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Practice and needs concerning occupational health in general practitioners and other medical specialities

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Context of the study

- Switzerland: rich, non-employment rates are low
- Switzerland counts 150 occupational physicians for a workforce of 4'500'000 persons.
- Occupational medicine is not well known by other physicians
- The legal requirements to engage an occupational physician depend on a risk evaluation by the company and the severity of risks
- Switzerland, showing the second highest health expenditure per capita world-wide, has a well developed curative sector, yet it shows weakness in public health and occupational health domains (OECD report 2006)
- Invalidity costs increased dramatically in the last 15 years: Invalidity insurance revised: reduced access and back to work

To improve the collaboration between the curative sector and occupational medicine in order to strengthen the management of OH problems

Aims of the study

- Sensibilization of other physicians for occupational health questions
- Understanding the practice of other physicians concerning occupational health
- To gain better knowledge about the needs of other physicians concerning OH questions in order to
 - adapt our offers/help
 - to develop tailored formations

Study

- **Design:** cross-sectional
- **Population:** 2570 general practitioners, internists, psychiatrist, ear, nose and throat specialists, pulmonologists, allergologists, dermatologists and rheumatologists in the French part of Switzerland (+gynecologists)
- **Assessment instrument:** Auto-questionnaire, elaborated based on semi-directive interviews with different physicians, validated by experts, addressed to the 2570 physicians by mail after an information in the local 'Revue médicale Suisse'.
- **Variables:**
 - Demographic and medical context
 - Perceptions and practice concerning occupational health
 - Expectations and need of support from an university institute
- **Analyses** (with STATA):
 - Representation (sex, specialty, geographic)
 - Description of the 3 types of variables
 - Modelisation of perception, practice and expectation in relation with specialty and years of experience

Principal characteristics of the population

- Response rate: 34%, 806 questionnaire analysed
- 65% men, 32% women
- Age: mean 54 years (55 years men, 52 years women)
- Experience: 27 years (28 men, 25 women)
- Specialties: 57% general practitioners, 25% psychiatrists, 5% rheumatologists, 4% dermatologists, 4% ear/nose and throat, 3% pulmonologists, 3% allergologists
- Type of work: 80% praxis, 2% hospital, 14% mixed
- If praxis: 66% city (>10'000 hab.), 25% village (2'000 à 10'000 hab.), 6% rural region (<2'000 hab.)
- Number of patients per day: 22% <10, 22% 10 à 15, 37% 15 à 25, 15% >25

- *Good representation of the focused population concerning: sex, working district, specialty*

Descriptive results

- Proportion of new diagnostics associated to work: 14.9 % (SD 13.3)

	Family doctor	Psychiatrist	Allergologist	Dermatologist	ENT	Pulmologist	Rheumatologist
Proportion %	14.9 (13.3)	16.4 (15.3)	8.2 (8.0)	5.2 (5.6)	2.5 (0.7)	6.8 (6.2)	21.2 (17.3)

- Importance and quality of an occupational anamneses: 2.9 from a scale between 1-5

Score: 1-5	2.85 (0.56)	3.25 (0.5)	3.1 (0.6)	2.2 (0.7)	2.5 (0.7)	3.7 (0.5)	3.2 (0.6)
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Descriptive results: pathologies

- Most often mentioned pathologies associated to work :
 - 93% psychological problems (also mobbing and burn-out)
 - 70% back-pain
 - 29% other musculo-skeletal disorders
 - 26% Dermatitis
 - 18% asthma/rhinitis
- Strong variations between specialties

Taking contact with an occupational physician

- When confronted with a pathology principally caused by work, **43%** of the physicians send the patient to an occupational physician.
But for **58%** of those 43% this represents a rarity.
In total only **18%** address ‘sometimes or often’ a patient to an occupational physician.
Those who do so found it useful in **94%**
- Indicated reasons why not:
 - Do not know an occup. physician (45%)
 - Can manage the situation alone (37%)
 - Address the patient to other specialists (34%)
 - Never came to their mind (27%)

Descriptive results

Specialties: Confronted with work related diseases and active in their management:

	Family doctor 57%	Psychiatrist 25%	Rheum 4%	Allergo 3%	Pneum 3%	Dermat 4%	ENT 4%
Confronted	+++	+++	+++	+	+	+	+
Active in their management	++	+	+++	+++	+++	+	+

Descriptive results: Needs and demands

	Family doctor	Psych.	Rheum	Allergo	Pulmo	Dermat	ENT
Occ. Med. Consult. classic	+++		+++	+++	+++	+++	
Suffering Consult.	+++	++	+++	++	+		
Support return to work	+++		+++	+++	+++		
Formations	++		+++	++	++		+++
Bio-monitoring			+	++	++		

Needs and expectations of the physicians: 4 types

- 1) those who are very concerned with OH problems and which are actively searching for solutions and demand help (especially: consultation concerning occupational diseases, consultations concerning stress, mobbing, burnout. Support for return to work) : *general practitioners and rheumatologists*
- 2) those who are very touched by occupational health problems, but are not active and demand nothing: *psychiatrist*
- 3) those who are not very touched by occupational health problems, but are very active when they encounter such a problem and are asking for help (formation, checklists): *allergologists an pulmologists*
- 4) those who are not very touched by occupational health problems and are not very active and have few demands: *dermatologists and ear, nose, throat (ENT)*

Conclusion

*We have to continue to promote
occupational medicine in
Switzerland!*