

An EAP Intervention Protocol for Occupational Health Nurses

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An area of increased direct and indirect responsibility for occupational health nurses is dealing with "troubled employees." Studies have indicated that up to 20% of employees at any worksite will suffer from a personal problem that will affect their ability to perform safely and effectively (Lynch, 1980; Bierman, 1982; Canadian Mental Health Association, 1984; Groenvekl, 1984; Riediger, 1985). Many of these problems (substance abuse, social, health) interfere with their ability to function both at work and at home.

This article illustrates a six step procedure for intervening with troubled employees from an occupational health nurse's perspective. It was developed especially for occupational health nurses by the author as one component of a professional certificate program offered by a school of nursing in Canada.

The 26 session certification course encompasses over a dozen topic areas, with only one class allocated for employee assistance programming. 'Huts, the creation of a concise, useful, easy to learn and apply protocol was necessitated.

The role of the occupational health nurse within an organization's employee assistance program (EAP) includes the application of numerous core nursing principles in conserving the health of all workers. This includes prevention, recogni-

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don of illness and injury, treatment of illness and injury, health education, counseling, rehabilitation, and human relations (Burns, 1985).

To carry out these activities, occupational health nurses need specific knowledge and skills (Table 1). However, without a systematic procedure, occupational health nurses find themselves overwhelmed by the wide range of problems and concerns that employees present. This has led to the development of an intervention protocol applicable to any troubled employee.

INTERVENTION PROTOCOL

Many procedures have been suggested for supervisors to use with employees whose performance has deteriorated because of personal problems (Chambers, 1972; Wrich, 1980; Googins, 1981; Scanlon, 1986; Bureau of National Affairs, 1987).

Several of these suggest referral to the occupational health nurse. However, they do not outline what occupational health nurses should do once the employee arrives. The ure illustrates an intervention grid from the perspective of the nurse.

Pre-Intervention: Establishing Guidelines

For occupational health nurses to maximize their effectiveness, both management and labor must support the concept of EAP

Likewise, clear procedures for use of the program and the occupational health role within EAP should be understood by and be explained to all employees. The purpose and function of occupational health nurses and how to access their services should be part of any new employee orientation.

Recognition

Recognition of deteriorating health is an area only health care professionals are qualified to assess. In conjunction with a supervisor, peer, union steward, or referral agent's observation of deteriorated performance, an occupational health nurse can provide support and encouragement to troubled employees to take action and motivate them to seek assistance.

All persons involved in the recognition phase must comprehend thor-

TABLE 1
Checklist of Knowledge and Skills for Occupational Health Nurses Involved in Employee Assistance Counseling

- Knowledge of:**
- 1. Various problems associated with abuse of substances.
 - 2. Other health and personal problems.
 - 3. Personal attitudes, skills, and limitations.
 - 4. Counseling and crisis intervention.
 - 5. Intervention strategies to help employees.
 - 6. Referral approaches.
 - 7. Follow up approaches.
 - 8. Community agencies and resources.
- Skill in:**
- 1. Building a helping relationship (initiating, intervening, contracting, building rapport).
 - 2. Interpersonal communication (active listening, verbal and non-verbal skills, attending, paraphrasing, and feedback).
 - 3. Assessment and referral.
 - 4. Case management.
 - 5. Adult education (teaching and consulting).

Adapted from: Kitty (1981); Csiernik (1989).

TABLE 2
Indicators of Changing Health

- 1. Increasing number of sick days.
- 2. Frequent use of sick days on Mondays, Fridays, and the day after salary is received.
- 3. Changing mood and/or relationship with occupational health care provider.
- 4. Increasing number of minor on-site accidents.
- 5. Seeking treatment for increasing number of off-site/at home accidents.
- 6. Fatigue/weakness or a general decrease in energy.
- 7. Sudden weight loss/gain.
- 8. Increasing blood pressure.
- 9. Frequent illness involving anxiety, stomach distress, sore throat, headache, and other vaguely defined illnesses.
- 10. Regularly bloodshot or bleary eyes.
- 11. Chronic gastritis.
- 12. Petechia of face (especially nose).
- 13. Ulcer.

intervention and the unlikeliness of recovery without formal intervention.

Occupational health nurses need to realize that supervisors, peers, and union stewards tend to be reluctant interveners (Schwartz, 1987). Occupational health nurses must be proactive in the workplace, educating others about the dangers of allowing problems to degenerate, both in terms of overall worksite safety and the personal health of the troubled employee.

Documentation

Documentation entails not only recording visits to the employee health service, but also recognizing changing patterns of health and behavior. Change may be reflected in more frequent visits, different reasons' for appointments, or, conversely, avoidance of the employee health service. Table 2 lists some of the more prominent changes of which occupational health nurses should be aware.

Without documentation, intervention with an employee can become a case of "your word against mine." Value is gained whenever subjective observations can be replaced by factual ones. Employees actually may be unaware that their health is deteriorating and job performance is suffering.

Providing documented evidence can help employees comprehend the problem and aid in breaking down denial. For the occupational health nurse, clear and specific written records assist in determining the best course of action, as well as providing the only formal account of changes in an employee's functioning in many instances.

Approaching the Employee/Client

When employees experience performance problems, supervisors, union counselors, or internal referral agents may intervene. If no action is taken, however, and the employee is not referred for assistance nor chooses to seek help voluntarily, the occupational health nurse can take

oughly the tendency toward denial in areas of personal problems, work performance, or deteriorating health. This substantiates the importance of

the initiative in approaching du, worker.

One proven procedure in attempting to motivate an employee to seek assistance involves seven feedback steps. The occupational health nurse should progress down the scale until the employee takes action.

1. *Simple Information.* Discuss current appearance, obvious signs of illness or problems, and/or obvious problematic behavior.
2. *Connected Information.* Comment on a series of the above items noticed over a period of time. (Rely on documented records as evidence).
3. *Inquiry.* Allow the employee an opportunity to explain the causes for the signs and symptoms noted, and suggest some potential course of action.
4. *Interpretation.* Suggest possible underlying causes for the signs and symptoms jointly discussed.
5. *Recommendations.* Provide suggestions for change that would counteract the above. This could involve lifestyle changes, use of medications, or obtaining professional assessment and/or treatment.
6. *Warning.* Provide information on the progressive nature of the suspected condition, including possible future consequences if no corrective action is taken.
7. *Strong Recommendation.* This depends on one's leverage with the person. If they have been sent by management, then one can be more directive. Remember always that the choice lies with the employee.

Assistance should be offered in a non-judgmental manner, accepting the person while at the same time trying to change their behavior.

Always attempt to have one or more solutions available if the employee asks for help at any point in the above process. If they remain unmoved by all of the feedback steps, then at least the occupational health nurse is not part of the cover-up and has an honest relationship with the employee. This will be

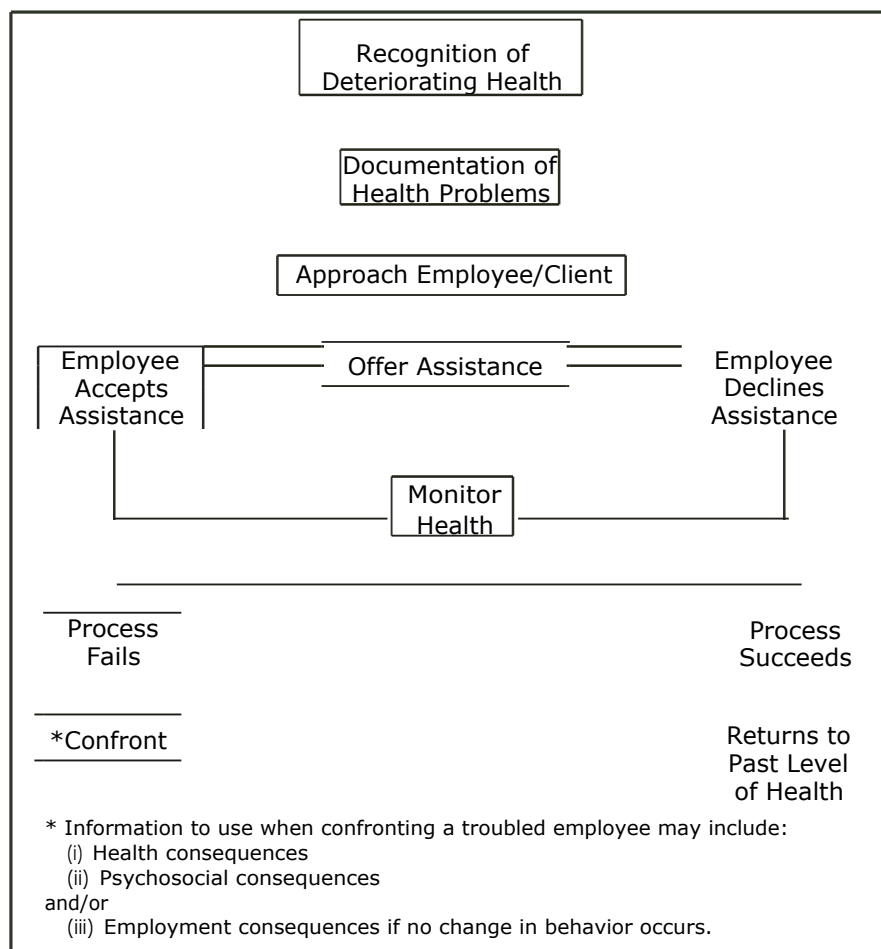


Figure: Intervention protocol.

important, if and when they decide to ask for help.

Offer Assistance

The goal of the protocol is to offer a systematic method by which to get the employee to the EAP or directly into treatment. At this time help is offered and options for assistance are discussed with the employee. A referral is the next appropriate step, if the occupational health nurse acts as a referral agent within the structure of the organization's EAP.

Individuals may improve, even if formal assistance is declined. (They may seek help other than or external to the EAP.) Likewise, some individuals may not improve, even with the help of an EAP.

If the process succeeds, employees return to their previous level of

health. The nurse's role becomes one of encourager.

The occupational health nurse also has a role in reintegration, should assistance necessitate the employee leaving the workplace for an extended period. Support and follow up are crucial elements of the occupational health nurse's role in helping prevent relapse after the employee's return to work.

Monitor Health

The employee has the right to accept or decline assistance. Regardless of the stated choice, the nurse should continue to monitor and document the employee's health and behavior closely.

Process Outcome

If the employee declines assis-

tance and continues to deteriorate, a second, formal intervention is advisable. At this time, the benefits of the EAP can be stressed further. The occupational health nurse can discuss specific physical and psychosocial consequences of the employee's behavior. the nurse also should explain the potential employment consequences should the employee not seek treatment.

SUMMARY

The position one has within an organization, in conjunction with the level of performance and/or health deterioration of an individual, will determine how one approaches a troubled employee. As health specialists, occupational health nurses hold a unique position. Their skills and knowledge base allow them to approach problems in a manner no other employee may take. This makes occupational health nurses a key factor in the success or failure of an organization's BAP.

A systematic procedure has been presented, within which occupational health nurses can use their influence to enhance the effectiveness of EAPs and make their worksites safer and healthier. The challenge remains for occupational health nurses to provide troubled employees with the guidance and support they require to overcome their problems and return to previous levels of health and performance.

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EAP Intervention Protocol
IN SUMMARY

An EAP Intervention Protocol for Occupational Health Nurses.
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- 1 Occupational health nurses can use their skills and knowledge of core nursing principles to become key players within their organization is EAPs.
2. The five stages of EAP intervention are recognition, documentation, approaching the employee, offering assistance, and ongoing monitoring of health.
3. Occupational health nurses must be able to recognize not only direct changes in physical health, but also changes in work performance, social interaction, and mental health.
4. If an employee's health continues to deteriorate, even after intervention, occupational health nurses must be willing to confront employees with detailed information regarding the medical, psycho-social, and employment consequences of unchanged behavior.