White Collar Jobs

Millions of U.S. workers are employed in occupations that require prolonged sitting, intense concentration and intellectual effort, or the need to be fully attentive to others.

White-collar professionals and managers under age 65 comprise an estimated 40 percent of the workforce, according to March 2016 Census Bureau data analyzed by the Kaiser Family Foundation. The remaining 60 percent work in physically demanding jobs or perform a mix of tasks.

Injury risks in predominantly sedentary jobs are less apparent than those in occupations such as manufacturing, material handling, construction, mining and logging. However, they exist and can have insidious effects.

Common causes of work-related injuries in white-collar workplaces include repetitive motion; slips, trips and falls; improper lifting and reaching; and being struck by moving objects. Physical inactivity, particularly increased sitting, is linked to increases in cardiovascular disease, obesity and overall mortality.

Complaints such as backaches, neck, shoulder and wrist pain, eye strain and headaches are often associated with sitting for long periods and ergonomic issues such as an ill-fitting chair or workstation. Individuals who have a chronic condition such as diabetes, lack stress management skills or are not physically fit are among white-collar workers with increased injury risk.

In addition to work style, there are related lifestyle considerations. For example, an office worker may be on a computer eight to nine hours a day, then go home and use another electronic device for a few more hours. Consequently, workplace injury prevention interventions must also account for after-hours recreational activities that could exacerbate aches and pains.

Interventions

For musculoskeletal disorders (MSDs), complaints of pain and other non-emergency injuries at onset, medical evaluation and education can be effectively provided onsite or remotely via telehealth applications such as those used by WorkCare’s Incident Intervention team.
Meanwhile, ergonomic evaluations can be used to assess workstations and make corrections for a better fit. WorkCare’s occupational health clinicians also recommend the use of trained therapists to provide non-recordable, non-invasive deep-tissue massage onsite to help alleviate musculoskeletal pain before a condition has the chance to become a recordable, work-related injury.

Related Research

Scientists are interested in finding ways to better manage the health of white-collar workers. Here are some recently published related studies:

Walking Meetings

Changing one seated meeting per week into a walking meeting promotes increased physical activity among office workers, according to a study conducted at the University of Miami Miller School of Medicine. Study subjects followed a protocol that included guidance for leading meetings and taking notes while walking. They wore accelerometers to measure physical activity over a three-week period. The average combined moderate/vigorous physical activity reported by participants increased from 107 minutes in the first week to 117 minutes in the third week.

For overall cardiovascular health, the American Heart Association recommends at least 30 minutes of moderate-intensity aerobic activity at least five days a week for a total of 150 minutes for adults; or at least 25 minutes of vigorous aerobic activity three days per week for a total of 75 minutes; or a combination of moderate and vigorous activity and moderate-to-high intensity muscle-strengthening activity at least two days per week for additional benefits.


Overweight Workers

Researchers evaluated the impact of interventions on occupational sedentary/physical activity behaviors, cardio-metabolic disease biomarkers, musculoskeletal discomfort and productivity among overweight/obese adults with desk jobs.

Study subjects were placed in either a health protection-only (HPO) group or an integrated health protection/health promotion (HP/HP) group. HPO participants received an ergonomic workstation optimization intervention and three e-mails per week promoting rest breaks and posture variation. HP/HP participants received the HPO intervention and access to a seated, activity-permissive workstation. Occupational sedentary and physical activity behaviors (primary outcomes), and cardio-metabolic measures, musculoskeletal discomfort and work productivity (secondary outcomes) were measured at baseline and post-intervention at 16 weeks.

The HP/HP group increased occupational light intensity physical activity over the HPO group and used activity permissive workstations 50 minutes per work day. Significant associations were observed between activity permissive workstation adherence and improvements in cardio-metabolic biomarkers (weight, total fat mass, resting heart rate, body fat percentage) and work productivity outcomes (concentration at work and absence because of health problems).

Citation: Total Worker Health Intervention Increases Activity of Sedentary Workers; Carr LJ, et al.; American Journal of Preventive Medicine, Vol. 50, No., 1, Jan. 2016.
Reducing Sitting Time

In this Australian study, employees in retail, health care and information technology settings were asked about barriers to and the feasibility of potential strategies to reduce sitting.

Low-cost strategies such as standing meetings and in-person communication were identified as feasible ways to reduce sitting time and were also perceived to have potential productivity benefits. However, social norms around appropriate workplace behavior and workload pressures were perceived to be barriers, while the cost of adjustable workstations influenced perceptions of feasibility. Managers noted the need for an evidence-based business case supporting action on prolonged sitting, particularly in the context of limited resources and competing workforce health priorities.

The researchers concluded that building a supportive culture and raising awareness of the adverse health effects of prolonged sitting may be important for improving individual and organizational motivation for change.


Activity During Productive Work

A Scandinavian research team’s systematic review of interventions intended to change workers’ sedentary behavior or physical activity is the first to focus on initiatives that can be implemented while workers perform their usual jobs. The review included 40 studies describing 41 interventions organized into three categories: alternative workstations, interventions promoting stair use and personalized behavioral interventions.

Researchers concluded that workplace interventions that are compatible with productive work have positive effects on sedentary behaviors or physical activity at work. They found:

- Alternative workstations decreased overall sedentary behavior
- Interventions promoting stair use increased physical activity at work
- Personalized behavioral interventions increased overall physical activity
- Moderate evidence showed alternative workstations influenced neither blood circulation nor cardio-respiratory fitness
- Personalized behavioral interventions did not influence body size and measurements
- Evidence was either insufficient or conflicting for intervention effects on work performance and lipid and metabolic profiles

Citation: Interventions to reduce sedentary behavior and increase physical activity during productive work: a systematic review; Commissaris D, et al.; Scand J Work Environ Health, 42(3), 2016.

Correcting Assumptions About White-Collar Worker Retirement

It is often assumed that white-collar workers can more easily extend their careers than blue-collar workers. However, that may be a misperception.

While blue-collar workers are more likely to rely on physical abilities such as strength and flexibility — and consequently may develop disabling conditions such as arthritses — white-collar workers who depend on fluid cognitive abilities such as memory, quick mental and physical reaction times, good sight and fine motor skills also face the prospect of performance decline and earlier retirement.

A Boston College Center for Retirement research brief, How Do Job Skills That Decline With Age Affect White-Collar Workers? features a Susceptibility Index that estimates how physical and cognitive abilities required by an occupation are likely to decline during a career. For example, airline pilots (white collar) and assemblers (blue collar) are more susceptible to early retirement than sales representatives and child care workers.

The index can be used to answer questions such as:

- Are blue-collar jobs really harder to do with age relative to white-collar jobs?
- Which white-collar jobs have high index values?
- What types of occupations are likely to have more early retirees?

“arthritis” The notion that all white-collar workers can work longer or that all blue-collar workers cannot is too simplistic. Instead, it is important to consider the particular abilities required by an occupation and whether these abilities decline significantly by the time workers reach typical retirement ages,” the study’s authors concluded.
William (Bill) Zachry is the former vice president of risk management for Albertsons Companies, the nation’s second largest retail grocery company (previously Safeway, Inc.). Zachry was responsible for the company’s nationwide workers’ compensation program. He told his story at the November 2016 WorkCompCentral Comp Laude conference in Burbank, CA.

When Bill Zachry joined Safeway in 2001, he found a workers’ compensation claims management team maneuvering like Dikembe Mutombo, the legendary NBA player known for blocking shots and other effective defensive tactics.

“They thought their job was to say ‘no’ to everybody,” Zachry said. “One of the claims managers told me, ‘We deny 40 percent of claims coming in the door!’ I thought, ‘To do that, I’ll bet they deny any CT scan, any additional body part.’ How many cases were won on appeal? None. When I asked, ‘How much is that costing us?’ the answer was in the millions of dollars.”

For Zachry, delivering a cost-effective, quality service to employees is important. Being confident that the workplace is as safe as possible is even more critical.

To get the best possible outcomes, he tells employers and claims managers: “You have to treat injured workers as your customers and focus on getting them back to work. It may not always be the job they were doing before, but it’s important to get them back to some type of work. Just because vocational rehabilitation is not an option doesn’t mean your responsibility is gone.”

When Zachry told staff members their role was not to deny claims but to “take great care of your co-workers, provide prompt, accurate benefits and let people get on with their lives,” he encountered resistance. Objections became even louder when he required 100 percent of claims to be either accepted or denied within 14 days. Prior to his arrival, an average of 89 days elapsed before acceptance or denial, by the time he left the company, the average was eight days.

Success Strategies

Zachry was able to win claims managers over. Here are 10 ways he successfully changed attitudes and results:

1. Conducted staff training on negotiation skills, use of appropriate terminology, the critical importance of caring and maintaining communication with employees, and how to say “yes.”
2. Introduced processes to replace a “whack-a-mole” approach to problem-solving and lighten caseloads.
3. Required senior management approval for all stipulations, in turn motivating staff to pursue compromise and release rather than have to justify a request.
4. Retained nurses in order to shift clinical decision-making from claims personnel to medical professionals.
5. Identified treating physicians who met certain criteria (such as following evidence-based medicine guidelines) and paid them promptly at fee schedule: “I wanted them to understand it was worth their while to work with us.”
6. Expedited mandatory utilization review across the board.
7. Created a dedicated pharmacy network and formulary for opioids to reduce costs, unnecessary prescribing and office dispensing.
8. Studied claims frequency to identify outliers and introduced disincentives/incentives to encourage prevention, early injury intervention and prompt claim reporting.
9. Encouraged peer-to-peer safety observations to promote employee and supervisor buy-in.
10. Introduced alternative dispute resolution.

While sharing an office with Mel Belsky, M.D., medical director of the workers’ compensation program, Zachry said it became clear to him why disability rates remained high despite significant declines in injury and claim frequency rates.

“I learned that some people have poorer coping skills than others, and because of adverse childhood experiences and other factors, do not deal as well with adverse situations,” he said. For example, some people need psycho-social support to be part of their recovery plan.

Ultimately, most claims managers who were used to saying “no” felt their jobs became more satisfying when they were given permission to say “yes.”

“While part of the job still requires saying ‘no,’ (such as in cases of suspected workers’ compensation fraud or abuse), they can still feel they are doing the right thing by protecting those who legitimately need help. I’m proud of the group that put it all together,” Zachry said.
MODEL PROGRAM: Enterprise-Wide Employee Safety Awareness

At Boston Children’s Hospital, worker safety is considered equally as important as patient safety. With 20,000 employees contributing to the welfare of sick kids, that’s saying a lot — and it’s not just lip service.

Children’s employee safety awareness program expands on the traditional hospital focus on patient safety, according to Lucinda Brown, occupational health services director. While patient safety remains a top priority, “we have learned that to make inroads in employee safety, you have to invest in both and ingrain that commitment in all decisions,” she said.

The employee awareness program is built on four principles that apply in all types of industry settings:

1. Top leadership commitment
2. Execution through middle management
3. Frontline employee participation
4. Emergent injury response and investigation

Leadership

Senior executives at Children’s Hospital have invested in high-reliability training as a way as a way to improve communication, streamline processes and reduce variations. They are applying methodology similar to lean management and Six Sigma performance improvement models. More than 16,000 employees have completed the training, and there are plans in place to train the remainder.

Rapid Response

One of the most effective ways to demonstrate commitment to employee well-being is by responding quickly when hazards are identified or an accident occurs.

At Children’s Hospital, employees are instructed to report to the occupational health department for care if they have an injury or complaint of pain. As part of the process, the department routinely notifies safety when a first report of injury is filed. Safety intervenes early to reduce exposure risk. A safety representative may begin a root-cause investigation by interviewing the injured employee, when possible even before he or she leaves the occupational health clinic.

Brown said the four-legged foundation for employee safety awareness supports related activities such as:

- Risk prioritization, mitigation and prevention
- Education and communication
- Data collection and analysis to provide performance insights
- Case management and return-to-work planning
- Brief, daily operational huddles attended by department heads and senior leaders, including the CEO, chief nursing officer and hospital medical director. Coming together breaks down communication barriers and creates avenues for rapid response and continuous improvement.

"The more you can standardize, the safer it is," said Brown, who spoke at a recent occupational health conference in Boston. “Everyone is hearing the same message: ‘Speak up for safety.’ We are empowering people to point out safety issues, such as not following best practice. If you are called out by a co-worker, you are instructed to say ‘Thank you,’ not ‘Who are you to tell me I’m not doing this right?’ It works because we are all pitching in to improve safety for our patients and each other. It has really changed the culture.”

Middle Management

Brown has found that middle management involvement plays a pivotal role. “Employee engagement in safety is not something that occurs from the top down,” she said. “You need those frontline supervisors who know the ins and outs of their area. They have to be responsible for safety on the local level. If it’s not localized, you won’t hear about it, and what you don’t hear about, you can’t fix.”

Frontline Employees

A great deal of attention is paid to employee value. As Brown notes: “Every employer on the planet claims workers are their most important asset. But how many really mean it? Employees need to feel that they are truly being taken care of, and that it’s true that their health and safety matters.”

Leadership commitment + a culture of safety + robust process improvement = high reliability and zero harm
In a U.S. News-Careers report, experts predict employers will increasingly recognize the value of a culture that supports physical or emotional well-being, and helps employees stay healthy and productive. On the other hand, Jim Winkler, chief innovation officer for health care at Aon Hewitt, said he anticipates employers will cut back on financial incentives that didn’t live up to expectations in terms of encouraging positive behavior change.

In a commentary on six trends in corporate worksite wellness for 2017, Interactive Health reports via Media Planet:

1. Placing a greater emphasis on the importance of employees getting enough sleep.
2. Closely following regulations and the need to comply with federal legislation such as the Americans with Disabilities Act and the Genetic Information Non-discrimination Act.
3. Embracing new technology trends such as wearable devices and enhanced connectivity.
4. Focusing on total worker health and the mind-body connection.
5. Ways to give back to the community; volunteerism has been shown to reduce stress and improve health.
6. Creating a healthy work environment that encourages movement through workstation and building design, walking-meeting policies and other practices.

Regardless of the type of organization you work in, you have to be explicit and transparent with a call to action of this nature,” Brown said. “Leaders have to be role models. Frontline managers have to be involved and own safety like it’s in their own house. Finally, you need your data management systems to be flexible and easy to use so you can track your progress.”

**Tricks of the Trade:**

**Promoting a Workplace Culture of Health**

According to Forbes’ 2017 workplace trends forecast, a culture that supports workplace wellness and employee well-being will become critical benefits. A growing number of U.S. companies responding to health-conscious employees are using wellness programs to lower absence rates, attract talent and lower health care costs.

Dan Schawbel, a Forbes contributing writer, said “companies realize that workplace stress is the biggest health issue that employees face so they invest in creating a more relaxing and healthier environment for them.”

Meanwhile, compared to 2015, the Society for Human Resource Management reports health-related employee benefits increased by 58 percent and wellness programs by 45 percent in 2016; these two trends are expected to continue this year.

• Focused projects such as slip, trip and fall prevention by creating an employee fall committee, modifying equipment to reduce puddles, donating non-slip shoes for nurses to wear and changing floor surfaces. Combined, these interventions helped reduce slips, trips and falls by 16 percent in the first year.

When Brown asked senior leaders at the hospital what it takes to make a lasting commitment to employee safety, they had the following recommendations:

1. Patience, credibility and relentless pursuit. It’s not just a trend. You have to keep taking baby steps.
2. Identify leaders, set targets and goals.
3. Anticipate incremental progress.
4. Ingrain safety into all decisions, from investments in staff and equipment to building design.
5. Work backward from the ideal state.

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OSHA & NIOSH UPDATE

Recordkeeping Rule in Effect

A new rule effective Jan. 1, 2017, requires certain employers to electronically submit injury and illness data that they are already required to record on onsite injury and illness forms. Occupational Safety and Health Administration (OSHA) officials will use the data to support enforcement and compliance assistance programs. The rule allows the agency to post selected company data on its website.

Beryllium Rule Published

OSHA published a new rule in the Federal Register as part of efforts to reduce exposure to beryllium, which can cause serious lung disease. Beryllium is a strong, lightweight metal primarily used in the aerospace, electronics, energy, telecommunications, medical and defense industries. It can be contained in dust, fumes or mist.

The rule calls for reducing the eight-hour permissible exposure limit from the previous level of 2.0 micrograms per cubic meter to 0.2 micrograms per cubic meter, and it establishes a short-term exposure limit of 2.0 micrograms per cubic meter over a 15-minute sampling period. The rule also contains requirements for the use of personal protective equipment, medical exams and other surveillance, and training programs. Compliance dates are staggered to give employers time to adjust processes and procedures.

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Cutting the Cake

British dentists are urging workers and their employers to cut cake culture in workplaces. Similar principles apply in the U.S. The Faculty of Dental Surgery, a component of the Royal College of Surgeons, reports it is concerned that the consumption of desserts and sugary snacks as part of workplace celebrations and general culture contributes to obesity and poor oral health. It has published a position statement with suggestions to help workers resist cakes, cookies and other sweets and make healthier choices.

Recommendations include:

• Schedule/consolidate celebrations. For example, serve one birthday cake in honor of anyone having a birthday that week or month.

• Pay close attention to where sugary products are placed; easy access increases consumption.

• Substitute sugary products available in meetings with alternatives such as nuts and fruit.

• Reduce or eliminate products that are high in sugar from workplace vending machines and cafeterias.

Leading by Example

About one-third of American workers regularly participate in health promotion programs provided by their employers, according to the American Psychological Associations’ 2016 Work and Well-Being Survey. Less than half (44 percent) of survey respondents said the climate in their organization supports employee well-being; one in three employees reported being chronically stressed on the job.

However, 73 percent of respondents whose senior managers show support for well-being initiatives said their organization helps employees develop a healthy lifestyle, compared to 11 percent who work in an organization without that leadership support. In addition, while leadership support is related to how employees feel about their work, only four in 10 working Americans said their senior managers are involved in and committed to well-being initiatives.

“Promoting employee well-being isn’t a singular activity, but is instead set up in a climate that is cultivated, embraced and supported by high-level leaders and managers,” said David W. Ballard, PsyD, MBA, director of the association’s Center for Organizational Excellence. “When supervisors’ actions match their words, employees notice. When it comes to building a climate of well-being, employers need to look beyond just physical health to help employees feel recognized, valued and involved, and create opportunities for growth and development.”

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Sticking to Your Resolutions

It’s a lot easier to resolve to be heathier and fitter in 2017 than it is to keep that promise to yourself year-round. Here are some ways to get and stay motivated:

1. Join a gym. Take advantage of complimentary or discount offers for personal training sessions. Try out different types of fitness classes. Whether you work out with a group or alone, adopt a routine suitable for your fitness level and lifestyle. Stick with it; consistency is key.

2. Incorporate more fresh foods into your diet. Take a healthy-cuisine cooking class, exchange recipes with friends and co-workers, or visit a local farmer’s market. Plant vegetables. It’s rewarding to harvest your own crop, whether it’s grown in a pot on your balcony or in the back garden.

3. Break the year down into monthly “micro habits of health.” For example, in January focus on drinking at least one additional 8-ounce glass of water a day. (Tip courtesy of Take Shape for Life)

4. Don’t let sickness put you off your game. Take steps to prevent colds, flu and other contagious illnesses. Frequently wash your hands with soap and water or use hand sanitizer. Cover coughs and sneezes and encourage others to do the same. Clean shared surfaces such as phones, countertops and door handles. Make sure you get enough sleep. Get your annual flu shot.

Slips, Trips and Falls

OSHA issued a final rule updating its general industry walking and working surfaces standards specific to slip, trip and fall hazards. A noteworthy aspect of the rule is that it will allow employers to select the fall protection system considered most suitable for their work environment.

Model for Establishing Priorities

The National Institute for Occupational Safety and Health’s Total Worker Health® program released a conceptual model for prioritizing efforts to advance worker safety, health and well-being. The Hierarchy of Controls Applied to NIOSH Total Worker Health features a prevention approach that is consistent with traditional occupational safety and health principles and emphasizes organizational-level interventions to protect workers’ safety, officials said.