What Makes Work Meaningful?

When work is meaningful to employees, companies benefit.

Studies show that employees who feel their work has meaning are less likely to be injured, absent or disgruntled and more likely to be productive, positive and have a secure sense of well-being.

While individuals interpret the meaning of work in their own way, it is generally agreed that having a sense of purpose contributes to:

- Positive emotions and moods (e.g., contentment, joy)
- Absence of negative emotions (e.g., depression, anxiety, anger)
- Life satisfaction, fulfillment and positive functioning
- Feeling physically healthy and energetic

The global research firm Gallup did a large-scale well-being survey in more than 150 countries. The primary objective was to determine how people envision their “best possible future.” Across all cultures and belief systems, Gallup identified five universal, interconnected elements, starting with work:

- **Career:** How you occupy your time or like what you do every day
- **Social:** Having strong relationships and love in your life
- **Financial:** How effectively you manage your economic situation
- **Physical:** Having good health and enough energy to get things done
- **Community:** The degree of engagement you have in where you live

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Seasonal Safety Tips

Keep yourself, your co-workers and loved ones safe over the holidays:

- **Stay warm and dry.** Dress appropriately for cold weather – wear gloves, proper footwear, hood or hat, and clothing in layers.

- **Be aware of slip, trip and fall risks.** When the ground is wet, icy or covered with snow, take small steps, test the ground and do not carry heavy loads. Don’t text while walking.

- **Watch what you eat.** When preparing food, wash hands and surfaces often. Avoid cross-contamination and don’t leave perishable foods out of the refrigerator for more than two hours.

- **Check heating systems.** Get your furnace inspected. Check and clear chimneys and vents, test smoke detectors. Plug space heaters directly into a wall socket.

- **Shed good light.** Check and repair broken or cracked sockets, frayed and bare wires, and loose connections. Use no more than three light sets on one extension cord.

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In 2016, Gallup reported findings from an analysis of health and safety data involving more than 82,000 business units and 1.8 million employees in 230 organizations. The data showed workplaces with high levels of engagement had fewer accidents than those with lower engagement. For example, business units in the top 25 percent of engaged workplaces saw 70 percent fewer incidents than those in the bottom 25 percent.

To foster cultures of safety, company leaders are advised to develop targeted actions to improve engagement in areas with the strongest links to safety, Brandon Rigoni and Bailey Nelson say in an article published in the *Business Journal*. They note that organizations with strong safety cultures have two traits in common. First, the mission or purpose of the company makes employees feel their job is important. Second, employees feel that their opinions count.

Meanwhile, findings from the Gallup Employee Engagement tracking series and the Gallup-Healthways Well-Being Index show “U.S. employees who are actively disengaged at work are more likely than their engaged peers to say they experience health issues ranging from physical pain to depression.”

Gallup measures degrees of engagement based on how workers rate certain workplace conditions. For example, engaged employees report feeling enthusiastic about and committed to their work. Disengaged employees have a tendency to act on their dissatisfaction by attempting to undermine their engaged co-workers’ accomplishments.

### Meaningful Work Valued

In a recently published study of Meaning and Purpose at Work (MAP), BetterUp Labs found employees produce more, stay at companies longer and are even willing to sacrifice higher pay when they find meaning in their work. However, in the MAP survey of 2,285 American professionals across 26 industries, respondents, on average, reported that work is only half as meaningful for them as it could be. Just 1 in 20 respondents rated their current job as providing the most meaningful work they could imagine having.

BetterUp Labs is affiliated with BetterUp, which provides coaching to help employees achieve clarity, purpose and passion in their lives. According to BetterUp Labs, the survey results indicate meaning is a “real, measurable, fosterable and achievable resource,” and that businesses stand to achieve concrete gains when they find ways to satisfy their employees’ quest for meaning at work.

Survey respondents ranked personal growth (developing their inner selves) as the biggest source of workplace meaning. Other top drivers included professional growth, a shared purpose and being of service to others. In companies with cultures of strong social support, workers rated a collective sense of shared purpose as the most important way work feels meaningful.

Among other key MAP findings:

- Nine out of 10 employees said they would trade money for meaning. On average, they'd sacrifice 23 percent of future earnings — an average of $21,000 a year — for work that is always meaningful.
- Employees who find their work highly meaningful stay at jobs for an average of 7.4 months longer than employees who find work lacks meaning. When managers find jobs highly meaningful, turnover rates fall to 1.5 percent, less than half the national average.

PayScale, a firm specializing in compensation structures, has published results of a salary survey that lists median pay, high meaning and high satisfaction by occupation. Among 454 jobs in which respondents rated their sense of job meaning, salary, stress and satisfaction, the following occupations were rated in the top 10 for meaningfulness:

1. Clergy
2. English language and literature teachers, postsecondary
3. Surgeons
4. Directors, religious activites and education
5. Education administrators, elementary and secondary school
6. Radiation therapists
7. Chiropractors
8. Anesthesiologists
9. Rehabilitation counselors
10. Occupational therapists

Generally speaking, the list shows that median pay is not in parity with meaningfulness and satisfaction scores. In other words, how much a person makes is not what defines meaning and satisfaction in one's job.
Employees who find jobs highly meaningful are more likely to have received a recent raise or promotion.

Meaningful work drives employees to put in an extra hour per week and take two fewer days of paid leave per year. This equates to an average of $9,078 in labor output per employee per year.

Company culture significantly impacts the meaningfulness of work. Employees with strong workplace social support networks find more meaning in work, while toxic workplace behaviors, such as bullying and exclusion, drive down meaningful work scores by 24 percent.

"More than ever, people are on the hunt for meaning, and that includes at work, where more and more of our time is spent. To attract and retain top talent, and achieve optimal productivity, companies must build greater meaning into the workplace," said Alexi Robichaux, co-founder and CEO of BetterUp. "This research clearly shows that meaningful work is a win for the human condition, for companies and for society at large. Fostering meaningful work is emerging as a cornerstone of a more creative and conscious business world."

### Action Steps

The study’s findings help validate steps companies are advised to take to cultivate meaning and purpose for their employees. These include offering more flexible work options, recognizing the “knowledge work” entailed in every role, supporting shared purpose across company culture and protecting against toxicity.

Insights for employers interested in the value proposition include:

1. **Social support**: Employees who reported the highest levels of workplace social support scored 47 percent higher on measures of workplace meaning than employees who ranked their workplaces as having a culture of poor social support.

### Recommendations:

- Share meaningful experiences via internal communications/networks.
- Encourage managers to talk with their direct reports about what aspects of work they find meaningful; get managers to share their perspectives with employees.

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**Meaning Defined on a Personal Level**

In a survey of 135 people working in 10 different types of occupations, researchers were surprised to find quality of leadership received virtually no mention when people described meaningful moments at work, but poor management was the top destroyer of meaningfulness.

Employees were asked to tell stories about incidents or times when they found their work to be meaningful and, conversely, times when they asked themselves, “What’s the point of doing this job?”

“We expected to find that meaningfulness would be similar to other work-related attitudes, such as engagement or commitment, in that it would arise purely in response to situations within the work environment,” said study authors Catherine Bailey, a professor at the University of Sussex, Brighton, U.K., and Adrian Madden, senior lecturer at the University of Greenwich, London. “However, we found that, unlike these other attitudes, meaningfulness tended to be intensely personal and individual; it was often revealed to employees as they reflected on their work and its wider contribution to society in ways that mattered to them as individuals.

“People tended to speak of their work as meaningful in relation to thoughts or memories of significant family members such as parents or children, bridging the gap between work and the personal realm. We also expected meaningfulness to be a relatively enduring state of mind experienced by individuals toward their work; instead, our interviewees talked of unplanned or unexpected moments during which they found their work deeply meaningful.”
Meaningful Work Promotes Recovery

In the event of a work-related injury, employees who find true meaning in their work are more likely to be motivated to comply with self-care or medical treatment guidelines, recover quickly and go back to work during their recovery.

Evidence shows that injury prevention and early intervention programs are most effective when senior executives facilitate workforce engagement and well-being, and managers, supervisors and frontline employees receive the information they need to feel supported.

To demonstrate commitment to workforce health and safety as part of a company’s overall mission, employers are encouraged to build trust, show appreciation for employees’ contributions and refute perceived negative repercussions for reporting an injury. Written policies and procedures help reinforce meaning.

In the event of an injury, such efforts may include access to immediate medical intervention, the ability to show empathy and willingness to provide the best care possible.

The way a supervisor interacts with an employee before an injury occurs, at onset and during recovery may also have a significant impact. Case outcomes are likely to be better if steps have already been taken to share experiences of meaningful work, experts say.

As an illustration, researcher Dr. William Shaw and his colleagues reported that interpersonal aspects of supervision may be as important as physical work accommodation to facilitate return to work after injury. They point to one study in which an affinity mapping process produced common themes: accommodation, communicating with workers, responsiveness, concern for welfare, empathy/support, validation, fairness/respect, follow-up, shared decision-making, coordinating with medical providers and obtaining co-worker support of accommodation. (Refer to Employee Perspectives on the Role of Supervisors to Prevent Workplace Disability After Injuries; W Shaw, et al.; Journal of Occupational Rehabilitation, Vol. 13, Issue 3, Sept. 2013)

In another study, researchers found that positive supervisor-subordinate relationships promoted positive reactions toward safety incentives. (Refer to Construction Workers’ Reasons for Not Reporting Work-Related Injuries: An Exploratory Study; JT Moore, et al.; International Journal of Occupational Safety and Ergonomics, Vol. 19, No. 1, 2013)

Finally, feeling disconnected from a company’s mission, vision and values may contribute to presenteeism, defined as health-related productivity loss while at work. Presenteeism directly impacts business operations and profitability, but it can be challenging to quantify related losses. Calculations based on improved rather than lost productivity puts a different spin on the value proposition.

Recommendations:

• Engage employees by soliciting their feedback and offering opportunities to share knowledge and get involved in the process of how work gets done.
• Train managers on coaching techniques. Create mentor-protégé relationships across all roles and levels.
• Support employees’ pursuit of personal growth and development in addition to more traditional professional development opportunities.

Related Resources

3. Why Employee Engagement is a Key Factor in Overall Workplace Safety; Total Safety, Sept. 27, 2017.
Sometimes workplace health hazards find their way into public and private places.

Incidents involving off-site exposures may be referred to as take-home toxins, para-occupational exposure or worker home contamination.

Employees can unknowingly carry potentially toxic substances such as asbestos, metals and pesticides on their clothing, shoes, skin or tools. Mold and other types of allergens can also end up at home. Meanwhile, contagious diseases may be spread by health care personnel who have been exposed while working in hospitals, clinics or labs.

Beyond concerns about protecting the health and safety of employees at work, employers may be found liable for home exposures. Courts have ruled that employers have a “duty of care” to members of a worker’s household.

Sometimes the connection between work and a home exposure is not obvious, especially when it involves a common complaint such as throat irritation, headache or skin rash. In addition, while physical and cognitive symptoms caused by an exposure may appear within hours, sometimes days or even years can pass before symptoms are evident.

Vulnerable Populations

Infants and young children are particularly vulnerable to even limited exposures. Other at-risk populations include pregnant women, the elderly, and people with weak immune systems, certain skin sensitivities, allergies or asthma.

Damien Hammond, a certified industrial hygienist with DuPont, referred to this case of home contamination as an example during a recent webinar on Stopping the Spread of Take-Home Toxins: “We had a client with an employee who did abrasive blasting of lead-based paint. He was required to wear protective gear, but he wasn’t following all of the engineering controls. His son got sick. It turned out he had elevated lead levels because his father was taking lead home on his boots. They found lead on the baby’s car seat, in the car, in the washer and in the house.”

According to Principles of Pediatric Environmental Health, a publication of the Agency for Toxic Substances and Disease Registry, “there are times when children are exquisitely sensitive to any adverse effects of chemicals...Different organ systems develop at different rates, while broad windows of susceptibility and more specific periods of susceptibility occur at each developmental stage.” (Refer to Faustman et al. 2000 and ORISE 2010.) The World Health Organization reports that what determines the nature and severity of childhood health effects is the occurrence of exposures within different developmental stages.

Exposure Prevention

Consistent application of the environment, health and safety (EH&S) hierarchy of controls helps reduce occupational exposure risk at the source, according to the National Institute for Occupational Safety and Health (NIOSH). The hierarchy of controls is a familiar model – an inverted pyramid with elimination of physical hazards at the top and use of PPE in the bottom tip, with substitution, engineering and administration controls in the middle tiers.

“Typically we want to try to substitute or engineer a hazard out,” Hammond said. “PPE is not the first line of defense, but it is also very important.” Full-body coverage, hand, eye, foot and respiratory protection are among considerations.

To help prevent off-site exposures, experts recommend the following:
• Observe workplace practices and environmental conditions.
• Determine the nature, level, duration and frequency of workplace exposures.
• Identify existing and potential take-home health hazard risks generated at work.
• List all controls that are in effect to address potential on-site and off-site exposure risks.
• Evaluate the adequacy and effectiveness of controls; adjust accordingly.

If a hazardous substance is detected in a vehicle or home, then it’s likely to be in other places where the employee has visited, such as local businesses, day care centers, schools or the gym. In such cases, Hammond said it’s advisable to consult with an industrial hygienist or other authority to determine how to remediate the hazard at the point of origin and wherever an off-site exposure may have occurred.

An after-action investigation may be used to review and develop protective measures. “You have to be opened-minded about using different controls, processes and advanced technology,” Hammond said.

With PPE, he added, “the last thing you want is coverall or equipment failure, or environmental conditions that lead workers to use less PPE.”

Exposure Management Tips ..........................

Occupational health and safety professionals offer these additional recommendations to help prevent and manage off-site exposures:

1. Ensure worksite protocols are followed for disposal or safe removal and cleaning of contaminated clothing, gloves, headwear, shoes, other gear and tools.

Take-Home Toxin Exposure Risk Assessed

Take-home toxin exposures occur despite employers’ efforts to comply with occupational safety and health regulations, industry standards, practice codes, and instructions on proper use and disposal of personal protective equipment (PPE).

While the U.S. does not have a comprehensive surveillance system for take-home toxins, there are studies that indicate the extent of exposure risk. Here are a few examples:

A 2012 review of more than 200 published articles found nearly 60 describing cases of asbestos-related disease thought to be caused by para-occupational exposure. Among those, 65 percent were associated with workers classified as miners, shipyard workers, insulators or others involved with asbestos-containing products.

A July 2015 NIOSH Update reports on exposure risk from electronic-scrap recycling facilities where workers have been found to carry home contaminants on their skin, clothing, shoes and other personal belongings. In 2010, two cases of child lead poisoning in a home linked with an e-waste facility were confirmed by the Cincinnati Health Department and Cincinnati Children’s Hospital Pediatric Environmental Health Specialty Unit.

A literature review of papers examining para-occupational exposure in North American farmer/farmworker families published in 2011 found increased pesticide exposure for farm children compared to non-farm children.

Elevated blood-lead levels were found in 26 percent of children under 6 with a parent who worked in construction. (Whelan et al., 1997)

A 1995 study by the National Institute for Occupational Safety and Health (NIOSH) found documented cases of home contamination in 36 states and 28 countries. Information obtained in the study is contained in a report, Report to Congress on Workers’ Home Contamination Study Conducted Under the Workers’ Family Protect Act, which remains a useful resource years after its publication.

Related Resources
1. Exposure Assessment Tools by Lifestages and Populations - Occupational Workers, U.S. Environmental Protection Agency
2. Green and Healthy Homes Initiative, a non-profit organization that supports a holistic approach to home health and energy-efficiency needs
3. Protect Your Family: Reduce Contamination at Home, NIOSH publication in English and Spanish
4. Take-Home Toxins: Threats to the Family Environment, Johns Hopkins Bloomberg School of Public Health
2. Review applicable Occupational Safety and Health Administration (OSHA) worker-protection regulations. A higher level of protection than required may be warranted for certain activities.

3. Understand applicable health risks, potential routes of exposure for take-home toxins (e.g., inhalation, dermal absorption, ingestion), recommended containment strategies and exposure response guidelines.

4. As feasible, provide showers and storage lockers at work. If work clothes are worn home, advise employees not to hang them where they might be touched by household members, especially children. Do not co-mingle or wash work clothing with family laundry. Boots and tools should be kept in a separate location and safely cleaned on a regular basis.

For health care personnel, key components of an effective infection control program include pre-exposure immunization with vaccines; adherence to standard precautions such as hand hygiene; rapid evaluation and isolation precautions; proper use of PPE such as masks, N95 respirators, eye protection and gowns; and evaluation of personnel with exposure to communicable diseases for receipt of post-exposure intervention.

Decontamination

According to NIOSH, effective decontamination of a health hazard in the workplace or at home can be difficult to accomplish. Results depend on the cleaning methods used, the material to be removed and the surface to be cleaned. Soft materials such as carpet and clothing are the hardest to clean. Pesticides and lead, asbestos and beryllium particles are especially difficult to remove, experts say.

Normal housecleaning and routine laundry methods are usually inadequate. Decontamination procedures may include surface cleaning methods and:

- air showers
- laundering
- dry cleaning
- shampooing
- airing
- vacuuming

In some cases, decontamination may increase the hazard to people in the home by stirring materials into the air. Clean-up guidelines should be strictly followed.

Travel Precautions

Planning a Trip?

The Centers for Disease Control and Prevention offers the following recommendations to be better prepared for travel outside the U.S. for personal or business reasons this winter season:

- Make an appointment with a travel medicine specialist or personal health care provider at least a month before departure. (WorkCare's clients use the TravelCare™ team as a resource.)
- Monitor U.S. State Department travel warnings and alerts and/or enroll with the nearest U.S. embassy or consulate through the Smart Traveler Enrollment Program (STEP) to get safety updates and help in an emergency.

Health Risks and Outbreaks

- Zika (https://wwwnc.cdc.gov/travel/diseases/zika): Many popular travel destinations in the Caribbean, Central America, South America, Africa, Pacific Islands and Mexico have a risk of exposure to the mosquito-borne Zika virus. Pregnant women should not travel to areas with risk of Zika, which can cause birth defects.
- Flu (https://wwwnc.cdc.gov/travel/diseases/influenza-seasonal-zoonotic-and-pandemic): Some countries have reported widespread outbreaks of influenza this season. A flu shot and good hand hygiene will help reduce the likelihood of getting sick.
- Norovirus: Cruise ship outbreaks of vomiting and diarrhea, primarily caused by norovirus, have been reported. Frequent handwashing with soap and water is advised.
Clinical Conversations

Fatigue Cost Calculator  · · · · · · · · · · · · · · · ·
The Fatigue Cost Calculator, a free tool from the National Safety Council and Brigham Health Sleep Matters Initiative, is designed to help employers identify fatigue-related costs in the workplace. The calculator provides a tailored look at the cost of sleep loss and sleep disorders, estimated percentage of workers suffering from sleep problems and cost-savings associated with sleep-health programs. The cost of sleep deficiency in the U.S. is estimated to have exceeded $410 billion dollars in 2015, equivalent to 2.28 percent of the nation’s gross domestic product.

Lead Exposure Insights  · · · · · · · · · · · · · · · ·
In a study of lead exposure as a cause of kidney cancer, researchers analyzed 10 sources and assigned source-specific frequency rates based on self-reported tasks, job groups and blood-lead level (μg/dL) estimates. Among the findings, 18.7 percent of employed person-years were associated with high (≥80 percent) probability of exposure to any lead source. The most common medium (>50 percent) or high probability source of lead exposure was leaded gasoline (2.5 percent and 11.5 percent of employed person-years, respectively). Refer to: Decision rule approach applied to estimate occupational lead exposure in a case-control study of kidney cancer; CL Callahan, et al.; Am J Ind Med; 61(11), November 2018.

Social Status, Work and Health  · · · · · · · · · · · ·
Work environment influences the incidence of some common cardiovascular risk factors, emphasizing the need to include working conditions in policies aimed at reducing social inequalities in health, according to a French study. Among 20,625 middle-aged French civil servants followed for 25 years, researchers found:

- Overall, lower social status correlates with worse work environment.
- Low social status increased the incidence of nine risk factors.
- Bad work environment increased the incidence of seven risk factors.
- Bad work environment was associated with nearly half of the global effect of low social status, ranging from 32 to 39 percent of social gradients for risk of physical inactivity, obesity, diabetes and dyslipidemia, and 64 to 90 percent of gradients for risk of hypertension, sleep complaints and depression.

- No significant mediating effect of work environment was found for social gradients in the incidence of non-moderate alcohol consumption and smoking. Refer to: Work environment mediates a large part of social inequalities in the incidence of several common cardiovascular risk factors: Findings from the Gazel cohort; P Meneton, et al.; Soc Sci Med, 216:59-66, November 2018.

Suicide by Occupation  · · · · · · · · · · · · · · · ·
The suicide rate among the U.S. working age population increased by 34 percent from 2000 to 2016, according to a newly released report, Suicide Rates by Major Occupational Group - 17 States, 2012 and 2015. The report examines the occupations of 22,053 people between the ages of 16-64 who died by suicide in 17 states participating in the National Violent Death Reporting System. Suicide rates were highest among males in the construction and extraction occupational group (43.6 and 53.2 per 100,000 civilian non-institutionalized working people, respectively) and highest among females in the arts, design, entertainment, sports and media occupational group (11.7 and 15.6 per 100,000, respectively). Researchers said identifying the specific role that occupational factors might play in suicide risk is complicated; both work (e.g., little job control or job insecurity) and non-work (e.g., relationship conflict) factors are associated with psychological distress and suicide. They said a better understanding of how suicides are distributed by occupational group might help inform prevention programs and policies.

Workplace Impairment Guide  · · · · · · · · · · · ·
WorkSafeBC, an independent provincial statutory agency in Canada, has launched an awareness campaign to educate employers and workers about impairment in the workplace in conjunction with the country’s legalization of recreational cannabis effective Oct. 17, 2018. The campaign features a guide for developing workplace policies and managing impairment. Officials said an impairment policy that takes a fit-to-work approach to impairment can help employers meet their workplace safety obligations. The campaign also includes online educational materials and radio ads in major British Columbia markets.
Regulatory Update

Crane Safety

The Occupational Safety and Health Administration (OSHA) published a final rule, effective Dec. 9, 2018, to clarify certification requirements for crane operators. Under the rule, covered employers are required to train operators to perform assigned crane activities, evaluate them and document successful completion of the evaluations. Employers who evaluated operators prior to Dec. 9 will not have to repeat evaluations again, but beginning Feb. 7, 2019, they will have to document when evaluations were completed. The rule also requires crane operators to be certified or licensed and receive ongoing training as necessary to operate new equipment. In addition, the rule revises a 2010 requirement that crane operator certification must specify the rated lifting capacity of cranes for which the operator is certified.

Equal Employment

The U.S. Equal Employment Opportunity Commission (EEOC) reported significant increases in its outreach efforts and enforcement actions to prevent and remedy unlawful employment discrimination during fiscal year 2018, which ended Sept. 30. According to highlights from the agency’s annual Performance and Accountability Report, the EEOC:

- Launched a nationwide online inquiry and appointment system that resulted in a 30 percent increase in inquiries and over 40,000 intake interviews.
- Offered outreach programs to 398,650 individuals, providing information about employment discrimination, rights and responsibilities.
- Conducted more than 300 Respectful Workplaces training sessions that reached over 9,800 employees and supervisors in private, public and federal sectors.
- Secured approximately $505 million and other relief for over 67,860 victims of workplace discrimination.
- Made significant progress in reducing its backlogs, including a 19.5 percent reduction in its private sector charge backlog, a 19.4 percent reduction in the backlog of federal employee appeals, an 8.6 percent reduction in the backlog of federal employee hearings, and a 7.6 percent reduction in the backlog of Freedom of Information Act (FOIA) requests.

Health Surveillance

The Coal Workers’ Health Surveillance Program administered by the National Institute for Occupational Safety and Health (NIOSH) is seeking information from coal miners, miner advocates, unions, industry stakeholders and other interested parties about barriers to participating in health screenings offered by the program. The program was established by the Federal Coal Mine Health and Safety Act of 1969 to prevent early coal workers’ pneumoconiosis, also known as black lung, from progressing to a disabling disease. Through the program, eligible miners can obtain free periodic chest radiographs and spirometry examinations. To learn more, refer to this Federal Register Notice.

Mine Operator Fines

The Mine Safety and Health Administration announced that 49 mine operators have entered into payment agreements or satisfied delinquent debts, allowing the agency to recover $5.2 million in fines under a Scofflaw Program it beefed up in March 2018. “Failure to pay penalties is unfair to both miners who deserve safe workplaces as well as operators who play by the rules,” said Assistant Secretary of Labor for Mine Safety and Health David G. Zatezalo. The agency reports about 90 percent of penalties assessed for health and safety violations are paid in a timely manner.
Site-Specific Targeting

OSHA is initiating its Site-Specific Targeting program using injury and illness information electronically submitted by employers for calendar year 2016. The program targets high-injury-rate employers who the agency believes should have provided recordkeeping data (form 300A) for 2016 by Dec. 15, 2017. The 2017 deadline was July 1, 2018, but employers may still upload data. Going forward, companies with 250 or more employees that are required to keep OSHA injury and illness records, and establishments with 20-249 employees that are classified in specific industries with historically high rates of occupational injuries and illnesses, are required to electronically submit form 300A by March 2.

Workplace Violence

The proposed Workplace Violence Prevention in Health Care and Social Services Act would require OSHA to issue a standard requiring health care and social service employers to implement workplace violence prevention programs. H.R. 7141 was introduced in the House by Rep. Joe Courtney, D-Conn., in response to increasing rates of workplace violence against health care professionals.

Workers’ Compensation Roundup

Policy and Research

How Can Workers’ Compensation Systems Promote Occupational Safety and Health? is a new e-book published by the RAND Corporation at the request of the National Institute for Occupational Safety and Health (NIOSH). The publication features stakeholder views on workers’ compensation policy and research priorities. It contains three major recommendations:

1. State policy experimentation in workers’ compensation should be encouraged in part by federal investments and support for rigorous, independent evaluations. NIOSH and other research agencies should produce a wide range of more basic scientific, economic and other social-scientific evidence on questions pertaining to epidemiology, system performance and financing.

2. Many questions, particularly those related to causation, apportionment and occupational disease presumptions, will generally require observational study and epidemiological methods. Research efforts should be guided by explicit theories of employment outcomes, disability progression, employer decision-making and other relevant behaviors.

3. Policy development should be informed by conceptual frameworks that enable quantitative tradeoffs between competing social objectives. Challenges that might be amenable to fundamental reforms or new insurance arrangements should be an occasion for policy analysts to develop more detailed policy proposals.

Stakeholders emphasized the need for new models for health care delivery, injury and disability prevention, and dispute resolution, as well as more rigorous scientific evidence on causation.

Legislative Trends

Liz Carey of the Workers’ Compensation Institute, a non-profit educational organization, reports on significant 2018 workers’ compensation legislative trends, including:

Florida: Legislation signed by the governor provides workers’ compensation benefits to first responders suffering from post-traumatic stress disorder regardless of whether they experienced physical injury.

Rhode Island: The state has renamed its Uninsured Employer Fund to Uninsured Protection Fund and increased the amount of benefits paid to employees to $50,000. The bill requires employers to reimburse the fund for any benefits and attorneys’ fees paid out of the fund on their behalf.

Pennsylvania: The House of Representatives passed a bill to require injured employees on partial disability to undergo an evaluation by a licensed physician to determine their disability after 104 weeks off the job. In addition, the bill increases funeral expense reimbursement to $7,000 when a worker suffers a fatality.

New Jersey: The Senate passed legislation in June that presumes cancers occurring among first responders are the result of work-related exposures to hazardous chemicals and known carcinogens, unless municipalities and the state can prove otherwise.
Injury Rate Declines, but One-Third of Cases Involve Lost Time

Private industry employers reported approximately 2.8 million workplace injuries and illnesses at a rate of 2.8 cases per 100 full-time equivalent (FTE) workers in 2017, according to the U.S. Bureau of Labor Statistics (BLS). Nearly one-third of injuries and illnesses resulted in days away from work (DAFW).

The BLS reports:
- There were nearly 45,800 fewer injuries and illnesses compared to 2016 based on estimates from the nation’s Survey of Occupational Injuries and Illnesses.
- The 2017 rate of total recordable cases fell 0.1 cases per 100 FTE workers, continuing a pattern of decline that, apart from 2012, has occurred annually since 2004.
- Rates for days away from work, days of job transfer or restriction only, and other recordable cases were unchanged from a year earlier.
- There were 882,730 occupational injuries and illnesses in 2017 that resulted in DAFW. Job transfer or restriction case rates have remained at 0.7 cases per 100 FTE workers since 2011.
- Among 19 private industry sectors, only manufacturing and finance and insurance experienced statistically significant changes in their overall rates of non-fatal injuries and illnesses – each declined by 0.1 cases per 100 FTE workers compared to 2016.

Days Away from Work

The BLS presents counts and incidence rates for DAWF cases at a different precision level than it does for other case types. The incidence rate for DAFW cases was 89.4 cases per 10,000 FTE workers in 2017, with a median of eight days off. The median is used as an indicator of case severity.

The number of DAFW cases involving overexertion in lifting or lowering rose 3,250 cases to 97,990 in 2017, while the rate was unchanged at 9.9 cases per 10,000 FTE workers. The number of DAFW cases involving workers struck by objects or equipment fell 4,180 cases to 136,510 in 2017; the rate decreased from 14.5 to 13.8 cases per 10,000 FTE workers.

In manufacturing, the incidence rate of total recordable cases decreased, but the DAFW rate was unchanged.

Sprains, strains and tears was the leading type of injury. Musculoskeletal disorders (MSDs) accounted for 34 percent of DAFW cases.

In other sectors, the number of DAFW cases in warehousing and storage increased from 2016 while the incidence rate was essentially unchanged. Hospitals, administrative and support services, and social assistance experienced decreases in DAFW case counts and incidence rates. Transportation and material-moving workers incurred 12,750 DAFW cases in 2017, an increase of 3,120 cases from 2016.

Additional data from the Survey of Occupational Injuries and Illnesses are available on the BLS website.

Spike Seen in Claims Related to Vehicle Accidents

National Council on Compensation Insurance (NCCI) researchers report an increase in the frequency and severity of workers’ compensation claims associated with motor vehicle accidents (MVA) in contrast to overall declines in claim frequency rates.

From 2000 to 2011, both overall claims and MVA claims decreased, but a noticeable divergence occurred in 2011. From 2011 to 2016, the frequency of all claims declined by 17.6 percent, while the frequency of MVA claims increased by 5 percent. In addition, 41 percent of work-related fatalities were the result of a vehicle accident.

Notably, mobile phone ownership increased dramatically during the same period that vehicle accident rates increased. According to the National Safety Council’s Cell Phone Policy Kit, a minimum of 27 percent of crashes involve drivers who were talking or texting on their phones. The percentage is likely higher given that driver cell phone use is underreported.

To learn more, refer to Motor Vehicle Accidents in Workers’ Compensation.
The national Health Interview Survey shows:

• Yoga was the most commonly used complementary health approach in 2012 (9.5 percent) and 2017 (14.3 percent).
• Adult meditators increased more than threefold, from 4.1 percent in 2012 to 14.2 percent in 2017.
• The use of chiropractors increased from 9.1 percent in 2012 to 10.3 percent in 2017.
• Women were more likely to use yoga, meditation and chiropractors in the past 12 months than men.
• Non-Hispanic white adults were more likely to use yoga, meditation and chiropractors than Hispanic and non-Hispanic black adults.
• Yoga practice rates were highest among adults aged 18 to 44, while meditation and chiropractic care was higher among adults aged 45 to 64 years.

Driving Factors

Researchers with the National Center for Complementary and Integrative Health say pain is one of the leading reasons why Americans turn to yoga and meditation as an alternative to prescription pain relievers. Yoga and meditation have also been shown to help reduce stress, elevate mood and clarify thoughts.

Meditation practice can be as simple as sitting quietly and concentrating on the breath for 15 to 30 minutes. There are various types of yoga ranging from gentle stretching to rigorous positions.

To learn more:
https://nccih.nih.gov/health/meditation/overview.htm
https://nccih.nih.gov/health/yoga