

Workplace

H E A L T H & S A F E T Y R E P O R T



A Newsletter of
The University of Iowa's
WORKSAFE IOWA Occupational
Medicine Associates Network.
Iowa's university-affiliated
statewide network of
occupational medicine providers.



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for Residential Construction



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Workplace Bullying



Workplace violence or harassment or discrimination make the headlines. Those incidents involve law-breaking and sometimes serious injury, even death. Meanwhile another category of workplace behavior

is now coming into focus: bullying. More prevalent and more insidious than the headline-grabbing behaviors, workplace bullying occurs in all work environments, is engaged in by men and women both, and has a negative impact on

many workers. A study of Michigan residents in 2000 estimated that 1 in 6 US workers had experienced bullying in the past year.

This form of malicious mistreatment harms the mental and physical health of the target. It can also upset co-workers, who withdraw from or blame the target, until the entire workplace is a fearful setting where social isolation hinders productivity as well as relationships. Bullying is different from unpleasant office politics or general incivility. It is not the behavior of a "tough" boss. It is repeated acts (of commission and omission) that interfere with an employee's productivity.

No workplace is immune from bullying. Appalling stories are told by targets in places where we expect people to have high personal integrity, such as churches or medical centers, just as often as any other workplaces.
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working with....

Diabetes

The Centers for Disease Control and Prevention estimates that 18.2 million Americans or 6.3% of the population have diabetes, 5.2 million of them as yet undiagnosed (CDC, 2003).

This chronic disease manifests in two main ways. Most diabetics (90-95%) are classified as Type 2, the relatively more mild condition in which the body fails to make use of the insulin produced (or to produce enough of it). In the past, Type 2 diabetes was a disease of obese, sedentary adults; its increase among American children and adolescents seems to be related to growing childhood obesity.
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Workplace Bullying

Types & Tactics

While bullies can adopt any tactic at any time, Drs. Gary and Ruth Namie have grouped behaviors that have been reported to them into four general types:



Many people's image of a bully is the **Screaming Mimi**—emotionally out of control, dominating others through fear and intimidation. This type, however stereotypical, is rare, and they usually do not attack their targets in public (the Bobby Knights of the world being the exceptions).

More dangerous is the **Constant Critic** who uses put-downs, insults, belittling comments, cross-examination. They often operate behind closed doors and, lacking witnesses, can effectively conceal their behavior.



The **2-Headed Snake** is a passive-aggressive individual with an indirect, dishonest style of dealing with people and issues. "Jekyll-Hyde" is another accurate descriptor; while they torment their target, they ingratiate themselves with the higher-ups.

The **Gatekeeper** works to control all resources—not only money but time, supplies, staffing, even praise and approval. They may keep the target out of the communication loop by stopping memos or failing to return calls.



Source for graphics: Workplace Bullying & Trauma Institute

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What makes someone a bully?

While they act in a dominating and superior manner, bullies are in fact "haunted by their own inadequacy," according to Gary Namie, PhD. A social psychologist, Namie created and heads The Workplace Bullying & Trauma Institute (WBTI) with his wife Ruth, a clinical psychologist. Since the mid-1990s, the Namies have focused on helping workers cope with bullying. Through a website, telephone hotline, and several books, they have become authorities on this phenomenon, in the process gathering a great deal of information from targets. Their most recent data on the problem come from "The WBTI 2003 Report on Abusive Workplaces," a website survey completed by 1,000 volunteer respondents.

Survey data reveal that half of all bullies are women, and the majority (81%) are bosses, although co-workers also engage in bullying, and a few even manage to "bully up the ladder."

Namie explains that bullying is an insecure individual's response to the perceived threat embodied by a bright, competent co-worker or subordinate (who must be undermined). Bullies are not usually psychologically disturbed. On the contrary, they are often quite perceptive of their organization's power structures and skilled at maintaining strategic alliances.

Attention has been focused recently on school-age bullies. If supported by their peers and not stopped by adults, those children will continue their dominating behavior as adults, but there are more bullies in the workplace than can be accounted for by schoolyard statistics.

How does a bully operate?

Depending on a bully's position in the organization, behavior takes two general forms. A bully in a superior position has the power to directly humiliate or destroy a target—criticizing, insulting, making impossible demands. A co-worker or subordinate may be more likely to spread disinformation or to withhold resources such as time or information that a target needs to succeed (see "Types & Tactics *left*"). Namie distinguishes between the "chronic bully" who truly wants to dominate people in every encounter in and out of the workplace, and the "accidental" ones, who hurt others with their comments or actions but will apologize and change their behavior when confronted.

What makes someone a target?

Because they are targeted by both male and female bullies, women make up 75-80% of the targets of bullying. A composite of a target from Namie survey data would be an educated woman around 40, employed by a corporation or government agency for about 7 years. She would endure the

bullying for nearly two years before leaving or losing her job (proving that the average target cannot be dismissed as someone thin-skinned or overly sensitive to criticism).

Attributes that contribute to "targethood" are: a cooperative attitude, a non-confrontational style, values of equity and justice. Namie considers it ironic "in light of all the talk about 'team-ness' being central to successful work performance, that the people with a more advanced stage of human development—the ability to cooperate—fall prey to the primitive, Neanderthal bullies."

Bullies do not select targets at random. They will carefully calculate the amount of effort compared to the payoff and look for a relatively easy mark. Behavior that might set someone up as a target includes self-denigrating modesty, or timidity of speech or behavior (Namie has heard of an individual actually walking backwards to listen as a more powerful person is speaking).

Workers may be targeted, of course, even if they don't exhibit any of these behaviors, and the resulting damage to their physical health, emotional health, and relationships can be considerable. Unlike temporary physical or emotional upset that might result from isolated incidents of rudeness, health can be seriously endangered by bullying. Respondents to the 2003 WBTI survey reported symptoms that were clearly

associated with stress-related health problems: anxiety, disrupted sleep, headaches, exhaustion, body aches, all the way to diagnosed clinical depression and Post-Traumatic Stress Disorder (including recurrent memories and nightmares). Health can be further affected by the financial stress of a lost job.

What can someone do if they are targeted?

A target may well feel powerless, which makes it even more important to take steps to respond to the situation. One step that is psychologically valuable is to name the behavior clearly: bullying—a situation and behavior that they did nothing to provoke or invite. Taking steps to care for physical and mental health is also vital. Visits to health providers and legal counselors can help a target prepare to make decisions clearly and calmly.

Many people shrink from trying to expose a bully, but Namie points out that a target has a 7 in 10 chance of losing his or her job once the bully selects them, so the risk has already been sustained. Presenting data to the employer on the economic impact of the bullying (turnover rates, absenteeism, lost productivity, costs of replacing an employee) will be more effective than accounts of emotional harm. "Some employers are looking for reasons to purge their very difficult bully," Namie says, "and you are the internal consultant with the necessary

information." But if the employer sides with the bully—and his data show that many do—Namie emphasizes the target must leave the job for the sake of their health (see "An Ounce of Prevention" for ways to approach future job interviews).



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How are co-workers affected?

The modern American workplace is a close-knit system of people, and in a bullying situation co-workers may well develop the same stress-related symptoms as targets. Even as the work environment deteriorates, however, witnesses will choose not to come to the aid of the target, for various reasons.

They may not recognize the bullying behavior or its impact, especially if the status of the bully puts him or her beyond their suspicion. Even if they do see the behavior as harmful, they may remain silent, worrying about the negative outcomes of speaking up—

becoming the next target, for example. To rationalize their silence, they may justify the bullying: "it's just tough management;" "that's why they call it work" They may blame the target, finding ways to characterize her as deserving or inviting the bullying. Saddest of all, they may choose to ally themselves with the bully. According to Namie's data, 77% of bullies involved others in their manipulations. Male bullies tended to look for help from higher-level managers, while female bullies relied more often on a target's co-workers.

As difficult as it may be, co-workers must stand with each other if bullying is to be stopped. Refusing to betray a co-worker will spoil a bully's "divide and conquer" tactics. Sitting in on meetings as a witness can tone down a bully (who may fear public exposure). Providing testimony may produce retaliation by the bully, but how much worse is that outcome than continuing to work in an environment laden with fear? Namie emphasizes that when challenged by a group, most bullies will back down.

Can bullies and bullying be stopped?

The simple answer is yes: given that most bullies are not emotionally disturbed individuals, they can indeed be made to change their behavior with rewards and punishment. Unfortunately, the workplace (Continued on page 5)



OSHA Launches Safety Web Page for Residential Construction

The US Occupational Safety and Health Administration (OSHA) now has a web page containing information and tips specifically related to safety and health for workers in the residential construction industry. The website was created with guidance and assistance from the National Association of Home Builders (NAHB).

OSHA's Residential Construction Safety and Health Web page features information about OSHA standards that apply to residential construction as well as the hazards present in residential construction and solutions available to the industry.

To visit the OSHA Residential Construction Safety and Health Web page, go to www.osha.gov/SLTC/residential/index.html.

Does Your Driver Need a DOT Physical and Medical Card?

According to the Iowa Department of Transportation (DOT) Enforcement Division, drivers need a DOT physical and medical card if they have a:

- **Class A license** – driving a vehicle weighing 10,000 pounds or greater
- **Class B license** – driving a vehicle weighing 26,001 pounds or greater
- **Class C license** – driving a combination vehicle (pick-up with a small trailer) over state lines using a regular driver's license.

For additional information contact Iowa DOT at 800.925.6469 or 515.237.3206

A special thanks to Cristina Johari at Allen Occupational Health for providing this information!

working with... Diabetes

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Type 1 diabetes (which used to be called juvenile diabetes) is usually diagnosed in children and young adults. It requires insulin injections and more rigorous medical management than type 2. Management of either type of diabetes can include insulin or other drug therapy, blood glucose monitoring, and strict diet and exercise schedules.

Health complications from diabetes can be severe. Diabetics have death rates from heart disease that are two to four times higher than people without the disease.

It makes good business sense to support employees' diabetes control strategies. Research has shown that type 2 diabetics who improved their blood sugar control were more productive, lowered their absenteeism rate, and had fewer days of restricted activity and bed rest than those who did not (Testa et al., 1998).

A supportive work environment might include direct services such as individual and/or group counseling and education, blood sugar testing, or health screening for complications. Simpler steps should not be overlooked, however, such as providing a private place for employees to test their blood sugar—or simply raising employees' understanding of the importance of this regular activity of their diabetic co-workers.

While forming a diabetes support group will benefit affected employees, all workers can benefit from opportunities

to adopt healthier lifestyles that reduce risk for chronic diseases. More nutritious choices might be made available in the company cafeteria or vending machines, for example, or classes offered on healthier eating, smoking cessation, and exercise.

Clearly a big company has the resources to develop large-scale programs, but while General Motors can fund a national toll-free diabetes health line, smaller companies, especially if they join together, can develop or promote worksite and other programs. Among other things, the National Diabetes Education Program (NDEP) suggests smaller organizations could

- support a walk/run for diabetes.
- display posters about diabetes on bulletin boards.
- have representatives from diabetes and other health organizations speak at a brown-bag lunch for employees.

- distribute diabetes information as paycheck stuffers

The NDEP, which links the National Institutes of Health, the CDC, and private organizations, has websites and other information to help employers address health problems related to diabetes and design relevant wellness programs. Your nearest WORKSAFE IOWA Associate can also provide education and ideas specific for your company.

For additional information:
www.nedp.nih.gov
www.diabetes.org
www.diabetesatwork.org

Workplace Bullying

(Continued from page 3) setting and dynamics are far from simple. Currently, Namie's statistics show the bullying is most likely to stop when targets are fired (37% of targets) or resign (33%). The Namies stress the important role of the mental health professionals working in employee assistance Programs (EAP). Those counselors are specifically charged with helping workers restore their health, and they can play an expanded role 1) as educators on workplace bullying, 2) as lobbyists for stopping the problem, and 3) as the conduit for relevant data (e.g. on turnover, retention problems, avoidable litigation) to reach upper management.

Taking a larger view, Namie points to domestic violence or child abuse as issues that have evolved in our society in ways similar to our changing view of bullying: from being denied to being considered problems that victims needed to solve to being unambiguously condemned and ultimately addressed by either criminal or civil laws. Through their Institute, Drs. Gary and Ruth Namie promote grassroots organizing for policy change (even introducing a California law that would have given workers in health-harming, abusive work environments cause for legal action), but they do not consider legislation the best solution. "Employers need to see that it's in their best interest to acknowledge the problem," Gary Namie says, "and adopt a comprehensive

approach that will change the work culture." He adds, "And that's much more than some piece of paper posted somewhere in the workplace."



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The American workplace is inevitably influenced by the broader culture, and the very competitive ones are fueled by the mentality that elevates "winners" and denigrates "losers." In that environment, Namie says, "the cooperators are second-class citizens." In addition, economic factors create a tightening job market, which contributes to a climate of fear, and workers choose to stay in jobs even when their health is endangered. All is not bleak, however, according to Namie. He knows of employers who are taking the right steps to address the problem of bullying. "And the really good news," he says, "is the growing number of stories of co-workers banding together to confront bullies. That's what we need, more than laws or policy—solidarity."

For more information:
<http://bullyinginstitute.org/>
 The Bully at Work (Sourcebooks, \$14.95)

An Ounce of Prevention. . .

If you lost or left a job as a result of being bullied, you can be understandably "gun-shy" in your job-seeking. Dr. Gary Namie, founder of the Workplace Bullying & Trauma Institute, says you can protect yourself by approaching interviews with "the perspective of an informed skeptic."

Generally stated, here are some of his suggestions for interview strategies:

- 1) Seek information about employee turnover. It may not signal bullying if it's high, but it's something to keep in mind as you interview.
- 2) Study employee manuals carefully, checking for protection against general harassment by co-workers and supervisors.
- 3) Watch for signs that an employer ignores work hours, workplace safety, personal health, or efforts to balance work and home life. Comments can be significant, such as "We all stay late here until the work gets done" or "People here rarely use all their sick time. We have a strong work ethic." Ask your potential supervisor how "crunch time" is handled. Many jobs involve deadlines, but there should also be time to unwind and celebrate achievements.
- 4) Talk to your future co-workers, individually and away from their office if possible so they're more likely to express themselves freely.
- 5) Determine if the company allows bosses to be evaluated by staff. If so, are the results anonymous and computed by a neutral third party? Or do they go directly to the boss and stay within the work unit, opening the door to retaliation if ratings don't please the boss?

Healing will inevitably take time. But Dr. Namie has gathered enough data from people who have been targets for him to declare, "How you left your previous job is the number one determinant of how well you heal after an experience with a bully." Workers who leave in shame, saying nothing to others, do not bounce back nearly as quickly as those who are open and share their story with co-workers before leaving.

**Expert:**

Patrick Doherty, MS, President, Work Fitness Center, Bettendorf, Iowa and Moline, Illinois

Question:

Integrated health care seems to be a new buzz word for employers, what does 'integrated health care' mean?

Answer:

To me, integrated health care means caring for all of the employee's health needs as well as the needs of the employee's family. This is a change from treating only a work-related injury or illness.

The buzz relates to cost savings: a 15% to 20% reduction in workers' compensation costs is miniscule when compared to a 2% to 3% reduction in group health costs.

Question:

How do employers develop an integrated health care system?

Answer:

An employer may accomplish the integration of health care in a variety of ways. Some allow a medical provider to care for personal injuries and illnesses as well as work-related injuries and illnesses. Others integrate only disability issues, formalizing programs that assist employees with all return-to-work issues. In this case, return to modified duty following a work-related injury is handled the same as returning from another type of injury utilizing short or long-term disability. For other employers, an urgent care model is utilized, allowing families' to utilize the designated provider.

Question:

What are some of the issues an employer faces when moving to this integrating health care model?

Answer:

One of the challenges for employers is getting everyone on board with the concept. The old mindset puts the emphasis on discounts, which are effective in controlling costs. However, discounts have a very short life span. After a few months, all the real savings vaporize with the employer/payor. In other words, what worked in the past may have no impact on the future.

Another challenge is educating employees to the benefits of the program, emphasizing the fact that not all medical issues need a doctor or urgent care visit. The employer needs to share with the employees that the program can be a win/win situation for all.

Health care costs for employers are averaging double digit increases over the past 3 years. Since employers pass those increases on to their employees, employees also benefit from participation in the integrated model.

A third challenge for employers as they move toward integrating their health care model is that their third party administrator (TPA) and risk management area has not progressed to the new model. As the employer tries to financially manage all their costs, the payor is still working in a traditional model and needs to assign costs to claims, follow/manage the case in the traditional model. Therefore, work is duplicated.

Question:

Describe the evolution in occupational health that has produced this model.

Answer:

The original model of occupational health was a practitioner model, a patchwork of services. This model was physician centered and physician driven. There were minimal financial pressures in this model, and profitability was not essential. The physician's role was paramount.

In the mid-'80s the delivery of occupational health care was less organized. Medical intervention knowledge was crucial to worker safety and health, and providers and clinics responded to local demand and targeted local employers.

In the mid-'90s, occupational health care became coordinated. Providers created multiple delivery sites with comprehensive service options. A knowledgeable physician was no longer enough; nurses needed to be certified, sales and marketing efforts were formalized, and information systems were needed. Employers often demanded a coordinated approach for national and regional accounts. Outcomes and return to work were being measured and tracked. Occupational health care was now customer driven with control of associated workers' compensation costs of utmost importance.

We are now in 2004. A comprehensive system of care with integrated disability management is demanded. Workers' compensation is no longer the driver of all change as in the past. Employers demand cost containment and the integration of all employee health and safety services.

Upcoming Occupational Health Courses

NIOSH-Approved Spirometry Training for Workers Screening Course

November 4-5, 2004

April 14-15, 2005

July 28-29, 2005

November 3-4, 2005

The University of Iowa, Oakdale Hall, Iowa City, IA
This NIOSH-approved course is designed to provide a comprehensive theoretical framework combined with practical training necessary to conduct spirometry testing and screening for workers. Enrollment is limited to 12 for each course date listed above. For details or to register, contact Colleen Gross-Advani at 319/335-4684 or by e-mail colleen-gross-advani@uiowa.edu.

Midwest Rural Agricultural Safety and Health Forum

November 18-19, 2004

Holiday Inn of Iowa City/Coralville, Coralville, IA

The objectives of the conference are to provide an overview of previously recommended policy changes; educate partners on how policy change occurs; raise awareness of the role of advocacy in promoting public health; develop organizational and advocacy skills; facilitate working relationships between researchers, health care professionals, and farmers; and provide a workshop opportunity for collaborative policy effort. For more information, contact Eileen Fisher at 319/335-4224 or by e-mail at eileen-fisher@uiowa.edu

Sixth Annual Occupational Health Nursing Conference

November 12, 2004

The Grand River Center at the Port of Dubuque, Iowa

This conference will allow participants to enhance their knowledge of current issues and opportunities related to occupational health nursing. The course is intended for occupational health nurses and other health care professionals who are responsible for occupational health and safety. Contact Colleen Gross-Advani at 319/335-4684 or colleen-gross-advani@uiowa.edu for more information.

CAOHC-Approved Occupational Hearing Conservationist Certification Course

March 2-4, 2005

The University of Iowa College of Nursing, Iowa City, IA

A CAOHC-certified course director teaches this 3-day certification course. For more information or to register, contact Nancy Lathrop, College of Nursing, The University of Iowa, Iowa City, Iowa at 319/337-7075 or e-mail nancy-lathrop@uiowa.edu

CAOHC-Approved Occupational Hearing Conservationist Recertification Course

March 3, 2005

The University of Iowa College of Nursing, Iowa City, IA

A CAOHC-certified course director teaches this 1-day recertification course. For more information or to register, contact Nancy Lathrop, College of Nursing, The University of Iowa, Iowa City, Iowa at 319/337-7075 or e-mail nancy-lathrop@uiowa.edu

Central States Occupational Medical Association Seminars

2005 Spring Seminar

March 18-19, 2005

Hilton Lisle/Naperville Hotel, Lisle, IL

2005 Fall Seminar

September 16-17, 2005

Holiday Inn Dubuque/Galena, Dubuque, IA

These seminars will provide current information on occupational medicine, as well as resources and networking opportunities. Intended for occupational health physicians, physician assistants, nurse practitioners and occupational health nurses. Contact Colleen Gross-Advani at 319/335-4684 or by e-mail at colleen-gross-advani@uiowa.edu

Occupational Health Symposium

March 30-April 1, 2005

Sheraton Hotel, Iowa City, IA

This symposium will provide important resources and networking opportunities to keep one current in occupational health. Contact Colleen Gross-Advani at 319/335-4684 or by e-mail colleen-gross-advani@uiowa.edu

Agricultural Occupational Health Training A Certificate Program for Health and Safety Professionals

Session I — May 18-20, 2005

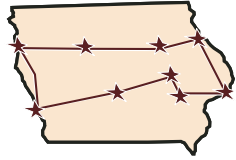
Session II — June 8-10, 2005

The University of Iowa, Iowa City, IA

This two-part course provides basic information and skills to enable health care professionals to function as practitioners in the prevention of occupational illnesses and injuries in the farm community. For a detailed course syllabus, contact Kay Mohling at 319/335-4219 or by e-mail at kay-mohling@uiowa.edu.

For updated course listings see our website at

<http://www.public-health.uiowa.edu/Heartland/continuinged.htm>



WORKSAFE IOWA Occupational Medicine Associates Network

Work Well Clinic

St. Luke's Hospital
Cedar Rapids, IA
(319) 369-8153

**Iowa Methodist
Occupational Health**

Iowa Methodist Medical
Center
West Des Moines, IA
(515) 241-2020

**Tri-State
Occupational Health**

Medical Associates Clinic
Mercy Health Center
Dubuque, IA
(563) 584-4600

Trimark Corporate

Health Services
Trinity Regional
Medical Center
Fort Dodge, IA
(515) 574-6810

**St. Luke's
Occupational
Health Services**

St. Luke's Health System
South Sioux City, NE
(402) 494-2065

**Alegent Health
Mercy Hospital**
Council Bluffs, IA
(712) 325-2500

Work Fitness Center

Trinity Health Enterprises
Quad Cities
(309) 764-9675

**Allen Occupational
Health**

Allen Memorial Hospital
Waterloo, IA
(319) 235-3885

UI HealthWorks

University of Iowa
Health Care
North Liberty, IA
(319) 665-2111



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