La Medicina del Lavoro

Med Lav 2012; *103*, 3: 212-219

Health protection of health care workers from the prospective of ethics, science and good medical practice. Opinions from stakeholders in health care settings

S. Porru, P. Cannatelli*, Beloyanna Cerioli**, L. Flor***, Maria Gramegna****, R. Polato*****, D. Rodriguez******

Sezione di Medicina del Lavoro e Igiene Industriale, Università di Brescia
* Azienda Ospedaliera Ospedale Niguarda "Cà Granda", Milano
** Direzione Amministrativa, Azienda Ospedaliero-Universitaria S.Orsola Malpighi, Bologna
*** Azienda Provinciale per i Servizi Sanitari, Trento
**** Direzione Generale Sanità, Regione Lombardia, Milano
***** Servizio Prevenzione e Protezione, Azienda Ospedaliera Universitaria, Padova
****** Medicina Legale, Università di Padova

Key words
Health care workers; multidisciplinary management; fitness for work

Parole chiave
Lavoratori della sanità; gestione multidisciplinare; giudizio di idoneità

Summary
Fitness for work (FFW) in health care workers poses multidisciplinary challenges because of management problems, scientific and ethical implications and the implementation of preventive interventions in health care settings. All the relevant stakeholders, including the General Manager, Medical Director, worker's representative, the person responsible for prevention and protection, forensic medicine expert, the person responsible for prevention and health safety at public administration level, commented on: danger to third parties; FFW formulation; human resource management; stress; professional independence; role of the person responsible for prevention and protection and of the person responsible for prevention at public administration level; professional responsibilities. Opinions are reported regarding the main problems related to the role of the Occupational Physician in FFW formulation, such as the difficult balance between autonomy and independence, limited turnover and aging of workforce, need of confidentiality and respect for professional status of the HCW, prevalence of susceptibility conditions, rights and duties of stakeholders. The most significant result was the request by the Lombardy Region for more quality in risk assessment and health surveillance; to maintain uniform conduct over all the local health authorities, to allow the board in charge of examining appeals against FFW to fully cooperate with the occupational physician; due attention to the person/worker; the opportunity to convene referral boards for complex FFW management; the challenge of stress management and the need for an observatory for psychological discomforts; the importance of the ICOH Code of Ethics and avoidance of conflicts of interests; the need for individual risk assessment and risk management; the concept of sharing responsibilities and of a real multidisciplinary approach.

Pervenuto il 16.12.2011 - Accettato il 28.2.2012
Corrispondenza: Prof. Stefano Porru, Sezione di Medicina del Lavoro e Igiene Industriale, Università degli Studi di Brescia, P.le Spedali Civili 1, 25125 Brescia - Tel. 030 3995 735 - Fax 030 394902 - E-mail: porru@med.unibs.it

Riassunto

«La tutela della salute nei lavoratori della Sanità: tra etica, scienza, buone prassi. Le opinioni di manager nel settore della sanità e di professionisti della salute occupazionale». *La formulazione del giudizio di idoneità (GI) nei lavoratori della sanità rappresenta una sfida multidisciplinare, in considerazione di problematiche gestionali, implicazioni etiche e scientifiche, l'attuazione degli interventi preventivi nelle strutture sanitarie. Sono state coinvolte le più rilevanti figure professionali ed i portatori di interesse negli ambienti di lavoro sanitari, ovvero direttore generale, direttore sanitario, rappresentante dei lavoratori per la sicurezza, responsabile del servizio di prevenzione e protezione, medico legale, dirigente regionale unità prevenzione e tutela sanitaria. Le opinioni hanno riguardato in particolare: rischio verso terzi, formulazione GI, gestione risorse umane, stress, indipendenza professionale, ruolo responsabili servizio di prevenzione e protezione, responsabilità professionale. Sono state analizzate le problematiche principali in relazione al ruolo del medico competente nella formulazione del GI, ovvero la ricerca di un equilibrio tra autonomia professionale ed indipendenza, turnover limitato, invecchiamento forza lavoro, necessità di privacy, rispetto professionalità dei lavoratori, prevalenza condizioni di ipersuscettibilità, diritti e doveri delle parti coinvolte. Di particolare rilievo: il richiamo della Regione Lombardia a maggiore qualità nelle attività di valutazione del rischio e sorveglianza sanitaria; la ricerca di maggiore uniformità di condotta delle ASL e di cooperazione tra medico competente e commissioni incaricate nella gestione dei ricorsi contro i GI; attenzione alla persona/lavoratore; opportunità di convocare commissioni per la gestione di GI complessi; criticità nella gestione dello stress e la necessità di un osservatorio per disagi psicologici; importanza del Codice Etico ICOH e necessità di evitare conflitti di interesse; valutazione del rischio e gestione del rischio individuali; condivisione di responsabilità e di un vero approccio multidisciplinare.*

Introduction

This is the first time in Italy, as far as we know, that all those in charge of occupational prevention, or who manage human resources or hold executive and strategic, private and public responsibilities in health care settings have had the opportunity to report, all together, problems, issues and points of view, with the overall aim of stressing the advantages of concerted preventive actions and to follow a course towards shared solutions to common problems related to formulation and management of fitness for work (FFW) for health care workers, by means of a multidisciplinary approach.

The theme of FFW in health care workers poses a number of issues, because of its potential management problems, technical and scientific aspects, ethical implications and practical implementation of preventive interventions in health care settings (1).

Some general issues, as well as some *cahiers de doléance,* from the occupational physician's point of view, should first be addressed and all co-authors agreed on the need to discuss such general issues.

1) All stakeholders and occupational health professionals should be aware of the difficult balance that must be achieved between different issues, such as autonomy and independence of the various professionals involved, the ever diminishing resources, limited turnover and aging of workforce, the difficult socio-economic contingency; the need for confidentiality and respect for the skill and professional status of the health care workers; the need to appraise and survey conditions of genetic and acquired susceptibility, considering that "zero risk" is almost impossible, and the relevant prevalence of such conditions, which involve and demand intervention from the occupational physician.

2) All these issues must take into account rights and duties of the health care workers, patients and employers, in the perspective of protecting health and safety of workers, third parties, patients, and the service offered by health care workers.

3) The perception of the role of the occupational physician is far from ideal: apart from obvious exceptions, he/she can be perceived as someone who is: problem-generating, imposed, expensive, absent, partisan, not efficient or effective. On the other

hand, the attitudes of the occupational physician can be caused by fear of legal consequences, conflict of interest and competence, low profile and limited involvement, lack of autonomy and professional independence, low awareness of priorities, and poor focus on the advantages - for health care workers and the stakeholders - generated by good medical practices. In the end, when an aseptic and experienced glance is given to the examples taken from current practice, it is legitimate to ask whether ethics, good medical practices, quality and a multidisciplinary approach really matter and are of interest to stakeholders in health care settings.

4) Occupational physicians should strive towards a high profile for their professional roles. They should not refrain from taking overall responsibility towards all stakeholders and should privilege ethics, competence and human aspects. They should demonstrate a general ability to problem solving, to providing answers to practical problems, to being proactive and to concentrating on clinical-diagnostic and management issues (at least for FFW), to exercising a general ability to offer advice to everyone involved in health and safety; and last but not least, they should feel that professional independence is a fundamental asset.

Lastly, it should be stressed that it is certainly possible, yet not frequently encountered, to combine evidence-based approaches with practical applications, while at the same time adopting a number of quality indicators of process and outcomes, both medical and non-medical.

The Authors of this contribution are all stakeholders belonging to the health care sector who debated some questions that are highly relevant to current practice in health care settings.

They are: P. Cannatelli, General Manager; B. Cerioli, worker's representative for health and safety at work; L. Flor, Medical Director; R. Polato, responsible for prevention and protection, who all belong to different public hospitals; D. Rodriguez, professor of forensic medicine at a state university; and M. Gramegna, Responsible for the Prevention Management Unit at the General Health Office of a Regional Public Administration.

In this article, the Authors comment on one or more questions, describing their personal experience and thoughts; their opinions and a general overview of the themes are reported, as well as some conclusions arising form discussion.

The proposed themes, along with some explanations, were:

1) **Hazards for third parties**: FFW should take into account not only the health and safety of the worker, but also the risks involving colleagues and patients. Such topic regards, for example, biohazards, alcohol and drug abuse, neuropsychiatric and cardiovascular disorders, certain medical treatments, etc.

2) **FFW formulation**: current practice reveals that in some health care settings General Managers or Medical Directors propose/impose – *a priori* – certain necessary requirements for FFW, perhaps designed to avoid that workers with certain limitations or restrictions be hired, or to favour their dismissal. At the same time, they seem to put heavy pressure on reducing limitations/restrictions in FFW, perhaps not considering that specific limitations/restrictions could be confined to parts of well characterized job tasks and are therefore compatible with most occupations in health care settings provided that work is well managed and organized.

3) **Human resource management**: this topic is mainly related to the necessity/utility of creating, *a priori*, areas/job tasks serving as "buffers", where workers with peculiar - and not easy to manage - restrictions could be allocated, temporarily or permanently. Also, more attention needs to be devoted to the worker as a person and to co-responsibility in managing FFW, taking into account the intensity of care and workload.

4) **Stress**: what comes next, after risk assessment according to the European framework agreement and Italian legislation which is due this year regarding workplaces? What sort of management systems are needed? It is likely that an increase in problems related to FFW will be faced both by the occupational physician and the employer with, unfortunately, few solutions available.

5) **Autonomy and professional independence**: there are examples in Italy where the Preventive and Protection service and the function of the occupational physician are combined, with the same

person responsible for both activities, reporting to General Managers. Some would consider this as a clear anomaly. Also, there are examples of Medical directors or managers who have interfered in medical protocols of the occupational physician. Both these examples are significant when the International Commission on Occupational Health (ICOH) Code of Ethics of occupational health professionals is considered as the basis of occupational physician practice (3).

6) **Role of management panels for FFW:** both formally and informally, various health care settings have established that peculiar FFWs should be discussed in multidisciplinary committees. In other countries, such committees convene on a provincial/regional basis. Their objectives, methods and outcomes are of the utmost interest for occupational physician and management.

7) **Role of the person responsible for prevention and protection** in formulation and management of FFW, taking individual risk assessment into account.

8) **Role of the regional public administration prevention offices**, especially for policy and methodological issues and control of the outcomes, as well as the relationship of the occupational physician with the local health authority as far as FFW is concerned.

9) **Professional responsibilities and liabilities**, considering the current legislation and the recommendations of the ICOH code of ethics.

Opinions from the stakeholders in health care settings

The point of view of the public administration, which is represented here by the Unit of Prevention Management of the Lombardy Regional offices, deserves thorough consideration. According to the Italian Constitution and to the national plans for Prevention, Regions have the task not only to address local health authorities as to their surveillance actions at the workplace, but also to define programmes addressed to prevention, health promotion and general assistance to employers, as well as to collect experience in terms of preventive efforts, originating from Local Health Authorities and Hospital Units of Occupational Health based in Regional hospitals, a peculiar feature in Lombardy.

Here, the main point made is to encourage health care settings to promote their own internal regulatory systems for prevention in occupational health and to interplay with the public system, which should act through a supporting role and promotional actions, besides inspections and restraints. Such strategy should emphasize the role of the employer, within the framework of the social responsibility of the enterprise.

The Lombardy Region has set a number of objectives for the next triennium. They include the overall aim of reducing occupational injuries by 25% in the next 5 years and the control and/or reduction of occupational diseases. Such objectives should be accomplished through multidisciplinary approaches involving all parties to the public prevention system. One specific part devoted to this programme is the development of an integrated information system focussing on the Enterprise and the Person, The former -IMPRES@ -, is built around the single enterprise, principally fed by data originating from inspections and controls. The latter -PERSON@-, is built around the worker, and carries a profile of the individual worker's health data.

Within such framework, the Lombardy Region has devoted specific attention to health care settings where some 180.000 workers are employed. The aim of the first project was to assess the state of the art in the organization of health and safety in public and private health care settings and to foster continuous improvement of working conditions. More recently, a working group was dedicated to the role of the person responsible for prevention and protection in health care settings and some official documents were issued regarding health and safety management systems, emergency plans, risk assessment.

Future programmes will focus on control of contractors, on analysis of injuries and work-related diseases, and on criteria to manage work-related stress in health care settings.

A special concern in health care settings is the quality of risk assessment and health surveillance.

For example, on the topic of management of biological risk and hospital infection, the regional policy clearly indicates that, within the framework of autonomy of each health care setting and the general objectives stated by the regional offices, infection control committees and related prevention activities should liaise – more than before – with those related to accreditation and risk management, so that synergy is assured. Moreover, the regional policy is directed towards better epidemiological surveillance, for instance routinely implementing data collected from microbiology departments and laboratories and monitoring sentinel agents over time; the system is called "Inf Osp" (http://portalefm.regione.lombardia.it/Portal/main.d): online, it generates statistics and periodical reports, incidence rates, different parameters related to sentinel biological agents, hospitals and divisions, timing, etc., offering each health care setting consultation and processing; a project is under way which should enable each ward to set up specific and personalized indicators of effectiveness, integrated into the Quality processes and Joint International standards Commission.

Another critical aspect, related to regional policy, is the relationship between the occupational physician and the local health authority, especially when an appeal against FFW formulated by the occupational physician is filed by the worker (or, rarely, by the employer).

The general regional policy strives to maintain a uniform conduct with the various authorities and to institute a medical board in charge of handling the appeals at local level, which should formally hear the occupational physician who issued the FFW in question, as well as the worker, who may be assisted by a personal physician. Since these procedures are often disregarded in common practice, the Lombardy Region will propose a new document requiring full cooperation between occupational physicians involved in surveillance and controls and those in charge of health surveillance in workplaces.

Actions should be based on sound epidemiological data analysis and evidence of effectiveness. A multidisciplinary effort should be the best strategy, combining evidence-based policies, surveillance, health promotion and education, specific preventive intervention in workplaces, while at the same time improving competence targeted for specific objectives, and lastly taking into account, as stated in the general policy of the Lombardy region, that workplaces are indeed a very favourable environment to positively influence lifestyle of workers, and where a strong role can be played by the occupational physician.

The opinion of the General Manager also covers some important aspects.

A key stage in policy is to assess safety constantly, starting from planning new structures, passing through acquisition and assessment of new technologies and medical devices that do not entail risks for workers and third parties, to personal protective devices, to FFW, which should certainly take into account risks for third parties, as other contributors in this volume have explained, e.g. for biological risk or drug and alcohol abuse. General Managers in health care settings, in the role of the employer, have to deal with such issues, because they are in charge of all the health needs of a population attending a public hospital. In fact, they are responsible for all internal procedures addressed to health and safety of patients, workers, contractors, as well as visitors and relatives of patients, and emergency plans.

Now the time has come to coordinate the different professional competencies and responsibilities (General manager, Occupational Physician, Medical Director, person responsible for prevention and protection, workers representatives, other delegates), with the final aim of protecting the person, according to the essence of the current legislation. More specifically, it is mandatory for a General Manager to take workers' health and safety into account when assigning them job tasks, requiring compliance with every procedure in terms of safety and protective devices. He/she also has a clear responsibility not to expose a worker to risks that can be eliminated or reduced, not to assign a job entailing risks to third parties to workers with, for example, drug-related problems, not to allow certain patients to be assisted by subjects with significant psychiatric or behavioural disorders. In such cases, the key issue here is to talk, to share information

and solutions, and only in case of need, to convene *ad hoc* committees. In this regard, a referral board, based in the health care settings or on a provincial/regional scale, composed of experts in occupational medicine (from university, local health authorities and practitioners), in infectious disease and other specialists, could advise the occupational physician as regards the final formulation of FFW, which stands as his specific legal responsibility but which, in this way, would be less prone to external influences and bias.

A relevant link here is the question of the possible appeals filed to the local health authority by workers against the FFW issued by the occupational physician, who it is assumed knows the personal, clinical, occupational and administrative history of the single worker, knows the job tasks and the specific individual risk assessment, and is fully aware of the organizational aspects of the single health care settings; therefore, any claim should be discussed directly with the occupational physician, perhaps with the employer and the risk assessor, and the local health authority should motivate any different FFW on solid grounds.

The viewpoint of the General Manager as regards issue No. 2 above is also interesting.

Again, the key points here are attention to the person/worker, to his/her professional status and skills, the ICOH code of Ethics, and the real/actual possibility of allocating in a specific setting a person with certain characteristics, taking into account the right to work. In other words, certain limitations/prescriptions might be quite trivial and easily sustainable, both for the worker and the health care settings, provided that the worker is accompanied by the organization in his/her assignments or return to work procedures. On the other hand, it should be demonstrated that – *a priori* – certain limitations/prescriptions actually prevent a specific worker from performing that specific task, also considering possible legal claims. A case by case analysis is certainly the solution, and requirements of FFW prescribed in advance are not recommended.

As for the topic of stress, the General Manager's opinion is that he/she is not in a position to take straightforward decisions. Stress management seriously challenges the entire health care settings organization and should be tackled by every party involved (human resources, occupational health professionals, risk assessors, workers' representatives, Medical and Nursing Directors, risk and quality manager, General Manager), in order to put the right worker in the right place, within a healthy organization.

The final point refers to the question of autonomy and professional independence. The key issue here is to fully respect the ICOH code of ethics as regards occupational health professionals, and to avoid, therefore, any possible conflict of interests, roles and responsibilities, especially for health and safety in health care settings, where different roles are clearly assigned by legislation, as well as the code of ethics. To combine several functional responsibilities and competencies in one person is never a sharing approach, but just a levelling off, leading to lack of comparisons and to an overall impoverishment.

According to the Medical Director, the variability of the organization systems in health care settings was significant in his experience, leading to difficulties in interpretation and application of current legislation and possible misunderstandings with occupational health professionals as regards FFW. He highly valued the use of FFW as a management tool of the workforce, along with respect for specific competencies. The issue of tailored risk assessment, together with shared rules for formulation and management of FFW was heavily stressed. Here, a cross-sectional acceptance of responsibility among the different stakeholders in FFW should lead to the use of specific competencies in a meaningful way for the stakeholders. Aging workforce, intensity of care, overall increase of workload, diminished turnover, shift work, are well known problems that are all very hard to tackle, even from the point of view of human resources and medical director management; perhaps, a reorganization of health care units would be a possible solution to help both FFW formulation and health care.

The person responsible for prevention and protection in health care settings focuses mainly on the importance of individual risk assessment and individual risk management. In this respect, in risk assessment it is important (as well as in FFW) to

also take into account the risk for third parties, coherently with what is currently done for other risks, such as fire, emergencies, etc, and that this assessment should be shared among professionals and managers. Also, for a risk assessment to be effective, it would be necessary for the activities of prevention and protection to be carried out with proper competence and resources, so that professional competence and authority are assured in setting priorities for preventive interventions where they are really needed. Moreover, a call for taking of responsibility by all parties involved in health and safety in the health care settings should be made, as well as for cooperation with the occupational physician, especially when populations at higher risk - such as pregnant women - or contractors are involved. He also hopes that in the near future health care settings in Italy be regulated through definition and implementation of the so-called essential levels of safety, just as today essential levels of care are mandatory for patient care.

The workers' representative for safety in workplaces especially stressed the need for role of this figure to be more inclined to make proposals, to share experience and intervene *a priori* rather than *a posteriori*. Her main point was to discuss the stress-related issues. First she highlighted the need for a new way of performing risk assessment, with specific sections of the activity devoted to some organizational aspects such as overload, downsizing of work staff, long working hours, dissatisfaction, absenteeism, etc. References to limitations and prescriptions in FFW should be clearly mapped and coupled with stress indicators. Here, the goal should be to set priorities for interventions clearly aimed at regaining professional competence and skills, and to design coordinated courses for redeployment. The institution of an observatory for psychological malaise would be important in preventing stress-related disorders in health care settings.

Lastly, the topics raised by the forensic medicine specialist mainly focussed on the importance of the ICOH code of ethics, the link between dignity and freedom as well as between dignity and work, all of which should be taken into account when formulating and managing FFW in health care settings. The Occupational Physician should in the end be fully aware of his/her relative isolation in formulating FFW, which originates from his/her full autonomy, as well as his/her full accountability and responsibility towards the employer and the employee (4).

Conclusive remarks

A few general conclusions can be drawn from the opinions of various stakeholders in health care settings. They all seem to agree on the fact that it is important to deal with the aspects related to formulation and management of FFW through a true multidisciplinary approach, with all parties together. The stakeholders were fully aware of the difficulties in formulating and managing FFW in day-to-day practice in the single health care setting. However, the time has come to progress from assessment of problems to the search and application of practical solutions and to follow positive examples or initiatives that have already been put in place by various health care workers, such as those represented by the authors.

Agreement was reached on the fact that the way ahead and the common perspectives should be related to: the general policy of public administrations, also on a regional basis; respect for the professional code of ethics; attention to the person/worker, sharing of responsibilities, application of good medical and prevention practices, thorough networking among different occupational health professionals; a greater role of scientific societies and associations such as the Preventive Medicine for health care workers Section. In conclusion, more than ever, a multidisciplinary approach is required to improve the quality of health and safety in health care settings, through the adoption of all the appropriate tools discussed above, with the overall aim of achieving and maintaining comprehensive benefits for workers, patients, managers, and occupational health professionals (2, 5).

No potential conflict of interest relevant to this article was reported

References

1. Alessio L, Arici C, Franco G: Fitness for work in health care workers from the prospective of ethics, science and good practices. Med Lav 2012; *103*: 165-174
2. Decreto Legislativo 3 agosto 2009, n. 106. Disposizioni integrative e correttive del decreto legislativo 9 aprile 2008, n. 81, in materia di tutela della salute e della sicurezza nei luoghi di lavoro. GU N. 180 5 agosto 2009
3. International Commission on Occupational Health: International Code of Ethics for Occupational Health Professionals. Updated version 2002, available at http://www.icohweb.org/core_docs.asp
4. Westerholm P: The ethical challenges of the occupational physician in our time. G Ital Med Lav Ergon 2010; *32*: 403-406
5. World Health Organization Europe: Occupational Medicine in Europe: Scope and Competencies. Vol. 3 in Health, Environment and Safety in Enterprises. WHO, 2000