks, such as Legionnaires disease and hypersensitivity pneumonitis," he notes.

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1. Menzies D, Popa J, Hanley JA, et al. Effect of ultraviolet germicidal lights installed in office ventilation systems on workers' health and well-being; double-blind crossover trial. *Lancet* 2003; 362:1,785-1,791.

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## FMLA: It's not just a compliance concern

*Proper use of law can help reduce absences*

It's easy to look at the Family and Medical Leave Act (FMLA) as just one more federal law, a jumble of complex compliance requirements that must be adhered to by responsible employers. But it also can offer a valuable opportunity to improve your absence management program, argues **Noreen F. Orbach, PhD**, a private psychological consultant in the Chicago metro area.

"Merely tracking FMLA and conducting the administrative functions of reports, etc., is not sufficient. That gives you the parameters of the problem, but the cause for the leave must also be addressed," she argues.

"It's like the difference between being a bookkeeper and a financial analyst," Orbach continues. "A bookkeeper just logs in accounts receivable and accounts payable. A financial analyst looks at the best way to use the dollars, not just what you pay out."

It's when you start examining the cause for the leave request that you find opportunities to impact the length of that leave — or perhaps the decision to take a leave at all — Orbach explains. "When you look at it from a cause standpoint, when you identify the cause, you may be able to find supportive services for the employee," she

notes. "In particular, if someone is taking out a leave request to take care of a family member, you may be able to avoid the leave or shorten the leave."

## Look beyond the forms

There is no shortage of help for occupational health professionals seeking to comply with the FMLA, says Orbach, but that is simply not enough.

"Yes, you have all kinds of tracking programs out there that allow employees to keep a count of the days that come out of the 12-day pot [allotted each employee], and all the required forms, including the health certification, but this should not just be a perfunctory process," she asserts. "If a medical practitioner signs off on the reasons for the leave, that merits taking a look."

Causes of leave requests that may lend themselves to creative solutions include stress at work or a family member requiring hospice care, Orbach observes. "In that case, you may be able to help the employee return to work sooner once the death has occurred, or, maybe make it possible for them to work two days a week while you're helping them deal with end-of-life issues," she offers. "Or you could perhaps even offer preventive services; let them know that when — heaven forbid — the death occurs, you will be there for them."

## A twofold strategy

FMLA was included as part of a series of absence management solutions that Orbach recently developed for a benefits services client. The solutions were divided into two categories: Those for employees requesting leave for themselves and those for employees requesting leave to take care of family members.

One common example of a request for oneself would be one for a 12-week postpartum leave, Orbach notes. "You can work with the new mom and maybe convince them to start coming back two days a week before the full 12 weeks are up, so when they do come back full-time, it's not that traumatic," she suggests. "Even if they are adamant about taking the full 12 weeks, you may still want to provide them with some services for child care or new mother assistance, so that when they do go back to work there's a smooth transition and a high level of productivity."

When the leave request involves a family member, the employee is the caregiver, not the patient, Orbach notes. "In this case, their direct

health may not be impacted, but there could be stress-related issues," she offers, explaining why she divided her approach into these two categories. "This is a different issue."

Whatever the cause of the leave request, she recommends follow-up with the employee, both throughout the duration of the leave (seeking opportunities to reduce the duration) and once the employee returns to work, after 15 and 30 days. This would help ensure that the employee would stay at work.

"Even if the leave is totally justified, you don't just say, 'See you in 12 weeks,'" insists Orbach. "You have to keep in touch; maybe something has changed that presents you with an opportunity to provide services, which in turn could shorten the leave or help the employee come back at a higher level of productivity.

"This entire strategic approach looks at identifying the problem, and not just coming up with a solution; it is clearly a problem-finding approach," Orbach concludes.

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## Survey: Violence warning signs often go undetected

*Study shows need for more education and training*

Experts claim that workplace violence rarely strikes without warning, but according to a new study on the issue, the majority of the work force does not recognize potential warning signs. This is one of many compelling findings from a recent study commissioned by the Atlanta-based American Association of Occupational Health Nurses Inc. (AAOHN), indicating the need for employee education and training on workplace violence.

"Our study found that nearly 20% of the entire work force claimed they have experienced an episode of workplace violence first hand, yet the majority still do not know what to look for when it comes to determining potential offender characteristics," notes AAOHN president **Susan A. Randolph, MSN, RN, COHN-S, FAAOHN.** "The fact that most people do not realize what some of

## Workplace violence prevention program recommendations

In response to findings such as the ones outlined in the American Association of Occupational Health Nurses Inc. (AAOHN) survey and the overarching prevalence of workplace violence among the U.S. work force, AAOHN and the FBI offer the following guidance to help companies develop workplace prevention and education programs:

- Management should conduct a thorough organizational risk assessment and develop workplace violence prevention policies and programs that address potential risks in environmental design (security cameras, key card access), administrative controls and behavioral strategies.
- Programs should clearly define the spectrum of workplace violence (ranging from harassment to homicide), delineate employee responsibilities for recognizing and reporting signs, and be shared with every employee. All programs should promote zero tolerance.
- Ask for and integrate employee ideas when developing and implementing a violence prevention program.
- Create a confidential and seamless reporting system. Encourage workers to report any and all concerns to a single representative, such as an occupational health and safety professional or human resource manager.
- Incorporate a variety of communications tools such as posters, newsletters, staff meetings, and new employee materials.
- When training employees, review common warning signs, behavioral traits and how to recognize potential problems. Employees should also understand that each case is different, and to not limit at risk behavior to a standard profile.
- Involve *all* employees in workplace violence prevention programs. Training should be ongoing and mandatory for every employee.
- As an employee, actively participate in all education and awareness programs. If you do not have a violence prevention program at work, request information from your occupational health department, human resource department or manager.
- As an employee, if you recognize that a colleague exhibits at-risk behavior, report any concerns to your human resources representative or occupational health professional. ■

the warning signs are critical; if you know them, then you can look at your potential responses."

AAOHN's survey was designed to gauge employee knowledge around the issue of

workplace violence and demonstrate the need for violence prevention education. To help ensure survey accuracy, experts from the FBI's National Center for Analysis and Violent Crime, who currently are developing a workplace violence monograph available to companies later this year (see the cover story in our September 2003 issue), were consulted during the development of survey criteria. Respondents to AAOHN's survey were asked about their personal experiences, concerns, perceptions and overall awareness of the issue. Following are key findings from those questions:

- **Recognizing the warning signs.** The AAOHN survey found the vast majority of respondents did not recognize many of the key workplace violence warning signs, which have been identified by the FBI. In fact, when given a list of red-flag behaviors, fewer than 4% of respondents were able to identify some of the most common warning signs usually seen in potential offenders. These signs include changes in mood, personal hardships, mental health issues (e.g., depression, anxiety), negative behavior (e.g., lying, bad attitude), verbal threats, and past history of violence.

- **Defining workplace violence — men vs. women.** According to the FBI, workplace violence can be defined as any action that may threaten the safety of an employee, impact the employee's physical or psychological well-being, or cause damage to company property. When survey respondents were given a list of examples and asked to flag what they perceived as actions of workplace violence, the majority of respondents were in agreement on what was and was not considered violence.

However, when answers were analyzed by gender, there was a significant difference between what men and women considered to be workplace violence, especially when it came to such actions as stalking, threats and intimidation, and sexual harassment:

- **Stalking:** 73% of men and 94% of women agreed that stalking was a form of workplace violence.

- **Threats and intimidation:** 76% of men, in comparison to 90% of women, agreed that threats and intimidation were examples of workplace violence.

- **Sexual harassment:** 83% of men and 97% of women, agreed that sexual harassment is a form of workplace violence.

*(Editor's note: The AAOHN survey primarily focused on employee-on-employee violence.)*

## Implications of findings

Randolph says the findings of the survey carry significant implications for occupational health nurses.

"It's important to put a program together at your worksite now so you will have a planned approach to dealing with violence, rather than waiting until you have an episode," she advises. "With some of the work pressures employees face today, many of them are short-tempered and there are many different types of violent episodes possible at work."

To create such a plan, Randolph recommends putting together a multidisciplinary team of including upper management, security, legal, human resources, health and safety, and employees. "Once you have determined what should be included in the policy, the next step is education," she observes. "Teach employees about the factors that contribute to workplace violence, as well as the early warning signs." **(For additional AAOHN/FBI recommendations on workplace violence prevention, see the box on p. 22.)**

The AAOHN Workplace Violence Survey was conducted by International Communications Research in October 2003 and included 500 telephone interviews among full-time employees ages 18 and older. The margin of error for this study is  $\pm 4.4\%$ .

*[For additional information, contact:*

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## CE instructions

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 the **June** issue and return it in the reply envelope provided in order to receive a certificate of completion. When your evaluation is received, a certificate will be mailed to you. ■

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## CE questions

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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 attendance;
  - **implement** ergonomics and workplace safety programs to reduce and prevent employee injuries;
  - **develop** effective return-to-work and stay-at-work programs;
  - **identify** employee health trends and issues;
  - **comply** with OSHA and other federal regulations regarding employee health and safety.
5. The FMLA presents an opportunity to improve absence management programs.
    - A. True
    - B. False
  6. Which of the following has a critical impact on burnout?
    - A. Physical energy
    - B. Emotional engagement
    - C. Spiritual energy
    - D. All of the above
  7. The use of UVGI lamps in ventilation systems has the potential to improve the health of \_\_\_\_ U.S. workers?
    - A. 1 million
    - B. 2 million
    - C. 4 million
    - D. 6 million
  8. Which of the following is not among the AAOHN/FBI recommendations for developing workplace prevention and education programs?
    - A. Involve all employees
    - B. Substance abuse testing
    - C. Define the spectrum of workplace violence
    - D. Conduct an organizational risk assessment

**Answers: 1-A; 2-D; 3-C; 4-B.**