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Nurses' perceptions of the quality and governance of occupational health services in South Africa

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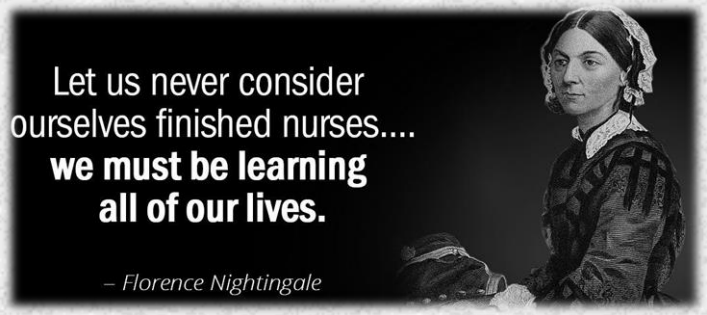
2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

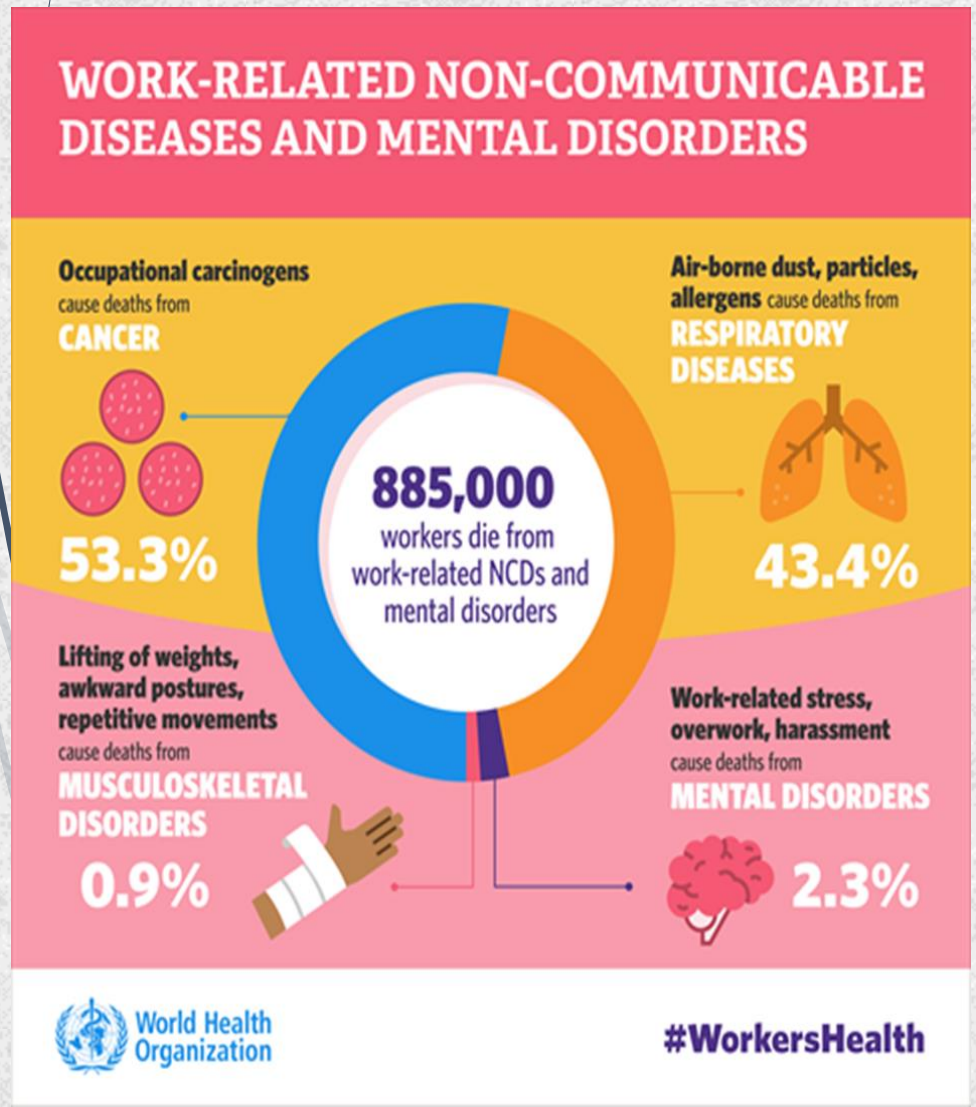


Universal occupational health (OH) coverage

- Occupational Health Services (OHS): are healthcare services rendered by doctors and nurses to workers at their place of employment or at an off-site establishment offering OH for **the early detection, treatment, and rehabilitation of occupational disease**. (1)

- Workers' Health: Global Plan of Action – urge universal coverage of all workers, with essential interventions and basic OH services (11)

RELEVANCE OF OH SERVICES



We know:

- Work is integral to life
- 2.3 million workers die each year
- 313 injured in non-fatal accidents
- 160 million occupational diseases
- Healthy workers prerequisite for social and economic development
- Access to quality OHS reduces incidence of disease & consequence of injury
- Access is considered a basic human right by WHO, ILO and ICOH

STATUS OF OH SERVICES

However:

- Estimated 80% of 3 billion working population have no access
- Lowest in developing countries (> 15%)
- Most hazardous exposures in developing countries

South Africa

- 15,32 million employed persons in SA [10,13]
- Estimated only 15% have access to OHS
- Burden of occupational disease well documented [8.9,12]
- Diverse OHS models with no standardised content [4.5,12]
- Anecdotal evidence sub optimal levels of quality in OHS [9,6,5,12]
- 1997 OHS identified as priority area for transformation but OHS remain neglected and vulnerable[2,3,13]

Study Aim

PhD study

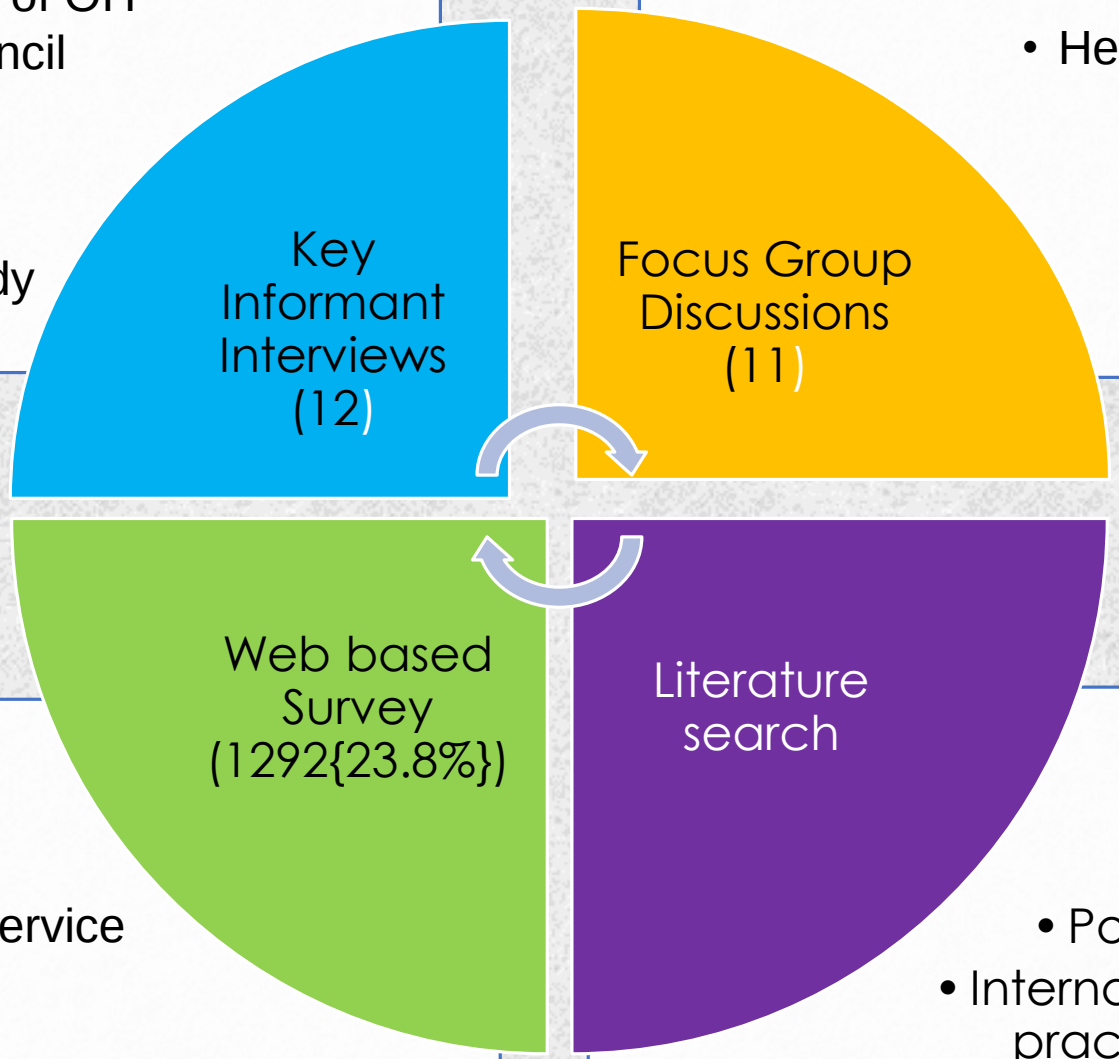
The aim was to examine occupational health practitioners experiences and perceptions of the quality and governance of OHS in South Africa.

METHODOLOGY

- **Design:** Mixed methods, Cross sectional study
- **Study setting**: National study
- **Target Group:** OHS provides in all models of OHS delivery in SA
- **Data Collection:** Focus Group Discussions, Key Informant Interviews and Web based survey
- **Data analysis:** Qualitative and quantitative analysis
- **Ethics:** Ethics approval from Wits, all ethical protocols were followed

Data

- Labour
- Health – OHSC
- National Institute of OH
- Professional council
- Professional Organisations
- Academia
- Accreditation body



- OH nurses
- OH doctors
- Employers
- Healthcare providers
- Professional organisations
- Academia
- 69 participants

- OH nurses
- All models of service delivery
- All sectors

- Legislation
- Policy documents
- International codes of practice / directives

Findings:
Quality of OH service delivery in SA

"I really think that the workers at this stage are losing out because there is no control over quality. *(FGD 10, OH Nurses)*

- Variable quality across all models of OHS delivery
- No standards for service content and coverage
- Insufficient investment in financial and human resources
  Lack of understanding and emphasis by employer

Findings:
Governance of OH service delivery

"There is no control. Everybody does what they want to do … it very much depends on the individual who takes the initiative and says this is what we need to have in place, and sometimes it is driven by the company because they are proactive … and other times it's just random." *(FGD 3, OH Nurses)*

- Occupational Health and Safety Act 85.2-94.6%
- Mine Health and Safety Act 44.4 to 99.1% compliance
- Fragmented, complex legislative framework
- Multiple statutory stakeholders with no leader
- Low prioritisation on health reform agenda by government structures

Recommendations

- Some form of assessment associated with improved quality
- Without intervention workers will continue to receive poor quality services and in majority of cases NO services
- 93.8% support accreditation to improve current coverage of health for workers
- Likely to benefit employer and employee
- Pre requisites for accreditation include:
  - Statutory requirement with government support
  - Addressing all models of service delivery
  - Publishing standards specific to OHS delivery
- There is a window of opportunity that needs to be taken and all stakeholders need to be consulted.

Conclusion

OH, as a basic human right, should be accessible to all workers.

Where these services are not provided governments must find ways to provide all workers with basic services.

It is also not enough that workers have access to OHS – these services need to be delivered with sufficient governance and quality to ensure universal coverage i.e. effective and relevant services that meet workers needs without financial burden.

This study underscored the importance of improving universal health care through improved quality and governance of OHS, to ensure nobody is left behind in our quest for universal health coverage for all. Failure to achieve this will exacerbate the already dismal statistics for ill health in the workplace.

A price no country can afford.

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