Injured Workers: From Statutory Compensation to Holistic Social Work Services

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Despite legal and technical advances in assuring safe work settings, on-the-job accidents still occur. These events, which impose emotional and financial hardships as well as physical injury, have been given minimal attention by social workers. Existing services to accident-injured workers include monetary compensation through federal and state programs, trade union negotiation for broader benefits, and counseling and referral provided by Employee Assistance Programs (EAPs). Yet each of these service areas falls short in establishing a holistic, person-in-environment approach to the injury. Here it is argued that an ecologically based social work practice can address many of the shortcomings of existing services for injured employees.

When an employee experiences a debilitating accident at work, the results can be painful and traumatic. Besides the physical discomfort of the injury, emotional, social and financial disruption may ensue. While American industry has come a long way in protecting the welfare of workers, job-related accidents are still a fact of life. In 1984 alone, there were 2.5 million occupational injuries in the U.S., of which 3,740 were fatal, and this resulted in a loss of nearly 43 million work days (ILO, 1986).

Surprisingly, the social work profession has hardly paid attention to the needs of such injured employees. A review of *Social Work Research and Abstracts* from 1975 to 1985 reveals no publications which deal specifically with on-the-job injuries. This, despite the steadily growing interest in "industrial" (occupational) social work practice. As social workers find increasing opportunities to work within occupational settings, they will discover some unanticipated problems which affect clients— such as those created by on-the-job injuries.

Work injuries have typically been regarded as solely *physical* disablements, and this perhaps gives some clue as to why they have been overlooked by social workers. The National Safety Council, for instance, regards an occupational injury as "a cut, practice, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment" (NSC, 1985, p. 4). Yet the physical aspects of an injury are just one part of a wider experience of extreme distress. Whether the injury is temporary or permanent, it affects many psychosocial aspects of the person's life. Injuries may bring up financial worries, may require unexpected changes in lifestyle, impose disruption in family relationships, create anxiety over return to work, or necessitate changes in the job.

Since injuries are so often defined in merely physical terms, a broader definition, one more consistent with social concerns, is needed. Tentatively, this might be expressed as: "An unanticipated physical or emotional impairment which occurs at the workplace, but which also may create related social and financial difficulties." Here, the disruption of the worker's normal routines is recognized, and seen as a legitimate arena for social work intervention.

Should social workers be satisfied in seeing the needs of injured workers as lying outside their professional interest? Or are there compelling reasons to incorporate occupational injuries into the field of industrial social work? This paper presents an affirmative response to the last question. It explores some of the disadvantages of looking at injured workers strictly in terms of their eligibility for established payment plans—or "statutory compensation." It also cites some shortcomings of employee assistance programs (EAP) in addressing the unique circumstances of work accidents. The positive contributions of a holistic, environmentally-based social work practice to this area are emphasized.[2]

The present array of services for injured workers can be conceived as running along a continuum. At one end, statutory compensations stand as the most compartmentalized in tending to the worker's needs. They prescribe specific financial compensations, through various programs which are independently structured. Negotiated services are somewhat less compart-

mentalized, since they represent the result of union-management bargaining within a specific industry or company. Responsive services of EAPs are located more toward the holistic end of the continuum, as indicated in Table One. Social work interventions, as proposed here, are the most holistic, and are discussed later in the paper. For now, the existing services merit some overview.

Existing Services of Statutory Compensation

Presently, there are very few service programs which treat injured workers as injured *humans*. To a large extent, the accepted response to an occupational injury is one based on the idea of statutory compensation. When an employee sustains an injury, he/she is typically dealt with through an array of legally mandated provisions. Programs such as Social Security Disability Insurance, Unemployment Insurance, and Workers' Compensation set different payment guidelines for such employees.

These kinds of "services" typically end once the last compensation payment has been made. Use of these payments is often left to the discretion of the worker; with little or no assistance in selection of, or referral to, appropriate medical, counseling and social services. The role of the injured worker is clearly one of recipient. Since statutory compensation is made through prescribed federal and state eligibility rules, they are difficult to tailor to the specific emotional traumas induced by an injury, or problems with work and family environments.

Social Security, for example, is set up to regard the injured employee strictly in "dollars and cents" terms. Since it was established in 1935 as a form of retirement protection, it has been expanded to include disability insurance for workers who are injured on the job. This insurance is open to those who meet the general Social Security full insurance requirements, and have sustained an injury of "permanent and total" disability, or one which keeps them out of gainful employment for at least 12 months (Gillespie and Hanenberg, 1983). In 1984, over 244,000 men received DI payments averaging $512 per month; and over 113,000 women received an average payment of $344. At least since 1957, both the total number of claimants and the average monthly benefit have been increasing (SSA 1984–1985).

Table 1

Services to Injured Workers

Statutory Compensation	"STATUTORY"	"NEGOTIATED"	"RESPONSIVE"	Holistic Social Work Services "ECOLOGICAL"
MAJOR PROVIDER(S)	Federal and State Programs; Management	Trade Unions	Employee Assistance Program (EAP)	Industrial Social Worker
FOCUS OF SERVICE	Specific financial compensations mandated by federal and state laws.	Procurement and/or increase in specific financial compensations through negotiation with management. Union benefits plans.	Programs in response to specific employee problems.	Integration of existing services for the injured worker; assistance in emotional, social & employment adjustment—focusing on relationships between individual, family and co-workers/supervisors. Preventive efforts.
MAJOR ROLE(S)	Compensator (Federal and State Programs, Management) *Recipient (Worker)*	Advocate (Union) *Recipient (Worker)*	Counseling (EAP) Referral (EAP) *Client-with-Problem (Worker)*	Advocacy Industrial Referral Social Counseling Worker Planning/Organizing Enabling/Facilitating *Client-in-environment (Worker)*
MAJOR PROBLEM(S)	Financial view of injured worker's needs.	Same	Most EAP's provide for alcohol, drug & marital counseling primarily. Injured worker may also perceive EAP personnel as extensions of management.	Social workers view EAPs as sufficient. Lack of appropriate marketing of social work skills *vis-a-vis* injured workers.

In a similar manner, injured workers may qualify for monetary benefits under the federal Unemployment Insurance Act. These benefits are paid out through state unemployment insurance programs. The injured employee who has lost his/her job, but is nevertheless available for employment, may collect compensation which covers weekly pay loss due to the lay-off. In some states, injured workers are regarded as ineligible to work and may still be compensated. States exercise the right to determine unemployment benefits and duration of payment (Gillespie and Hanenberg, 1983).

In 1984, average payments ranged from $87.47 per week over 16 weeks in Tennessee to $158.24 per week over 21 weeks in Louisiana (SSA 1984–85). Like Social Security, such a provision is a financial "stop-gap" measure at best. At worst, it overlooks other service needs which the injury may have created.

Another statutory service for accident-injured employees is found in states' Worker's Compensation programs. While these are aimed more specifically at persons who experience on-the-job injuries, they also view workers as recipients of prescribed monetary benefits. While state guidelines for Workers' Compensation vary, all states have set allowances for workers who experience employment-related injuries, resulting diseases, and diseases otherwise related to job performance. Generally, most states allow a maximum benefit which is at least two-thirds of the workers' gross income (Masi, 1981). Benefits also vary according to the extent of the disability, and whether it is permanent or temporary. In some instances, severely injured workers may undergo training for new job skills in private or government supported rehabilitation centers (Matwes and Matwes, 1973). States vary widely in providing such services, however, and declining federal support has slowed this rehabilitation movement.

The Occupational Safety and Health Act of 1970 (OSHA) can be regarded as a preventative type of statutory service for the injured employee. Its stated purpose was that, "Employers are to furnish to their employees a place of employment free of recognized hazards that cause or are likely to cause death or serious physical harm" (Matwes and Matwes 1973, p. 169). OSHA established various regulations to encourage safety at the work-

place, such as clear labeling of toxic materials, furnishing of protective equipment, and monitoring of employee exposure to hazardous conditions.

However, OSHA enforcement has become less stringent over the years, and federally funded safety programs have been severely curtailed. Provisions of the Act have gradually come to be regarded more within a context of labor relations law. Injured workers increasingly utilize OSHA regulations to gain access to their company medical records and employers' summaries of work illness and injuries. This information is often used in claiming eligibility for state, federal and company compensation; or in efforts to define certain work as hazardous (Allen and Linenberger, 1983).

Negotiated Services

While management must demonstrate compliance with statutory provisions for injured workers, controversy may still exist over precisely how, and under what conditions, various compensations should be made. When managements' implementation of compensations is perceived as deficient by workers, unions often take on an advocacy role. Unions may seek to procure specific compensations for the injured worker, or bargain for broader coverages within the framework of existing state and federal laws. For example, unions have often sought to have their companies expand Worker's Compensation insurance packages to cover job-related injuries previously uncovered (Zink, 1983).

Whether compensations for injured employees are increased or extended to new areas, these outcomes result from give and take interaction between unions and management. This process can be viewed as one of negotiated services. Like federal and state programs, such services are primarily oriented toward the acquisition of financial benefits for the injured worker.

The general stance of trade unions, especially since the 1960's, has been to negotiate for increases in wages and expansion of employee benefit packages. Sometimes the unions have been willing to trade off anticipated wage increases for improvements in benefit plans. This occurred during the 1970's, when a steep inflationary rise in the cost of health care led many unions to favor improved health insurance over wage increases (Zink, 1983).

The unions have usually attempted to expand the scope of coverage for existing management benefits, increasing their contributions to benefit packages. Their stance on disability benefits has shown a preference for direct monetary compensation, arguing that "benefit amounts should be reasonably equivalent to an employee's spendable income while working and should continue for as long as the employee is sick or unable to work" (Zink, 1983, p. 227).

Rarely have unions negotiated specific services targetted for injured employees. Instead, they have opted to undertake collective bargaining for the improvement of comprehensive benefit packages. Within this area, they have emphasized such concerns as assuring income for members who are sick or unable to work, procuring payment for medical expenses, protecting the job which an injured worker must temporarily leave, and assuring seniority rights of the laid-off worker (Zink, 1983).

Responsive Services of the EAP

Responsive services are seen here as those provided through EAPs. They are so termed because they typically arise *in response* to how management perceives employee problems. While trade unions have begun to play a significant role in the design of EAPs, they usually become involved after management has already identified major types of "troubled employees."[3] The unions and management thus respond differently to the EAP initiative. While unions see their role as carrying out a responsibility to the welfare of their members; management's principle interest is to restore troubled workers to full productive capabilities, and thus enhance overall productivity (Emner and Dickman, 1985).

Not surprisingly, most EAPs consist of services specifically designed for problems of alcohol and substance abuse, family difficulties, depression and other emotional problems. Such problems are strongly associated with decreased worker efficiency. Services provided by EAPs therefore tend to reflect the priorities of management, rather than those of unions. Presently, most corporate managers agree that alcohol and substance abuse is the number one hinderance to production. This is reflected in the fact that alcohol and drug counseling is the most common EAP service—found in over 80 percent of existing programs (Weaver, 1984). While the potential for the EAP to serve both

management and worker interests is often cited, the powerful role of management in defining employee problems and structuring resulting services cannot be overlooked. As one managerial perspective asserts:

> . . . the needs and concerns of the organization should be determined prior to offering a solution. The EAP, as part of the solution, must be appropriate for the problem. This may mean determining if absenteeism or production problems are present in the organization, and then determining whether the EAP can assist in solving those problems (Weaver, 1984, p. 327).

The EAP does go beyond a statutory view of services. However, it still poses special difficulties in serving the needs of injured employees. For one thing, EAPs are organized around the practical consideration of cost to benefit ratios. Hiring a full-time alcohol and drug counselor makes sense when the number of potential clients is high, and thus the expected benefits. One recent literature review stated that 4,000 to 6,000 company employees are usually necessary to make one full-time EAP position viable (Featherston and Bednarek, 1981). Since the incidence of work injuries is relatively low compared to other problems such as alcohol abuse, counselors trained specifically in work injury issues would be difficult to justify in economic terms.

Nevertheless, when work injuries do occur, the resulting service needs will be acute. Yet these needs are not easily anticipated, and are difficult to incorporate into any kind of planned service program. At best, there are a handful of EAPs which have referral networks for injured employees—attempting to get them appropriate outside medical and rehabilitative services in the most efficient way possible. At worst, the EAP simply overlooks the nonphysical needs of an injury experience; leaving counseling, referral, retraining for alternative work and financial planning to the initiative of the employee and/or his/her family.

Work injuries occur without the luxury of preparation. As such, they will create unanticipated adjustments for the individuals who experience them. For some injured workers, the major concern will be rehabilitation and return to the same job. Others will require assistance in making social and psychological adjustments to a new job when it becomes clear that they can no longer perform previous tasks. Still others will not be able to

return to work at all, and will face major stresses in adapting to a new life style. The range of applicable services to the injured employee is wide indeed, and is further complicated because the need for a service may not be apparent until much time in the accident recovery process has passed.

From the perspective of the injured worker, another problem with the EAP is that it may be regarded as an "extension of management." If the accidental injury has a bearing upon future work performance, the worker may be reluctant to fully describe his/her disablements. Physical, psychological and social problems may be downplayed by the employee who is apprehensive about EAP personnel communicating with management. Such withholding of information can impede progress in making satisfactory adjustments. Whether or not such employee suspicion is justified, it is likely to have an adverse effect on the rehabilitation process.

In summary, existing services reflect a piecemeal philosophy when it comes to the needs of injured employees. Statutory programs provide various sorts of financial reimbursement, but offer no direction in such matters as rehabilitation, readjustment to the work or family environments, or coping with personal trauma. Negotiated services are largely aimed at improving statutory compensations, company benefits, and the union's role in administering benefit programs. Responsive services of EAPs are typically organized around managerial perceptions of how distinct categories of troubled employees affect production goals. None of these services adequately address the holistic relationships between the injured worker and the overall environment.

Social Work and Industrial Accidents: An Ecological Approach

The accident-injured employee rarely interacts with somebody who can integrate existing services to more effectively match her/his environmental circumstances. With the exception of EAP counseling services, emotional and social repercussions of the injury are overlooked, or left to the worker's own coping skills. The worker thus faces a seemingly disjointed array of services, each touching upon only a limited aspect of the entire accident experience. This is especially distressing, since persons who are injured at work must often act quickly upon their sit-

Figure 1. Ecological view of the industrial accident
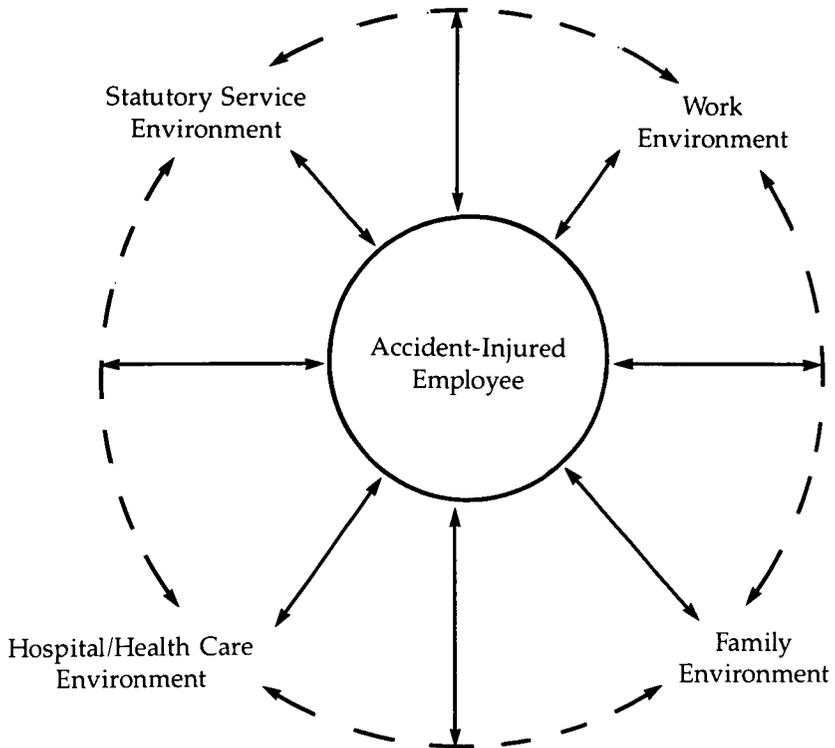
Levels of industrial social work practice:
_____ "Person-Environment" Adjustments
----------- "Interenvironment" Adjustments

uation while their physical and emotional duress is ignored by
others.

What is needed is a service approach which can assist the
employee in addressing the full range of adjustments which the
injury precipitates. Social work, more than any other profession,
appears capable of meeting this challenge. Having been trained
within a "person-in-environment" tradition, social workers are
sensitive to the interacting forces of a person's environment, and
how these all impinge upon his/her immediate physical, social
and psychological welfare.

Figure One outlines the ecological framework which industrial social workers can apply to practice with injured employees. Such workers face any number of special problems in adapting to their environmental surroundings. These surroundings most typically include the network of applicable statutory services, the work setting, the medical treatment facility, and family. An ecological view asserts that each environmental area does not make an independent impact upon the accident experience. Instead, they are intricately linked to each other. Often, this notion is overlooked by nonsocial work practitioners, as they are trained to frame the problems of the injured worker strictly within their own practice settings.[4]

The industrial social worker can assess the entire environmental matrix which affects the recovering employee. Applying ecological insight, the injured worker is seen as more than a passive "recipient" of statutory services, and more than a "client with a problem." Rather, she/he is recognized to have unique needs, to be capable of establishing constructive influences upon different environmental areas, and to benefit from the harmonious interaction of these areas. This person-in-environment approach also encourages a "pro-active" attitude for the injured worker, meaning that he/she learns to recognize and act upon those environmental adjustments which facilitate financial, physical and emotional recovery.

As Figure One indicates, social work with on-the-job injuries can aim at two distinct levels of ecological practice. First, specific adjustments between the individual worker and any environmental factor warrants attention. These "person-environment" concerns are represented by solid arrows. They incorporate such practice tasks as: assisting the worker in determining statutory eligibility, enhancing positive relationships with supervisors and co-workers upon return to the job, counseling for physical and emotional distress, helping the family adjust to the disrupted routines caused by home care, and counseling the recovered worker in reentering the work force.

Second, practice can strive to achieve certain changes on an "interenvironment" level, as suggested by the dashed arrows. Conditions in different environmental settings may work against each other, hindering the full recovery from an injury. For example, family tensions arising from prolonged home care can

lower the self-esteem of the employee. This, in turn, may result in poorer work performance upon return to the job. Similarly, the learning of new job skills demands time and effort which detracts from usual family activities. In either case, social-worker directed adjustments within both work and family environments can help prevent stressful experience.

In a broader sense, social workers can also direct their efforts towards inter-environment changes that promote the general interests of accident-injured employees. Extending their practice roles, they can work for making institutional settings more responsive (and responsible) to the needs of injured workers. This notion of Industrial Social Work Intervention at the organizational and institutional levels has been suggested elsewhere. Akabas, (1983) for example, recently argued that industrial social workers are beginning to adopt a "comprehensive service" view of practice, and should strive to make inroads into organizational and community-level interventions. Kurzman and Akabas (1981) appropriately emphasized that employee problems can also be traced to "troubled organizations" which tolerate "the presence of workplace hazards, speed-ups, or discrimination to meet goals of organizational maintenance . . ."

In the context of job-related injuries several issues for advocacy readily come to mind. Many hospitals will delay certain services until a clear picture of a payment plan emerges. Social workers can assist both employers and hospital administrators in keeping informed of how various injuries are covered by statutory programs, company programs, and private insurance. They can work towards establishing better linkages between company EAPs and the families of injured workers, incorporating more family counseling into practice. Social workers can also serve as advocates for the interests of disabled employees who are yet capable of productive work. The establishment of company-sponsored retraining programs would be a significant goal, especially since state and federal programs in this area continue to experience budgetary reductions. A large part of accident prevention efforts would involve integration of work and statutory environments. OSHA regulations are not always followed by industries; persistent interpretation of guidelines and monitoring for compliance can be better assured with the involvement of industrial social workers.

The environmental adaptations surrounding industrial accidents spell out a variety of roles for the social worker. Social workers also bring numerous skills into their practice with injured employees. Skills and roles, however, must be selected and coordinated with constant reference to the unique environmental conditions of the clients' injury. Such environmentally appropriate application of social work methods is an important skill in its own right.

Scenario

A better grasp of how the ecological concerns of social work practice can be applied to industrial accidents can be attained through an illustrative example. The following scenario is based upon a composite of some actual cases:

> Bob is a 35 year old construction worker who is married to Rita. They have two sons aged two and four. One day, while loading equipment onto a flat truck, a crate fell on Bob's leg, causing a severe compound fracture. Doctors were able to pin the bone fragments together, but could not say whether Bob's leg would return to normal use. Time and response to therapy would eventually tell.

> For the first few weeks after surgery, Bob battled several bouts of depression. He recalled the moments before the accident, blaming himself for being careless. Once, when the pain in his leg was particularly acute, he told Rita that he would have been better off if the crate had simply killed him. After a month, Bob's leg caused less pain, but remained immobile in a cast.

> Bob and Rita were relieved to learn that Worker's Compensation would pay him 80 percent of his salary for up to a year. However, Bob was becoming extremely anxious staying at home. When Bob's leg was taken out of the cast, he was dismayed over the limited mobility. He expressed hostility towards his doctors—especially for their inability to cite a specific recovery date. Nevertheless, Bob talked about returning to work "once this leg gets going again."

> Meanwhile, Rita began to worry about Bob's changing behavior. Bob expressed higher than usual irritation with his sons, and his verbal abuse of them seemed to be increasing. He had also taken to watching television most of the day, often consuming a six-pack of beer. Rita expressed dismay over the possibility that Bob's leg would not return to normal. She worried that Bob hadn't taken any steps toward preparing for other kinds of employment. Every

time she expressed this concern, Bob seemed to respond with in-
creased irritation and more drinking.

The above scenario suggests a holistic, ecological approach
to Bob's recovery. Here, the treatment of Bob's injury was limited
to necessary hospitalization, employers' insurance for medical
costs, and Workmen's Compensation allowance. However, Bob's
immediate family life was dramatically disrupted. He was also
isolated from his coworkers, who had formerly provided mean-
ingful social contact. Further, Bob had developed a dangerously
narrow perception of his own recovery. He saw return to work
as the ultimate solution to his frustrations, while refusing to
acknowledge that his leg might not permit him to resume his
old job. Rita's attempts to get Bob to consider other long-range
plans were met with further drinking. Deteriorating relation-
ships within Bob's family were largely overlooked, his isolation
from coworkers continued, and Rita began to feel more distant
from Bob.

Lacking the services of an industrial social worker, Bob was
unable to perceive his injury within a broad environmental con-
text. He simply saw his recovery as a medical problem, and
made no constructive plans for dealing with the possibility of
alternative employment. Bob communicated individually with
his physicians, his work supervisor, the company personnel
department, and his family. Yet none of these parties could as-
sess Bob's overall environment and how different areas of his
life were being affected by the work injury.

A social worker could have established some important links
between various subsystems of Bob's environment. Serving as
a counselor, the relationships between Bob, Rita, and the chil-
dren could have been explored. Indeed, Bob's sons had experi-
enced confusion over their father's extended stay at home. They
were also becoming uneasy about the growing friction between
Bob and Rita. Through counseling, a social worker could have
at least encouraged recognition of different family members' re-
actions to the injury, and how these affected their interactions.

As an advocate, a social worker could have approached Bob's
supervisor, offering progress reports on Bob's recovery, and pro-

moting the idea that, even if Bob's leg remained partially disabled, he might offer valuable service in an alternate job with the company. It might have been suggested that some of Bob's coworkers visit him at home, offering Bob the chance to create a network of social support. Since Bob lacked a sense of diplomacy in dealing with his physicians, a social worker could have served as a liaison, clarifying Bob's emotional condition as well as seeking medical clarifications that might calm his anxieties.

In working directly with Bob, a social worker could have provided empathic understanding, offering him encouragement to cope with the possibility of partial disablement. The positive consequences of such "contingency planning" could have been pointed out, along with suggestions for the most appropriate services for various outcomes. Available statutory benefits could have been similarly mapped out. Such realistic planning might have helped reduce Bob's anxiety about regaining full use of his leg. Certainly, it would have made any transition to a disabled status less traumatic and more pro-active.

In short, Bob needed assistance in formulating a positive, constructive approach to his injury experience. He needed to realize that his recovery was not a simple matter of waiting for his leg to heal, but rather a challenge to environmental reorganization. While physicians and company personel were helpful, they did not perceive Bob's problems with reference to the many new adjustments he would have to make to his surroundings. A social worker who incorporates an ecological orientation would structure practice around three important assumptions: 1) the employee must respond to the demands of distinct environmental areas within his/her ecosystem, 2) significant components within the ecosystem will affect each other, and in turn, the employee, 3) the employee and his/her ecosystem are in the process of changing, presenting new adjustment demands along the way.

Conclusion

Unfortunately, many injured employees continue to find themselves faced with predicaments similar to Bob's. While social work practice in industrial settings has been a recent de-

velopment, work-related injuries seem to warrant little serious attention. There is presently no body of social work skills which specifically addresses the needs of injured employees. Yet, as it has been suggested here, existing social work skills can benefit the injured worker—if applied in an ecological manner.

More attention focused on work injuries would pose some interesting questions about the emerging role of industrial social workers. As this paper has argued, such injuries demand a broad, ecologically-oriented social work practice. This stance might also be desireable for other problems peculiar to industry. It appears, for example, that alcoholism continues to be handled largely within the EAP context; and this means that social work practice aims primarily to help the worker overcome his/her own "problems" with drinking behavior. However, as shown with the case of accidents, the focus of practice can be broadened— seeking specific environmental changes in work and family settings that would mimimize stresses contributing to alcohol abuse.[5]

Social workers who deal with work accidents might also turn their attention to matters of prevention. Recognizing how environmental adaptations contribute to job stress and anxiety, they might begin to suggest better ways to organize work and family routines with the explicit goal of accident prevention. In order to do so, however, social workers will need to push for a definition of industrial practice beyond that which is only focused on "troubled employees." Environments, too, have their share of potential troubles.

It has been argued that much of what social workers claim they can do in industrial settings has yet to materialize in actual practice (Wyers and Kanlukukui, 1984). In light of this, on-the-job injuries might serve as a starting point for developing a genuine, ecologically based social work within industry. Because injuries are unplanned, pose unique problems in environmental adaptation, and affect different persons in different ways, they defy classification as a generic kind of employee problem. The ultimate challenge becomes one of planning for, and responding to, the unexpected. And that can only be done with an intimate knowledge of the environments which employees experience.

References

Akabas, S. H. (1983). Influencing the system at the workplace. In M. Dinerman (Ed.), *Social work in a turbulent world,* (pp. 131–141). Silver Spring, MD: National Association of Social Workers.

Allen, R. E. and Linenberger, P. (1983). The employee's right to refuse hazardous work. *Employee Relations Law Journal, 9*(2), 251–275.

Antoniades, R. and Foster, B. (1982). Union committees link workers with community services. *Practice Digest, 5*(2), 28–29.

Balgopal, P. R. and Vassil, T. V. (1983). *Groups in social work: An ecological perspective,* (pp. 20–49). NY: MacMillian.

Emener, W. G. and Dickman, F. (1985). Corporate caring-EAPs solve personal problems for business benefits. In J. F. Dickman, W. G. Emener, and W. S. Hutchison, Jr. (Eds.), *Counseling the troubled person in industry,* (pp. 13–19). Springfield, IL: Charles C. Thomas.

Featherston, H. and Bednarek, R. (1981). A positive demonstration of concern for employees. *Personnel Administrator, 26*(9), 43–47.

Filipowicz, C. A. (1979). The troubled employee: Whose responsibility? *Personnel Administrator, 24*(6), 17–22, 33.

Germain, C. and Gitterman, A. (1980). *The life model of social work practice.* NY: Columbia University.

Germain, C. (Ed.) (1979). *Social work practice: People and environment.* NY: Columbia University.

Gillespie, H. and Hanenberg, R. (1983). Government sponsored benefit programs. In E. Griffes (Ed.), *Employee benefit programs: Management, planning and control* (pp. 260–272). Homewood, IL: Dow Jones-Irwin.

Gitterman, A. and Germain, C. (1976). Social Work Practice: A life model. *Social Service Review, 50*(4), 601–610.

International Labor Office (ILO). (1986). *Yearbook of labor statistics.* 46th issue. Geneva: ILO.

Kurzman, P. A. and Akabas, S. H. (1981). Industrial social work as an arena for practice. *Social Work, 26*(1), 52–60.

Masi, D. A. (1981). *Human services in industry.* Lexington, MA: Lexington.

Matwes, G. and Matwes, H. (1973). *Loss control: A safety guidebook for trades and services.* new York: Von Nostrand Reinhold.

National Safety Council (NSC). (1985). *Work injury and illness rates.* Chicago: NSC.

Shanker, R. (1983). Occupational disease, worker's compensation, and the social work advocate. *Social Work, 28*(1), 24–27.

Siporin, M. (1980). Ecological systems theory in social work. *Journal of Sociology and Social Welfare, 7*(4), 507–532.

Social Security Administration (SSA). (1984–85). *Social security bulletin: Annual statistical supplement 1984–85.* Washington, DC: U. S. Government Printing Office.

Weaver, C. A. (1984). Employee assistance program. In J. S. Rosenbloom

(Ed.), *The handbook of employee benefits: Design, funding and administration* (pp. 316–354). Homewood, IL: Dow Jones-Irwin.

Wyers, N. L. and Kaulukukui, M. (1984). Social services in the workplace: Rhetoric vs. reality. *Social Work, 29*(2), 167–172.

Zink, V. M. (1983). Organized labor's role. In E. Griffes (Ed.), *Employee benefit programs: Management, planning and control,* (pp. 214–239). Homewood, IL: Dow Jones-Irwin.

Notes

1. The authors prefer to call anticipated worksite injuries "industrial hazards." These differ from industrial accidents because their amelioration requires extensive changes in industrial organization, rather than service provision alone. Other examples of industrial hazards include exposure to known levels of toxic contamination and hearing loss in high-noise worksites.

2. The ecological approach in social work practice has been developed by C. Germain and A. Gitterman (1980). See also, P. R. Balgopal and T. V. Vassil (1983, pp. 20–49), A. Gitterman and C. Germain (1976), C. Germain (1979), and M. Siporin (1980).

3. While some union involvement in identifying troubled employees and their needs has occurred, it has not matched the level of management initiatives. See also, R. Antoniades and B. Foster (1982), and C. Filipowicz (1979).

4. For discussion of this problem as it relates to occupational disease, see R. Shanker (1983).

5. In this view, social work practice can be seen as relevant to catastrophic industrial accidents also. The general principles outlined in this article are certainly applicable to working with injured clients who have experienced such accidents as the Union Carbide gas leak at Bhopal, India. As industry becomes more technologically complex, the importance of reducing the element of human error increases. Social work can offer a potentially useful contribution towards this end.

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