

The Role of Occupational Physicians at Workplace

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Abstract

Mental health has been a key issue in Japan's workplaces, especially since the late 1990s. Firms with more than 50 workers are obligated by law to contract a medical doctor licensed in Japan to serve as an occupational physician for consultation on health management.

A stagnation of the global economy of over a decade brought a drastic change to the workplace environment, which has influenced the mental health of many employees. In particular, major depression is a matter of concern due to the considerable suicide risk, and occupational physicians are expected to play an important role in this issue.

Detecting and supporting workers suffering from depression in the early stages can save their lives and also increase corporate productivity. For a corporate organization, it is crucial that an occupational physician accumulate professional knowledge, experiences, and theories on the issues of mental health and work motivation improvement and share them with others within the organization.

We occupational physicians need to listen to both the employees and the company, understand each view, and offer proper advice to both sides. Though it may require years of experience to fulfill such roles, an occupational physician must have faith in oneself and never give up.

Key words Author's principle, Employee needs, Organization management

Introduction

The role of occupational physicians in addressing "workers' depression" is, simply put, risk management with an emphasis on safety. Since the mid 1990s, major depression has been the main focus in the workplace mental health education of Toshiba Corporation (my place of employment). However, in the ever changing industry frontlines, depression has become almost a symbolic term of mental health issues, and the reality of depression is diversifying. Occupational physicians should have a sensitivity to detect the intrinsic risk of depression.

In this paper, I discuss the various possibilities on roles of occupational physicians focusing on my own principle for workplace mental healthcare

in general, including depression, the employee needs and their accommodation, and initiatives that should be taken to ensure mental health in the workplace.

My Principle and Employee Needs

Principle as occupational physician

Adjustment disorders, anxiety disorders, and personality disorders that we occupational physicians commonly see when managing workplace mental health are outward-looking diseases, which become exposed through problems interacting with other people; however, depression is an inward-looking illness that builds up internally.¹ As the working environment and interpersonal relationships change, people are suffering from a

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greater variety of mental health problems than ever. But still, anti-depression measures are any less important.

My principle is, “I will protect you under my care, as long as you want to be dedicated to the company and wish to be useful for the company.” I always try to come back to this principle whenever I am at a loss.

Employee needs

As far as I have been able to ascertain, employee needs and expectations in mental healthcare are as follows:

Accessibility of consultation services

In-company telephone hotlines and other services are certainly worthwhile, but some people have said that even picking up a telephone is too much in really difficult times. This suggests that some people are suffering so badly that even they cannot be helped even with the outsourced telephone hotline system (introduced at Toshiba in 2000). In this sense, the presence of easily accessible on-site occupational physician who can actually be seen in person is important.

Hospitality of an occupational physician

Occupational physicians should master counseling techniques such as close listening, supportive responses, and rephrasing, as well as the process of bringing empathy. Burying one’s face in the patient’s medical files and showering him/her with questions without any eye contact will only erode the patient’s willingness to consult with a physician.

Middleman to the workplace

Sometimes, simply empathizing and providing emotional support to a worker will result in some kind of resolution. But in many cases the interventions in the relevant workplace are preferred. Each workplace’s capacity to make personal and environmental adaptations is different, so the occupational physician’s skill will be tested by how he/she designs the goal.

Psychiatric care is not desired

An occupational physician who is also expected to provide psychiatric treatment will always be ambivalent about his/her role as an occupational physician. An occupational physician is not a psychiatric healer. It is extremely helpful for an occupational physician to fulfill his/her duty if the organization has sympathetic understanding of this perception, and such understanding comes from building up daily work and mental

health education in the organization.

Opinions in the general public

Since I joined Toshiba as the occupational physician, people have often told me that they want me to be someone that both rank-and-file workers and managers can consult about any issues, not only work issues but also everything from trivial everyday problems to personal concerns. I think that the role of occupational physicians is to face this kind of simple and honest voice, sincerely and earnestly.

Role of Occupational Physicians in Mental Healthcare

Secondary prevention of depression (early detection, early intervention)

General opinions suggest that, although occupational physicians are expected to have a high degree of personal maturity, people often think that our everyday work simply amounts to “waiting” for patients to come in. However, occupational physicians do not simply wait—secondary prevention (early detection and early intervention) requires that we stay one step ahead on a daily basis.

Occupational physicians use questionnaires at regular checkups and interviews on available occasions to detect those with mental health problems at an early stage. The main focus of secondary prevention is obviously the measures to prevent depression. Toshiba uses electronic questionnaires, and all occupational physicians and healthcare staff learned the Mini-International Neuropsychiatric Interview (MINI).² The individual face-to-face health support sessions provided to all employees after the checkup aim to detect those with signs of depression, particularly of major depression, at an early stage. (These measures were introduced in Toshiba in 2000).

Self-care and manager education programs focus on recognizing the signs of depressions. However, the need to ensure the health and safety of workers is not easily conveyed. Rather, the stories of individual cases and discussing them as guideposts for prioritizing often help to realize the obligation to protect health and safety of oneself and others.

How accessible should occupational physicians be?

Occupational physicians’ work (and the environ-

ment) involves a long-term relationship with individual consulters, so we should use time to our advantage.

Occupational physicians frequently participate in various meetings and public and private gatherings, and we should enjoy the opportunity to make comments as the only medical professional present. We are often asked to give talks, so we should simply look forward to a chance to showcase our narrative skills and sense of humor and enjoy the feedback without becoming too tense. Remember, laughter is a catalyst for trust.

Luckily, I was given the responsibility of administering my own homepage on the in-company website, which was unusual back in 1996. I earned a reputation for my unfettered posts about my view of society and life, as well as health and medicine. This had a publicity effect for occupational physician. The needs of the times may have changed since, but I believe there are ideas and techniques suited to each period.

Empathy is equivalent to imaginative power

There is no manual when becoming involved with another person's life. Instead, we should have an open mind so that we can respond to any problem we are confronted with firmly and calmly.

Work is life itself. A person's gender, age, family, economic power, academic background, expertise, work history, innate personality, and indelible past lurk behind each issue brought to occupational physicians. We cannot jump into making causal connection, we must just listen for the factors behind the concern and sympathize. An imaginative power that does not push the speaker, fear silence or rush to judgment leads to empathy.

Nevertheless, occupational physicians do not simply provide empathy. After all, our mission is to improve the health of the workplace and ensure productivity. While offering sympathy, we must consider what we can and cannot do in the workplace and how the overall situation can be saved.

As regards depression, most consulters feel that they are responsible for their own tendency toward negative thought and their problems with interpersonal relationships. However, instead of just encouraging the consulter to keep a stiff upper lip, I want to convey the idea that these negative feelings are the same basic creative emotions that induce humans to feel dissatisfied with mere safety and tranquil "now."

Occupational physicians belong to catch-all school of thought

If consulters' problems are clearly based in depression, occupational physicians may recommend taking a temporary leave of absence. In this sense, occupational physicians must have both clinical psychiatric knowledge and the ability to provide correct diagnosis and proper initial therapy. This is essential not for the purpose of treatment, but for a consulter to meet a good attending physician, build a good relationship, and receive support to exclusively focus on treatment without anxiety.

In addition, occupational physicians must be very well-versed in the country's policy (regulations, guidelines) concerning workplace mental health and relevant company rules, such as labor contracts, work regulations, rules concerning leaves of absence and work reinstatement (introduced by Toshiba in 2003),³ the disability benefit system, leave of absence orders, and human resource rules. These rules must always be kept in mind because they are basis for the occupational physician's power of persuasion and reliability.

Personal view on organizational management —tertiary prevention of depression

I wrote about finding the courage to recommend a temporary leave of absence from work in the previous section, but at the same time I must also mention the commitment to provide support when he/she returns to work. Tertiary prevention of depression (as in providing support in returning to work and preventing a relapse) is the collateral for secondary prevention.

Support for the reinstatement may include giving advices on various issues to the supervisor and colleagues, such as ways to assign work, ways of watching over the returned worker, ways to address him/her, and ways to convey assessments. Such comments from occupational physicians can in turn serve as primary prevention measures against depression (preventing beforehand) to minimize the chance of having new mental health cases in the workplace. Occupational physicians are also responsible for this kind of tertiary prevention.

Organizational climate that does not create mental health sufferers

In interviews during medical checkups of employees who have been working overtime for a long period, I often hear "even if it's a bit tough,

I'd do it for that boss" or "I can tough it out some more for these colleagues." The key issue in workplace mental health is what situations enable people to persist through the same level of difficulty.

One common kind of workload stress is the unexpected work problems. Nevertheless, the stress is alleviated when the people senses that the problems are more or less within the anticipated range or foresees that the problems will let up at some point (future conflict management). People can be tenacious when they believe their work has corporate, industrial, or global value (significance) (role conflict management). Even when confronted with difficulties, people are inspired when they are struggling together with colleagues, and a supervisor is monitoring their efforts with appreciation and approbation and expresses gratitude and concern about their health. Of course, people make mistakes in their work and will be reprimanded by supervisors. But if they sense that they are respected as individuals and feel that it is part of a learning process, subordinates will give their loyalty and grow (interpersonal conflict management).

In particular, a supervisor's consideration for the employee's family and words of gratitude to them are essential for mental health improvement.

These insights concerning a positive organizational climate are indispensable to occupational physicians.⁴

Penetration of the sense of fair management

The theory of *organizational justice* is a simpler expression of the tertiary prevention to primary prevention of depression.⁵ The idea of fair management refers to the application of this theory, in which "fair" implies both equality and justice.

Information that is effective in maintaining the organization's sense of unity should be shared. For example, information transmitted by a supervisor to his/her subordinate who is on a business trip will alleviate the employee's sense of isolation and provide encouragement (information justice management). Changes in terms of employment, such as transfers and compensation, are explained with equal time given to each employee. Employees are given equal opportunity to voice their opinions (procedural justice management). Subordinates' individuality is respected and faced straightforwardly (interpersonal justice management).

The aforementioned summarizes fair manage-

ment. The concept is well organized and easy to understand, and has been well received by the audience in manager education.

Previously, conflicts between supervisors and subordinates have been quelled by the *mentor* (from Homer's *Odyssey*), in other words, a big brother that naturally occurs in the workplace. This existence has become rare since the collapse of the bubble economy in the early 1990s, and its value has also been obscured. A medical sociologist Aaron Antonovsky stated the importance of a dependable figure like mentor in his research about stress resilience.⁶ Developing mentors in the workplace is clearly an important aspect of an organization's mental health.

However, not only can depression have an unfortunate outcome (i.e., suicide), but the whole story of those suffering from mental health problems is fraught with the risk of lawsuits. The daily efforts of a company will determine whether it can demonstrate corporate views (positive organizational climate and fair management) that meet the standards of CSR (corporate social responsibility). Occupational physicians play a large role to this end.

Objective eye of the occupational health professional

The new knowledge and novel definitions of psychiatric medicine are appealing. However, the occupational physician's role is to give a calm, objective warning so that the workplace is not swayed by these new concepts. To take the example of modern depression measures and reinstatement programs (commonly called "re-work programs" in Japan), each individual case differs in the causes, environment, and individual abilities. No matter what the name of the illness, the risk of an unfavorable outcome is always the same. The royal road to true occupational health is to weave history within a long timeframe and without exclusion, so that everyone enjoys a positive working life.

Instructing self-care

A wide range of self-care methods are available to enhance an individual's stress resilience, including cognitive therapy, recommendation of a self-affirming outlook, assertion behavior, and sleep science. For details, please refer to other works.

Conclusion

My experience as an occupational physician is

limited to 16 years, which is half of my career as a doctor. In this paper, I have tried to describe my principle and the needs of employees, while examining the potential roles of occupational physicians with the aim of facilitating a peaceful mental climate for the workers who support the Japanese economy.

Occupational physicians take a backseat role. There is an old saying in China, that a person needs two mentors, three big-brothers, five comrades, and five disciples in life. My life will have been fortunate enough if even one of the people I have seen in my office would name me as one such significant figure in life.

In *Man's Search for Meaning*,⁷ Viktor Emil Frankl wrote about people who had not lost their sense of humanity despite their experience in

an abyss of despair. They believed in the value of life even when they were living in concentration camps, and did not abandon hope that they would be rescued someday. Of course, they knew that such hope would probably never be met. When we interpret this story as a sense of meaning and future hopes, we tremble with the realization of the true import of the management theories that myself and others have so cleverly described.

The meaning of depression differs in subtle ways among the person concerned, the attending physician, the workplace, and the media. The popularity of the expression “workers’ depression” itself illustrates the fragility of the modern human spirit and the social foundation. I believe that the mission of occupational physicians is to act calmly within these delicate frameworks.

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