Work-Related Injuries and Illnesses of Public Workers: A Review of Employees’ Compensation Claims from GSIS, 2010-2012

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INTRODUCTION

The goal of this study is to obtain a better understanding of the occupational/work-related injuries and illnesses claims compensated by GSIS under EC (employees’ compensation) program. The profile of work-related injuries and illnesses approved for compensation by GSIS in 2010–2012 will be determined and described in terms of the socio-demographic profile of claimants. The study is an integral part of long-term efforts of the OSHC to establish, in cooperation with other stakeholders, a comprehensive OSH data base for policy formulation and program development purposes.

METHODOLOGY

The Government Service Insurance System (GSIS) provided the research team with 4,565 records of compensated claims for EC benefits covering the period 2010-2012. The information collected from the records included the following: name, gender, age, occupation, name of agency, type of EC claim (whether for illness or for injury), body parts affected, and date of compensated.

Each claimant’s information was coded according to the Philippine Standard Occupation Classification (PSOC) and Philippine Standard Industry Classification (PSIC), respectively. In the absence of ICD-10 coding, information on diseases and illnesses was coded on the basis of the
International Statistical Classification of Diseases and Related Health Problems, 10th Revision.

RESULTS

There were 4,565 claims made from 2010-2012 with a total number of 2,199 claimants (non-repeating names). Majority (58.66%) of the claimants were males. The youngest claimant was 24 years old while the oldest was 91 years old. Claimants worked in 1,711 different offices in the government.

The claims for the same nature of injury or illness were counted only once using the ICD-10 sub-classification. Majority (40.44%) of unique claims were in 2011.

The top 3 regions where EC claims were filed and approved are: 1. National Capital Region (NCR), 2. Calabarzon Region, 3. Davao Region. The NCR also ranks first in each of the year reviewed.

Majority (22.19%) of the occupation of claimants were teachers closely followed by administrative workers (22.16%).

Based on the PSIC, most of the EC claimants were employed in the offices with following functions: regulation of and contribution to more efficient operation of business; public administration in the local government; regulation of activities of providing health care, education, cultural services and other social services excluding social security; compulsory social security activities;
public general secondary education; public higher education; public administration and supervision of financial and fiscal affairs; operation of taxation schemes; water collection, treatment, supply; and public general hospital activities.

Diseases of the heart and circulatory system were the most commonly compensated diseases. Infectious diseases was second while third were diseases referable to the genitourinary system. The public administration, local government unit has the most number (408) of claims and 320 of which are for diseases of the circulatory system.

Exposure to unspecified factor, vehicular accidents and pedestrian injuries are the most common compensated incidents involving government employees for the period 2010-2012. The public administration, local government unit has the most number (223) of claims for injuries and 107 of which are for exposure to unspecified factor.

DISCUSSION AND IMPLICATIONS

The survey was able to produce two significant outputs: One, a methodology for determining the distribution of occupational disorders and injuries among workers by industry and by occupation in the years studied from GSIS claims. Second is that another database had been generated for the GSIS/EC claims. The database generated can provide statistical information on prevalent or frequently claimed diseases and accidents from the workforce and may describe what type of industry or sector would carry the possibility of
increased risk to a particular disease or injury. The information generated will also provide directions towards responsive preventive programs that may be developed and implemented.

Diseases of the circulatory system were mostly seen among workers in the professional group as well as among teachers. To be able to validate and obtain more information on the causes of this disorder affecting the mentioned work groups, more detailed research should be conducted in order to determine specific exposures and disease consequences. Aside from work exposures, lifestyle-related factors should also be considered in future studies since appropriate health promotion programs may be able to mitigate chronic debilitating diseases such as heart diseases and stroke.

While the database puts into sharper focus some current safety and health issues of government workers, the data are limited in terms of the specific work exposures that may have increased the risk of disease or injury. General job or industry classification will not produce the occupational exposure data needed for risk assessments.

RECOMMENDATION

1. For Policy

The data showed that most of the claims by workers in the public sector was for disorders of the circulatory system which are also currently among the leading causes of morbidity and mortality in the Philippines. The findings of the
study can be integrated in policy and capability building programs on prevention, enforcement and compensation and rehabilitation programs. The role of Civil Service Commission is crucial in establishing the needed policies and programs being the government agency mandated to ensure the well-being of all government workers.

2. For Data Collection

It is recommended that the GSIS use the International Classification of Diseases (ICD) version 10 is recording the diagnosis of diseases and injuries. The ICD is the world’s standard tool to capture mortality and morbidity data. It organizes and codes health information that is used for statistics and epidemiology, health care management, allocation of resources, monitoring and evaluation, research, primary care, prevention and treatment. The appropriate classification provides a common language for reporting and monitoring diseases that allows comparison of data among organizations, sectors and countries in a consistent and standard way.