**The Psychology of Recovery:
What I learned after cancer surgery**

In my *ISHN* column last June I announced the diagnosis of my prostate cancer and the proposed treatment – a radical retropubic prostatectomy. I drew parallels between a cancer diagnosis and an occupational injury. Now I'm in the midst of post-surgery recovery. Here, I discuss instructive similarities and differences between recovering from cancer surgery versus an occupational injury.

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More Difficult Than Expected

I heard convalescence from prostate surgery was painful and arduous, but it was worse than I anticipated. The three-day hospital stay was a breeze compared to the following weeks of post-surgery recuperation. The only memorable problem in the hospital was lack of sleep, largely due to intermittent interruptions by nurses who were seemingly more disruptive than necessary. I thought the hospital staff could benefit greatly from some basic lessons and applications of behavior-based observation and feedback.

I should have stayed in the hospital longer. My rush to go home and get some welcomed sleep led to extra pain and discomfort. I won't bore you with the details, but the lesson is important for all kinds of recovery. Be patient and appreciate the need for incremental healing. This is a critical lesson for the doctors and hospital staff, also. They should not let the naïve wishes and optimism of their patients overcome their empirical observations and more experienced judgment.

Set Reasonable Goals

My impatience to leave the hospital was fueled by a goal to attend and participate in the Professional Development Conference of the American Society of Safety Engineers (ASSE). I was scheduled to give a day-long, pre-conference ASSE workshop just 16 days after surgery, and I had no time to lose. Yes, I gave that workshop and a keynote address two days later, and I was very glad to be able to make that trip.

However, upon reflection, I realize (as many had advised me) the goal I set and reached was not realistic, nor in my best interest. I'm convinced I slowed the recovery process because I tried to do too much, too fast. Bottom line: Goals are critical motivators for recovery from illness or injury, but be realistic. Trying to do more than you're physically ready for can be detrimental.

The Power of Social Support

My attendance at the ASSE conference was a "psychological high." While the experience may have hindered my physical recovery, it did wonders for my psychological state, including my self-esteem, self-efficacy, perception of personal control, optimism, and sense of belonging and interdependence. I do not point out this inconsistency between mind and body healing to pit medicine against psychological science. I still believe the trip slowed my overall recovery and helped to make the month following surgery the longest in my life. Rather, I want to demonstrate the power of social support. I presumed a large number of

people expected and wanted me to make it to the ASSE conference, and I believed I would make some worthwhile contributions if I participated in that conference.

Are similar beliefs shared by employees recovering from a workplace injury? How often does an injured worker feel embarrassed by personal injury, and hence is not excited about returning to work? Perhaps the injury resulted in a supervisor or work team losing a prize or financial bonus. At the very least, a personal injury is viewed as a mistake or defect, raising those loss-control numbers that reflect a company's safety performance. So, in many work cultures it's only natural to sense shame and interpersonal rejection following a lost-time injury. This is likely to retard both psychological and physical recovery, and delay a return to work.

The Downside of Command-and-Control

A workshop leader and past president of ASSE recently told his audience that "consistent discipline" was key to effective safety management, and this meant that anyone who failed to follow a safety rule should be punished. It was emphasized that punitive consequences should be imminent, whether or not the employee is seriously injured. "Even if an employee loses an arm in the mishap," said the presenter, "disciplinary (meaning negative) consequences must be rendered in order to send the message that unsafe behavior will not be tolerated." This was his shallow and ignorant take on behavior-based safety.

Hearing this from the back of the room, I reluctantly held back commentary. But more distressing than this presentation, was my observation that several workshop attendants voiced agreement and approval of this definition of "consistent discipline." My intention here is not to discredit this "command-and-control" approach to safety management. That was the focus of earlier *ISHN* articles (see, for example, my column in November 1997 – "The hammer misses the mark" and March 1995 – "How to motivate behavior for lasting results.") Rather, I relate this experience to typify the kind of safety management perspective and work culture that slows a person's enthusiastic return to work after a lost-time injury. This perspective makes the worker the problem rather then part of the solution.

The same amount of caring for my return to work after cancer surgery should be given to individuals recovering from a workplace injury. As with my cancer, several factors contribute to personal injury, including at-risk behavior. But unlike my cancer, most of these contributing factors can be discovered through supportive interpersonal conversation (see my *ISHN* articles in January and February 2000). Such conversation is unlikely in a work culture that influences people to expect negative consequences rather than actively caring when recovering from a lost-time injury.

Social Networking and Recovery

As detailed in my *ISHN* column this past June, I "raised my sail" regarding my cancer, and "the winds of grace" kept me going. And they haven't stopped. Friends, colleagues, and total strangers have called and e-mailed me with advice, well-wishes, and statements of appreciation for my prior contributions to

occupational safety and hope that I will be able to get back to my work quickly and continue in a healthy state of mind and body.

Especially supportive have been communications from others who have experienced the same illness and recovery challenges. It's so easy to feel isolated and depressed during the inactive phase of convalescence. Hearing from people who have experienced the same distress and discomfort, and who have recovered, can be extremely reinforcing and encouraging. These individuals can have genuine empathy, and thus can offer the most credible advice and reassurance.

Recovery from a lost-time injury undoubtedly results in the same kind of despair, isolation, and helplessness I experienced during post-surgery recuperation. But, how much supportive networking does the injured worker receive from coworkers, managers, and other employees who sustained and recovered from a similar injury? How often do people inquire about an injured worker's recovery progress and offer encouragement for a speedy return to work? Such actively caring communication can certainly be stifled by the type of command-and-control work culture referred to above.

Bottom line: Whether recovering from illness or injury, people receive invaluable benefit from supportive social networking. Please don't let personal biases or a discipline-focused work culture deter you from initiating an actively caring conversation with an employee who is homebound with a workplace injury.

In Conclusion

My slow but progressive recovery from prostate cancer surgery caused me to reflect on certain congruities and disparities pertaining to convalescence as a result of illness versus injury. Both circumstances can influence a psychological state of depression and despair. And whether recovering from illness or injury, supportive interpersonal conversations from friends and coworkers, especially those who have recovered from a similar misfortune, are invaluable to physical and psychological healing. It's my guess, however, that actively caring networking is less likely during recuperation from a workplace injury than an illness like cancer.

The greater social support and concern extended to victims of a life-threatening illness versus a serious workplace mishap is due partly to a greater sense of personal vulnerability to the uncontrollable causes of illness and thus more general fear of illness than a workplace injury (see, for example, my August 1994 *ISHN* article on "Working risks: A matter of perception"). This presentation, however, raises another factor contributing to this discrepancy.

The work culture in a command-and-control environment can not only increase the embarrassment, rejection, and social isolation felt by the victim of a workplace incident, it can also repress supportive social networking from managers and coworkers. Resisting this negative cultural influence and offering genuine words of concern and caring to an employee recovering from a lost-time injury will likely benefit both mind and body healing and hasten the person's return to productive work. It will also enable the types of communication needed

to identify and change the modifiable risk factors that contributed to the injury in the first place.

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