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Employees—  
Your Most  
Valuable  
Resource

# Frontline Supervisor

C.A.R.S. - U.N.M.'s Faculty and Staff Employee Assistance Program - 1800 Mesa Vista Road, NE - 272-6868

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■ **How can I know if I am a micromanager? And how can I stop this supervisory practice?**

**Micromanaging means** “overseeing” the details of work assignments given to your employees. This overseeing is usually done in a meddling manner. Although micromanaging affects employee morale, its disruption to the professional development of employees is perhaps its greatest harm. The goal of the micromanaging supervisor is to have work done correctly and productively, yet the opposite usually occurs because everything must pass through the micromanager. The other consequence of micromanaging is the undermining of employee initiative. Why take initiative when the penalty is aggravation? Most micromanaging supervisors have difficulty with time management and feel uncomfortable with the free time produced by effective delegation. They often don’t understand the difference between delegation and simple assignment of tasks. Experiment with letting go. Read about delegation and its powerful use in supervision. If you still can’t let go, talk to the EAP.

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■ **A group of four employees was disciplined because they were found to have participated in harassing behavior toward another worker. Should I refer these employees to the EAP individually or as a group? I think they could benefit as group.**

**Refer these employees** individually. The rationale for individual meetings is to promote personal responsibility for one’s behavior. Each employee is disciplined individually for what he/she did, not for doing it as part of a group. Although the mind-set of a group can influence individual choices, this does not eliminate responsibility for making the wrong choice. Also, the EAP will be more effective in working with your employees individually. In a private and confidential setting, each person will respond differently and potentially have different issues to address with the EAP. Group behavior would undermine the purpose of the referral, and the EAP would have a more difficult time confronting the group’s defensiveness. The risk of the problematic behavior recurring would then exist.

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■ **I am a supervisor with high expectations, but could I be called a bully? Is there an officially recognized**

**There is no official** definition of bullying, although there is an ongoing legal and legislative movement toward establishing one. Most well-honed definitions include a variation of “repeated health-harming mistreatment toward one or more employees by one or more perpetrators that undermines the normal flow of productive work.” This definition of bullying

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**definition of bullying in the workplace?**

links it to its harmful effect on business. The bottom line is that behavior toward employees that is persistently troublesome will adversely affect their well-being and work situation. You can be a tough supervisor but still not be a bully. It's helpful for supervisors to know a few of the common social and psychological issues that influence bullying, such as feelings of incompetence in handling one's job as a supervisor. Feeling stuck and angry, believing that the organization has overlooked one's promotion, is also common to bullying supervisors. Feeling that one's position is threatened by a highly popular or competent colleague or supervisee can be a precursor to bullying, too. Personality clashes are also common, and personal problems at home that add to feelings of insecurity and inadequacy can contribute as well.

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**■ One of our reputable employees was hospitalized and later shared his story of addiction to heroin. I was floored. The employee never showed any symptoms or looked like a street person. There was an absenteeism problem, but I never dreamed it was drugs. Is this rare?**

**For decades, drug-injecting** addicts have been one of the most stigmatized groups in society. Three out of every 100 adults in the U.S. have reported using heroin, according to government research. Many heroin addicts have positions of social responsibility and reputations to protect. These white-collar users are a secretive group of addicts, and it is difficult to conduct research with them because of their fear of being discovered. The obscurity of this group explains why people first think of skid row persons or "junkies" when discussing illicit drugs such as heroin. In fact, the majority of heroin users are not on the street. Entry into treatment often follows a crisis of some type associated with the drug's use. Heroin users are prone to overdose or complications from the inability to know what is in the heroin they have acquired. Withdrawal can also prompt a bout of unexplained absenteeism.

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**■ My fellow supervisors and I have never confronted an employee to make a referral for a reasonable suspicion test. Can the EAP meet with us to discuss this issue and offer tips? As they are the experts on employee behavior, consulting with them sounds like a good idea to me.**

**Talk with your EAP** about its recommendations for training your group and for discussing how it might want to proceed. The employee assistance professional may want a meeting with you to better understand your issues and needs. He or she will then know how to best meet your needs with informal discussion, role plays, or perhaps an educational presentation on issues associated with making a referral of an employee for testing. Presenting examples of the types of issues you would like to see in a role play would be also be important for making your training experience even more effective.

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