Supporting Employees Who Have Chronic Pain

Many employees experience chronic pain, but it is not uncommon for pain sufferers to minimize discussing their conditions for fear it could affect their job in some way. Some employees with fibromyalgia, lupus, and chronic fatigue syndrome may never tell anyone at work about it, not even their boss, while other employees have even reported avoiding the pain associated with getting dressed in the morning by sleeping in their clothes all night. How can coworkers help? Based on an online community survey of employees who experience chronic pain, the most requested need from coworkers was compassion and understanding. Pain sufferers want you to know that they are not lazy, unmotivated, or unwilling, and that the last thing they want is to feel like they let down the team.

Learn more at www.themighty.com (search content tab, and “chronic illness coworkers”).

Fight the Stigma of Mental Illness In the Workplace

The stigma of mental illness in the workplace contributes to denial and avoidance of treatment. Some studies have shown stigma contributing to the delay of treatment for up to eight years! That’s a lot of needless suffering. Since 25% of employees will eventually have a mental health diagnosis, fighting stigma is crucial. To fight for change, take two powerful steps: 1) Talk about mental wellness just as you would physical wellness. 2) Just as you know to avoid derogatory terms for physical disabilities, also discourage language (crazy, nut-case, whacked-out, etc.) historically associated with mental illness.

Learn more: hhs.gov [search “depression increase risk of suicide”]

September: Suicide Prevention Month

Many myths are associated with suicide. Correcting information based on myths can prompt more intervention sooner. One such myth is that suicidal people appear depressed, but this may be true for only 60% of victims. 80% of victims do display warning signs, but despondency is not at the top of the list. More important is what’s expressed. Pay attention to utterances about personal uselessness, being trapped, being a burden on others, having no reason to live, being in too much pain, or having “the” solution to all one’s troubles. Intervention starts with asking whether the potential victim is suicidal, planning suicide, or is thinking about “harming themselves in some way”. Listen to answers nonjudgmentally, then assist with getting the person to help, such as the EAP. You may save a life.

Learn more: hhs.gov [search “depression increase risk of suicide”]

Stop Stressing Out about Stress

With all the talk about stress and stress management, it’s important to know that much of the stress we experience is not harmful, and serves us in many ways. The stress you feel before taking an exam helps you remain focused so you can do your best. This good stress is also called “eustress,” a term coined by Hans Selye, the father of stress theory. Stop stressing about stress. The type of stress to be watchful for is “chronic stress.” Chronic stress (ongoing stress experiences that do not let up) can be physically harmful. What it feels like: You have little control over how much stress you feel, how long the stress lasts, and when you’ll next experience it. Caregivers are highly prone to chronic stress. If you experience chronic stress, figure out how you will intervene to control it.

Learn more: ncbi.nlm.nih.gov [Search: PMC5347358]
Workaholic: Myths That Mess with Mental Health

Workaholics often have habits of thinking that can pose secondary consequences for their own health. "Not deserving a rest" until a certain amount of work is accomplished is one such behavior. Basing one's personal worth on the amount of work that gets done is another. Paying more attention to work failures while minimizing the significance of successes, or defending their work practices with retorts like "no one ever died from working too hard" are some examples. Unfortunately, research shows that workaholics will have health problems and die sooner because of how work interferes with health, including results such as erratic sleep, poor nutrition, a lack of work-life balance, loneliness, substance abuse, depression, neglect of exercise (or not enough of the right kind of exercise), and neglecting important health decisions such as annual physicals, examinations, lab tests, and perhaps vaccines. Some workaholics may experience the inability to relax without feeling physically ill, anxious, and agitated if they aren't working. This prevents them from taking vacations, and often induces them to come to work sick, which is a form of presenteeism. If you are aware of any of these behaviors, it's time to learn more. If making healthy changes is difficult, talk to a professional counselor, EAP, or life coach to help you discover a better work-life balance. Start with the 20 questions quiz offered by the 12-step program Workaholics Anonymous. The promise of stopping workaholic behavior is, ironically, increased productivity; improved relationships at work and home; stronger feelings of accomplishment in more aspects of your life; and possibly a longer life.

When You’re a First-Time Manager

If you're a new first-time supervisor, you'll discover an endless stream of advice, including do’s, don’ts, how-to’s, websites, and lots of books. Supervising others and developing leadership skills to get the work done will be your most measured job function. With experience, you'll grow instincts, but there is no rushing becoming a great supervisor. Avoid novice mistakes, which include the following: 1) taking on more work, rather than managing the completion of work; 2) not communicating enough above, below, and around you; 3) becoming overwhelmed with to-dos that rob you of your work-life balance; 4) believing others will act quickly and blindly on your say-so; 5) not modeling the type of employee you want others to be; and 6) not getting to know those you supervise one-on-one.

Brain-Challenging Activities May Delay Dementia

Alzheimer’s victims may slow the progression of their condition by participating in brain-challenging activities like puzzles, chess, letter writing, and more, according to new research. Brain tissues from active and nonactive older persons were compared and examined upon the individuals’ death. Those who participated in regular mentally stimulating activities had less of the chemical build-up known to be associated with Alzheimer’s disease. Findings: Active-brain individuals delayed symptoms by up to five years. To support an elderly loved one, encourage brain-challenging activities, but try co-participating with them in online games like checkers, which may reduce loneliness and enhance your relationship. Find online remote games for two with a simple web search.


Becoming a Resilient Employee

During the COVID-19 pandemic, have you coped with stress by thinking, “I am going to see this as a challenge” or “Is there opportunity to grow in this situation?” These responses to adversity represent resilience thinking. Many books about resiliency are authored by those who have faced difficult challenges—from disabled persons to the Navy Seals. Their commonality is a decision to not surrender. Develop resiliency by discovering what motivates you to get excited about the future. Fight negative self-talk regarding your ability to succeed. Practice work-life balance and self-nurturing behaviors for their powerful benefits. And when you face changes, focus physically and emotionally on what you can control. Resiliency skills aren’t pulled from a drawer when they are needed. They are everyday skills you use to solve problems correctly, take action on your goals, and develop reflexes to look for the opportunity in challenges you experience.

Learn more at www.ncsu.edu (search “resilience is a process”).