

## AN EAP INTERVENTION PROTOCOL FOR OCCUPATIONAL HEALTH NURSES

The role of the occupational health nurse within an organization's Employee Assistance Program includes the application of numerous core nursing principles in conserving the health of all workers. This includes prevention, recognition of illness and injury, treatment of illness and injury, health education, counselling, rehabilitation, and human relations (Burns, 1985).

To carry out these activities, occupational health nurses need specific knowledge and skills (Figure 3.4). However, without a systematic procedure, occupational health nurses confind 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.

Many procedures have been suggested for supervisors to use with employees whose performance has deteriorated because of personal problems including the intervention grid in Figure 3.2. 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. Figure 3.5 illustrates an intervention grid from the perspective of the nurse.

### **FIGURE 3.4**

Checklist of Knowledge and Skills for Occupational Health Nurses Involved in Employee Assistance Counselling

#### **Knowledge of:**

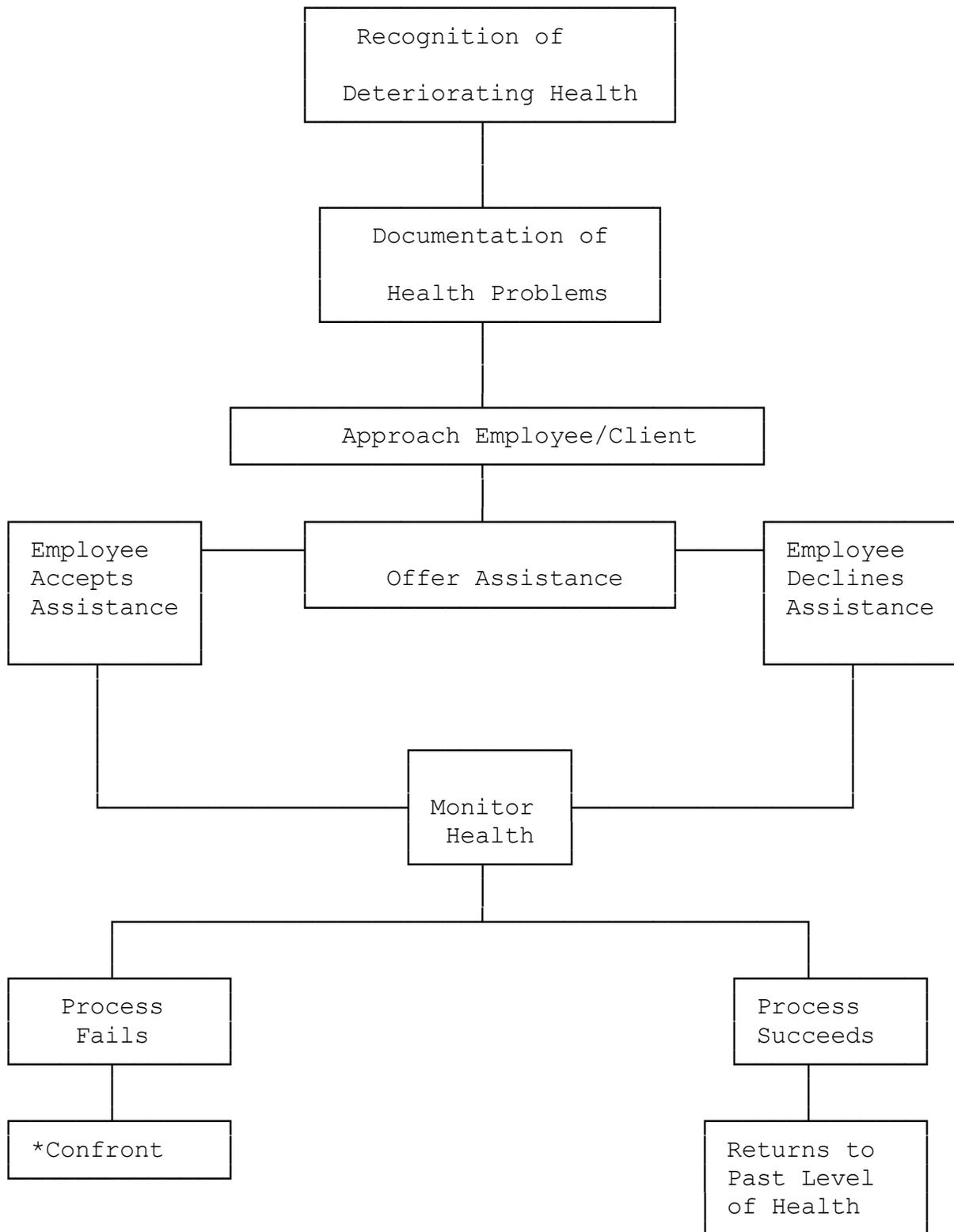
1. Various problems associated with abuse of substances.
2. Other health and personal problems.
3. Personal attitudes, skills, and limitations.
4. Counselling and crisis intervention.
5. Intervention strategies to help employees.
6. Referral approaches.
7. Follow up approaches.
8. Community agencies and resources.

#### **Skill In:**

1. Building a helping relationship (initiating, intervening, contracting, building rapport).
2. Interpersonal communication (active listening, verbal and nonverbal skills, attending, paraphrasing, and feedback).
3. Assessment and referral.
4. Case management.
5. Adult education (teaching and consulting).

Adapted from: Kilty (1981)

FIGURE 3.5:  
INTERVENTION PROTOCOL FOR OCCUPATIONAL HEALTH NURSES:



\*Information to use when confronting a troubled employee may include:

- (i) Health consequences
- (ii) Psychosocial consequences

and/or

- (iii) Employment consequences if no change in behaviour occurs.

#### Pre-Intervention: Establishing Guidelines

For occupational health nurses to maximize their effectiveness it is vital that management and labour 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 thoroughly the tendency toward denial in areas of personal problems, work performance, or deteriorating health. This substantiates the importance of intervention and the unlikelihood 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 behaviour. Change may be reflected in more frequent visits, different reasons for appointments, or, conversely, avoidance of the employee health service. Figure 1.2 listed some of the more prominent changes of which occupational health nurses should be aware.

Within 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 counsellors, 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 the initiative in approaching the worker.

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

1. **Simple Information.** Discuss current appearance, obvious signs of illness or problems, and/or obvious problematic behaviour.
2. **Connected Information.** Comment upon 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

together develop some potential courses 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 positive future personal, health and employment 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 final choice rests with the employee.

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

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 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 behaviour closely.

#### **Process Outcome:**

If the employee declines assistance 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 psychological consequences of the employee's behaviour. 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 allows 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 EAP.

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.