

British Columbia's outsourced hospital workers: An occupational health and safety perspective

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Objectives:

Cleaners and Food Service Workers (CFSW) form a sizeable portion of the healthcare workforce. Four out of the six health authorities in British Columbia (BC), Canada have outsourced these services to external providers since. Evidence suggests a negative impact of outsourcing on the occupational health and safety of outsourced workers. This mixed-methods project investigated the impact of outsourcing on the health and safety of outsourced and non-outsourced healthcare CFSWs.

Methods:

There were two studies to this project. Study 1 was a quantitative analysis of three commonly used outcomes indicators of occupational health and safety: the rate of injury per bed per hospital, average days lost per injury per hospital and average costs per injury per hospital associated with CFSWs working at acute care facilities in BC from 2001 to 2008. Accepted and compensated time-loss injury claims data available from WorkSafeBC records and annual total bed counts from the Ministry of Health aggregated for every acute care hospital for the study period were analysed. Incidence rate ratios (IRR) of injury rates per hospital (offset by bed counts) and average days lost per injury per hospital for outsourced and non-outsourced workers per occupation were calculated for two periods - pre (2001-2003) and post (2005-2008) outsourcing. The analyses were controlled for health authority effects, hospital size and pre and post outsourcing. Trends in average costs per injury per hospital pre and post outsourcing for outsourced and non-outsourced workers controlling for nature of injury, type of accident, health authority effects, size of hospitals and exposure period were calculated using multiple linear regression. Study 2 was a qualitative study, complementing the quantitative analysis. Twenty semi-structured telephone interviews were conducted and transcripts were thematically analysed. Outsourced and non-outsourced CFSWs from five health authorities were invited to share their experiences and perceptions relating to occupational health and safety.

Results:

A decrease in (IRR) of injury rates post outsourcing for outsourced CFSW (Cleaners IRR =0.79, CI=0.57, 1.09; FSW IRR = 0.65, CI=0.57, 1.10), although the 95% CI estimates include '1'. The IRR of average days lost per injury showed a decrease post outsourcing for outsourced CFSW (Cleaners IRR=0.81, CI=0.66, 0.99; FSW IRR=0.80, CI=0.50, 1.28), although the 95% CI estimates included '1' for FSWs. Average costs per claim for outsourced cleaners were shown to decrease significantly ($p<0.05$) post outsourcing. Twenty telephone interviews were held. Five main themes were identified: injury experience, workplace training, occupational health and safety awareness, employer support and work overload. The study found that while outsourced workers indicated instances of underreporting, there were no distinct differences in the remaining four themes between the groups of outsourced and non-outsourced. Interview results showed that workers at outsourced facilities suggested possible underreporting of injuries.

Conclusions:

The study outcomes suggest that there is a change in injury outcomes and experiences among outsourced workers in the period post outsourcing, possibly due to underreporting of injuries among outsourced workers. The results of this study provide preliminary evidence of the association between outsourcing and occupational health and safety and future research is warranted.