



## “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.dmecc.org](http://www.dmecc.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).

### February 2007 – Losing Good Employees to Bad Service

Dear Dr. J:

We lost a good employee recently and are wondering where we went wrong. We promoted Nicole a few months ago. Then she turned around and started complaining about pain in her neck. She suggested making some changes to her job that would have amounted to another promotion. We said no. She eventually went out for several weeks on workers’ comp. Her doctor gave her a diagnosis of chronic neck strain and fibromyalgia. She eventually came back to work with a set of medical restrictions. The insurance company brought in an ergonomic consultant who met with us privately to discuss the situation, and then met with her to rearrange her workstation. She still complained and then quit. We were sorry to lose her. Any ideas about how to prevent this kind of thing from happening again?

Ed in Evansville

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Dear Ed:

The bottom line: Nicole probably went looking for a new job because of the way you responded to her discomfort. Employers who fail to respond appropriately to employee complaints about uncomfortable workstations or tasks or jobs are expressing a lack of compassion. Employees may read that as a more general lack of caring about them as a person overall – which ruptures their loyalty bond.

A couple of years ago, I suddenly realized that pain is always a humanitarian issue and only sometimes a medical one. Sometimes it’s both at once – but employers must remember that how we respond to pain or discomfort in another person reveals our humanity – our common courtesy or kindness – or lack of it.

No one ever died of an ache in their neck or pain in their hands caused by poorly-designed equipment or repetitive work, but millions of people have suffered because of it, and millions more have changed jobs and careers because of it. Who wants to be – or should be – really

uncomfortable at work if relief is available? Would you want to work for a boss who thinks it is fine for you to be needlessly in pain?

So, I suggest you rethink how you responded to her initial complaints of discomfort. Ask yourself how your response probably looked from her point of view. Did anyone try to find a solution that suited both her and the company? Were you open to modifying the tasks that were bothering her? Did you get someone who knows how to adjust workstations involved right away? Did you communicate an interest in helping her out, in meeting her reasonable needs?

Typically, employees try to cope on their own, then ask their employer for help (perhaps ineffectively or in the wrong way like Nicole did with her attempt to get a promotion while addressing her comfort issue). If their initial concerns and complaints are not taken seriously, that makes the employees angry and they feel they have to prove their complaints have merit. This starts the medicalization and tailspin from which recovery becomes increasingly difficult. The employees go first to their doctor and from there either to their lawyer or to the employment agency.

Typically, employers turn a deaf ear initially because they don't want to be bothered, or don't know what to do, or simply hope the problem will solve itself. When it doesn't go away, they then start viewing the employee as a problem, and when the employee leaves work, the employer then expects the insurance company to deal with it. In this case, the unfortunate diagnosis of "fibromyalgia" seems to have labeled Nicole as "trouble". The fact that the insurance company's ergonomist first met privately with you and then, separately, with her must have looked odd to Nicole. By the time the ergonomist got involved, there was already quite a lot of water under the bridge, and most likely misunderstandings and ill feelings on both sides. It's a shame that everyone didn't get together in the same room for a problem-solving session.

A very large percentage of these types of ailments can be "cured" at the worksite very inexpensively by progressive employers long before any medical treatment is provided. The best solution is rapid respectful response to an employee's initial remarks about discomfort.

Employees need a resource and a champion – they should know whom in the company they should call, and that person should make sure their complaints are investigated thoroughly within 48 hours. Start by taking the employee's complaints seriously. Even if some of the employee's complaints don't seem to make sense, approach them by looking for practical solutions. Pragmatically address symptoms without requiring "objective findings" or a diagnosis. Provide constant positive reinforcement, and communicate the idea that as people of good will, you will find a solution together. Make sure to deliver the message that you (the employer) want the employee to be healthy and as comfortable as possible because they are an important part of your organization. This is a powerful message often not previously said. Some people will never work pain free because of their personal medical problems, but everyone can work optimally. A small investment is usually all that is required – typically less than \$500 – and is much less costly than needless employee turnover or a protracted disability episode.

A few regular worksite visits might disclose both physical / postural problems and work relationships that are contributing. In addition to looking at the ergonomics of the workstation, actually watching "how" the employee does the work would be very helpful. There is almost no workstation that can't be improved, nor any work method than can't be made less stressful. Look beyond the tangible environment and investigate the extent to which additional unintentional stress in the workplace may be contributing – for example, interpersonal issues (multiple reporting relationships) or defects in the design of her new job that may be contributing (accountability without authority, lack of task rotation, monotony, etc.). Provide some education

and counseling to supervisors and managers who may only be making matters worse with their ignorance and attitudes.

Weeks, months or years of ignoring employee complaints and asking them to tough it out aggravates both the physical and emotional factors that can lead to bigger problems. When that happens – as it did in Nicole's case – a work-site assessment by an experienced transitional work specialist may be warranted. An intervention by an expert with an objective perspective can help clarify the source of the alleged medical issues as well as options for enhancing comfort.

A good transitional work specialist should have the skill set necessary to objectively evaluate the person, job demands, work methods, and equipment interface – and conduct a meeting that gets the supervisor and the employee together along with someone from HR. They can all sit down together, discuss the facts, share their concerns, make comments, ask questions, and then agree on a plan of action. If the insurance company's ergonomist or a local PT / OT is not comfortable partnering with your HR staff to hold this session, ask your EAP to provide someone who is trained in this type of conflict resolution.

So, Ed, to sum up the answer to your question, employees who complain of discomfort at work should be responded to rapidly and respectfully. If you quickly call in people who know how to identify and deal with the real issues involved and then help you authentically and creatively look for mutually satisfactory solutions, you should be able to avoid needless work disability, productivity loss, and employee turnover – and retain the trust of high performers like Nicole so they stay at work.

Smiling,  
Dr. J