

**Disability management in the era of COVID-19:
A case study of occupational health challenges in the nursing profession**

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Keywords: COVID-19, disability management, nursing

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Organizational Context

Symbiosis Life Sciences Centre is a multi-site regional health organization serving a population of several million people across multiple regions. Primary facilities include two full-size hospitals, two state-of-the-art emergency departments, two operating rooms, long-term care facilities, in-patient and out-patient specialty services, and several off-site clinics. It employs upwards of 5,000 staff members, including executive personnel, physicians, nurses, social workers, clerks, information technology specialists, and a wide range of support staff to ensure continuous operations.

Due to the critical and on-going nature of emergency and long-term healthcare operations, many employees engage in 24/7 rotating shift schedules. General operations include a range of administrative, clinical, and logistical functions such as: medical care, biomedical engineering, diagnostic imaging, transportation, environmental services, dietary services, occupational health, human resources, and maintenance. Nursing staff in particular fulfill a crucial and dynamic role in the day-to-day activities of the organization. As the backbone of all clinical operations, nurses are responsible for a wide variety of tasks including patient triaging, assessment, medication administration, critical care, documentation, and more.

Operating Challenges

The emergence and proliferation of SARS-CoV-2 (COVID-19) has caused substantial disruption to the normal operations of Symbiosis Life Sciences Centre. Challenges stemming from high absenteeism rates, vaccine mandates, and a surge in patient volumes has resulted in significant safety concerns for its front-line workers and patients. Vaccine mandates, in particular, have had the unforeseen consequence of reducing the available pool of nurses to address an increasing number of acute patients. This has translated into higher patient loads (i.e. nurse to patient ratios), reduced quality of care, and reduced health outcomes for patients.

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Management Perspectives

From the perspective of senior leadership at Symbiosis, the highest priority of the organization is the safety and care of its patients. This is typically achieved through enforcing numerous regulations, standards, and best practices in its day-to-day operations. Additionally, strong governmental and social pressures have forced the implementation of vaccine mandates on its workforce. These mandates, along with high absenteeism rates, have considerably reduced the availability of certified healthcare professionals, causing significant challenges in staffing. The loss of employees has also increased pressures on senior leadership to recruit additional staff, largely from newly graduated cohorts who require extensive training due to their relative inexperience. This has increased unsafe conditions both for its nursing workforce and the patients who rely on quality care. However, to maintain its credibility and promote workplace and public safety, senior leadership must remain committed to adhering to strict government-mandated health policies.

Employee Perspectives

Nursing staff and their unions are similarly and increasingly concerned about the devolving safety conditions of their workplace. Many nurses have opted to completely withdraw from the profession due to concerns with mandates, working conditions (i.e. overtime hours, back to back shifts, reduced breaks), and compensation. They have also borne the primary brunt of front-line exposure to an evolving and deadly infectious disease, sometimes under conditions of inadequate personal protective equipment and a lack of knowledge in regards to transmission, treatment, and health outcomes. The enforcement of vaccine mandates has continued to degrade the available pool of nursing professionals, and has subsequently contributed to the cascading deterioration of working conditions for remaining staff.

Incident Summary

Working amidst these operating challenges is Sophie; a registered nurse at one of Symbiosis' off-site facilities. Her primary responsibilities include providing care for elderly patients who are awaiting admission to long-term care facilities. Due to the disproportionate effects of the pandemic on elderly patients, Sophie's ward was one of the first to experience a severe

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outbreak of COVID-19, resulting in numerous patients and nurses contracting the virus. As one of the nurses who fell ill, Sophie has continued to suffer well beyond the typical lifecycle of infection; she has been diagnosed with long-COVID. Her symptoms include recurring fevers, weakness, fatigue, and brain-fog, leading her primary care physician to deem her incapable of resuming regular nursing duties. With recovery timelines unknown, Sophie has had to rethink the final years of her career despite wishing to continue serving as a registered nurse. Sadly, she has not yet received confirmation of her employment status from Occupational Health Unit despite several weeks having elapsed.

“I’ve tried getting in touch with the Occupational Health Unit numerous times and nobody seems willing to talk to me. Why are people avoiding me? Why are people ignoring my calls? I’ve been a dedicated nurse for over 25 years; I’ve poured my heart and soul into this career. I’ve given my patients and this organization everything. I deserve to know whether I can continue working in my profession as a nurse.”
-Sophie, Registered Nurse

The Occupational Health Unit at Symbiosis has been aware of Sophie’s sensitive case for some time now. However, the organization has been struggling to determine the correct course of action given the complex operating challenges identified above. As a result, Sophie has been allowed to continue in her regular duties while her case has remained unaddressed. Amanda, a junior Disability Management Specialist, has recently been assigned to the case. Amanda knows that Sophie’s nursing career is over, however, she has resolved to only communicate this crippling news upon establishing a flexible solution for both parties. Meanwhile, the organization continues to stall in its deliberation.

“When I saw this file and how long it had been sitting, my heart sank. I knew that I would eventually have to communicate the heartbreaking news: Sophie would never get to practice as a nurse again. I promised myself then and there that I would concentrate all my time and energy on finding an alternative work arrangement for Sophie so that when I broke the bad news, I would also have a bit of hope to offer her too. I just wish the organization would’ve taken action on approving my work plan sooner.”

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-Amanda, Disability Management Specialist

Discussion Questions

From the employer's perspective (Symbiosis):

1. What are Symbiosis' legal and/or moral obligations as it relates to Sophie's long-term disability case? What are the legal limits of these obligations?
2. What are some of the accommodation strategies or practices that may be applied to Sophie's case?
3. Is Symbiosis succeeding in promoting an organizational safety climate? Why or why not? What could be done to improve it from an employer perspective?

From the employee's perspective (Sophie):

1. How would you react to this situation? Would you feel safe and/or comfortable presenting to work for your regular duties?
2. Given the largely invisible nature of your symptoms and the stigma associated with COVID-19, how would you feel about disclosing your condition to your colleagues? Please discuss potential workplace challenges surrounding COVID-19 stigma.
3. Is Symbiosis succeeding in promoting an organizational safety climate? Why or why not? What could be done to improve it from an employee perspective?

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APPENDIX I: Recruitment Message

[Case Study] - Occupational Health & Safety > Inbox x



Jason Molnar <jason.a.molnar@gmail.com>
to cassandra.canario@gmail.com ▾

Mon, Oct 17, 8:46 PM ☆ ↩ ⋮

Hello,

My name is Jason Molnar. I am an undergraduate Disaster & Emergency Management student at York University.

As part of my Occupational Health & Safety course, I would like to interview you about common health and safety challenges in your organization. Your answers will help me to understand real-life health & safety challenges in organizations. I will then use your answers to develop a case study about a fictitious organization. This case study will be shared with Occupational Health & Safety educators across the world to be used in their courses.

Our interview should not take more than 30 minutes.

Please give me 30 minutes of your time to support our learning.

My email address is jason.a.molnar@gmail.com.

Thank you,
Jason Molnar

***Informed Consent was signed and submitted digitally.**

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APPENDIX II: Interview Protocol & Transcription

- 1) **Can we start with getting to know you? What kind of an organization you work for? What is your role? How long have you been in this organization/role?**

Cassandra
Acute Healthcare Facility - Hospital
Occupational Health & Safety + Disability Management Specialist & Registered Nurse
Both Clinical and Disability Management Tasks
Current Organization Length: 13-15 years
Current Position: ~5 years

- 2) **Can you please provide more details about your organization? (e.g., industry, size, daily activities etc.)**

Hospital - 24/7 open location, patients coming in and out
Size: Two-site hospital with multiple offsite locations
Two full-size hospitals, two full-size emergency departments, two operating rooms
Occ Health is not 24/7 - typically open Monday to Friday, 7-4, with weekend and evening on-call duties
Behind the scenes work, ensuring safe hospital operations
Nursing side: incoming employees, vaccine statuses, exposures to biohazardous materials, short-term sickness/illness, long-term disability
Safety side: 2 safety consultants who manage temperatures, ministry compliance

- 3) **Can you tell us about a significant health and safety-related challenge you have been facing in this organization?**

During COVID-19, staffing has become a significant challenge. The vaccine mandates has led to many nurses losing their jobs, which caused less nurses to address an increased number of patients presenting due to the pandemic.

a. Why is this a significant problem?

Huge safety concern for patients due to a higher patient load (nurse to patient ratio) which means less care devoted to each patient, more mistakes, which causes worse outcomes for patients. Which is what Occupational Health & Safety is mandated to protect against.

b. What is the management's position in this challenge?

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Management's priority is the safety and care of patients - a lot of pressure came from organizations which put into effect vaccine mandates. Losing employees has caused a significant issue with management being able to staff at appropriate levels. The loss of employees has resulted in increased pressure to recruit, however, new hires similarly must have up to date vaccination statuses. A large part of the new hires were new grads who needed significantly more training than an experienced nurse, similarly impacting patient outcomes.

c. What are the employee's position in this challenge?

Many nurses have outright left the profession due to concerns with mandates, work overload (too many hours, back to back shifts, no breaks). and compensation concerns. They also experienced a significant amount of fear at the beginning of the pandemic due to nurses being on the front lines, potentially without adequate PPE, when we lacked knowledge of transmission. Many nurses ultimately contracted COVID-19 when treatment options were still unknown.

d. Why do you think this problem has a difficult solution?

This issue is a vicious cycle. The on-going pandemic means that nurses cannot be re-hired without up to date vaccination statuses, and many nurses who left remain unwilling to be vaccinated for personal reasons. We cannot force nurses to become vaccinated. COVID-19 is always evolving, so the organization is always trying to "catch up" - despite improvements, there is always an element of uncertainty with flu seasons and colder weather. Its difficult to solve the issue without being able to produce nurses that meet the requirements of the organizations.

4) Can you please tell us about a specific incident when this problem presented?

a. What was the situation?

At an off-site facility dealing with elderly patients waiting to be admitted to a permanent long-term care home. COVID-19 disproportionately affected elder patients. One of the first outbreaks of the pandemic resulted in this unit, which caused a significant number of staff/nurses contracting COVID-19. One of the staff members who suffered from COVID-19 continues to suffer from symptoms of long-COVID, and her physician has deemed her incapable of resuming the regular duties of a nurse. Her career has completely ended. She was one of the first people to contract COVID-19 in March 2020, and has been fighting for recovery ever since. She has been forced to re-think her career. She is an older staff member who isn't seeking new career options, she simply wants to finish her career as a nurse.

b. What was your task?

Cass was the case manager who managed her claim over a two-year period. When it comes to case management, she tries not to get emotionally involved by separating work and personal

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feelings. But this one hit hard. Cass was the specialist who had to inform the staff member that her nursing career was over - no one else had the heart to tell her the status of her case. She was ignored, allowed to continue on in her role by other employees. She kept asking why people were avoiding her/ignoring her calls.

c. What action was taken?

Before she gave her the bad news, Cass' goal was to find her an alternative position with the organization that she was qualified for given her permanent limitations. The employee was extremely loyal/dedicated to the organization and so we wanted to find an accommodation that met both parties' interests. Along with the bad news, Cass managed to find a number of alternate positions within the organization if she was willing to try something new. But also to give her some time to grieve the loss of her career.

d. What were the results?

Currently the staff member is working in her new, alternative position. She does still have endurance issues due to her medical limitations, but the employee and organization are using a phased approach with modified duties to allow the person to slowly build up the endurance to work a full 8-hour shift. She is currently in the training phase.

5) Is there anything else you would like to share with us?

COVID-19 has created significant on-going organizational and personal challenges. COVID-19 taught the organization a lot about its potential and capabilities (e.g. flexibility, the importance of dedication to staff, the ability to find alternative roles/accomodation for employees with medical limitations that were caused on the job). Lessons learned.

Thank you for your time.