



QUANTUM

Frontline Supervisor

■ **I read that employees aged 30-39 experience the highest levels of stress. Why is this the case? What is the best thing I can do as a supervisor to help beyond referring to the EAP?**

Employees aged 30-39 have historically faced the most stress dealing with financial pressures, such as mortgages, student loan debt, and family expenses. This is not new, but inflationary pressures have added to this stress with the cost of living far beyond what their parents experienced 35-40 years ago (e.g., a dozen eggs were 85-90 cents in 1985, but today average \$6.30). Regarding burnout, 82% of the workforce is currently at risk for this occupational hazard, according to Forbes. The best thing that you can do is provide a safe space where you can meet with your employee to discuss stress if you believe you are spotting symptoms. A simple conversation may have a significant uplifting impact, but consider workload, flexible work hours, encouraging time off, delegating, and examining whether skills or a shortage of skills adds to the stress crisis. Source: forbes.com (Find with Google search using “82% workforce at risk”)

■ **My employee is supposed to be at work at 8 a.m. but is consistently 20 minutes late, despite my harping on him. Should I give a 10-minute window or stick to the 8 a.m. time as non-negotiable? This seems to be an age-old discussion, and I have never heard the best answer.**

The answer depends on company culture, impact on the team, and disruption caused by not being punctual. There are dozens of reasons employees may not make it to work on time, and sometimes they combine with compounding effect. Some employees may be late because they are simply unmotivated and unengaged. Others may be clinically depressed with child-care issues while also impeded by traffic congestion. This is the classic situation where a formal EAP referral can help identify what causes lateness so the underlying problem can be addressed. A more direct answer to your question is to stick to the 8 a.m. time, making it non-negotiable, because it helps support consistency and fairness. For example, a grace period will be noticed by coworkers, potentially leading to complaints or requests for similar allowances.

■ **I want to be objective when evaluating employees, even with those troubled employees I manage. I admit that a likeable personality sometimes inhibits my ability to be more critical in performance evaluations. How do I avoid this bias?**

To be more objective, especially when you have a favorable opinion of your employee’s personality, requires objective measures so you ensure fairness. Assuming you have a well-worked performance evaluation process, consider the following to help put your personal feelings aside. Most supervisors who experience your bias are not keeping accurate accounts of achievements and concerns regarding performance. When evaluation time arrives, it becomes more difficult to recall performance over the past year accurately. Being non-specific in your criticism won’t help. It’s essential to quantify performance, for example, saying, “In August this past year, there were three instances when team members complained that you

missed deadlines.” Admittedly, this takes effort if you are a busy supervisor. Also, it sounds simple, but being aware of this bias can be its own check to help ensure the evaluation demonstrates accuracy. Be sure not to overlook constructive criticism of work performance during the year because of your bias. It can make evaluations more difficult if only praise is heard by workers all year.

My employee has made valuable past contributions, but his performance is not good now. I referred him to the EAP several months ago, but he didn’t go. I believe he thinks star performance from the past protects him from being dismissed. How do I proceed since I made a referral and see no changes?

It isn’t unusual to make a referral to the EAP and then have the employee decline the offer. What often follows is a honeymoon period of satisfactory performance and then a continuation of the performance issues. Continue with your intervention steps by documenting performance and meeting with your employee to discuss them. If your company has a performance improvement plan (PIP) process, use it. If not, construct one using one of the many examples available online as a model. This also aids in demonstrating management’s resolve to end these performance concerns. Discuss the value of past successes, but make it clear you can’t look past the current performance issues and that without changes, disciplinary actions will likely follow. Make another attempt at a formal referral to the EAP. Request EAP communication on attendance and participation. Monitor the PIP frequently, give feedback, and if the performance issues do not improve, consult with human resources for your next steps.

My employee went to the hospital over the weekend. He phoned to say he had admitted himself for addiction treatment. I was impressed with his candor and straightforward, determined attitude. Should I contact the EAP or assume the hospital will manage care and do a great job?

Experience shows that employees who exit addiction treatment programs can improve their chances of successful recovery when they receive support from the organization’s EAP. What’s more, hospitals appreciate the EAP’s involvement because the additional communication and follow-up support improve post-treatment participation in recovery programs, and this naturally decreases chances of relapse. The EAP can’t contact your employee directly, so you should encourage the employee to make the call to receive additional support. Note that this is not a substitute for hospital post-discharge care planning. The EAP will have the employee sign releases so it can communicate appropriate information with the treatment program and you. The EAP will also encourage and support family involvement in education and support. Not all hospital treatment programs maintain rigorous follow-up critical to recovery, so the EAP assessment interviews can fill this gap. These interviews sometimes identify early warning signs of potential relapse—subtle behaviors or statements that may not be as easily recognized by the hospital program.

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