Can an Expanded and Integrated Occupational Health Service Help Buffer the Impact of a Global Influenza Outbreak in Healthcare Organizations?

COMMENTARY

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ABSTRACT

At first glance, the accompanying article by Silas et al. makes for a somewhat-curious read. The picture they paint of the possible risk of a global pandemic posed by the avian influenza virus H5N1 is indeed a chilling one, not only for the possible extent of the epidemic itself but also because of the likely burden it could place on an already thinly stretched healthcare workforce. It therefore raises a rather alarming contradiction. Given our recent experience of living through the consequences of the outbreak of severe acute respiratory syndrome in Ontario and BC, one would think that we would be more than willing this time around to err on the side of caution and be as prepared as possible to deal with the next emerging infectious agent that comes our way. But, surprisingly, as is carefully outlined in Silas et al.'s paper, this does not seem to be the case. In a healthcare environment that is increasingly focused on the need for evidence upon which to base change in practice, are we possibly dragging our heels in raising our preparedness for a future pandemic? It is an interesting debate, and one that certainly merits further examination.

The most effective and high-achieving organizations with respect to employee health and safety indicators such as workers' compensation claims, absenteeism and health benefit costs are those that build health and safety directly into their core operations. In these progressive and proactive environments, policies and procedures designed to ensure the health and safety of employees are not cloistered within a disempowered subunit of the organization that has little, if any, ability to influence core operations (Robson et al. 2007). In order to realize the full potential that a safe and healthy workforce has to offer, these leading organizations recognize that occupational health and safety (OH&S) needs to be an integral component of their organization's core culture, rather than part of a separate and sometimes "orphaned" safety culture. When OH&S is marginalized, it can often become an afterthought service, struggling to meet the needs of a set of externally mandated policies (e.g., provincial regulations), rather than a potential source of proactive solutions with significant potential to create and maintain a healthy workplace and workforce.

In manufacturing, a direct consequence of failing to integrate OH&S into an organization's core operations could be reduced productivity. Employees might not be able to function at their peak in the face of the additional injuries, absenteeism and job turnover problems that often prevail in work environments with a dysfunctional OH&S climate. Productivity would be further dampened by the additional direct costs associated with increased workers' compensation and health benefit claims. While decreased plant productivity is no doubt of concern to the plant's bottom line, it rarely gets noticed beyond plant staff meetings or corporate shareholders' meetings. Customers and the general public would not likely be put at risk because of problems with OH&S.

Despite this lack of public pressure for change, workers' compensation claims have gradually been coming down over the past decade or so in most sectors of the economy, which is possibly an indication that many organizations, at least outside of the healthcare sector, have begun to recognize the importance of an integrated and proactive OH&S infrastructure. Lost-time injury workers' compensation claims rates in Ontario have dropped by more than 25% from an overall estimated rate of 2.6 per 100,000 in 1999 to a rate of 1.9 in 2006 (Workplace Safety and Insurance Board [WSIB] 2007). The total number of lost-time injury claims has shown a similar gradual decline, dropping from a total of 100,726 in 1999 to 83,179 in 2006. In the health sector, however, the number of lost-time claims actually increased from 7,033 in 1999 (or 7.3% of all lost-time claims in Ontario) to 8,654 in 2005 (or 9.6%). So why have these health and safety indicators remained stubbornly high in the health sector when they have been steadily falling elsewhere (WSIB 2006)?

The lead paper by Silas, Johnson and Rexe provides us with some possible insight into what could be at the root of the problem. Organizations in the health sector typically deal with a complicated work environment, and, unlike in most industrial settings, the general public (and patients or residents) can be put at direct risk when OH&S issues arise in healthcare environments. The outbreak of severe acute respiratory syndrome (SARS) was a stark reminder of the existence of this direct link between staff health and the health of the public. Even in the face of the clear risks that were present during the SARS outbreak – risks on a scale that might not be tolerated outside of the health sector – doctors, nurses and other healthcare workers continued to provide direct care to those in need. The tragic consequence of this dedication is well docu-

mented in the article by Silas et al. No doubt one of the reasons that healthcare workers such as nurses are so highly regarded by the general public is their tendency to compromise personal safety in order to improve the lives of the people they work for. It is possible that this acceptance of a heightened sense of duty, at all levels in the system, is a contributing factor to the challenge of improving health and safety performance in the health sector. The challenge to better integrate OH&S has no doubt been exacerbated by the enormous fiscal and human resources management problems stemming from the ongoing restructuring of the health sector over the past several years (Lowe 2002).

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Although it is impossible to know exactly why British Columbia and Ontario had such different experiences with SARS, the hypothesis raised in the Silas et al. paper – regarding differences in the extent of involvement by OH&S services in proactively dealing with the issue in the two settings – is intriguing and certainly worthy of a vocal and effective champion. For a number of reasons, over and above the merits of the scientific debate about the type of respirators required, the health sector is probably long overdue for an expanded role for OH&S services in their core operations. Traditional lagging health and safety indicators in the health sector, such as injury rates and compensation claims, have not kept pace with the reductions seen elsewhere. While the importance of health and safety issues has been recognized for nurses, at least based on some recent substantial initiatives such as the National Survey of the Work and Health of Nurses, jointly run by Statistics Canada, the Canadian Institute for Health Information and the Office of Nursing Policy at Health Canada (Shields 2007) and the Best Practice Guideline for Healthy Work Environments sponsored by the Ontario Ministry of Health and Long-Term Care via the Registered Nurses' Association of Ontario (2007), there is little evidence to indicate that OH&S is being more broadly integrated into the practice of healthcare itself. The apparent difficulty in having the N95 respirator considered as the minimal personal protective equipment (PPE) of choice in the healthcare environment during a possible pandemic outbreak, based on the "precautionary principle" advocated by Silas et al., is a clear case in point. If we take the same set of OH&S practices and procedures that are beginning to be applied and integrated into core operations in many areas outside of the health sector and bring this culture shift into the health sector, the struggle to have something like the importance of the N95 respirator recognized as a minimum PPE could possibly be defused. While Silas et al. deal directly with an extremely important issue at hand – that of recognizing the value of adopting the precautionary principle in relation to healthcare workers' safety in the planning for a possible pandemic – it could perhaps be argued that their paper also calls for a need to better integrate OH&S more directly into the core management system for the delivery of healthcare services in general,

a notion that has recently gained some qualified support in the academic literature as well (Robson et al. 2007).

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