

What to Do When Your Patients Get Sick From Work

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Let's assume that patients come to you who often feel unwell. What if work, however, is what makes your patients sick?

About a year ago, an acupuncturist colleague of mine referred a patient to me. This fellow, in his late 30s, was a slight man; fair-skinned; a bit ashen in the face; and almost timid-looking. He avoided eye contact with me for the bulk of the session, and nervously twisted his fingers as he recounted his problems. Originally, his doctor referred him for treatment of debilitating pain in both hands. As an engineer, he needed his hands for work, he said. At its worst, he rated the pain 10 on a scale of 10. He rated the pain a 10 during the opening few minutes of our talk.

In addition, he reported being frequently hot or cold; hadn't slept well in years; and admitted to a high level of stress at home. One of his four young children lived through a severe disease, which would soon be considered in remission.

I asked a question many of you would ask: "Can you tell me, please, when is the pain better or worse?" Clawing at his fingers, he talked about his work environment. He described a fairly large corporation in which he is a manager. He was recently promoted, and his responsibilities have increased. No longer is he in charge of just the technical aspects of engineering; he now must bear the burden of profitability of his division. When he described this responsibility, he stooped noticeably, dropping his head, then grabbed one hand as the pain shot down his arm.

"Are you in more pain now?" I asked.

"Oh," he said, and shook his head. "Yes ... I hardly noticed."

"Does the inclusion of financial management in your job feel burdensome?" I continued.

"Well, yes." He straightened up. "Now that you mention it!" He smiled briefly, then returned to his little cloud. "But we need the money - I have four kids and a lot of medical bills to pay."

I am an acupuncturist, but at this point, another line of questioning came to my mind from my second line of work, organizational psychology. We spent some time talking about the dynamics of promotion at his workplace; how his performance appraisal was done; how he could understand its criteria and potentially find a position at the same salary that suited him better. He seemed more cheerful, and even made eye contact. His pain, at this point, rated a two. We talked a bit about his career path, and I asked him to think about his goals before coming for the next session. In addition, I asked him to try to notice when he felt better or worse the coming week.

There is a fine line in Chinese medicine when we try to determine the cause of disease. If we think of the patient only as an individual, we try to diagnose "root and branch," "causes and manifestations" at an individual level. Was the "cause" in this case structural; heat-related; or *shen*-related? Was it at the tendinomuscular level; *zhang fu* level; or level of the *shen*?

After we diagnose, we treat the individual, and frequently, the patient's health improves. However, if the cause of the patient's problem is the condition of work, we may end up endlessly treating symptoms without addressing the cause: energy imbalances that emanate from the patient's workplace. I think there is a rich area of collaboration possible in this domain.

Consider another case. In this situation, a colleague from a neighboring state referred to me her client, a nurse executive at an area hospital. My colleague helped her patient with an asthmatic condition, but felt an examination of workplace dynamics would help.

We met for half a day, during which time I learned the client was a high level executive (vice president of nursing) in an area that had just dramatically downsized. The woman had worked in the hospital her entire life and lived in the neighborhood near work. On occasion, she met former patients in the local school or supermarket, and also expected to meet some of the staff who were about to lose their jobs. Her sense of responsibility and grief were palpable. She also reported that a disproportionate amount of nurses were calling in sick with two very disturbing symptoms: asthma and miscarriages. Having lived by the Hippocratic Oath, she felt troubled by the knowledge that something about the workplace might be hurting her employees.

I went to the hospital, interviewed groups of nurses, and suggested an air study be done of the areas in which nurses had a higher incidence of asthma and miscarriage. The air study came back negative, but the interviews gave us many clues to organizational healing.

The nurses cited several areas of distress. Most understood the need to reduce staff (and cost) but were upset by the suddenness of the changes and the increasingly abrupt and dismissive style of the leaders. "I know we need to change the way we work, but I can't deal with the shock," was the most common message. A few truly enraged employees also reported a higher incidence of drug and alcohol use. Other employees were upset by them, as well as by the shock of downsizing and increased workload.

We constructed three interventions. First, a mix of Chinese medicine and EAP (employee assistance program) counseling services were offered to those who needed it. Second, we redesigned and facilitated a communication process during which the leaders and employees shared concerns and strategized solutions to the employees' issues. Finally, we agreed to monitor the incidence of asthma and miscarriages for another year.

Happily, a year later, there were no miscarriages among nurses and no new incidences of asthma. Of the staff that had asthma, more than half were now asymptomatic.

We all felt better a year later. Though work had made many people sick, the employees now were not only better, so was their organization, and it all started because an acupuncturist found an appropriate treatment for her patient and her patient's workplace.

MAY 2003