Q. I read that fatigue is an important health matter employees should monitor, and that it results from too much work and difficulty separating work and home life. Do supervisors have any role in identifying employees who are experiencing fatigue, and in getting them help?

A. You should not diagnose employee problems or refer employees for conditions you think you have identified. Fatigue can be caused by many other medical conditions, including medications; health problems like diabetes, chronic fatigue syndrome, and sleep disorders; and even depression. Suggest instead that employees seek self-referral to the EAP based on how they appear or what they have shared with you about their problems. This may include obvious signs and symptoms of being tired. When employees look tired, ask them how they feel, recommend they get some rest, and make it easy for them to get it. At work, you may notice the effects of fatigue on someone’s behavior even before you identify clinical symptoms of the fatigue’s effect on the body. These effects include problems with an employee’s mood or difficulties in the way the employee interacts with others, and perhaps seeing an employee appear to be asleep during work hours.

Q. The best supervisors in my career did not just supervise; instead, they raised employees up, attracted their loyalty, and inspired their desire to be part of a cohesive and close work unit. I think this is a learned skill, not just charisma. Am I correct?

A. You are describing the qualities of a good leader. The following are a few contrasts between being a supervisor and being a leader. Instead of simply administrating, look for ways to innovate and improve systems within your work unit. Place your focus on people and developing them, rather than only paying attention to the letter of their job descriptions. Take safe risks with your employees’ abilities and talents, rather than pigeon-holing them into who should do what. This inspires trust between you and them. Think about the future of your work unit, not just what is happening from day to day. When employees complain, pay attention to their needs. Do not see making changes as giving in to demands, but rather as challenging the status quo. You have unique talents. Know what they are, and how you will elevate your work unit and organization with them. Focus on doing the right thing for your employees, rather than thinking “we can’t do it that way because it has never been done.” Stepping outside of the structure will cause you to make some mistakes, but leadership means you will lack one attribute: being perfect.

Q. I have always been a little resistant to referring my star performers to the EAP. Instead, I have discussed personal problems with them. This is not the right approach, but I fear the word might get out and damage their careers. Can you help me with this issue?

A. There is an important dynamic worth understanding when it comes to helping employees with their personal problems who you also supervise. This is the “dual relationship” conflict where the employment relationship interferes with your ability to play the role of a counselor or problem solver. You cannot successfully alter this dynamic. Playing both roles of boss and counselor interferes with employees’ ability to share complete information that is potentially critical to resolving their problem. You may hear only 95 percent of what’s going on, and therefore offer the wrong advice, discuss the wrong problem, or at best facilitate half-measures that make the problem worse. A better approach is to encourage your employees to phone the EAP and make their own decision. Confidentiality rules associated with EAPs are the strictest of their kind. Consider talking with the EAP about confidentiality. You’ll discover how truly safe EAPs are for employees to use.
Q. How can supervisors support employees who suffer from depression? I know at least two within my group of workers who are on medication. I don’t pry or get personally involved, but I don’t want to be completely unaware of what might be helpful to them.

A. Recognize that depression is a disease like other chronic illnesses, and that it is managed, usually with the help of a medical doctor. The patient and doctor work together to reduce symptoms in order to prevent interference with social and occupational functioning. Symptoms may lead employees to be less assertive about their needs or when discussing their thoughts, feelings, or ideas around a project or work problem. Do not misinterpret this as laziness or unprofessionalism. If your workplace is under stress, and serious changes are at hand, this can also make depression worse. Encourage all employees to be open with you about their needs and how you can support them. Remind them as appropriate to reach out to the EAP, but also hold employees to the standards reasonably expected for their positions. This can help troubled employees in general seek help sooner from the EAP, no matter what their problem might be.

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Q. Some of my employees are college students who party on the weekends, and they come in late to work sometimes. Frankly, I am lenient because I was young once and these guys stay late when necessary to get their work done. Am I managing this issue incorrectly?

A. There are inherent risks with your approach. If your employees know you are lenient with their time, they are likely to continue with this pattern and allow it to grow worse. Another drawback is your inability to plan the workday, engage with them more effectively, and enhance your work organization. You will end up accommodating their less-than-satisfactory mental and medical state if they come to work hung over. Although intervening with alcoholism is not your job, a lack of structure will by default enable an alcoholic employee to continue abuse of the system, and you won’t have a means of measuring poor attendance, which is necessary for a referral to the EAP. Don’t enable this pattern of attendance. It will only increase risk to your organization.

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