FITNESS FOR EMPLOYMENT … DO HEALTH ASSESSMENTS DO WHAT THEY SAY THEY DO?

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ABSTRACT

The aim of this paper is to explore the dilemma facing Occupational Health Professionals and companies around the ethics involved in assessing an employee's fitness for a role. The paper is intended as a preamble to further original research on the subject. The author wishes to stimulate debate on a changing attitude to "fitness" and the meaning of the phrase "fit for work".

The focus of the paper is on cardio vascular fitness, risk assessment and the issues around obesity. The paper explores the definition of "fitness to work" and how this is viewed by different individuals.

The following questions are examined. Does the pre employment medical and subsequent annual health monitoring do what it claims to do? Does a robust system of pre employment medical lower absenteeism? The author discusses the ethical dilemma of serving two masters, the employer and the employee. His or her professional integrity can be much challenged by the commercial needs of a company. Are the rights of the employee taken into consideration in the quest to ensure "fitness"? How responsible are practitioners for future health events?

Over the years there has been much emphasis on compliance issues surrounding hearing, sight and lung capacity. Recently, however, there is an increasing emphasis on cardiac "fitness". The stimulation for this work has come from observations of a changing attitude of employers regarding the overall fitness of their employees and a rising number of employees failing health assessments.

The author feels that while Personal Protective Equipment can protect eyes and ears, protecting employees from poor diet and lack of exercise is becoming a compliance issue; and also an ethical one. Risk assessment has taken on a new meaning.

INTRODUCTION

Occupational Health and Safety has changed greatly over the past 100 years. There are laws and regulations (Health and Safety Employment Act, 1992) in place to protect employees from hearing and sight problems, from accidents and fatigue. The issues used to be focused on the health risks of the job, but the focus is now shifting towards the employee's health and fitness to carry out the job.

There are three important aspects to any health assessment. Is the employee fit and safe to do the job? Is the job going to impact on the employee's health? Is the employee fit for "life"? All are equally important.

Recent "Predict" research accurately measures the percentage risk of an individual having a cardiac event over the following five years (Predict Royal Society of New Zealand, 2008). The risk assessment is based on the Framingham Heart Study (Boston University, 1948) which calculates risk on a scoring system; smoking, cholesterol and blood pressure being the most important indicators. Many companies are now using this to assess their employees in high risk jobs. This has led to a rise in the number failing fitness assessments, with accompanying ethical and financial issues.

The local figures for "Predict" are (Wells 2008) :
Out of 78,000 enrolled patients: 8 diabetic deaths, 39 breast cancer registrations,
8 cervical cancer registrations, 8 suicides and ... 620 -780 coronary and stroke events.
This shows the significantly high incidence locally, and this is replicated across the county and the world.

A common definition of 'fit' is "adaptable to purpose", "suitable", "qualified", "competent", "prepared" (Google brainwaves). What does the employer expect form a health assessment? Experience suggests some employees see fitness as above normal ability to perform physically, such as being able to run a marathon. Others will see it as being free from disease and illness. Employers expect the employee to be able to perform all duties expected within the role and as stated above.

There are many different levels of assessment, and many different jobs. This varies from an audiogram only; to spirometry and audiology; to a full basic medical, such as sight, audiology, spirometry, height, weight and blood pressure. As soon as the employer requests the height, weight and blood pressure measurement there is an element of cardiac assessment and the Occupational Health Professional may have to make more complex decisions regarding fitness. The legal requirements and implications have to be considered. Peter Westleholm discusses this in his book, 'Practical Ethics in Occupational Health' (2004), in which he explores many of the issues raised in this paper. In particular he sees a possible conflict of interests between the employer needs, the employee needs and the role of the Occupational Health Professional. There is no legal obligation for the Occupational Health Professional to pass on information of a medical nature in order for the employer to ensure a low absentee rate (Employment Act 1992).

The author has seen these issues arise in her practice, and the team now automatically calculate the BMI when height and weight measurement is requested, and discuss this with the employee.

Recently annual health monitoring was completed for a client of the author. Twenty five employees were passed fit according to the basic full health assessment criteria. The Occupational Health Nurse (OHN) reported a high percentage of obese employees. An incident involving an obesity related health issue occurred some months later and the company questioned the effectiveness of the assessment. The ethical issues around privacy were discussed. The employer acknowledged that the health assessment requested was not specific enough to identify the health risk that the employee had suffered from. A further cardiac risk assessment was requested and completed in which thirteen employees were identified as moderate to high cardiac risk and were followed up. A full explanation was given to the employees first. The company and employees saw the benefit of a cardiac assessment for this particular role.

It is a rough estimate that around twenty five percent of the employees in the author's client base, seen in any month, need some kind of cardiac follow up.

The ethics of the health assessment, the information obtained in the process, and the storage and use of that information are vital concerns. The Occupational Health Professional does have a duty of care to the employee, and a duty regarding human rights (International Bill of Human Rights (1990) and the Privacy Act (1993)).

There is no doubt that it is unethical for an employer to use health information to decide on employment to reduce absenteeism, and yet many employers may feel this is their main way of adding value and reducing costs.

If life style choices are discussed when risk factors are identified at a medical, there is the opportunity to prevent serious health problems developing in the future, and prevent the loss of a valuable and experienced employee. Many employees may not otherwise access health care. If the employee, however, wishes to make no changes and is then unable to work, the employer faces a difficult dilemma. The employer has a commitment to the employee and it may incur costs to specialists in order to help the employee get fit.

What is meant by wellness? 'Wellness' is defined as "good condition", "happiness", "prosperity", or being "free from disease" (Google brainwaves). Is this separate from being 'fit'? Sometimes wellness assessments are thought of as the icing on the cake, only included if the company has some extra funds….but this is fast becoming a total reversal, as we see employees taken on for a job, but being unable to continue due to poor health. How does a comprehensive wellness programme become as important a regulation as wearing a hard hat? It has to be financial viable.

Research shows the financial gain of well structured wellness programmes. Kathryn Owler quotes a 2005 Southern Cross survey that found New Zealand companies were spending over a billion dollars a year on absenteeism (Owler, 2008). Motorola conducted a year long study on the costs of wellness benefits and found that for every $1 spent on wellness they saved nearly $4. Another study (Lahiri and Gold, 2005) found employees with poor health to have nine times the sick days, and that healthy employees were three times more productive. Wellness programmes have been found to be more effective when employees are involved from the outset (Owler, 2005).

The employer needs to see added value to their company by preventing poor health of employees, and by reducing the absenteeism, morbidity and mortality of their employees. It is known that production is increased (Owler, 2005) where the employees receive care and concern from their employer…the "feel good factor".

CONCLUSIONS

This paper has touched the very tip of the iceberg. The cardiac risk assessment shows that interventions reduce the risks significantly; "the greater the risk, the greater the benefit from treatment" (Wells, 2008). It has been shown to be financially viable to prevent rather than cure. A big cultural change needs to take place for a focussed health assessment process following through the long term health of the employee. Employers need to have access to this information in order to choose the most appropriate risk assessment for their employees. There needs to be more information available to Occupational Health Professionals regarding the employee's role. Ethical issues regarding sharing of information need to be clear to all involved.

Where do Occupational Health Nurses go from here? More in depth research is needed into the failure rate and more longitudinal research into preventative wellness packages which are appropriate and acceptable to employers and employees.

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