

Emotional Ergonomics

The Price of Making a Living shouldn't Be Your Life

By Richard Pimentel

The unrelenting pressures of today's healthcare workplace are many: downsizing, resource constriction, new technologies to keep pace with. These issues, combined with employees' personal and family pressures may be driving them toward the breaking point. Emotional breakdowns and workplace violence are on the rise. Is it possible to alleviate stress on our people and keep productivity high at the same time?

In a funny, eclectic, and lively presentation mixed with equal parts humor and practical advice, Richard Pimentel made a difference—at least for the day—in making every program participant feel good and gain some valuable insights. Pimentel is Senior Partner at Milt Wright and Associates, Inc., in Chatsworth, California, and a nationally known expert on disability management, retention, attitude, and accelerated return-to-work programs. His experience includes designing creative management systems that have set new standards for productivity improvement and workers' compensation savings.

He began by defining the terms *emotional* and *ergonomics*. The important aspect of emotions is that they affect the physical self. *Ergonomics* is a broad term describing the scientific discipline related to the study and analysis of human work. However, he noted that it has become trendy recently use the term *ergonomics* to indicate correct strategies or ways to perform tasks in order to prevent injury.

Pimentel, who lives in Las Vegas, began by telling his own story of a back injury. "Las Vegas is a partnership between Disney and Satan—with some help from Thomas Edison," he smiled.

He knows from personal experience what it is to live with a disability. As a soldier in the Vietnam War, he suffered severe hearing damage in a bunker bomb last in Dah Nang. Since then he has lived with a permanent hearing disability. "I became a consumer of rehab services. This is in the dictionary under 'oxymoron,'" he said.

That injury led him to a lifelong interest in the field of disability. He hung out with disabled vets and learned how they found (or did not find) and kept employment and what their challenges were. "People with disabilities have a 68 percent unemployment rate, and I became very interested in what would get and keep them more employed."

Part of his career history includes being part of a team that developed a government program called Windmills which helped in the hiring of disabled persons. "As part of this, we became exposed to the issue of attitudes," he said. He was speaking not so much of employee attitude as that of the employer.

Pimentel observed that the Americans with Disabilities Act (ADA) has not really helped disabled individuals find jobs, and he quoted some statistics to support this. "When it was passed, the unemployment rate for people with disabilities was 68 per cent. Today, it is 69 (percent)," he said.

Why is return to work important? "Return-to-work is probably the most important HR tool you have in employee retention today in an economy where we cannot find and hire people fast enough," he said.

He said that the three most frequent or prevalent disability groups filing ADA claims are now:

1. Bad backs
2. Neurological injuries (most often from carpal tunnel)
3. Psychiatric and work-related stress

"Who passed ADA? Real people with real disabilities. Paralyzed veterans of America marched on Washington DC. When we looked at ADA, we predicted it would cover injured workers more than people with disabilities. But now the number one group suing is 'bad backs.' We didn't even know that bad backs was a disability when ADA was passed."

Pimentel offered some impressive statistics on ADA and workers' comp. "About 85 percent of all ADA Title I suits are from existing employees. Of these, about 50 percent are from conditions normally considered to be work related," he said. "We need to upgrade and professionalize our RTW programs. We need to embrace the issues of ADA and ADA compliance *within* the workers' comp. And return-to-work functions, so we don't create risk management issues with regard to ADA."

Legislative fixes are not adequate. He pointed out that, in Texas and in Florida, legislators passed restrictive legislation making it hard for workers' comp. Lawyers to make a living. Their intent was that WC costs would go down. Instead, attorneys learned to roll the cases over into ADA claims. As a result, employers often pay more workers' comp. Costs than they had, only from a different pocket.

But what are the upgrades and what are the challenges?

"Companies are beginning to realize you can get a handle—and some control—on workers' comp. And disability costs. I call this employee-related disability expense. This encompasses hard workers' comp. dollars. You can put your finger on hard workers' comp. dollars, but how do you find out 'incurred but not yet realized' losses? How do you discern the indirect costs of workers' comp.—the human resource costs? It's huge."

He referred collectively to about 50 studies done in Fortune 500 companies. "The ratio is always the same: your indirect workers' comp. costs are roughly equal to direct workers' comp. costs. The real workers' comp. costs to your organization are *twice* what you think they are."

"Factor in nonoccupational employee-related disability costs. These include absentee programs, STD, LTD, retirement and general medical," he said. "We find that an organization's non-occ. Employee-related disability costs are somewhere between three to five times their workers' comp. costs. Here's a formula that will get your attention. Take your workers' comp. costs and double them.

Multiply that somewhere between three and five and you have your employee-related disability costs. Does this get your attention? For many organizations, it's the second or third highest cost of doing business.

"This is not chump change. It's often the difference between layoffs or not, closure or not," he said. "This is not just money, it's sometimes the health of an entire community."

Pimentel noted another trend that challenges hiring and returning people to work: The Baby Boom. "The Baby Boomers—the most significant percentage of our workforce—are getting older. They are going to drive workers' comp. costs through the ceiling. All of our old medical models are based on a 35-year-old, not a 50-year-old. Injuries will be more serious and some will stay out permanently. This will be a great challenge for workers' comp., safety, risk management, and human resources," he said. But this isn't all bad. "Suddenly we'll all be thrown together and have to battle these issues as an integrated team."

Pimentel said that updating and professionalizing RTW happens in three stages:

1. **Within the company itself, ensure that management is involved in the decision on RTW (not supervisors).** You must take the decision on RTW away from the supervisor and bring it back to management. Bring together a team to make the RTW decision: management, supervisor, the employee, unions, etc.
2. **Doctors must be more and more a part of the RTW human resources process.** "Bring non-occ. Medicine over to the other side. Physicians can help people return to work. We need non-occ. Return-to-work protocols. All medicine is occupational if the patient wants to go back to work," he said. "Have doctors explain to workers the difference between hurt and harm, what to expect, why work is therapeutic, and why it's really a benefit to return to work."
3. **Incorporate/consider psychiatric and work-related stress in your RTW programs.** "The biggest employee-related health challenge over the next 10 years will be psychiatric and work-related stress. The number one current complaint under ADA is work-related stress and psychiatric problems. We can expect this for the next 15 years."

Pimentel said the real issue is ATTITUDES toward mental illness.

"Most people with mental illness are not dangerous. They usually have a little anxiety, are a little depressed, or a little distracted."

"Try to find a way to bring people with mental illness back to the system. This is going to be a very important strategy. Most of the accommodations have to do with the taking of medicines. It may mean small changes in the workplace like more breaks or changing their surroundings or giving them water at their work station or giving them focused time without distractions in order to get work done."

What about the whole RTW process? "Far too often we have taken the light-duty model and actually believed that it would work. It doesn't work, but is the basis of over 80 percent of RTW programs in this country. Medical restriction forms come in and say they cannot do anything. The

problem is that you can't place a person in a job by knowing what they *cannot* do. You need to know what they *can* do and you will get this better from a PT or OT rather than a doctor."

"Where is the hard hat for the soul? Where are the safety goggles for the heart? How do we create safety—including emotional safety and mental health safety—in the workplace?"

Stress

Stress within the Baby Boomer part of the workforce will create challenges. This generation is raising teens while simultaneously taking care of aging parents, and everyone faces the pressures of the new American workplace (no guaranteed employment). "This is the fight or flight generation—insomnia, blood pressure problems, heart attacks, and the stress of it all is the number one cause of back pain and carpal tunnel."

"When people say they can't sleep, their back hurts, and they're under stress, too often we tell them it's all in their head—and it's not," he said. "Some excellent workers' comp. organizations fall flat on their face when a person files a stress claim."

"A work-related stress claim will cost about twice as much as a physical claim. The risk of litigation is five times greater. There is a three times greater chance that the worker will never come back to work. Few companies will take these people back to work—but you *can*. Unresolved stress claims are one of the reasons workers have physical injuries that do not heal."

He pointed out that often the relationship between worker and supervisor is degraded. "When people believe they have no ability to control what is happening to them or to negotiate deadlines, that their input is limited, and that they don't have tools to get their tasks done, they stress out. The bottom line is that some supervisors change the rules so much, employees don't want to play anymore."

"Often the problem is not volume of work, it's structure. The bottom line is take the emotion out of it to see what is really going on here."

Pimentel encouraged safety officers to try creative strategies such as making a temporary help labor pool out of injured workers. "Have zero tolerance for the bullying supervisor—one who gets personal, who can't tell the difference between criticizing work and criticizing people. This is the most dangerous work environment that people have. Where is the hard hat for the soul? Where are the safety goggles for the heart? How do we create safety—including emotional safety and mental health safety—in the workplace? We have to get together WC, safety, and HR to develop zero tolerance for bullying supervisors."

How can we help the stressed-out Baby Boom generation? He encouraged expanding the employee assistance program. He cited Marriott's concierge services for stressed-out workers. "Programs like Windmills work to change employer attitudes for employees going through domestic

violence struggles. Train supervisors to deal with people from all populations. Cross train our workforce who are all worried about being laid off. You will retain them longer," he said.

"Disability management is no longer just a workers comp. thing. It's a retention thing, a production thing. Bring in HR and WC. Make an active commitment to change attitudes about RTW. Consider expediting medical care in the first 90 days. You'll save money down the road."

"You have an interesting job and these are interesting times. You have a chance to make people who have been injured an integral part of your company's thriving future. You don't have to do disability *management*, you can do disability *intervention*. Make WC part of your corporate initiative, an integral part of your organizational strategy. Instead of pulling out the drowning people floating down the river, walk up the bank and put in the programs that keep them from being thrown into the river in the first place."

"You'll be saving people's lives and their livelihood, and that's what it's all about."