Human Resource Management of Disability Proneness

SHRM White Paper

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Without work, all life goes rotten, but when work is soulless, life stifles and dies.

Albert Camus

Particular employees in specific circumstances can be prone to developing a disabling disease or injury. Disability proneness exists in every work population. Human resource professionals can do much to preclude and manage the effects of disability proneness.

Several years ago, human resource professionals were introduced to the concept of integrated disability management. The adjective, integrated, draws attention to the fact that disability management is most effective when it limits lost time after nonoccupational events or work- related accidents. In an integrated disability management (IDM) protocol, the company-provided employee benefits program is closely coordinated with the organizations disability management and human capital strategies in an effort to reduce costs. It is important that insurance benefits integration be established. A disability management program that does not make a significant connection between nonoccupational and occupational insurance benefits is significantly less effective.

However, it is crucially important to emphasize that true *integration* of disability management programming involves not only benefits activation when necessary but also, more importantly, coordination and linkage of the companys human capital strategies that intend to not only reduce lost time, enhance productivity and attract new talent. In the past, risk management sought cost control purely on the basis of fiduciary concerns and oversight. Managing risk with effective human capital strategies (i.e., employee assistance programs and return-to-work programs) took a backseat to properly investing insurance money and controlling benefits costs with aggressive claims handling and legal challenges.

Although the intended objective of an *integrated* program is return on investment (ROI), the critical outcomes of the disability management program are maintenance of productive workers and the reduction of lost time. Of these two sought-after results, the latter is significantly more important. In fact, the reduction in lost time produces cost savings and addresses a critical issue facing most employers today: retaining qualified employees and attracting new employees. IDM works best when employee benefits plans are coordinated and human capital strategies are both proactive and effective in keeping valued employees productive.

To the point, effective IDM involves an equal emphasis on benefits plan coordination and continuous attention to disability management strategies such as good hiring practices, health and wellness, carefully crafted succession plans, employee assistance, conflict management and mediation, job accommodation when necessary, and effective transition-to-work programs.

Understanding the concept of disability proneness, its antecedents and its consequences can assist the human resource professional with appreciating the value of truly integrated disability management. For the purposes of evaluating and upgrading existing disability management programs, this white paper provides HR professionals who have responsibilities in disability management with information on the dynamics surrounding disability proneness, a key target in state-of-the-art integrated disability management programming. It is also the purpose of this paper to provide ideas on how to establish exemplary disability management programs.

Background

Based on anecdotes in the literature and our own observations in more than 4,000 injury cases, we introduced the concept of disability proneness in February 2000. In this paper, we discuss the concept of disability proneness and how it might be proactively managed by the work organization that wishes to reduce absenteeism, curb disability costs and increase general productivity.

Retrospectively, we have learned from our experiences of evaluating injured and ill workers for the purposes of either disability assessment or rehabilitation that an employees personality difficulties coupled with a troubled life situation can produce an *unacceptable disability*, a phenomenon that was identified 40 years ago by two occupational health physicians (Behan and Hirschfeld, 1966). An unacceptable disability may be defined as a vocational maladjustment, with or without lost time, that is difficult to explain from a medical perspective and is nearly always tension-producing for both the employer and the employee. Unacceptable disability often reveals itself in an employees lack of productivity, increasing unhappiness and interpersonal conflicts manifested in the workplace.

When unacceptable disability is followed by an accident or diagnosable illness, the so-called *explanatory event* (e.g., a work-related slip-and-fall accident), unacceptable disability can be transformed into an acceptable disability for the employee. With resultant lost work time sanctioned by the benefits system and paid for by the employer, the pre-accident occupational maladjustment is no longer the focus of concern. Instead, the accident or explanatory eventnot necessarily the beginning of disability but the tangible evidence of disabilityserves to justify lost time and absenteeism.

Behan and Hirschfeld concluded that particular employees, under certain stressful conditions, could manifest disability without disease. From hundreds of case studies, these physicians concluded that unacceptable disability *required* an accident or explanatory event in order to be acceptable, even though the occupational dysfunction (disability) began well before the identification of an injury or disease. Behan and Hirschfeld first identified *disability proneness*, although they never used that term.

For many years, Behan and Hirschfeld, as well as others (i.e., Weinstein, 1979), proposed that unresolved anger, particularly among men who struggled with verbally expressing their frustrations, was an identifiable precursor to the so-called explanatory event(s) (occupational injury or disease) that made lost time tangible and acceptable. Four decades after the Behan/Hirschfeld proposal, Daniel Vinson and his research colleagues (2006) found that higher levels of anger increase the risk of injury, especially among men. Our experiences have led us to believe that ignored or poorly handled anger, frustration, resentment, unrecognized depression in the individual employee and interpersonal conflict often sabotage work/business productivity. These human experiences frequently manifest as disability proneness that actually precipitates an accident or injury to justify and explain inevitable lost time, or what most professionals think of as vocational disability.

It has become evident in our thousands of case histories that disability proneness is a significant concept in lost work time that not only reduces organizational productivity but also drives disability costs. More importantly, we have come to believe that disability proneness can be recognized by front-line supervisors, co-workers, employee assistance personnel, occupational health professionals and nearly any well-oriented company employee committed to proactive disability management. In addition, we have concluded that disability proneness can be a target of human capital strategies and workplace interventions, such as employee assistance and managerial mediation programs, in a comprehensive, integrated disability management program.

Anger in the Workplace

There is evidence that workplace anger is common. Nearly 25 percent of respondents to a 1996 Gallup survey said they were generally at least somewhat angry at work. Anger is a strong emotion that is frequently misdirected. Workplace anger is commonplace enough that we sometimes conceive of the significantly frustrated employee as potentially becoming violent. According to the National Institute for Occupational Safety and Health (NIOSH), the Bureau of Justice Statistics (BJS) reported that an average of 1.7 million people were victims of violent crime while working or on duty in the

United States each year from 1993 through 1999. An estimated 1.3 million (75 percent) of these incidents were simple assaults and an additional 19 percent were aggravated assaults.

While estimating more than 111,000 violent incidents annually, NIOSH introduced a 1993 study showing that workplace violence costs $4.2 billion each year. Although anger does not always result in workplace violence, it serves as a form of control over others or lingers as a personal preoccupationanger that causes employees to be tense and at risk for accident and injury. Furthermore, workplace bullying, a form of chronic anger, is a significant problem that has led to proposals for federal legislation to address it.

After analyzing data from more than 2,500 injured patients, Vinson (2006) found that anger was significantly associated with increased injury risk among men and women combined. Of course, it is difficult for the purpose of doing research to define anger, but it is evident in retrospective analyses that employee tension buildup and anger are frequently antecedents to, if not causes of, workplace injury.

The Effects of Depression

Another very common human experience that can be linked to workplace dysfunction and disability proneness is depression, often described as anger turned inward. According to the National Institute of Mental Health, in any given one-year period, 9.5 percent of the population, or about 20.9 million American adults, suffer from a depressive illness. The economic cost of depression is estimated to be in the tens of billions of dollars (1993). Left untreated, depression is as costly as heart disease or AIDS to the U.S. economy, costing over $43.7 billion in absenteeism from work with over 200 million days lost each year. Depression can also be shown to directly contribute to lost productivity while at the same time increasing treatment costs (1993). Depression ranks among the top three workplace problems for employee assistance professionals, following only family crises and stress (1996).

The Behan and Hirschfeld formulations of more than 40 years ago (1966) and Weinsteins subsequent construct (1979) hold true today: in the buildup stage of the disability process, employee depression, which is observed as increased irritability, increased blaming and decreased productivity, can become the seed for unacceptable disability. Employee depression need not go unrecognized and untreated. Competent and sensitive supervisors, leaders of health and wellness programs and active employee assistance intervention can interrupt the disability process precipitated by depression.

Substance Abuse

The vast majority of drug users are employed. Unfortunately, when they come to work, they do not leave their substance abuse and related problems at the workplace door. According to the U.S. Department of Labor, of the 16.7 million illicit drug users aged 18 or older in 2003, 12.4 million (74.3 percent) were employed either full or part time.

Research indicates that between 10 percent and 20 percent of the nations workers who die on the job test positive for alcohol or other drugs. In fact, industries with the highest rates of drug use are the same as those at a high risk for occupational injury, such as construction, mining and manufacturing. The National Institute on Drug Abuse has estimated that employed drug abusers cost their employers about twice as much in medical and workers compensation claims as their drug-free co-workers.

The term *self-medicate* can be defined as the process by which some individuals may abuse substances while attempting to relieve other problems such as depression, anxiety, pain, sleeplessness or other symptoms of illness. Therefore, substance abuse can be a symptom of an underlying problem, and individuals experiencing job stress (from promotion, demotion, failure, reduced seniority or status or other changes) and/or family tension may be inclined to self-medicate.

Employees self-medicate with prescribed medications, illicit drugs and/or alcohol. Substance abuse is

an international problem, and it most certainly finds its way into the workplace. Historically, occupational assistant programs (OAPs) have focused on substance abuse, and with their evolution, OAPs have evolved into more comprehensive employee assistance programs (EAPs) with broader brush concerns and targets.

Employee (and Injured Worker) Helplessness

After years of research, Martin Seligman, a psychologist at the University of Pennsylvania, discovered that when an individual believes he or she has no control over lifes events, he or she is likely to develop helplessness, to give up and to experience depression (1998). The helplessness may become chronic and refractory (hard/impossible to manage), depending on what Seligman terms as the individuals attributional style. Attributional style is how one generally perceives and explains life events.

Building on the Seligman model, in 1992, we described the debilitating effects of injured worker helplessness and the importance of work organizations endeavoring to keep injured employees productive and in control of their work lives as opposed to separating them through the so-called benefits system, e.g., workers compensation. We have shown that benefits programs designed to aid injured or sick employees actually engender helplessness in them. Productive, meaningful work is more therapeutic than the receipt of disability benefits.

Since formulating his theory of *learned helplessness*, Seligman, also a best-selling author, has realized the more beneficial aspects of focusing on learning optimism. Human capital workplace strategies and proactive disability management program administrators would be wise to integrate Seligmans concepts of positive psychology with their disability management philosophies.

It becomes very evident that work organizations and workplace relationships can create situations that set the stage for an employee to learn helplessness. Moreover, for particular individuals who tend to believe that personal control and job outcomes are beyond them, the lost time system becomes fertile ground for injured worker helplessness. Depending on the workplace dynamics and the individuals attributional style, an employee can learn helplessness that will, in turn, make him or her vulnerable to injury or illness. Once the lost time process begins, the workers compensation or disability systems only add fuel to the process of learning helplessness.

The lesson here is to keep people productive with meaningful work in which they perceive control over outcomes. Resist releasing them into the lost time system, where they have little control, and cease automatically making them recipients of benefits. Not incidentally, research has also shown that non-contingent reward or traditional benefits programs can produce a phenomenon known as learned laziness (Walker, 1992).

Work Dysfunction

Rodney Lowman (1993) defines work dysfunction as a psychological condition in which there exists a significant impairment in the capacity to work caused either by the personal characteristics of the employee or an interaction between those characteristics and working conditions. Organizations vary in the extent to which they create or ameliorate stress. Jobs can be badly designed; supervisors can be ogres or behave very aggressively in an attempt to meet their own needs; co-workers can be petty, vindictive and antagonistic. Work conditions, particularly those characterized by high levels of responsibility with limited opportunities for control, can have demonstrable effects on an individual employees health and well-being. On the other hand, dysfunctional workers themselves may not be aware of, or accept responsibility for, the extent to which their own shortcomings and personal characteristics may contribute to problems on the job. Work dysfunction is often a precursor to disability proneness. Integrated disability management programs can be instrumental in identifying work dysfunction and truly assisting individuals who may manifest it through poor work performance, interpersonal conflict or absenteeism.

Workplace Conflict

People do not always get along in the workplace, and workplace conflict is inevitable. And while it is costly, it is also reducible. According to Daniel Dana, a management consultant, more than 65 percent of performance problems result from strained relationships between employeesnot from deficits in the individual employees skill or motivation (1990). Value differences, racial and gender prejudices, personal needs and emotional issues, perspectives, role conflicts, and power struggles are but a few of the reasons that interpersonal conflict is common in the workplace. As a result, these issues become a major focus of attention for managers. Most organizations spend little time training people on how to communicate, cooperate and solve interpersonal conflict. Yet, a classic study in the *Academy of Management Journal* (1966) determined that 25 percent of the typical managers time is spent responding to conflict and that figure rises to 30 percent for first-line supervisors.

Ignoring interpersonal conflict at work has even greater consequences. Some results of unresolved conflict in the workplace are injuries and accidents, lost productivity, increased client complaints, absenteeism, sabotage, increased use of sick leave, and presenteeism. Presenteeism, as opposed to absenteeism, is the phenomenon of lost productivity among employees who intend to leave the organization but do not do so. This situation is sometimes referred to as retiring on the job.

Corporate Strategies to Disrupt the Dynamics of Disability Proneness

There are a number of human capital strategies to deal with disability proneness that have been deemed essential to exemplary and truly integrated disability management programs. To be truly integrated, these strategies must not become corporate silos operating independently in a bureaucratic fashion. Most of these programs can be effectively operated by a disability management team, led perhaps by an HR professional, and integrated not only with each other but also into the very fabric of the workplace.

Safety/Wellness Programs

For mid- to large-sized companies, the essential correctives to injury proneness are aggressive and continuing safety and wellness programs. (For smaller companies, understanding the basics of what these formal programs include is the minimum essential ingredient.) Ergonomics, smoking cessation, relaxation/meditation methods, stress management techniques, nutrition classes and other reduction strategies should be made a regular part of the operational process. In Pennsylvania, for one, employers get a 5-percent discount on their workers compensation premiums if they implement safety programs. If the work organization maintains a philosophy that all accidents can be prevented and successfully acts on that philosophy, fewer workers will be injured.

Communication Skills Training for All Supervisory and Front-Line Management Personnel

Whether a supervisor is attempting to teach a concept or intervene in a dispute, how well that supervisor interpersonally communicates is key to continuing productivity and morale. Communicationthe most vital element in effective management and supervisionmust be learned. Unfortunately, most of us are taught communication styles from our first supervisorsour parentsand more often than not, these are ineffective in the workplace.

In *The Assertive Manager*, Elaine Zuker wrote, Communication is the cornerstone of business. Managers use many different channels to communicate with others, and [they] spend between 50 percent and 90 percent of their day in communication of one kind or another. Communication is a set of skills you learn.

Most communication between front-line supervisors and subordinates is verbal. Listening and sending messages are tasks more complex than we realize. Listening is an art that takes some of us many years to learn. When someones behavior is unacceptable to us, the messages that we send them to change their behavior can be destructive rather than constructive to the relationship. Of course, no one wants to be told that their behavior is unacceptable. Learning to listen is tough, and learning to confront appropriately is probably even more difficult. Instead of acquiring and

consciously learning listening and confrontation skills, most of us who engage in interpersonal communication at work follow our idiosyncratic styles of relating to others, and whether we want to admit it or not, we probably communicate like our parents communicated with us.

Employee Assistance Programs

The EAP is a basic process designed to assist management in identifying and resolving an individual workers problem that interferes with work. An EAP is most effective when it can identify and address problems before they manifest themselves as such. An effective EAP provides 24/7 access, including telephone access. The functions of an effective EAP in chronological order are supervisory training, assessment, consultation, referral and crisis management. The stages of how these functions develop include awareness of the problem, predicting consequences, identifying causes and applying corrective resources. The more effective EAPs are broad brush and recognize that personal problems that interfere with work behaviors are highly variable and not limited to substance abuse alone.

Since early intervention and preventive efforts are its objectives, an EAP must be constructed with the philosophy that supervisors are on the front line. Supervisors must receive specialized training in how to recognize potential problems and when, where and how to refer the worker to the EAP component for services. Training supervisors in small companies is as important as training them in larger companies: the difference is in the referral source. Referral sources for small companies are frequently community-based resources. Safety/wellness and EAP coordinators are responsible for designing the supervisor training, initiating it and conducting follow-up training in regularly scheduled intervals.

In fact, because many of the causative factors in EAP cases are family-related (including domestic violence), model EAP services are available to family members as well. That is, the family may be a cause of the problem and will have to be treated along with the employee. In any event and in all cases, the familial unit will be affected by the employees dysfunction and will have to be brought into the referral/treatment process to optimize outcomes.

The objectives for safety/wellness programs and EAPs for employers include:

- Fostering improved health outcomes for employees and their families.
- Promoting an optimum quality of life for employees and their families.
- Increasing workplace productivity.
- The specific services of the EAP include:
- Professional assessment of issues related to mental health, substance abuse, the workplace environment and other challenges to major life activities of the employee or family members.
- Immediate personal counseling (for employees and family members).
- Referral to either treatment or support services.
- Implementation of pre- and post-stress management assistance.
- Application of return-to-work strategies, especially with transition-to-work methods.

The overriding interest for employers in operating safety/wellness programs and EAPs is to put prevention and early intervention policies in place. While the value of the services that flow from such policies may, on first blush, appear to benefit the employee most, the greater value accrues to the employer.

Managerial Mediation Training

Since anger plays such a significant role in workplace injuries, the single most productive intervention is managerial mediation. Generally, strife in the work site is between co-workers or between an employee and his or her supervisor. Since this condition is a commonplace event, there has been, for more than a decade, a strategy to deal with it. The strategy is called managerial mediation training.

The specialized methods and materials of mediation in the workplace are those that were developed

in conflicts outside of this environment. There are now mediation (conflict resolution) services available through most court systems and counselors specializing in marital/divorce conflicts and even in nation-to-nation conflicts: President Carter (Nobel Peace Prize recipient in 2002) brought in mediation specialists when he worked on the Middle East conflict.

These methods of mediation have long since been adapted to workplace disagreements and are called managerial mediation training (Dana, 1990). Workplace supervisors are trained in the specialized methods of mediation and are required to bring the methods to those conflict situations that, if left unaddressed, would likely escalate. The process is designed to bring mutual acceptance to the disputants in the conflict.

Federal legislation, notably the Family Medical Leave Act (FMLA) and the Americans with Disabilities Act (ADA), requires disputants under the direction of the Equal Employment Opportunity Commission and the Department of Justice to engage in mediation before they will sanction litigation.

Selling Senior Management on Disability Management Programming

Disability management programs exist in various forms. Some of these programs are labeled as exemplary. Top-level management often needs to be sold on disability management programming. In other situations, senior management needs to be encouraged to evaluate the quality and effectiveness of the companys disability management program. Unfortunately, too many business leaders are content to know that they have a disability management program in place without pressing for the best practices and verifiable outcomes (verifiable outcomes are achieved through database creation and analysis). When outcomes are effectively determined, cost savings and return on investment are evident. State-of-the-art disability management programs are not created and maintained simply to appear progressive; they are made to be exemplary to benefit the bottom line. Disability management programs must track injuries, absenteeism, transition-to-work outcomes, cost of wage replacement benefits and the cost of the program in general.

While most mid- and large-sized employers support some level of disability management, how are small employers to manage this issue? The answer is that employers need to recognize that disability proneness is an issue in small companies as well as large ones and that small businesses can take steps that will be cost-effective for them as well. Some jurisdictions offer significant discounts on their workers compensation premiums to employers that create and operate safety/wellness programs. Generally, there is no distinction in these discounts based on the size of the company. What small employers need to recognize is that if there is a discount, it is for a good, fiscally viable reason: good disability management strategies pay.

Small businesses have sometimes relied upon manufacturers associations and other business advocacy groups to purchase insurance at reduced rates. Small businesses could create consortiums for both group benefits and expanded human capital strategies, such as an EAP provider, case management services, conflict management assistance and other essential components of a disability management program. By participating in a consortium, small businesses can carry out big business agendas in their disability management protocols.

Further, although large company employers have on-staff assistance available, many of the services provided are available in the community, and small business employers need to simply inventory needs and identify community-based matches for each. This willingness to reach out for external resources can, with the proper planning and careful management, provide the same results as in-house resources.

Lastly, we recommend that various members of a work organization (large or small) develop a team approach to integrated disability management. When delivered in an integrated fashion and managed by an interdisciplinary team led by a human resource professional, these human capital strategies can be the core of a proactive, integrated disability management program. True integration of disability management requires primarily the delivery of human resource programs and secondarily, activation of lost time benefits programs.

Summary

The importance of integrating effective disability management not only in terms of benefits but also primarily through the application of human capital strategies should not be underestimated. In this paper, we examine the genesis of disability proneness and posit strategies to address the causes of this proneness and ameliorate, if not eliminate, the process that begins prior to lost time through injury or illness. We hope that an understanding of disability proneness and greater appreciation of how truly integrated disability management can lessen and interrupt the process of becoming disabled will assist HR professionals in helping design, implement, evaluate and upgrade disability management programs.

We propose that work organizations, preferably under the supervision of a HR administrator, organize and integrate the various personnel programs that can collectively combat the antecedents and potential causes of disability proneness. By assisting employees at risk with the right services in a timely fashion, companies can be significantly control disability. Integration of disability management is as much an effective combination of employee help programs as it is an integration of benefits programs and insurance plans. With an emphasis on precluding and managing disability rather than paying benefits for lost time, integrated disability management programs can reduce costs by having a significant effect on keeping members of a work organization healthy and productive.

References

Academy of Management Journal (1966): www.aom.pace.edu/amjnew

Behan, R. C., & Hirschfeld, M. R. (1966, May). Disability without disease or injury. *Archives of Environmental Health, 12.*

Dana, D. (1990). *Talk it out! 4 steps to managing people problems in your organization.* Amherst, MA: Human Resources Development Press.

Lowman, R. L. (1993). *Counseling and psychotherapy of work dysfunction.* Washington, DC: American Psychological Association.

National Council on Alcoholism and Drug Dependence. (n.d.). Fact sheet: Alcohol and other drugs in the workplace. Retrieved from www.ncadd.org/facts/workplac.html_.

National Institute for Occupational Safety and Health: www.cdc.gov/niosh/homepage.html

National Institute of Mental Health: www.nimh.nih.gov

Seligman, M. (1998). *Learned helplessness.* Retrieved from www.noogenesis.com/malama/discouragement/helplessness.html_.

Vinson, D., & Arelli, V. (2006). State anger and the risk of injury: A case-control and case-crossover study. *Annals of Family Medicine, 4,* 63-68.

Walker, J. (1990). Disability management and the disability prone employee. *Pennsylvania Self-Insurers Association Newsletter.*

Walker, J. (1992, December). Injured worker helplessness: Critical relationships and systems level approaches for intervention. *Journal of Occupational Rehabilitation, 2,* 4.

Weinstein, M. R. (1978). The concept of the disability process. Psychosomatics, 19, 94-97.

Zuker, E. (1989). *The assertive manager: Positive skills at work for you.* New York: AMACOM.

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