

Newfoundland and Labrador
Health Human Resource Indicator Report 1999 to 2003
Part 4 – Workforce Wellness



**GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR**
Department of Health and Community Services

The Health Human Resource Indicator Report 1999 to 2003 is comprised of the following separate documents to facilitate ease of distribution, verification, and update:

Executive Summary

Introduction

Part 1 – Who’s Who

Part 2 – Full-Time Equivalent

Part 3 – Overtime, Callback, and Relief

Part 4 – Workforce Wellness

Part 5 – Workforce Movement

Part 6 – Retirement Estimates

Part 7 – Definitions

This document is:

Part 4 – Workforce Wellness

This document provides an analysis of workforce wellness as represented by sick leave and injury-related hours.

Health Human Resource Indicator Report 1999 to 2003 Part 4 – Workforce Wellness

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The Health and Community Services Human Resource Planning Unit represents a partnership agreement between the Government of Newfoundland and Labrador Department of Health and Community Services, and the Newfoundland and Labrador Health Boards Association. Please direct inquiries related to this report to the Newfoundland and Labrador Health Boards Association.

Summary

A complete analysis of workforce wellness would include health and safety initiatives, and physical and emotional health of an organization. This part of the Health Human Resource Indicator Report 1999 to 2003 is limited to workforce wellness as characterized by injury leave, sick leave, and grievances. Injury and sick leave combined accounted for 1151 FTEs or 7.7 per cent of all earned hours.

Injury leave was prominent for several occupational groups. In the primary occupations category, licensed practical nurses and registered nurses had the highest percentage of their total earned hours in injury leave in 2002/03. Personal care attendants, paramedics, and housekeeping and dietary staff had the highest percentage of their total earned hours in injury leave in the ancillary occupations categories. Three health boards averaged more than three per cent of their total earned hours in injury leave in 2001/02 and 2002/03. In total, the average health board employee lost 40.2 hours or five days (at 7.5 hours per day) in 2001/02 and 33.7 hours or four days (at 7.5 hours per day) in 2002/03 to injury leave.

Sick leave represented 5.6 per cent of total earned hours for all occupations in 2002/03. In the primary occupations category, licensed practical nurses and registered nurses had the highest percentage of their total earned hours in sick leave. Paramedics, personal care attendants, and housekeeping and dietary staff had the highest percentage of total earned hours in sick leave in the ancillary occupations categories. Paramedics, also, had the highest percentage of total earned hours in sick leave for all occupational groups including the primary occupations category. Six health boards averaged over six per cent of total earned hours in sick leave. In total, the average health board employee lost 90.9 hours and 91.9 hours in 2001/02 and 2002/03 to sick leave respectively, or approximately 12 days (at 7.5 hours per day) annually.

The number of grievances generated by employees could be considered as a proxy measure of employee satisfaction. In 2001/02 and 2002/03, grievances were filed at a rate of 6.0 to 6.6 grievances per 100 employees respectively, and resolved or dropped at a rate of 2.5 to 3.1 grievances per 100 employees respectively, although this figure is understated due to data quality issues. Of ten health boards able to provide complete information, eight reported that grievances were being generated faster than they were being resolved or dropped. The three largest health boards were not able to provide complete information in this regard and figures should be interpreted with caution.

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1. Preamble

A complete analysis of workforce wellness would include health and safety initiatives and physical and emotional health of an organization. This part of the Health Human Resource Indicator Report 1999 to 2003 is limited to workforce wellness as characterized by injury leave, sick leave, and grievances. The purpose is to identify trends across occupational groups and employers, areas of best practice, and opportunities for improvement.

The reader is referred to the Executive Summary and Introduction for an overview of findings and detailed supporting notes including background, methodology, and limitations. Definitions are contained in Part 7 – Definitions.

The Government of Newfoundland and Labrador's (NL) decision to transform 14 health boards into four regional integrated health authorities (RIHAs) was announced on September 10, 2004, and governance structures were established in early 2005. Data and analysis in this document can be regrouped to reflect new RIHA structures. Please direct inquiries to the Human Resource Planning Unit (HRPU). Contact information is shown at the beginning of this document.

2. Injury

2.1. Incidents

The Workplace Health, Safety and Compensation Commission (WHSCC) of NL provides short and long term disability benefits to injured workers under specific rules and guidelines. For the purposes of this report, WHSCC incidents are considered in three categories:

- A. **WHSCC Incidents with Lost Time:** The number of workplace health and safety incidents occurring in the fiscal year being reported that involved lost time, and may include medical aid.
- B. **WHSCC Incidents Reports Only:** The number of workplace health and safety incidents occurring in the fiscal year being reported with no lost time and no medical aid.
- C. **WHSCC Incidents Medical Aid Only:** The number of workplace health and safety incidents occurring in the fiscal year being reported that are medical aid only and no lost time.

WHSCC enacted a new policy on the Early and Safe Return to Work (E&SRTW) program on January 1, 2002. This program gives the employer responsibility for program administration, employee assessment, and workplace modifications as a result of injury. Employers also have the onus of compensation for the program. WHSCC, consequently, does not count incidents involving E&SRTW as claims. Data from both WHSCC and employers would be needed to comprehend the full provincial picture.

Injury leave is generally work-injury related. The following data gives an overview of workplace injuries by occupational group and health board. Data was collected from health boards and a limited number of occupations were studied.

Table 1 shows the WHSCC lost time incident rates per 100 employees by occupation from calendar 1999 to fiscal 2002/03, sorted descending by lost time incident rate per 100 employees in 2002/03.

Table 1. WHSCC Lost Time Incident per 100 Employees by Occupation, 1999 to 2002/03.

Occupation ¹	Number of Claims				Rate per 100 Employees			
	1999 ^{2,3}	2000/01	2001/02 ^{4,5}	2002/03	1999	2000/01	2001/02	2002/03
Primary Occupations								
Recreation/Development Specialists		1	0	5		3.4	0.0	17.9
Licensed Practical Nurse	225	273	233	284	8.9	9.8	9.4	10.5
Respiratory Therapists		2	1	6		2.9	1.4	8.0
Nuclear Medicine Technologists			0	1			0.0	7.7
Registered Nurses	339	319	218	221	7.2	6.3	4.7	4.5
Medical Radiation Technologists			4	7			1.7	2.7
Pharmacists	2		0	2	2.1		0.0	2.
Social Workers	6	9	9	11	1.0	1.4	1.4	1.7
Manager			2	7			0.2	0.8
Medical Laboratory Technologists			4	1			1.2	0.3
Behaviour Management Specialists			1	0			1.3	0.0
Combined LX Technologists ⁶			1	0			10.0	0.0
Occupational Therapists	3	1	0	0	3.2	0.9	0.0	0.0
Physiotherapists	2	1	1	0	1.7	0.9	0.9	0.0
Prosthetists-Orthotists		1	0	0		4.8	0.0	0.0
Psychologists		2	1	0		4.0	1.7	0.0
Subtotal	577	609	475	545	5.9	6.4	4.9	5.3
Ancillary Occupations - Clinical								
Paramedics			6	10			5.0	7.6
Subtotal			6	10			5.0	7.6
Ancillary Occupations - System								
Dietary			131	140			13.5	13.3
Housekeeping			163	165			13.2	12.4
Laundry			30	26			11.8	9.4
Materials Management			19	25			5.2	6.5
Facilities			23	28			5.7	6.4
Subtotal			343	384			11.3	11.0
Total	577	609	847	939	5.9	6.4	6.5	6.7

Notes:

1. Annual WHSCC lost time incident rates per 100 employees are calculated as the number of WHSCC lost time incidents per year divided by the workforce count for that year and multiplying by 100. Blank spaces indicate that data was not available.
2. Source: Review of Workplace Health and Safety Compensation Commission Claims by Public Health Care Employees in Newfoundland and Labrador 1990 – 1999 Part II (Health Board Review) April 2002.
3. Data unavailable for Pentecostal Senior Citizens Home for 1999.
4. WHSCC lost time incident rates for 2001/02 and 2002/03 are calculated using the workforce counts for the professions studied as of March 31, 2003.
5. Data unavailable for Avalon Health Care Institutions Board for 2001/02.
6. Combined LX technologists are combined laboratory and x-ray technologists.

From 1999 to 2002/03, the WHSCC lost time incident rate for all occupational groups increased by 0.8 per 100 employees, from 5.9 per 100 in 1999 to 6.7 per 100 in 2002/03, although data is not comprehensive over the whole timeframe and caution is noted. Recreational/development specialists and licensed practical nurses had the highest rates of lost time incidents per 100 employees, at 17.9 per 100 and 10.5 per 100 respectively. Note that the recreation/development specialists workforce is small in number at 28 professionals. The licensed practical nurses injury rate has remained constant over several years. Although, there were approximately twice as many registered nurses in the province, licensed practical nurses had more lost time injuries in the last two years of data.

In the ancillary occupation – system category, dietary and housekeeping staff had the highest rate of WHSCC lost time incidents. Dietary experienced a WHSCC lost time incident rate of 13.3 per 100 employees, or approximately one in seven employees; housekeeping experienced a WHSCC lost time incident rate of 12.4 per 100 employees, or approximately one in eight employees. Dietary and housekeeping had the second and third highest WHSCC lost time incident rates for all occupational groups.

Table 2 shows lost time incident rate per 100 employees by health board from calendar 1999 to fiscal 2002/03, sorted descending by the average.

Table 2. WHSCC Lost Time Incident Rates per 100 Employees by Health Board, 1999 to 2002/03.

Health Board ¹	1999 ²	2000/01	2001/02 ³	2002/03	Average
Avalon Health Care Institutions Board	9.7	10.3	n/a ⁵	9.2	9.7
Western Health Care Corporation	7.4	8.1	11.0	9.1	8.9
Central East Health Care Institutions Board	7.5	11.1	6.0	7.6	8.1
St. John's Nursing Home Board	8.1	4.7	8.0	8.4	7.3
Health Care Corporation of St. John's	5.8	5.7	7.0	7.0	6.4
Pentecostal Senior Citizens Home	n/a ⁴	15.2	1.1	7.8	6.0
Central West Health Corporation	6.1	8.8	2.7	6.3	6.0
Peninsulas Health Care Corporation	4.3	6.5	6.5	4.9	5.6
Health Labrador Corporation	1.9	7.0	3.4	4.6	4.2
Health and Community Services - St. John's	2.6	2.3	1.9	1.9	2.2
Health and Community Services - Central	3.6	1.9	1.7	1.3	2.1
Grenfell Regional Health Services Board	1.5	2.7	2.6	1.6	2.1
Health and Community Services - Eastern	3.1	1.1	1.7	0.4	1.6
Health and Community Services - Western	1.4	2.0	1.3	1.3	1.5
Newfoundland Cancer Treatment and Research Fdn.	0.0	0.0	0.0	0.0	0.0
Average	5.9	6.4	6.5	6.7	6.4

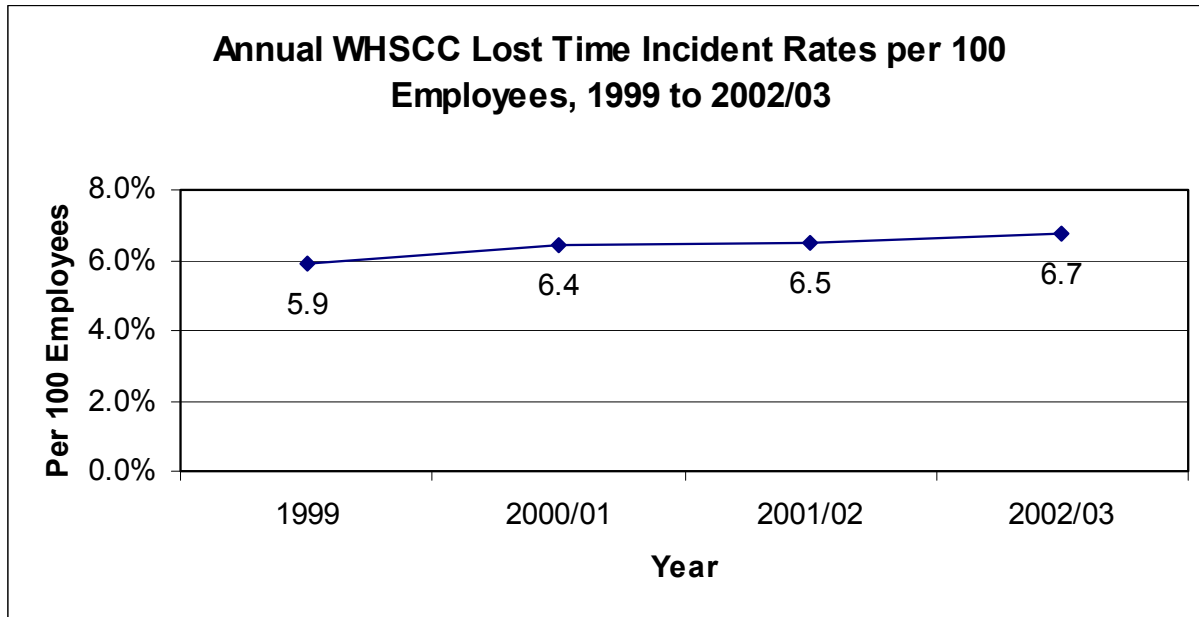
Notes:

1. Annual WHSCC lost time incident rates per 100 employees are calculated as the number of WHSCC lost time incidents per year divided by the workforce count for that year and multiplying by 100.
2. Source: Review of Workplace Health and Safety Compensation Commission Claims by Public Health Care Employees in Newfoundland and Labrador 1990 – 1999 Part II (Health Board Review) April 2002. Data collected is for calendar year 1999.
3. WHSCC lost time incident rates for 2001/02 and 2002/03 are calculated using the workforce counts for the professions studied as of March 31, 2003.
4. Data unavailable for Pentecostal Senior Citizens Home for 1999.
5. Data unavailable for Avalon Health Care Institutions Board for 2001/02.

Over a four-year period, the average WHSCC lost time incident rate for the health and community services system was 6.4 per 100 employees. More than half of health boards had average annual WHSCC lost time incident rates over five per 100 employees. Avalon Health Care Institutions Board, Western Health Care Corporation, Central East Health Care Institutions Board averaged the highest annual lost time incident rates at 9.7 per 100, 8.9 per 100, 8.1 per 100 respectively.

Annual lost time incident rates per 100 employees from calendar 1999 to fiscal 2002/03 are shown graphically in Figure 1.

Figure 1. Annual WHSCC Lost Time Incident Rates per 100 Employees, 1999 to 2002/03.



A Study of Health Human Resources in Nova Scotia 2003 (2003) reports that 4855 claims were submitted to the provincial Worker’s Compensation Board (WCB) in 2000, of which 30 per cent were for lost time incidents. Given a total of approximately 38,000 health workers were covered by the WCB in 2000, the lost time injury rate for Nova Scotia in 2000 was approximately 3.6 per 100, although caution must be used in comparing statistics from this document to statistics from the Nova Scotia analysis due to differing scopes, timeframes, and definitions.

Many workplace injuries do not result in lost time, but may result in a report only or medical aid only claim. Report only incidents are defined as any incident in which an employee is injured and a report of the incident is filed. The injured person does not require medical treatment at the time of the incident, but the report is filed in the event that medical attention is needed if the injury becomes more serious. Note that the number of report only claims depends heavily on the emphasis an organization may place on reporting such incidents. Medical aid only incidents are defined as any incident in which the injured person requires short-term medical attention, such as from a physician or chiropractor. Medical aid only incidents do not result in lost time.

Table 3 shows WHSCC report only incident rates per 100 employees for 2000/01 to 2002/03, sorted descending by average.

Table 3. WHSCC Report Only Incident Rates per 100 Employees by Health Board, 2001/02 to 2002/03.

Health Board¹	2001/02²	2002/03	Average
Western Health Care Corporation	25.5	22.5	24.0
Health Care Corporation of St. John's	17.0	18.0	17.5
Peninsulas Health Care Corporation	13.3	14.1	13.7
Grenfell Regional Health Services Board	12.4	7.9	10.2
Central East Health Care Institutions Board	7.5	7.8	7.7
Pentecostal Senior Citizens Home	3.3	3.3	3.3
Central West Health Corporation	2.6	3.1	2.9
Health and Community Services - St. John's	1.9	3.4	2.7
Newfoundland Cancer Treatment and Research Fdn.	1.8	3.6	2.7
Health and Community Services - Western	2.5	2.5	2.5
Health and Community Services - Eastern	0.4	3.5	1.9
Health Labrador Corporation	0.7	2.1	1.4
Health and Community Services - Central	0.0	0.0	0.0
Avalon Health Care Institutions Board	n/a ³	n/a	n/a
St. John's Nursing Home Board	n/a ⁴	n/a	n/a
Total	13.5	13.6	13.5

Notes:

1. Data unavailable for 1999 and 2000/01.
2. WHSCC report only incident rates from 2001/02 and 2002/03 are calculated by dividing by the workforce counts for the professions studied as of March 31, 2003 and multiplying by 100.
3. Data unavailable for Avalon Health Care Institutions Board for 2001/02 and 2002/03.
4. Data unavailable for St. John's Nursing Home Board for 2001/02 and 2002/03.

Approximately 13.5 per 100 employees of the health board workforce submitted a report only claim each year. Western Health Care Corporation had the highest annual percentage of employees with report only incidents at 24.0 per 100 when the previous two fiscal years were averaged. It is recognized that a single employee may submit multiple report only claims in a single year.

WHSCC medical aid only incident rates per 100 employees for 2001/02 to 2002/03 are shown in Table 4, sorted descending by average.

Table 4. WHSCC Medical Aid Only Incident Rates per 100 Employees by Health Board, 2001/02 to 2002/03

Health Board¹	2001/02²	2002/03	Average
Grenfell Regional Health Services Board	12.4	7.9	10.2
Peninsulas Health Care Corporation	5.5	7.4	6.4
Western Health Care Corporation	6.5	5.7	6.1
Health Care Corporation of St. John's	5.2	5.0	5.1
Central West Health Corporation	4.8	5.2	5.0
Central East Health Care Institutions Board	3.9	5.6	4.8
Health Labrador Corporation	2.5	4.4	3.4
Health and Community Services - St. John's	2.4	3.4	2.9
St. John's Nursing Home Board	2.3	3.4	2.9
Pentecostal Senior Citizens Home	0.0	3.3	1.7
Health and Community Services - Eastern	1.3	1.7	1.5
Newfoundland Cancer Treatment and Research Fdn..	0.0	1.8	0.9
Health and Community Services - Central	0.0	1.3	0.6
Health and Community Services - Western	0.4	0.4	0.4
Avalon Health Care Institutions Board	n/a ³	n/a	n/a
Total	4.7	4.9	4.8

Notes:

1. Data unavailable for 1999 and 2000/01.
2. WHSCC report only incident rates from 2001/02 and 2002/03 are calculated by dividing by the workforce counts for the professions studied as of March 31, 2003 and multiplying by 100.
3. Data unavailable for Avalon Health Care Institutions Board for 2001/02 and 2002/03.

Each year, the equivalent of approximately 4.8 per 100 employees of the health board workforce submitted medical aid only claims. Grenfell Regional Health Services Board had the highest average medical aid only incident rate (10.2 per 100), almost four per cent higher than the next highest, Peninsulas Health Care Corporation.

A summary of WHSCC incident rates for lost time, report only, and medical aid only for 2001/02 - 2002/03 is shown in Table 5, sorted descending by lost time rate per 100 employees.

Table 5. Summary of WHSCC Incident Rates per 100 employees by Health Board Averaged for 2001/02 to 2002/03.

Health Board	Lost Time Rate per 100 ^{1,2}	Report Only Rate per 100	Medical Aid Only Rate per 100
Western Health Care Corporation	10.0	24.0	6.1
Avalon Health Care Institutions Board	9.2	n/a ³	n/a ⁴
St. John's Nursing Home Board	8.2	n/a ⁵	2.9
Health Care Corporation of St. John's	7.0	17.5	5.1
Central East Health Care Institutions Board	6.8	7.7	4.8
Peninsulas Health Care Corporation	5.7	13.7	6.4
Central West Health Corporation	4.5	2.9	5.0
Pentecostal Senior Citizens Home	4.4	3.3	1.7
Health Labrador Corporation	4.0	1.4	3.4
Grenfell Regional Health Services Board	2.1	10.2	10.2
Health and Community Services - St. John's	1.9	2.7	2.9
Health and Community Services - Central	1.5	0.0	0.6
Health and Community Services - Western	1.3	2.5	0.4
Health and Community Services - Eastern	1.1	1.9	1.5
Newfoundland Cancer Treatment and Research Fdn.	0.0	2.7	0.9
Total	6.6	13.5	4.8

Notes:

1. Lost time rates given for each health board is the average of 2001/02 and 2002/03 data inclusively. Report only and medical aid only rates were only collected in 2001/02 and 2002/03. Limiting the lost time rates to those years exclusively allows for comparison with the report only and medical aid only rates.
2. Lost time claims can include medical aid.
3. Data unavailable for Avalon Health Care Institutions Board for report only incidents in 2001/02 and 2002/03.
4. Data unavailable for Avalon Health Care Institutions Board for medical aid only incidents in 2001/02 and 2002/03.
5. Data unavailable for St. John's Nursing Home Board for report only incidents in 2001/02 and 2002/03.
6. Rates per 100 employees are calculated by dividing by the workforce counts for the professions studied as of March 31, 2003 and multiplying by 100.

This section summarizes the total number of incidents for each claim type as a rate per 100 employees. As indicated earlier, an individual may have more than one incident per year that is unrelated to previous incidents. This can result in multiple claims submitted to WHSCC by the same individual annually. Injury leave in hours expressed as a percentage of total earned hours presents another view of injury-related statistics, detailed next in [Section 2.2. Injury Leave](#).

2.2. Injury Leave

Previous tables, in [Section 2.1. Incidents](#), calculated incident rates using the number of employees. The following tables show total injury-related leave, expressed as a percentage of all earned hours or full – time equivalents (FTEs).

Data in this section includes leave hours for all injuries regardless of date of origin. Individuals on long term injury leave who are unlikely to be able to return to work will probably be on long term injury leave (different from long term disability) until retirement or until WHSCC terminates their claim. These individuals represent a long-term liability for health boards and contribute significantly to the injury leave statistic.

Injury leave expressed in terms of FTEs and also as a percentage of total earned hours for 2002/03 are given in Table 6, grouped by occupational category and sorted descending by per cent of total earned hours.

Table 6. Injury Leave as a Percentage of Total Earned Hours by Occupation, 2002/03.

Occupation Name	Injury Leave FTEs	Per Cent of Total Earned Hours
Primary Occupations		
Licensed Practical Nurse	113.1	4.9%
Registered Nurse	82.9	2.1%
Respiratory Therapist	0.5	0.7%
Medical Radiation Technologist	1.1	0.5%
Social Worker	1.5	0.3%
Medical Laboratory Technologist	0.7	0.2%
Other (Primary)	0.4	0.0%
Subtotal	200.2	2.2%
Ancillary Occupations - Clinical		
Prosthetist-Orthotist Technician	1.0	21.4%
Paramedic	2.2	1.9%
Personal Care Attendant	4.6	1.9%
Audiology Technician	0.1	1.9%
Recreation Therapy Worker	1.1	1.3%
Medical Laboratory Technician	0.9	0.7%
Physiotherapy Assistant	0.2	0.3%
Social Service Worker	0.1	0.3%
Pharmacy Technician	0.2	0.2%
Other (Ancillary Clinical)	0.6	0.5%
Subtotal	10.9	1.2%
Ancillary Occupations - System		
Laundry	9.0	3.4%
Housekeeping	34.8	3.3%
Dietary	28.3	3.2%
Materials	4.9	1.3%
Facilities	3.9	0.9%
Administration	16.0	0.8%
Subtotal	96.9	1.9%
Total	308.0	2.0%

Primary occupations category accounted for 65.0 per cent of all injury leave FTEs in 2002/03. Licensed practical nurses and registered nurses had the highest percentage of injury leave FTEs for all primary occupational groups, 4.9 per cent and 2.1 per cent respectively. All remaining primary occupational groups had less than one per cent of total earned hours in injury leave.

Prosthetist-orthotist technicians had the highest number of FTEs as a percentage of their total earned hours (21.4 per cent) for all occupational groups, but had only one FTE of injury leave. Caution should be noted, as prosthetist-orthotist technicians were a small occupational group and small variations in leave patterns can cause large fluctuations in indicators. Both personal care attendants and paramedics had 1.9 per cent of their total earned hours in injury leave in 2002/03.

Housekeeping and dietary staff had approximately 1000 FTEs each in 2002/03 (see [Part 2 – Full-Time Equivalents](#)), with a percentage of injury leave FTEs at least one per cent higher than registered nurses. Laundry staff also had a higher percentage of their total earned hours in injury leave than registered nurses; however, laundry staff was significantly smaller in size than the housekeeping and dietary staff.

Injury leave as a percentage of total earned hours was grouped into low, moderate, and high categories (see Introduction for an explanation of the methodology). These categories were used to compare statistics within health boards in NL and have no relevance to national statistics. For injury leave, the suggested ranges were:

Low: < 1.0%	Moderate: 1.0% to 2.0%	High: > 2.0%
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Provincially, occupational groups in the high category included licensed practical nurses, registered nurses, prosthetist-orthotist technicians, and housekeeping, dietary, and laundry staff.

Table 7 shows injury leave FTEs by health board for 2001/02 to 2002/03, sorted descending by the percentage of total earned hours in injury leave.

Table 7. Injury Leave as a Percentage of Total Earned Hours by Health Board, 2001/02 to 2002/03.

Health Board	Injury Leave FTEs			Per Cent of Total Earned Hours		
	2001/02	2002/03	Average	2001/02	2002/03	Average
Avalon Health Care Institutions Board	54.5	35.9	45.2	6.1%	4.2%	5.2%
St. John's Nursing Home Board	n/a ¹	48.5	48.5	n/a	3.6%	3.6%
Western Health Care Corporation	75.7	61.1	68.4	3.7%	2.9%	3.3%
Health Care Corporation of St. John's	139.9	110.6	125.3	2.6%	2.1%	2.3%
Pentecostal Senior Citizen's Home	2.2	1.2	1.7	2.6%	1.4%	2.0%
Central East Health Care Institutions Board	20.7	12.3	16.5	2.1%	1.3%	1.7%
Central West Health Corporation	19.5	19.9	19.7	1.6%	1.6%	1.6%
Peninsulas Health Care Corporation	15.6	12.4	14.0	1.8%	1.4%	1.6%
Health and Community Services Western	0.7	1.8	1.3	0.3%	0.7%	0.5%
Health Labrador Corporation	2.1	1.9	2.0	0.4%	0.4%	0.4%
Health and Community Services Eastern	1.5	0.2	0.9	0.6%	0.1%	0.3%
Health and Community Services St. John's	0.9	1.2	1.1	0.2%	0.3%	0.2%
Grenfell Regional Health Services Board	0.4	1.0	0.7	0.1%	0.2%	0.1%
Newfoundland Cancer Treatment and Research Fdn.	0.0	0.0	0.0	0.0%	0.0%	0.0%
Health and Community Services Central	0.0	0.0	0.0	0.0%	0.0%	0.0%
Total	333.9	308.0	321.0	2.4%	2.0%	2.2%

Notes:

1. Data unavailable for St. John's Nursing Home Board for 2001/02.

On average, injury leave accounted for 2.2 per cent of total earned hours. Three health boards averaged over three per cent of their total earned hours in injury leave annually. Avalon Health Care Institutions Board had the highest annual percentage of all earned hours attributed to injury leave (5.2 per cent), almost two per cent higher than St. John's Nursing Home Board, and three per cent higher than the provincial average. Seven health boards had less than one per cent of total earned hours in injury leave.

Table 8 shows injury leave FTEs for the two occupational groups incurring the most injury leave, in each category of primary occupations, ancillary occupations – clinical, and ancillary occupations – system as a per cent of total earned hours for 2002/03, sorted descending by total per cent all of earned hours.

Table 8: Injury Leave FTEs as a Per Cent of Total Earned Hours by Occupation by Health Board, 2002/03.

Health Board ¹	Primary Occupations		Ancillary Occupations - Clinical		Ancillary Occupations - System		All Others	Total Per Cent of Earned Hours
	Registered Nurse	Licensed Practical Nurse	Paramedic	Personal Care Attendant	Housekeeping	Dietary		
Avalon Health Care Institutions Board	5.8%	7.3%	9.6%	n/a	5.5%	1.4%	1.3%	4.2%
St. John's Nursing Home Board	1.1%	6.6%	n/a	1.1%	3.4%	1.9%	1.0%	3.6%
Western Health Care Corporation	2.9%	5.7%	0.7%	8.3%	4.7%	3.4%	0.9%	2.9%
Health Care Corporation of St. John's	2.5%	3.5%	1.9%	3.5%	4.2%	5.3%	0.9%	2.1%
Central West Health Corporation	0.9%	4.6%	0.1%	0.6%	1.2%	2.3%	0.3%	1.6%
Peninsulas Health Care Corporation	1.2%	2.4%	n/a	n/a	1.4%	6.3%	0.2%	1.4%
Pentecostal Senior Citizen's Home	0.7%	0.2%	n/a	1.1%	6.2%	0.4%	0.2%	1.4%
Central East Health Care Institutions Board	1.0%	3.5%	0.1%	0.2%	0.6%	1.1%	0.6%	1.3%
Health and Community Services Western	0.0%	n/a	n/a	n/a	n/a	n/a	0.8%	0.7%
Health Labrador Corporation	0.1%	3.8%	n/a	n/a	0.1%	n/a	n/a	0.4%
Health and Community Services St. John's	0.3%	0.0%	n/a	n/a	n/a	n/a	0.3%	0.3%
Grenfell Regional Health Services Board	0.3%	0.6%	n/a	n/a	n/a	n/a	n/a	0.2%
Health and Community Services Eastern	n/a ²	n/a	n/a	n/a	n/a	n/a	0.1%	0.1%
Total	2.1%	4.9%	1.9%	1.9%	3.3%	3.2%	0.7%	2.0%

Notes:

1. Health and Community Services Central and the Newfoundland Cancer Treatment and Research Foundation reported no injury leave for the above occupational groups in 2002/03
2. N/a means no injury leave was reported for that occupational group in that health board, or that occupation does not exist in that health board.

In the primary occupations category, Avalon Health Care Institutions Board had the highest percentage of injury leave FTEs for both registered nurses (5.8 per cent) and licensed practical nurses (7.3 per cent) in 2002/03. Further analysis by health board revealed concerning rates of injury leave for both registered nurses and licensed practical nurses in selected functional centers. In 2002/03, the functional centre 71280 Rehabilitation Nursing/Resident Unit and 71210 Medical Nursing Unit had the highest injury leave FTEs as a percentage of total earned hours for registered nurses in all health boards, approximately 7.2 per cent and 3.6 per cent respectively; 71295 Long Term Care Nursing/Resident Unit had the highest rate of injury leave for licensed practical nurses, approximately 5.5 per cent.

Data shows that 71120 Human Resources and 71299 Nursing Float Staff had high percentages of injury leave for both registered nurses and licensed practical nurses. Registered nurses and licensed practical nurses in float pools in selected health boards originated in 71120 Human Resources and 71299 Nursing Float Staff, but tended to work most of their hours in other functional centers. Injury hours were charged back to this point of origin rather than attempting to prorate them out to other functional centers. This inflated injury leave percentages for these two functional centers and reduced percentages in areas where staff was assigned out. Further analysis is required to determine the most responsible functional centre for registered nurses and licensed practical nurses.

In the ancillary occupations – clinical category, paramedics at Avalon Health Care Institutions Board had the highest percentage of total earned hours in injury leave at 9.6 per cent. Personal care attendants at Western Health Care Corporation had significantly more injury leave FTEs as a percentage of total earned hours than any other health board, almost 8.3 per cent. Caution should be noted as the actual number of personal care attendant FTEs at Western Health Care Corporation is small.

Excluding the Pentecostal Senior Citizen's Home, housekeeping staff had the highest percentage of total earned hours in sick leave at Avalon Health Care Institutions (5.5 per cent). Dietary staff had the highest percentage of total earned hours in injury leave at Peninsulas Health Care Corporation (6.3 per cent).

The injury leave lost time hours rate for each occupational group equals the total injury leave lost time hours divided by the workforce count for that occupational group. It is expressed as an average for the entire occupational group, not just those injured. Injury leave lost time hours rates per employee from 1999 to 2002/03 are shown in Table 9, grouped by occupational category and sorted descending by the lost time hours per employee rate for 2002/03.

Table 9. Injury Leave Lost Time Hours Per Employee Rate by Occupation, 1999 to 2002/03.

Occupation Name	Injury Leave Lost Time Hours Per Employee Rate ¹			
	1999 ²	2000/01	2001/02 ³	2002/03
Primary Occupations				
Licensed Practical Nurse	106.5	88.0	93.9	81.7
Registered Nurse	29.0	50.8	40.4	32.9
Respiratory Therapist		46.0	43.8	11.7
Medical Radiation Technologist	Not available	Not available	24.0	7.8
Social Worker	3.2	4.9	3.0	4.6
Medical Laboratory Technologist	Not available	Not available	8.1	3.5
Behaviour Management Specialist			0.5	0.1
Manager			1.6	0.0
Physiotherapist	0.1	1.2	1.0	0.0
Occupational Therapist	1.5	0.1	0.0	0.0
Psychologist (Clinical)	0.9	4.4	1.4	0.0
Speech Language Pathologist			0.0	0.0
Other (Primary)			3.7	1.8
Subtotal (average)			41.7	36.8
Ancillary Occupations - Clinical				
Paramedic			46.8	33.4
Personal Care Attendant			28.2	21.8
Recreation Therapy Worker			59.3	20.4
Medical Laboratory Technician			18.1	10.3
Physiotherapy Assistant			0.3	5.6
Social Service Worker			0.9	4.1
Pharmacy Technician			16.2	3.2
Other (Ancillary Clinical)			19.6	17.4
Subtotal (average)			25.2	17.3
Ancillary Occupations - System				
Laundry			70.7	63.7
Dietary			71.9	52.3
Housekeeping			66.7	51.0
Materials			29.8	24.8
Facilities			22.0	17.5
Administration			20.9	13.6
Records			0.0	0.0
Other (Ancillary System)			0.0	0.0
Subtotal (average)			40.6	31.5
Total (average)	-	-	40.2	33.7

Notes:

1. Number of WHSCC lost-time hours divided by the number of employees for that year. Blank spaces indicate that data was not collected.
2. Subtotal data unavailable for calendar year 1999 or fiscal year 2000/01. Data for both years includes the total lost hours per employee for only those professions studied.
3. Data unavailable for St. John's Nursing Home Board for 2001/02. The total employee count used in the denominator for 2001/02 does not include the number of employees for St. John's Nursing Home Board.

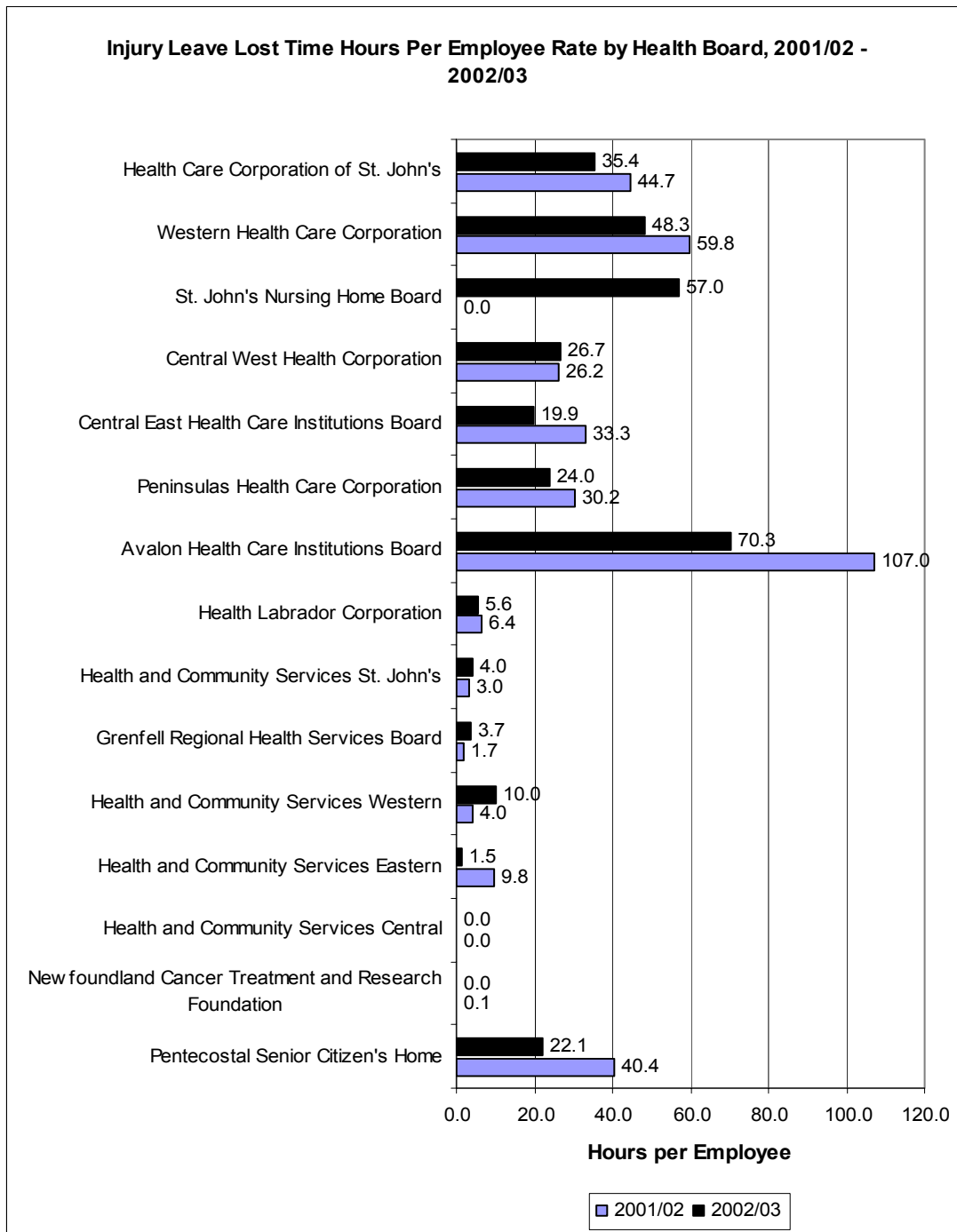
In total, the average employee lost 40.2 hours or five days (at 7.5 hours per day) in 2001/02 and 33.7 hours or four days (at 7.5 hours per day) in 2002/03 to injury leave. Overall, an improvement of almost seven hours per employee was seen where data was available, from 2001/02 to 2002/03. This corresponded with the drop seen in Table 7 of 2.4 to 2.0 per cent of all earned hours. Primary occupational groups lost the majority of hours per employee each year, approximately five days (at 7.5 hours per day) per employee. Expressed as an average for all licensed practical nurses (not just those injured), each licensed practical nurse lost 81.7 hours or nearly 11 working days (at 7.5 hours per day) in 2002/03, while each registered nurse lost 32.9 hours or lost over four days (at 7.5 hours per day). With the exception of social workers, all primary occupations decreased their lost time hour per employee rate between 2001/02 and 2002/03.

In ancillary occupations – clinical category, each paramedic lost 33.4 hours (4.5 days) to injury leave in 2002/03. Personal care attendants and recreation therapy workers had the next highest numbers of injury leave lost time hours per employee in 2002/03.

In the ancillary occupations – system category, all occupational groups decreased their number of lost time hours per employee each year. However, the injury leave lost time hours rate for several occupational groups was high compared to other occupational groups. Laundry staff lost an average of 63.7 hours (8.5 days) due to injury leave in 2002/03 per employee. Dietary and housekeeping staff averaged about 52 hours (nearly seven days) each during the same period. Excluding licensed practical nurses, these three occupational groups had more lost time hours per employee in 2002/03 than any other occupational group.

Figure 2 shows injury leave lost time hours per employee by health board for 2001/02 to 2002/03. Data was sorted by the number of employees per health board in 2002/03 to ensure comparison between health boards with similar numbers of employees.

Figure 2. Injury Leave Lost Time Hours Per Employee Rate by Health Board, 2001/02 to 2002/03.



Notes:

1. Data unavailable for St. John's Nursing Home Board for 2001/02.

Avalon Health Care Institutions Board, St. John’s Nursing Home Board, and Western Health Care Corporation had the highest number of injury leave lost time hours per employee in 2002/03. Expressed as an average for all employees, each employee at Avalon Health Care Institutions Board lost an equivalent of nine working days (at 7.5 hours per day) in 2002/03, each employee at St. John’s Nursing Home Board lost approximately eight days, and each employee at Western Health Care Corporation lost approximately six days.

3. Illness

3.1. Sick Leave

Sick leave FTEs as a percentage of total earned hours for 2002/03 are given in Table 10, grouped by occupational category and sorted descending by per cent of total earned hours.

Table 10. Sick Leave as a Percentage of Total Earned Hours by Occupation, 2002/03.

Occupation Name	Sick Leave FTEs	Per Cent of Total Earned Hours
Primary Occupations		
Licensed Practical Nurse	166.6	7.2%
Registered Nurse	226.3	5.6%
Social Worker	25.9	4.8%
Behaviour Management Specialist	3.1	4.7%
Speech Language Pathologist	1.5	4.4%
Medical Radiation Technologist	10.5	4.4%
Medical Laboratory Technologist	14.6	4.1%
Physiotherapist	3.0	3.4%
Respiratory Therapist	2.1	3.4%
Psychologist (Clinical)	1.5	3.1%
Occupational Therapist	2.5	2.9%
Manager	15.0	1.9%
Other (Primary)	8.2	2.6%
Subtotal	480.7	5.3%
Ancillary Occupations - Clinical		
Paramedic	10.1	8.5%
Physiotherapy Assistant	4.7	7.1%
Personal Care Attendant	15.6	6.4%
Recreation Therapy Worker	5.1	6.3%
Medical Laboratory Technician	6.1	4.9%
Pharmacy Technician	4.0	4.9%
Social Service Worker	2.0	4.3%
Other (Ancillary Clinical)	6.4	4.7%
Subtotal	54.1	6.0%
Ancillary Occupations - System		
Housekeeping	78.3	7.4%
Dietary	58.9	6.7%
Facilities	24.9	6.0%
Materials	21.8	5.9%
Laundry	15.5	5.8%
Records	4.8	5.5%
Administration	101.8	5.2%
Other (Ancillary System)	2.6	2.2%
Subtotal	308.5	6.0%
Total	843.3	5.6%

The primary occupations category accounted for over half the total 843.3 FTEs of sick leave in 2002/03. However this category averaged 5.3 per cent of their total earned hours in sick leave, approximately 0.7 per cent lower than the average for both ancillary occupations categories. Registered nurses and licensed practical nurses had significantly higher amounts of sick leave FTEs as a per cent of their total earned hours than any other primary occupation, at 226.3 FTEs (5.6 per cent) and 166.6 FTEs (7.2 per cent) respectively. Sick leave FTEs for registered nurses and licensed practical nurses combined represented almost half of sick leave in health boards.

Although all occupational groups in the ancillary occupations – clinical category had less than 16 sick leave FTEs each year, several occupations reported more than five percent of total earned hours were taken in sick leave. For example, paramedics had the highest percentage of their total earned hours taken as sick leave for all occupational groups (8.5 per cent) including those occupations in the primary occupation category. Although physiotherapy assistants had the second highest percentage of total earned hours taken as sick leave, caution should be noted as the number of physiotherapy assistants is low compared to other occupational groups. Personal care attendants had the third highest percentage of total earned hours taken as sick leave (6.4 per cent).

Housekeeping had the highest percentage of total earned hours in sick leave in the ancillary occupations – system category, and the second highest percentage of total earned hours in sick leave for all occupational groups, at 7.4 per cent. Dietary staff had the next highest percentage of total earned hours as sick leave in the ancillary occupations – system category, 6.7 per cent. Both housekeeping and dietary occupational groups had approximately 1000 FTEs in total in 2002/03, and the corresponding percentage of total earned hours as sick leave was significant (see Part 2 – Full Time Equivalents.)

A Study of Health Human Resources in Nova Scotia 2003 (2003) indicated that 4.4 per cent of total earned hours were sick leave across 26 acute care occupations as reported by the district health authorities in 2000/01. Given the occupational group size, the majority of sick leave FTEs were among registered nurses (223.2 FTEs or 4.6 per cent), licensed practical nurses (46.1 FTEs or 4.6 per cent), and medical laboratory technologists (41.6 FTEs or 4.6 per cent). Comparisons of figures in this report to findings in Nova Scotia should be made very cautiously, due to differing scopes, timeframes, and definitions.

Sick leave as a percentage of total earned hours was grouped into low, moderate, and high categories (see Introduction). These categories were used to compare statistics within health boards in NL and have no relevance to national statistics. For sick leave, the suggested ranges were:

Low: <3.0%	Moderate: 3.0% to 4.5%	High: >4.5%
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Provincially, occupational groups in the high category included licensed practical nurses, registered nurses, social workers, behaviour management specialists, paramedics, physiotherapy assistants, personal care attendants, recreation therapy workers, medical laboratory technicians, pharmacy technicians, and housekeeping, dietary, facilities, materials, laundry, records, and administration staff.

Table 11 shows sick leave FTEs by health board from 2001/02 to 2002/03 sorted descending by average percentage of total earned hours.

Table 11. Sick Leave as a Percentage of Total Earned Hours by Health Board, 2001/02 to 2002/03.

Health Board	Sick Leave FTEs			Per Cent of Total Earned Hours		
	2001/02	2002/03	Average	2001/02	2002/03	Average
Pentecostal Senior Citizen's Home	6.1	6.3	6.2	7.4%	7.5%	7.5%
Avalon Health Care Institutions Board	61.3	57.3	59.3	6.9%	6.8%	6.8%
Western Health Care Corporation	132.3	138.9	135.6	6.4%	6.6%	6.5%
Peninsulas Health Care Corporation	58.9	53.3	56.1	6.7%	6.2%	6.5%
St. John's Nursing Home Board	n/a ¹	84.9	84.9	n/a	6.3%	6.3%
Central East Health Care Institutions Board	59.2	59.7	59.5	6.1%	6.1%	6.1%
Central West Health Corporation	65.0	73.2	69.1	5.4%	5.9%	5.7%
Health and Community Services St. John's	23.6	24.2	23.9	5.1%	5.1%	5.1%
Health Care Corporation of St. John's	277.6	269.1	273.4	5.1%	5.1%	5.1%
Health and Community Services Eastern	12.2	12.9	12.6	4.8%	5.1%	4.9%
Newfoundland Cancer Treatment and Research Fdn.	5.5	3.6	4.6	5.3%	3.3%	4.3%
Health Labrador Corporation	21.1	19.7	20.4	4.0%	3.9%	3.9%
Grenfell Regional Health Services Board	18.0	19.6	18.8	3.7%	4.1%	3.9%
Health and Community Services Central	8.0	9.7	8.9	3.6%	4.2%	3.9%
Health and Community Services Western	8.3	11.0	9.7	3.1%	4.0%	3.6%
Total	757.3	843.3	800.3	5.4%	5.6%	5.5%

Notes:

1. Data unavailable for St. John's Nursing Home Board for 2001/02.

For most health boards, the percentage of total earned hours taken as sick leave increased from 2001/02 to 2002/03. On average, sick leave accounted for 5.5 per cent of all earned hours. Excluding Pentecostal Senior Citizen's Home, Avalon Health Care Institutions Board had the highest percentage of total earned hours in sick leave at 6.8 per cent. Both Western Health Care Corporation and Peninsulas Health Care Corporation had the second highest percentage of total earned hours in sick leave at 6.5 per cent. Six health boards averaged over six per cent of total earned hours in sick leave in 2001/02 and 2002/03.

Table 12 shows sick leave FTEs for the top two occupational groups in each category of primary occupations, ancillary occupations – clinical, and ancillary occupations – system as a per cent of total earned hours for 2002/03, sorted descending by total per cent of all earned hours.

Table 12. Sick Leave FTEs as a Per Cent of Total Earned Hours by Occupation, by Health Board, 2002/03.

Health Board	Primary Occupations		Ancillary Occupations - Clinical		Ancillary Occupations - System		All Others	Total Per Cent of Earned Hours
	Registered Nurse	Licensed Practical Nurse	Paramedic	Personal Care Attendant	Housekeeping	Dietary		
Pentecostal Senior Citizen's Home	4.6%	6.9%	n/a	9.9%	9.2%	10.4%	4.9%	7.5%
Avalon Health Care Institutions Board	6.3%	8.2%	6.4%	2.8%	8.0%	8.2%	5.5%	6.8%
Western Health Care Corporation	6.2%	8.1%	6.1%	7.0%	8.4%	6.3%	5.9%	6.6%
St. John's Nursing Home Board	6.6%	7.0%	n/a	5.9%	7.9%	7.4%	3.4%	6.3%
Peninsulas Health Care Corporation	5.6%	6.5%	n/a	27.7%	8.6%	6.8%	5.6%	6.2%
Central East Health Care Institutions Board	5.8%	7.5%	10.2%	8.8%	8.6%	7.2%	4.7%	6.1%
Central West Health Corporation	6.3%	7.3%	14.2%	4.8%	6.2%	5.1%	4.6%	5.9%
Health and Community Services St. John's	5.4%	3.9%	n/a	n/a	9.8%	2.9%	5.0%	5.1%
Health Care Corporation of St. John's	5.4%	6.5%	7.9%	5.7%	6.5%	6.3%	4.2%	5.1%
Health and Community Services Eastern	8.0%	n/a ¹	n/a	n/a	n/a	n/a	3.9%	5.1%
Health and Community Services Central	4.5%	n/a	n/a	n/a	n/a	n/a	4.0%	4.2%
Grenfell Regional Health Services Board	4.4%	5.3%	1.4%	12.1%	3.8%	7.5%	3.0%	4.1%
Health and Community Services Western	5.2%	- ²	n/a	n/a	n/a	n/a	3.7%	4.0%
Health Labrador Corporation	3.1%	6.1%	0.0%	3.0%	8.0%	8.2%	3.2%	3.9%
Newfoundland Cancer Treatment and Research Fdn.	3.5%	n/a	n/a	3.7%	n/a	n/a	3.1%	3.3%
Total	5.6%	7.2%	8.5%	6.4%	7.4%	6.7%	4.5%	5.6%

Notes:

1. N/a mean no sick leave reported for that occupational group in that health board or that occupation does not exist in that health board.
2. Data suppressed to maintain confidentiality.

In the primary occupations category, for sick leave expressed as a percentage of total earned hours, registered nurses were the highest at Health and Community Services Eastern (8.0 per cent) and St. John's Nursing Home Board (6.6 per cent). Licensed practical nurses had the highest percentage of total earned hours in sick leave at Avalon Health Care Institutions Board (8.2 per cent) and Western Health Care Corporation (8.1 per cent).

Licensed practical nurses and registered nurses showed concerning sick leave FTE statistics when analyzed by functional centre. In 2002/03, 71295 Long Term Care Nursing/Resident Unit had the highest sick leave FTEs as a percentage of total earned hours for licensed practical nurses, 7.3 per cent or 106.2 FTEs. For registered nurses, 71220 Surgical Nursing Unit had the highest sick leave FTEs as a percentage of total earned hours, at 6.9 per cent or 31.8 FTEs. Similar to earlier discussions for injury leave, sick leave was high for licensed practical nurses and registered nurses in 71120 Human Resources and 71299 Nursing Float Staff due to methods of coding hours, and these functional centres were excluded from this analysis.

In the ancillary occupations – clinical category, paramedics at Central West Health Corporation had the highest percentage of total earned hours in sick leave at 14.2 per cent. Personal care attendants at Peninsulas Health Care Corporation had significantly more sick leave FTEs as a percentage of total earned hours for this group than any other health board, almost 28 per cent. Caution should be noted as the actual number of personal care attendant FTEs at Peninsulas Health Care Corporation was small.

Grenfell Regional Health Services Board had the second highest percentage of total earned hours in sick leave for personal care attendants at 12.1 per cent.

Excluding housekeeping at Health and Community Services St. John's and Pentecostal Senior Citizens' Home, Peninsulas Health Care Corporation and Central East Health Care Institutions Board had the next highest percentage of total earned hours in sick leave for housekeeping. Excluding the Pentecostal Senior Citizen's Home, dietary staff had the highest percentage of total earned hours in sick leave at Avalon Health Care Institutions Board and Health Labrador Corporation (8.2 per cent).

The sick leave lost time hours rate for each occupational group equals the total sick leave lost time hours divided by the workforce count for that occupational group. It is expressed as an average for the entire occupational group. Sick leave lost time hours rates per employee from 1999 to 2002/03 are shown in Table 9, grouped by occupational category and sorted descending by the lost time hours per employee rate for 2002/03.

Table 13. Sick Leave Lost Time Hours Per Employee Rate by Occupation, 1999 to 2002/03.

Occupation Name	Sick Leave Lost Time Hours Per Employee Rate ¹			
	1999 ²	2001/02	2001/02 ³	2002/03
Primary Occupations				
Licensed Practical Nurse	110.0	124.5	122.5	120.3
Registered Nurse	86.7	89.7	87.5	89.8
Social Worker	63.3	70.6	71.4	77.9
Behaviour Management Specialist			74.9	76.1
Medical Radiation Technologist	Not available	Not available	59.5	74.6
Medical Laboratory Technologist	Not available	Not available	82.7	72.5
Speech Language Pathologist	58.2	49.0	73.4	70.0
Respiratory Therapist		45.4	55.7	55.2
Physiotherapist	53.6	61.0	40.7	54.5
Psychologist (Clinical)	43.4	53.3	57.8	49.1
Occupational Therapist	42.2	43.4	56.8	48.2
Manager			36.3	31.0
Other (Primary)			49.1	43.3
Subtotal			86.0	88.0
Ancillary Occupations - Clinical				
Paramedic			120.4	150.0
Physiotherapy Assistant			89.9	116.7
Recreation Therapy Worker			61.3	98.0
Pharmacy Technician			68.0	80.0
Personal Care Attendant			55.0	73.9
Medical Laboratory Technician			96.7	67.8
Social Service Worker			61.0	60.9
Other (Ancillary Clinical)			69.4	67.9
Subtotal			76.3	84.8
Ancillary Occupations - System				
Housekeeping			106.0	114.9
Facilities			100.4	111.0
Materials			119.2	109.9
Laundry			132.4	109.3
Dietary			122.0	109.2
Records			100.3	90.9
Administration			90.7	86.9
Other (Ancillary System)			44.7	39.9
Subtotal			102.4	100.4
Total	-	-	90.9	91.9

Notes:

1. Number of sick leave lost time hours in one fiscal year divided by the number of employees for that year. Blank spaces indicate that data were not available for these professional groups.
2. Subtotal data unavailable for calendar year 1999 or fiscal year 2000/01. Data for both years include the total lost hours per employee for only those professions studied.
3. Data unavailable for St. John's Nursing Home Board for 2001/02. The total employee count used in the denominator for 2001/02 does not include the number of employees for St. John's Nursing Home Board.

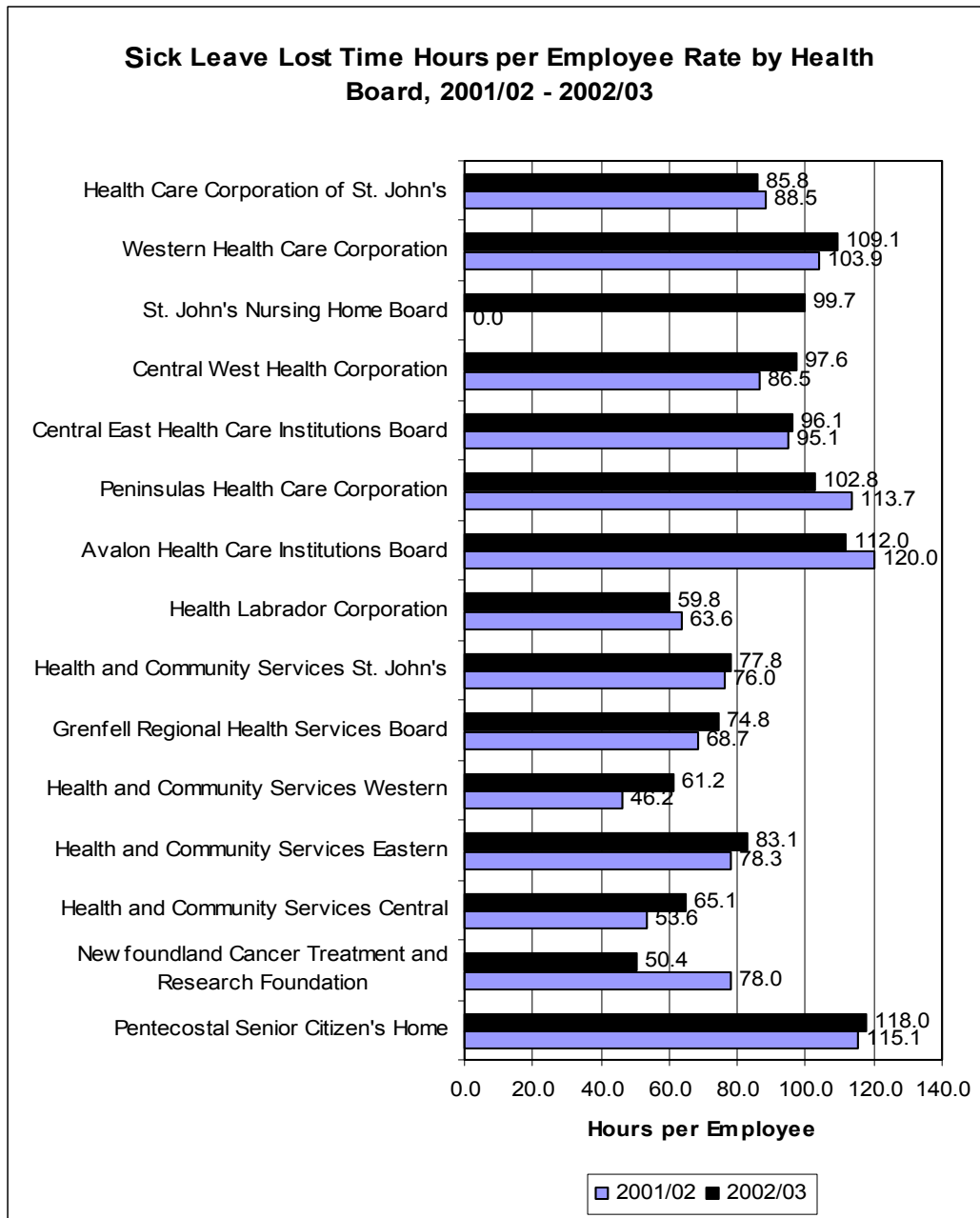
The entire health and community services system generated about 1.6 million hours of sick leave in 2002/03, or about 91.9 hours (12 days) per employee. Annual sick leave lost time hours per employee rates increased by one hour between 2001/02 and 2002/03, corresponding well with data shown in Table 11. Primary occupational groups lost an average of 12 days per employee each year. Licensed practical nurses lost the highest number of hours in sick leave annually for the primary occupational group, over 16 days per employee; registered nurses averaged 12 days per employee each year.

Paramedics had more sick leave lost time hours per employee in 2002/03 than any other occupational group at 150.0 hours or 20 days (at 7.5 hours per day) per employee. With 131 paramedics in the health and community services system, approximately 19,650 hours or 2620 days were taken as sick leave in 2002/03 by this group only.

The ancillary occupations – system category lost the majority of hours per employee each year, approximately 14 days in 2001/02 and 13 days in 2002/03. Five ancillary occupations – system occupational groups lost more than 15 days per employee due to sickness in 2002/03: housekeeping, facilities, materials, laundry and dietary; all five occupational groups lost more hours per employee due to sickness than all occupational groups in the primary occupations category except licensed practical nurses.

Figure 3 shows sick leave lost time hours per employee by health board for 2001/02 and 2002/03. Data was sorted by the number of employees per health board in 2002/03 to ensure comparison between health boards with similar numbers of employees.

Figure 3. Sick Leave Lost Time Hours per Employee Rate by Health Board, 2001/02 to 2002/03.



Notes:

1. Data unavailable for St. John's Nursing Home Board for 2001/02.

Pentecostal Senior Citizen's Home, Avalon Health Care Institutions Board, and Western Health Care Corporation had the highest number of sick leave lost time hours per employee in 2002/03, with approximately 16 days, 15 days, and 15 days (at 7.5 hours per day) respectively. Almost three-quarters of all health boards lost more than 10 days per employee in sick leave.

Considering illness and injury leave hours combined per employee, the health and community services system average in 2002/03 was 16.7 days lost due to illness and injury for all occupational groups. National figures indicate that 11.8 days were lost due to illness and injury in 2002 for selected groups as defined by Statistic’s Canada Labour Force Survey (Canada’s Health Care Providers, Canadian Institute for Health Information, 2002).

An analysis of unpaid sick leave was beyond the scope of this report however the Health Care Corporation of St. John’s indicated that they coded approximately 137,000 hours of unpaid sick leave for fiscal year 2002/03, or approximately 72 FTEs. Coded sick leave for the same period amounted to about 270 FTEs for this health board. Extrapolating to the provincial level using these proportions gives an annual unpaid sick leave figure of approximately 225 FTEs, but this estimate has not been confirmed with statistical analysis.

4. Grievances

A grievance is a formal complaint over the application, interpretation, or administration of the collective agreement and indicates the presence of a workplace problem that requires attention (Brown, 2004). Grievances suggest how employees feel about their jobs; job satisfaction often results in fewer grievances than job dissatisfaction. An individual employee, a group of employees, or the union, may file grievances. For the purposes of this report, grievances are considered in three categories:

- A. **Grievances Filed** – The number of new grievances filed in the fiscal year being reported.
- B. **Grievances Resolved or Dropped** – The number of grievances resolved or dropped in the fiscal year being reported, regardless of date of origin of the grievance.
- C. **Grievances Outstanding** – The number of grievances left outstanding at the moment the data are collected, regardless of date of origin of the grievance.

The number of grievances at various stages of the grievance process was captured for each bargaining unit including Newfoundland and Labrador Association of Public and Private Employees (NAPE), Canadian Union of Public Employees (CUPE), Association of Allied Health Professionals (AAHP), and Newfoundland and Labrador Nurses’ Union (NLNU), and for each health board. Table 14, Table 15, and Table 16 show the number of grievances in all three stages of the grievance process for each bargaining unit for fiscal years 2000/01, 2001/02, and 2002/03 respectively. Grievance data was not collected in 1999/00. All tables are sorted descending by “A per 100 Employees.”

Table 14: Number of Grievances By Bargaining Unit, 2000/01

Bargaining Group	Employees per Bargaining Group	A	B	C	A per 100 Employees in Bargaining Group	B per 100 Employees in Bargaining Group	C per 100 Employees in Bargaining Group
NAPE LX ¹	915	225	27	219	24.6	3.0	23.9
NLNU	5016	448	143	521	8.9	2.9	10.4
NAPE GS	624	34	22	59	5.4	3.5	9.5
NAPE HS	7052	354	180	266	5.0	2.6	3.8
CUPE	2296	79	46	67	3.4	2.0	2.9
AAHP	784	16	4	14	2.0	0.5	1.8
Total	16688	1157	422	1145	6.9	2.5	6.9

Notes:

1. Bargaining Groups for NAPE: NAPE GS - General Services, NAPE HS - Hospital Support Staff, NAPE LX - Lab and X-Ray.

Table 15: Number of Grievances by Bargaining Unit, 2001/02

Bargaining Group	Employees per Bargaining Group	A	B ¹	C ²	A per 100 Employees in Bargaining Group	B per 100 Employees in Bargaining Group	C per 100 Employees in Bargaining Group
NLNU	4923	356	144	330	7.2	2.9	6.7
NAPE HS	7177	466	237	317	6.5	3.3	4.4
NAPE LX	901	58	39	29	6.4	4.3	3.2
NAPE GS	390	16	16	72	4.1	4.1	18.5
CUPE	2244	79	48	47	3.5	2.1	2.1
AAHP	788	13	28	9	1.6	3.6	1.1
Total	16423	988	512	804	6.0	3.1	4.9

Notes:

1. Avalon Health Care Institutions Board, Health Care Corporation of St. John’s, St. John’s Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances resolved or dropped in 2001/02, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2001/02 that were resolved or dropped in that same year. Therefore, column B may underestimate the actual numbers.
2. Avalon Health Care Institutions Board, Health Care Corporation of St. John’s, St. John’s Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances outstanding in 2001/02, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2001/02 that are still outstanding at year end. Therefore, column C may underestimate the actual numbers.

Table 16: Number of Grievances by Bargaining Unit, 2002/03

Bargaining Group	Employees per Bargaining Group	A	B ¹	C ²	A per 100 Employees in Bargaining Group	B per 100 Employees in Bargaining Group	C per 100 Employees in Bargaining Group
NLNU	4923	406	135	421	8.2	2.7	8.6
NAPE HS	7177	522	243	386	7.3	3.4	5.4
NAPE GS	390	25	26	68	6.4	6.7	17.4
NAPE LX	901	47	29	28	5.2	3.2	3.1
CUPE	2244	75	37	55	3.3	1.6	2.5
AAHP	788	15	6	17	1.9	0.8	2.2
Total	16423	1090	476	975	6.6	2.9	5.9

Notes:

1. Avalon Health Care Institutions Board, Health Care Corporation of St. John’s, St. John’s Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances resolved or dropped in 2002/03, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2001/02 that were resolved or dropped in that same year. Therefore, column B may underestimate the actual numbers.
2. Avalon Health Care Institutions Board, Health Care Corporation of St. John’s, St. John’s Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances outstanding in 2001/02, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2002/03 that are still outstanding at year end. Therefore, column C may underestimate the actual numbers.

The total number of grievances entering the system (A) exceeded the total number exiting the system (B) for each year. The amount that column B is understated due to the limitations given in the table notes is unknown and caution must be used in interpreting the statistics.

Calculating the number of grievances per 100 employees provides the ability to benchmark between bargaining units. In 2001/02 and 2002/03, NLNU had the highest number of grievances filed per 100 employees and the second highest number of outstanding grievances per 100 employees.

The number of grievances in all three stages of the grievance process for fiscal years 2000/01, 2001/02, and 2002/03 are shown by health board in Table 17, Table 18, and Table 19. All tables are sorted descending by “A per 100 Employees.”

Table 17: Number of Grievances by Health Board, 2000/01

Board ¹	Total Unionized Employees	A	B	C	A per 100 Employees in Board	B per 100 Employees in Board	C per 100 Employees in Board
PSCH	107	22	18	5	20.6	16.8	4.7
HCCSJ	5941	567	110	457	9.5	1.9	7.7
WHCC	2354	197	60	257	8.4	2.5	10.9
CWHC	1346	105	59	86	7.8	4.4	6.4
HCSSJR	575	40	32	132	7.0	5.6	23.0
PHCC	898	57	26	46	6.3	2.9	5.1
AHCIB	967	59	50	35	6.1	5.2	3.6
HCSW	295	14	13	16	4.7	4.4	5.4
HCSC	350	14	10	11	4.0	2.9	3.1
HLC	473	15	6	9	3.2	1.3	1.9
SJNHB	1507	37	15	67	2.5	1.0	4.4
GRHS	439	10	8	6	2.3	1.8	1.4
HCSE	345	6	8	11	1.7	2.3	3.2
CEHCIB	1091	14	7	7	1.3	0.6	0.6
Total	16688	1157	422	1145	6.9	2.5	6.9

Notes:

- Health Boards:
 AHCIB Avalon Health Care Institutions Board
 CEHCIB Central East Health Care Institutions Board
 CWHB Central West Health Corporation
 GRHS Grenfell Regional Health Services Board
 HCCSJ Health Care Corporation of St. John’s
 HCS-C Health and Community Services - Central Region
 HCS-E Health and Community Services – Eastern Region
 HCS-SJ Health and Community Services - St. John’s Region
 HCS-W Health and Community Services – Western Region
 HLC Health Labrador Corporation
 NCTRF Newfoundland Cancer Treatment & Research Foundation
 PHCC Peninsulas Health Care Corporation
 PSCH Pentecostal Senior Citizens Home
 SJNHB St. John’s Nursing Home Board
 WHCC Western Health Care Corporation

Table 18: Number of Grievances by Health Board, 2001/02

Board	Total Unionized Employees	A	B ¹	C ²	A per 100 Employees in Board	B per 100 Employees in Board	C per 100 Employees in Board
PSCH	98	15	16	1	15.3	16.3	1.0
SJNHB	1546	170	29	141	11.0	1.9	9.1
HLC	514	41	34	13	8.0	6.6	2.5
HCCSJ	5860	443	168	256	7.6	2.9	4.4
PHCC	923	50	67	97	5.4	7.3	10.5
WHCC	2303	118	79	39	5.1	3.4	1.7
HCSC	260	13	7	15	5.0	2.7	5.8
CWHC	1356	67	51	39	4.9	3.8	2.9
HCSSJR	538	21	26	148	3.9	4.8	27.5
HCSW	309	12	11	21	3.9	3.6	6.8
GRHS	429	13	7	14	3.0	1.6	3.3
AHCIB	936	21	14	7	2.2	1.5	0.7
HCSE	266	4	3	13	1.5	1.1	4.9
CEHCIB ³	1085	0	0	0	0.0	0.0	0.0
Total	16423	988	512	804	6.0	3.1	4.9

Notes:

1. Avalon Health Care Institutions Board, Health Care Corporation of St. John's, St. John's Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances resolved or dropped in 2001/02, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2001/02 that were resolved or dropped in that same year. Therefore, column B may underestimate the actual numbers.
2. Avalon Health Care Institutions Board, Health Care Corporation of St. John's, St. John's Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances outstanding in 2001/02, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2001/02 that are still outstanding at year end. Therefore, column C may underestimate the actual numbers.
3. Central East Health Care Institutions Board did not provide data for 2001/02.

Table 19: Number of Grievances by Health Board, 2002/03

Board	Total Unionized Employees	A	B ¹	C ²	A per 100 Employees in Board	B per 100 Employees in Board	C per 100 Employees in Board
PSCH	98	16	8	9	16.3	8.2	9.2
HCCSJ	5860	527	114	413	9.0	1.9	7.0
CWHC	1356	104	60	80	7.7	4.4	5.9
HLC	514	34	22	25	6.6	4.3	4.9
PHCC	923	58	80	75	6.3	8.7	8.1
HCSW	309	19	13	27	6.1	4.2	8.7
WHCC	2303	130	71	59	5.6	3.1	2.6
HCSC	260	13	6	27	5.0	2.3	10.4
SJNHB	1546	77	17	60	5.0	1.1	3.9
CEHCIB	1085	52	37	15	4.8	3.4	1.4
HCSSJR	538	23	27	139	4.3	5.0	25.8
AHCIB	936	24	16	8	2.6	1.7	0.9
HCSE	266	6	1	19	2.3	0.4	7.1
GRHS	429	7	4	19	1.6	0.9	4.4
Total	16423	1090	476	975	6.6	2.9	5.9

Notes:

1. Avalon Health Care Institutions Board, Health Care Corporation of St. John's, St. John's Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances resolved or dropped in 2001/02, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2001/02 that were resolved or dropped in that same year. Therefore, column B may underestimate the actual numbers.
2. Avalon Health Care Institutions Board, Health Care Corporation of St. John's, St. John's Nursing Home Board and Western Health Care Corporation were unable to provide the number of grievances outstanding in 2002/03, regardless of the date of origin of the grievance. Instead, data provided by these health boards reflects the number of grievances filed in 2002/03 that are still outstanding at year end. Therefore, column C may underestimate the actual numbers.

Pentecostal Senior Citizens Home had the highest number of grievances filed per 100 employees in all three fiscal years. Anecdotal evidence suggests that the recent unionization of nurses at Pentecostal Senior Citizens Home caused an initial wave of grievances from this group at that time. Health Care Corporation of St. John's had the second highest number of grievances filed per 100 employees in 2000/01 and 2002/03; St. John's Nursing Home Board had the second highest in 2001/02.

Eight out of the ten health boards that were able to provide complete data had more grievances entering the system than being resolved or dropped.

This concludes this Part of the Human Resource Indicator Report 1999 to 2003. For an overview of all earned hour types please read Part 2 – Full-Time Equivalents.