

# The Occupational Health Nurses: Return on Investment

By Dianne Dyck

On a number of occasions, Occupational Health Nurses have contacted me to ask, “What can I do to convince my employer not to outsource my position? Or “How can I keep my position from being terminated?” Unfortunately, these appeals for help are received at the eleventh hour and little can be done to reverse the situation.

This article is designed to explain how to justify the existence of an Occupational Health Service (OH Service) and the technical expertise of the Occupational Health Nurse (OHN).

## Occupational Health Service

Occupational health is defined as “the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs”.<sup>1</sup> Hence, an OH Service entails the “services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking, on the:

- requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work; and
- adaptation of work to the capabilities of workers in the light of their state of physical and mental health”.<sup>2</sup>

Additionally, the OH Service includes:

- “maintenance and promotion of workers’ health and working capacity;
- improvement of working environment and work, to become conducive to safety and health; and
- development of work organization and working cultures in a direction which supports health and safety at work, and in doing so also, promotes a positive social climate and smooth operation, and may enhance the productivity of the undertaking.”<sup>3</sup>

## Occupational Health Nurse

The Occupational Health Nurse (OHN) as defined by the Alberta Occupational Health Nurses Association, is “a registered nurse who has graduated from an accredited occupational health nursing program and/or who has achieved the level of COHN(C) with the Canadian Nurses Association” (2016).

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<sup>1</sup> World Health Organization (1950). Reported in Agius, “What is Occupational Health?”, at: <http://www.agius.com/hew/resource/ohsilo.htm>

<sup>2</sup> World Health Organization (1985). *C161 - Occupational Health Services Convention, 1985 (No. 161)*, at: [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:55:0::NO::P55\\_TYPE,P55\\_LANG,P55\\_DOCUM\\_ENT,P55\\_NODE:CON,en,C161,/Document](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:55:0::NO::P55_TYPE,P55_LANG,P55_DOCUM_ENT,P55_NODE:CON,en,C161,/Document)

<sup>3</sup> World Health Organization (1995). *Good Practice in Occupational Health Services A Contribution to Workplace Health*, pp. 2-3.

OHNs take specialized education in Occupational Health and Safety, and their practice is based on knowledge gained primarily from:

1. Nursing;
2. Medicine;
3. Ergonomics;
4. Epidemiology;
5. Environmental sciences;
6. Occupational health and safety (OH&S);
7. Social/behavioural sciences;
8. Business management;
9. Program administration;
10. Educational concepts and practices; and
11. Legal/regulatory requirements. (CNA Certification Blueprint, 2017).

In addition, OHNs possess specialized competencies in the domains of:

- Occupational Health Nursing practice;
- Identification, evaluation and control of workplace hazards;
- Health monitoring and surveillance;
- Assessment, care and case management of injuries and illnesses (Disability Management);
- Health, safety and wellness promotion; and
- Health, safety and wellness management. (Ibid)

The scope of Occupational Health Nursing Practice (Figure 1), impacts the organization, the workplace environment, the employees and the community at large.

**Figure 1: Scope of Occupational Health Nursing Practice<sup>4</sup>**



<sup>4</sup> Dyck, D. (2015). *Occupational Health & Safety: Theory, Strategy & Industry Practice, 3<sup>rd</sup> ed.*, and is printed with permission from LexisNexis Canada Inc.

According to the Canadian Nurses Association's Certification Blueprint (2017), it includes the:

- Promotion of workplace health, safety and wellness;
- Prevention of illness and injury in the workplace;
- Care and recovery of employees (workers);
- Enhancement of employee and organizational health;
- Business management and administration; and
- Support of a safe and healthy workplace.

### ***OHN Roles***

The roles of the OHN are numerous and encompass working as a specialist in one, or all, of the following roles clinician, specialist, manager, co-ordinator, advisor, health educator, counsellor; researcher, mentor, and/or entrepreneur. Hence, the OHN:

- Functions as an advocate for health and safety in the workplace;
- Practices in a holistic manner and understands that individuals are unique;
- Consults and collaborates with colleagues, professional and industry associations, as well as individuals and groups, both internal and external to the organization;
- Acts as a subject matter expert for employers, employees, unions, colleagues and other stakeholders;
- Understands that health and safety culture is an important component in determining the direction, support and influence of the workplace;
- Practises in a variety of work settings, including any location or equipment at, upon, in or near the place at which a worker works; and
- Practises independently and interdependently in the workplace demonstrating responsibility, accountability and leadership, and providing direction.

With this degree of technical expertise, why then are OHNs undervalued and their position within an organization, frequently jeopardized?

### **Demonstration of OHS Value**

Like any business function, the OHS must be able to demonstrate the value that it offers to the organization. Developing a business plan, working the plan, and then, measuring and reporting on the performance of the OH Service, is critical. Unfortunately, this approach is often overlooked. The lack of meaningful performance measurements hampers the OH Service from demonstrating the value it adds to an organization. Consequently, the senior management team is left questioning the value of the OH Service and its personnel.

### **Demonstration of OHN's Value**

Occupational Health Nurses (OHNs) are involved in risk management situations and provide risk communications daily. In fact, an Occupational Health Program and Disability Management Program are risk management tools: they are a human resource "risk management approach" aimed at promoting employee well-being, preventing employee illness/injury, and mitigating employee medical absences and their related costs. They function to preserve the organization's human capital and mitigate occupational health risks.

In essence, Occupational Health (OH) Nursing is "risk management" operationalized. Synonymous with every aspect of an Occupational Health and Safety Management System

(OHSMS), OH Nursing risk management is aimed at minimizing the costs of pure risk<sup>5</sup> to a reasonable cost. It is an administrative, managerial function like standard OH&S hazard identification and loss control practices, but more sophisticated and focused on potential risk.

Likewise, Disability Management serves a risk management function. A Disability Management Program is designed to control the human and economic costs of employee injury/illness, to convey a message that employees are valued, and to demonstrate compliance with the applicable legislation. As such, it is a risk management and risk communication approach designed to integrate all corporate programs and resources designed to minimize or reduce the losses and costs associated with employee medical absence, regardless of the nature of those disabilities, as well as to prevent future occurrences.

Some notable contributions made by OHNs include:

**Table 1.1: Value of an OH Service and the Contributions made by OHNs**

<b>Contributions</b>	<b>Value to Company</b>	<b>Qualifiers</b>
<b>Manage Internal OH&amp;S Program</b>	<b>42% saving over external OH Service</b>	<b>Internal OH&amp;S Programs are 42% less costly to operate than external OH&amp;S services (Lantos).</b>
<b>Pre-placement Assessments</b>	<b>Right people for the job</b>	<b>Having the right person/job fit means lower absenteeism and staff turnover costs. Estimated saving is the replacement cost of the “misplaced” employee’s salary (1.5-2 times the annual salary). For 2016, the average Canadian annual salary was \$53,643K (Living in Canada, 2017), making this cost-avoidance measure worth \$80.4 - \$107.2K per new employee.</b>
<b>Periodic Risk-based Monitoring</b>	<b>No fines/penalties</b>	<b>Provincial OH&amp;S legislation dictate that hearing conservation, respiratory conservation and monitoring for some chemical exposures occur. Fines for non-compliance, although rare, can be levied.</b>
<b>Emergency Preparedness</b>	<b>No fines/penalties: Less injuries</b>	<b>Emergency preparedness is a legislated requirement. An OH Service can oversee and enhance this effort thereby not only complying with the legislation, but also mitigating the risk of further injury or death. Fines in Canada can be as high as \$500K for a first-time offence.</b>

<sup>5</sup> Pure risk, also termed static risk, is risk in which there is no hope of any gain.

Contributions	Value to Company	Qualifiers
Ergonomic Support	Increased productivity: Lower WCB costs for musculoskeletal injuries	Management of ergonomic-related health conditions can result in reduced WCB claims and increased worker productivity (Workers' Health & Safety Centre).
Workers' Compensation Reporting	No fines/penalties	Failure to report WCB claims in accordance with provincial legislation can result in substantial fines ranging from \$100 per day late to a \$25,000 fine (AWCBC).
Attendance / Disability Management	<ul style="list-style-type: none"> <li>• 30-50% cost avoidance</li> <li>• 19% savings with an integrated disability management program</li> </ul>	<p>The management of workplace absenteeism and disabilities can result in a 30-50% reduction in related costs according to NIDMAR (2004). In Canada, the average cost per employee for all disability-related absences was \$2116 (Hewitt). A 30-50% reduction would lower this cost to between \$1058-\$1,411 per employee per year. For company with 1000 employees, the saving would equate to a \$1.1M and \$0.6M. Put another way, an OH Service can save companies 2.8% of payroll through an integrated disability management program. This is based on the findings by Marsh Risk that the total cost of employee absence and the operations of disability management programs equals 14.9% of payroll and according the WBGH and Watson Wyatt, Integrated Disability Management programs save companies 19%-25% in disability costs. The 2005 Watson Wyatt Staying @ Work Survey indicates that having documented return-to-work plans in place are viewed by 81% of survey participants as effective in reducing disability costs.</p>

Contributions	Value to Company	Qualifiers
Oversight of EFAP Services	65% increase in productivity	Effectively managing an EFAP can result in a 65% reduction in stress and improvement in worker productivity. Mental health issues cost businesses almost \$1,500 per employee per year (Benefits Canada). OHNs can help employees identify and manage their distress and reduce the related costs. Otherwise, a psychological disability can cost on average \$18K (CAMH).
Wellness Programs / Services	Increased productivity	OH Services are well-positioned to manage Workplace Wellness Programs that reportedly offer a \$1.95 to \$3.75 return on investment for every dollar spent, which results in a return of \$500 to \$700 per employee annually (Sheppard)
Employee Support	Priceless!	The relationship an OHN forges with an employee has been shown to enhance compliance with treatment regimens, rehabilitation plans, and lifestyle changes (Anderson)
Employee Loyalty	Return on investment	By addressing psychosocial issues, the OHN can help the employee and increase employee satisfaction and health. “For every 5-unit increase in employee satisfaction in a [business] quarter, there is a 1.3-unit increase in customer satisfaction in the next [business] quarter, and a 0.5-unit increase in revenues above the national average in the following quarter” (Health & Safety Ontario, p.8).

Risk management and loss reduction are particularly important to an organization given that the Canadian workforce is aging. With 36% of Canadian employees being over the age of 55 years<sup>6</sup>, the risks of chronic health conditions, musculoskeletal disorders, and the complications of injury, are high.

<sup>6</sup> Statistics Canada (2017). *Insights on Canadian Society: The impact of aging on labour market participation rates, Cat. No. 75-006-X*, at: <http://www.statcan.gc.ca/pub/75-006-x/2017001/article/14826-eng.htm>

Likewise, 20% of Canadian employees are foreign-born<sup>7</sup>; some of whom have faced significant political, social and economic hardships along with health challenges and lack of adequate healthcare, before coming to Canada.

The legalization of marijuana; limitations on the employer's right to seek proof of employee fitness-to-work related to casual absenteeism in Ontario; and the newly recognized medical conditions as per the *Diagnostic and Statistical Manual of Mental Disorders (DSM5)*<sup>8</sup>, make it difficult for the employer to differentiate between culpable and non-culpable employee behaviours.

Employers must factor these realities into their approach to occupational health and safety. Having an OH Service and an Occupational Health Nurse who is educated in health risks and suitable interventions, positions the employer to be duly diligent in meeting the applicable Occupational Health & Safety General Duty Clause: *To provide a safe and health workplace.*<sup>9</sup>

## Conclusion

OHNs are the ideal practitioner to assist organizations to design, develop, implement and maintain an OH Service that will align and support the organization's business and human capital needs. Being a generalist, the OHN can address many workplace challenges and demands. OHNs can effectively and significantly reduce the injury rates and severity of injuries among employees. Hiring an OHN far outweighs the costs. The annual cost of using external medical services ranges between \$100,000 and \$300,000/year while the average annual cost of employing one OHN is approximately \$75,000<sup>10</sup>. Having in-house technical expertise is priceless. Talk about good value for the money.

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<sup>7</sup> Statistics Canada (2011), "Immigration and Ethnocultural Diversity", National Household Survey (2011), available online at: <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a1>

<sup>8</sup> American Psychiatric Association (2013), *Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM5)*, Arlington, VA: author.

<sup>9</sup> The General Duty Clause is stated in every provincial OH&S Act, as well as in Canada Labour Code II.

<sup>10</sup> OOHNA (2001). *Occupational Health Nurses Career Guide*, Ontario Occupational Health Nurses Association, p. 8, at: <http://www.oohna.on.ca/assets/34bfa-2015-oh-nursing-career-guide-highres.pdf>

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