

A Total Workplace Safety and Health Service – What Are the Implications for the Employees and Employers?

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A total workplace safety and health (TWSH) service is one where the elements of safety, health and well-being are considered, implemented and integrated at the workplace.

There is an increasing need for a TWSH service to both protect and promote the health of the workforce in Singapore. Over the last few decades, protecting the health of the workforce has generally focused more on occupational diseases and safety at work. Workers' medical needs are catered to by the general healthcare provider which may not focus much on occupational health i.e. the mutual relationship between work and health – how health can affect work and how work can affect health. Workplace health promotion and well-being activities are usually isolated, stand-alone programmes without a concerted understanding and consideration of the unique safety and health issues for the participating workplace.

We argue that it would be useful to implement a TWSH service in Singapore to not only keep the workers safe, but also healthy. Singapore is facing a rapidly ageing population. The official retirement age has been increased. The prevalence of chronic diseases in the workforce is rising and expected to rise further. We will have to shed the outdated notion that the management of chronic diseases is not a problem of employers but of society or government because it will no longer be true that people develop these diseases after retirement. The age of onset of chronic diseases has shifted from the late 50s and 60s to the 40s and 50s when people would still be active in the workforce. Hence, an acknowledgement of the prevalence of common chronic diseases among employees is important not only because such diseases are becoming more prevalent, but the age of onset of these diseases is also much earlier. These two trends point to rising healthcare costs for employers.

If not well managed, chronic diseases will reduce productivity through sickness absenteeism, increase healthcare costs and reduce employees' working capacity

and inherent motivation. In countries and industries which face labour shortages, management of chronic diseases among employees has become an imperative.

As the workplace is a “captive audience”, it makes sense to implement programmes that detect and manage chronic diseases in the workforce, as well as prevent or delay the onset of associated complications. This approach is likely to be a win-win for both employers and employees. Employees with chronic diseases will benefit from having better control of the diseases, resulting in fewer complications and a better quality of life. For employers, this translates into enhanced productivity and lower healthcare costs for the company. In the interim, medical costs may be higher as workers with chronic diseases will need to be treated and managed after being diagnosed, but benefits will accrue in the medium to long-term.

Health insurance premiums will be higher for companies with a larger proportion of staff with chronic diseases. Some insurance companies already offer longer term medical policies that incentivise (with lower insurance premiums) companies with programmes that screen at-risk groups for chronic diseases and manage them early to prevent or delay the complications associated with these diseases. These preventive measures result in lower complication rates and treatment, which in turn, translate to lower claims for specialist and tertiary care. In the longer term, there may well be further cost savings as the complications arising from chronic diseases will either be prevented or delayed as a result of earlier detection and appropriate management of the diseases.^{1,2}

The selective use of health screening improves cost-effectiveness and diagnosis rates, providing a platform upon which chronic diseases can be managed earlier and more effectively by reducing complications.³⁻⁵ Other reports about the cost saving benefit of early detection of chronic diseases are less conclusive. The reason for this may lie

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in the different population groups as well as the different health systems across the studied groups.¹ In a local study, a multinational company which was very supportive of an integrated WSH programme engaged a healthcare group to run a comprehensive chronic disease programme (CCDP) through early detection of diseases over a 5-year period. They demonstrated at least a 40% year-on-year reduction in the past 2 years in tertiary care costs which result from complications arising from chronic disease after the chronic disease programme was in place. After the CCDP was implemented, the mean medical certification (MC) leave per employee fell from 2.57 MC in 2010 to 2.17 in 2012. That translates to a saving of 1924 man-days per year (personal communication). With clear, objectively measurable benefits, companies may be more willing to pay for such programmes.

There are other considerations besides cost to motivate businesses to adopt TWSH. Besides the older retirement age, the nature of work has also changed. As employees move towards less physical work and more desk-bound or mobile work, the health risks may shift accordingly. For example, office workers face increased health risks from long hours of sedentary behaviour. This is more pronounced in Singapore, which has consistently ranked high among countries with the longest work hours in the world. Hence a TWSH programme can be seen as a proactive way of managing business risks from employee ill-health. The increasing burden of chronic diseases is worrisome for businesses, especially from the perspectives of corporate sustainability and responsibility. Clearly, a workforce that is ageing and less healthy is less sustainable and may face threats to continuity. Businesses also face increasing scrutiny and heightening expectations of their corporate responsibility towards stakeholders (including employees). Recent changes to Singapore's Code of Corporate Governance put the responsibility for a company's social performance squarely in its Board's hands. Properly managed, a TWSH service can contribute towards a company's responsibility ratings and even win it praise and recognition for being an enlightened employer. This could be the start of a virtuous cycle that sees the company gaining a reputation as an employer of choice, and attracting better talent.

Now that the business case for health has been made, we turn to the problems in the everyday execution of the idea. We need doctors who are trained to manage chronic diseases and who understand the interaction between work and health. We do have designated workplace doctors and occupational physicians. But more could be done to train especially the medical students which presently have minimal teaching on occupational medicine. Human resource (HR) policies should clearly address the outcomes of health screening. Employees found to have chronic or

any other diseases should not face discrimination. HR policies should also address the clinical management of conditions and provisions for medical treatment and follow-up. Some companies only pay a yearly fixed amount to the employees for medical claims and the individual employee is responsible for his own medical insurance. What if some individuals do not purchase medical insurance and now have to pay for this additional medical expense? It is important for this group of individuals to understand that the early detection of the diseases also ensures appropriate management and reduces morbidity and complications associated with the disease. Therefore, the company should encourage this group of employees to obtain personal medical insurance if the employer does not provide for it.

The challenge for us now is to implement TWSH at work, to understand its benefits and constraints. A further challenge, after we learn and improve from these initial attempts, will be to spread TWSH across companies. Only then will we be ready for the challenges of an ageing, shrinking and more vulnerable workforce. Attempts need to be made in implementing TWSH, or we may never fully understand the benefits and constraints of a healthcare system comprising a TWSH service.

REFERENCES

1. Busse R, World Health Organization, European Observatory on Health Systems and Policies. Tackling chronic disease in Europe: strategies, interventions and challenges. Copenhagen: World Health Organization on behalf of the European Observatory on Health Systems and Policies; 2010. xii,111 p.
2. Health and Safety Executive. Occupational Health Provision on the Olympic Park and Athletes' Village Final Report United Kingdom 2012 [cited 2013 30 Jan]. Available at: <http://www.hse.gov.uk/research/rrpdf/rr921.pdf>.
3. Russell LB. Preventing chronic disease: an important investment, but don't count on cost savings. *Health Aff (Millwood)* 2009;28:42-5.
4. Organization WH. Preventing chronic diseases: a vital investment – WHO global report. WHO Global Report; 2005.
5. Cohen JT, Neumann PJ, Weinstein MC. Does preventive care save money? Health economics and the presidential candidates. *N Engl J Med* 2008;358:661-3.