The OH Professional’s role in the *prevention* of occupational disease:
Where do we go from here?

M. Suzanne Arnold, PhD, RN, COHN(C)
Occupational Health Program,
McGill University
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**Objectives:**

- To consider the professional factors which influence success in the development of our Occupational/Environmental Health practice, with a focus on Prevention.

- To explore the external factors which influence the implementation of OEH Programs, including Prevention.

- To consider emerging challenges as we focus the future on Prevention in the workplace.
“A Physical exam was required for all recruits to determine:
1. State of general health
2. Evidence of good average physical strength
3. Good sight and hearing
4. Good habits
5. Freedom from organic disease”

William Bellamy, Station Superintendent
February, 1906
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Factors that influence our success:

- Knowledge Acquisition;
- Competence;
- Professionalism;
  - Social & cultural awareness;
  - Critical analysis;
  - Lifelong learning.
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Knowledge Acquisition:

Rationale:

- OH practice independently and interdependently in a variety of workplace settings;

- OH practice includes specialty-based knowledge derived from nursing/medicine, occupational hygiene, toxicology, safety, epidemiology, and administration/management, as well as from ergonomics, environmental sciences, and adult education.
Knowledge Acquisition, cont'd:

*We have evolved through the agriculture period, the industrial period, and here we are in the knowledge/information/people period.*

*(Maureen Shaw, CEO, IAPA, 2009)*
Knowledge Acquisition, cont'd:

“In organizations, real power and energy is generated through relationships. The patterns of relationships and the capacities to form them are more important than tasks, functions, roles, and position.”

(Margaret Wheatley, Leadership and the New Science)

“These are our workplaces, our cities, our classrooms. If you don’t know who the teacher is, you are in trouble.”

(Ruben Nelson)
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Knowledge Acquisition, cont'd:

Are we ready for the new paradigm?

- **OHN Education:**
  - Vast majority of OHNs have, as their highest level of formal education, the Nursing Diploma;
  - Approximately 37% have achieved a BScN degree;
  - There appears to be a downward trend in the pursuit of OH Nursing and other OH qualifications.

*(Based on OOHNA Salary Survey, 2012)*
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**Competence:**

- A competent nurse/OHN has sufficient knowledge and experience to identify, **prevent** and/or manage a range of clinical problems appropriately.

*(Based on Rogers, 2003)*
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**Competence cont'd:**

Among our many roles & functions Occupational Health Nurses:

1. Apply the standards of practice, code of ethics, and professional legislation;

2. Include within our scope of practice, the promotion of environmental health, safety and wellness, *prevention* of illness and injury, care and rehabilitation of employees, enhancement of employee and organizational health, business management and administration, and support of a healthy workplace.
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**Competence cont'd:**

3. *Consult and collaborate* with colleagues, professional and industry associations, as well as individuals and groups, both internal and external to the organization;

4. Institute hazard-specific programs for *health surveillance*;

5. Act in an *advisory capacity* to employers, employees, unions, colleagues and other stakeholders;
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**Competence cont'd:**

6. Understand that health and safety *culture* is an important component in determining the direction, support and influence of the workplace;

7. Empower *employees & management to take responsibility* for their health and safety

8. Adopt a leadership role in the management of comprehensive EOH&S Services.

*(Based on CNA, (2009) Occupational Health Nursing List of Assumptions & Competencies)*
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**Professionalism:**

- **Social & Cultural Awareness:**

  Socio-demographic characteristics such as ethnicity, nationality, education, and race can influence the social consequences of a workplace injury.

  (Dembe, 2001);

  **Social awareness includes:**

  - Changes in profession - OH practice & OH Nursing;
  - Geographic and political influences: - global, federal, provincial, municipal;
  - Economic climate of the company; organizational sector; stakeholders.
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**Professionalism cont'd:**

**Cultural Awareness...**

- Diversity in the workplace:
  - “Registered nurses [OH Professionals] should provide care that reflects knowledge of and respect for the cultural beliefs of the client population they serve.” (Broad, 2006);
  - Each culture has “health and care belief systems” that are influenced by language, religion/spiritual views, social, political, educational, economic, technological, historical and environmental issues.
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Professionalism cont'd:

Cultural Awareness...

- Cultural competence for care
  - “CULTURE”:
    - Communication;
    - Unlearning old paradigms;
    - Learning new paradigms;
    - Transforming practice;
    - Understanding;
    - Reintegrating paradigms;
    - Evaluating.

(Shergill, 2004)
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**Professionalism cont’d**

**Cultural Awareness...**

- **Organizational culture:**
  - Nature of the business
  - Risk & rewards level
  - Pace of work/level of control
  - Staff education
  - Importance of the function of OH dept
  - Average tenure
  - Age & gender composition
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**Critical Analysis:**

**Definition:**

The ability to exercise sound clinical judgment, based on diagnostic reasoning - Problem solving activities using valid data.

**Using Critical Analysis:**

"The occupational health nurse utilizes a systematic, problem solving approach to clinical decision making based on a conceptual framework for occupational health nursing practice."

(COHNA/ACIIST (2003) Occupational Health Nursing Practice Standards)
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Critical Analysis cont'd:

Nursing Process:
Critical Analysis cont'd:

Management Strategies

• Most Common Management Systems - such as the ISO 14000, OHSAS 18000 Series and now the new Canadian Standard on Psychological Health in the Workplace - have *five key elements*:
  
  - Policy & Commitment;
  - Planning;
  - Implementation & Operation;
  - Checking & Corrective Action;
  - Management Review.
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Lifelong Learning:

The most interesting people are those who are continually excited by new ideas, creative arguments, professional challenges, and the daily puzzles of life.  

(Arnold, 2002)

The OH Professional as a 'Lifelong Learner' . . .

- Mandated by the profession;
- Required by some organizations;
- Supported by the marketplace.
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Models of Professional Lifelong Learning:

• Formal models;

• Informal Models;
  - Reflective learning;
  - Experiential learning;
  - Interactive collaboration.
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Opportunities for the OH Professionals:

- Courses, programs and seminars offered through distance modalities;
- Organizational support;
- Career advancement.
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**Scope of Occupational Health Services:**

Usually divided into 4 general categories:

- Preventive;
- Curative;
- Rehabilitative;
- Consultative.
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**Scope of Occupational Health Services cont'd:**

**Preventive Services:**

- **Primary prevention:**
  - Elimination of hazardous exposures;
  - Protection of workers against unacceptable risk;

- **Secondary prevention:**
  - Detection of illness at early stage, prior to symptoms;
  - Screening strategies and biological monitoring.
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**Core Objectives of Prevention:**

- To provide effective opportunities for
  - Reduction of incidence and impact of occupational injury & illness;
  - Stewardship of the environment; the product; the process;
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**Core Objectives of Prevention cont’d:**

- Reduction in non-occupational injury/illness costs (health promotion);

- Enhancement of HR employment & labour policies/practices;

- Compliance with regulatory requirements (seen as minimum standard) -- Due Diligence
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Outline of PRECEDE/PROCEED model for effective Prevention program development:

PRECEDE:
- Social diagnosis;
- Epidemiological diagnosis;
- Behavioural diagnosis;
- Environmental diagnosis;
- Educational and Ecological diagnoses;
- Administrative & Policy diagnosis.
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**PROCEED:**

- Implementation
- Process evaluation
- Evaluation of leading indicators
- Outcome evaluation
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**The Keys to Success:**

- Employees must want and trust the program;

- Workers must participate in the program development and be able to influence its evolution;

- Employers must believe that the program is making a measurable contribution to the well-being of its workforce, families, and to the bottom line of the organization;

- The program should effectively be integrated into other programs offered.
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**The Keys to Success:**

- The program should focus on self-responsibility;

- The program must be suitable for the employee population and type of industry;

- The program must be re-evaluated on a regular basis with new ideas and concepts being introduced and old or unpopular ideas discarded;

- The program should contribute to the creation of a culture of health within the organization.
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External Factors which influence success:

- Globalization;
- Mergers & takeovers;
- Focus on/reaction to stock market trends;
- Emphasis on cost containment;
- Technology innovation & evolution;
- Characteristics of work.
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Emerging Challenges for OH programs, including Prevention:

- Social factors that influence workers' perceptions of safe work and healthy lifestyles;
- Emerging global epidemics/pandemics;
- Health effects of new technologies
  - Nano materials and particles

http://www.ehjournal.net/content/11/S1/S13
http://www.zoz-group.de/zoz.main/PDF/Presse/ZG-1001-E.pdf
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Emerging Challenges for OH programs, including Prevention cont'd:

- OEH&S assessment of special populations at risk;
- Travel for work and pleasure;
- Issues around workers in developing countries;
- Tele-work;
- Mental health / psychological health.
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*Every job is a self-portrait of the person who did it.*
*Autograph your work with excellence!*
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Conclusions

Are you ready to be part of the solution?

- Knowledge Acquisition, Competence, Critical thinking;
- Are you really integrated into the organization?
- Focus on the new paradigm, and the emerging issues for the Prevention of occupational illnesses.
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A Salute to
Canadian Occupational Health Nurses
from Coast to Coast

St. John's, Newfoundland and Labrador

Vancouver Island, British Columbia