

Employees—
Your Most
Valuable
Resource

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Frontline Supervisor



UConn Health Center EAP 860-679-2877 or 800-852-4392

■ **What is a key reason some supervisors don't refer employees to the EAP, despite being trained to do so? Referring to the EAP is a straightforward process. I can't believe it's because supervisors forget, don't see the need, or don't believe in the program.**

■ **I feel sorry for some of my employees. When I confront a performance issue, I probably demonstrate an overly sympathetic attitude of compassion and understanding. Is this undermining my ability to manage them effectively?**

■ **Employees with drug or alcohol problems exhibit patterns of trying to hide their affliction and put their best face forward. Doesn't this prove that substance abusers are not really in denial? We hear addicted people are**

One common but seldom-discussed reason supervisors neglect to use the EAP is their emotional reaction to troubled employees and the decisions that follow, which do not include arranging a referral. Consider the emotional reaction a supervisor might have to multiple instances of unauthorized leave, excessive sick leave, long coffee breaks, difficulty in recalling mistakes, blaming the supervisor for the mistakes, complaints from customers, and wild mood swings. Very commonly, the feeling is anger, and with good reason. However, this reaction has an overpowering effect of interfering with the supervisor's decision to make a formal supervisory referral. The demonstrated anger might be a "successful" way for the supervisor to feel vented and self-satisfied but without a resolution to the problem. Hence, problems return or later crises result in a dismissal of the difficult employee.

Helping employees produce satisfactory work, along with having them feel happy about their contributions, requires clear management expectations. It also requires employees' believing that corrective measures will ensue if performance is unsatisfactory. Most supervisors don't understand the interplay between these two things. Love of a job is why many people come to work, but the need for job security is why they arrive *on time*. Without the reality of unacceptability and consequences for failure to meet performance expectations, nearly everyone would test boundaries and allow other personal interests to compete with the demands of the job. By overly sympathizing, you remove this important dynamic, and you send a message of leniency that reduces a healthy sense of urgency needed to perform productively.

Denial is a defense mechanism that does not preclude some awareness of the existence of a problem. In fact, some awareness is necessary in order to use denial as a defense mechanism effectively. Denial defends against the anxiety produced by evidence that a problem exists. That is its purpose. Denial isn't meant to fool you. It is to fool one's self. The evidence that this is true is found in the stories of recovering people who no longer abuse substances, and yet they have the ability to recall how they lied to themselves about the true nature of their problem during the time when it was most acute. For someone with no alcohol-related problems, denial

in denial, but behavior contradicts that notion.

■ **How do I find out what motivates my employees? Most of them would say “money,” but that’s off the table. I wonder if my employees even know what inspires them. Are there any motivational strategies commonly overlooked by supervisors?**

■ **Periodically, we have employees incur back injuries on the job. Some get pain medications, which I know can be addicting. Although I haven’t noticed any employees affected by drug dependency, what are the symptoms?**

has an entirely different meaning. Denial for the addicted person is about a refusal to accept reality because it is too threatening. More accurately, denial is a refusal to consciously acknowledge what a person and others can plainly see is a problem.

There are hundreds of nonmonetary strategies for motivating employees. However, it is hard to tell which strategy will work for which employee. Simply spending time with your employees is one way to gather an impression of what inspires them, and of course you should also ask them what motivates them. One link to motivation many supervisors overlook is information. A lack of knowledge about a task or job function often results in a lack of motivation to consider attempting it. So don’t overlook the obvious. Some experts argue that you can’t motivate employees and that they can only motivate themselves. This is only partly true. Don’t overlook a balanced approach of positive and negative reinforcement when it comes to motivation strategies. You will more likely match the needs of more employees. Why? You have two types of employees: Employee “A” pays a bill on time to avoid the possibility of a late fee, while employee “B” is desirous of positive feelings associated with keeping the desk clear of unpaid bills. Both drop the payment in the mailbox at the same time!

Addiction to prescription pain killers, particularly the opioids, is a growing problem. One recent study showed that one in 12 injured workers using this class of pain killers became addicted. Addiction to pain medications is also linked to lower productivity, presenteeism (coming to work affected by health issues or severe troubles), and severe absenteeism. Those addicted to prescription pain killers miss 50 percent more work than non-using peers. Employees who become addicted to opioids have more difficulty returning to work as well. When they return, there is an increased risk of accidents, and they may illegally share medications with friends, become addicted to other opiates like heroin, “doctor shop” to find a willing prescriber, steal from the employer, sleep on the job, and suffer domestic problems resulting from addictive behavior in the home. Your EAP is your key resource for intervention when performance and attendance problems emerge with recovering injured workers, no matter what the cause. For more information, go to <http://tinyurl.com/opioids-work>.

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