



## “Ask Dr. J”



The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at [www.webility.md](http://www.webility.md).

Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to [www.dmec.org](http://www.dmec.org).

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at [www.webility.md](http://www.webility.md).

### May 2005 – Why Training Line Managers Is Important

Dear Dr. J:

Why don't employers train their line managers on disability management? I'm an in-house case manager and our RTW program looks better on paper than it is in reality. Supervisors often tell me they're frustrated and don't know what they're supposed to do. It also seems like the injured or ill employees who don't get support from their supervisor and co-workers have more trouble getting back to work. My colleagues at other companies say their supervisors are also untrained. I asked my boss about it, and he said there's no time or money for training supervisors. What's your advice?

Tammy in Toronto

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Dear Tammy:

Left to their own devices, managers, who have an employee go out on disability or workers comp, think mostly about the process for getting a replacement. Their first responsibility is getting the work done, for production. An employee who is suddenly absent because of injury or illness is, in the supervisor's view, a real bother since production is being disrupted and that causes inconvenience for the manager. It puts strain on everyone else and frequently supervisors cannot get financial support for backfill. If the company has a safety incentive program, an employee who gets injured also may have just cost his co-workers and supervisor their annual bonus.

Unless managers are trained to see the “bigger picture”, it's not surprising that injured and ill employees are often treated with veiled or even overt hostility, or simply neglected or abandoned. This is particularly true if the employee wasn't “in” with the supervisor anyway. “Out of sight, out of mind” as the saying goes. Managers don't realize that the effort and money they will spend hiring someone new, training them, and allowing them sufficient “ramp up” time is oftentimes much more costly for the business than the opposite. Unless they have been educated, most supervisors don't remember to think about the well-being of the employee or

ask about an action strategy to get them back to work. The awkward part from the business' point of view is that this all ends up costing the company a lot more money.

The risk control literature emphasizes the critical (as in, mandatory) role of supervisors and mid-level management in the successful implementation of RTW programs (as well as safety programs), as well as the near-universal failure to provide any training as to how to do it. The arguments now being used to justify the lack of training and accountability for supervisors in disability management are the same ones that are commonly used to justify the failure to provide training and make supervisors accountable for safety, OSHA compliance, quality, and so on. Great companies invest in a well-trained and accountable first level of management. Weak companies continue to plan on "getting by".

Beleaguered supervisors do indeed have a full plate, but why shouldn't we train them to do what they need to do? They are on the front line; they touch everything that's going on. They create the "micro-climate" in which people work – and many supervisors have never had ANY training in how to manage people, much less people who are feeling hurt and vulnerable. Supervisors don't need complicated training, and they don't need to know medical things, but they DO need to know how important their leadership role is, and what is supposed to happen. They DO need to be alerted to the importance of interpersonal issues. They need to know that their attitude and communications affect their workers' willingness to abide by company policies, to wear personal protective equipment, to make the effort to get better quickly and return to work as soon as possible. In fact, research has shown that training and accountability for health-related absenteeism at the supervisory level DOES make a difference. It reduces injuries, cuts lost days and workers' compensation costs, and improves injury outcomes.

The extent and timing of training should be adjusted to the likelihood of its being needed. Remember that advance training is not very effective for problems that are rare. Training disappears if it is not used. In some companies, only a few supervisors will have anyone out on disability during the year. They tend to forget what they've learned. For companies putting new disability management programs in place, or for departments with a history of frequent problematic injuries, an initial training of all supervisors may be required, with refreshers for individuals as needed. For companies with effective workers' comp-only RTW programs already in place, or who have only infrequent injuries/illness, providing initial training on a just-in-time basis is probably better. One possibility is to modify your absence notification or lost time claim intake process to trigger a requirement for formal training of the supervisor.

A common solution in current practice is to select and train one person per company or per location who then serves as a resource for others. In companies with medical departments, this can be a nurse or a case manager. In companies without health professionals on staff, this can be an HR person or other administrative staff. They can work with the injured/ill employee until it is time to bring the employee's supervisor into the loop in a cooperative effort to get the employee back to work. The problem with this method is that you are relying on the persuasion and training skills of that case manager / RTW coordinator, but this coordinator may not be effective or there may just not be enough time for them to do any real training "on the fly".

Most medium to large companies have in-house medical departments or contracted occupational health clinics. The health professionals in a well-run and progressive medical department usually evaluate and manage all medical leaves of absence and workers comp injuries and leaves. They also do some case management – talking with the employees' physicians and working to get the employees back to work in the least amount of time and in the best shape. When the employees return to work, the medical department works with the employees, human resources, and the supervisors in making temporary or permanent adjustments to the job as necessary.

The integration of services is certainly a requisite function in today's larger workplaces, and the medical/HR personnel must stay closely attuned to the needs of the employee who is returning to work. However, it is also unlikely that corporate staff will have the ability or time available to monitor what is happening "on the line" every day in anywhere near the capacity of the line operations staff. Organizations large or sophisticated enough to have individuals whose job is in-depth coordination of RTW are rare.

Also, although line managers in large companies never have to talk with the employee's physician, in small companies, there may be no medical or HR professional available to do it. The company president, or the "back office person" or even the supervisor may be expected to manage the whole situation. Occupational health clinics are used to dealing directly with small company line managers – because there are so many of them.

The need for supervisor training is clearly indicated, but the content of the training – with a focus on active management of the situation and maintaining contact with injured employees – is critical. Supervisors don't have to deal with disability issues every day and it's not their primary mission, so it's important to remember you're training people who are at best mildly interested. In many cases, adequate pre-training for many first line supervisors can be provided in about 15 minutes in a group session and then reinforced during a production meeting on a weekly or monthly basis – whenever the group is going to discuss an accident from the prior week.

This brief training will allow you to expect and require supervisors to take limited sure and certain actions at the start of any incident. These steps should include immediate notification of others if there is a problem employee (i.e. late reporting), a problem supervisor (who fails to follow procedures), or a problem doctor (who fails to address the issue of RTW immediately when presented with a very reasonable request).

Also, in exchange for requiring supervisors to follow sure and certain procedures, the supervisors must also be provided with sure and certain assistance if an incident becomes more problematic than the supervisor is capable of handling – as long as they have done what they can.

Beyond the brief "preparedness training", supervisors who are dealing with more difficult cases need to get education that goes beyond the "business case" for RTW programs and some broad general principles of disability management. Supervisors need to be reminded to extend common courtesy to their employees, such as calling them occasionally to let the employee know that they (manager or supervisor) are concerned for their well being. It is critical to provide specific instruction on how and what to communicate to employees – and that all need to be treated fairly – in a professional manner, regardless of whether the supervisor and co-workers like the injured/ ill employee or not.

There's training that lets you check a box ("yup, we did it") and there's training that makes a difference. If you really want supervisors to do something different, the training **MUST** be set in a larger context. The infrastructure that supports the supervisor – company culture/ upper management attention/ policies and procedures – is the key to success because supervisors **MUST** feel supported or they will stop taking chances. If you can get the person at the top to buy off, the rest will follow!! Starting from the top, the executives and top managers need to consistently communicate:

- a) why it is in the company's interest for injured/ ill employees to work during their recovery,
- b) why it is important for injured/ ill employees to be treated firmly, fairly, and kindly in their workgroups,

- c) that supervisors will be held accountable for managing these situations effectively,
- d) that supervisors are being trained in order to improve their comfort/skills at managing the situation created by ill/injured/recovering employees,
- e) repeat all messages in multiple formats/ presentation styles/ occasions until they are BELIEVED.

Be patient, Tammy. Keep talking to them. Maybe your boss will choose to develop a great company. Eventually, I bet you'll find a way to communicate the impact that supervisor involvement makes, and that will shift his mind towards making an investment in developing the line managers and reducing costs for the disability programs as a result.

Smiling,  
Dr. J

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