Research — The Basis of a New Alliance?

Research is a necessary component for the growth and development of the discipline of occupational medicine. The future of critical research was the subject of a conference held at the Royal College of Physicians in London, last September. Entitled 'Charting the Way Ahead for Health at Work', the conference was organized by the British Occupational Health Research Foundation, the brainchild of Sir Richard Doll, the well-known epidemiologist. The foundation facilitates research by acting as a broker between industry and researchers.

Few can deny that research sets the agenda for change in occupational medicine practice. Therefore the foundation not only benefits industry and the research community through their activities but also those who are occupational health practitioners. Thriving research activity will do much to project the image of the specialty as a 'going concern', attracting the brightest and most productive of recruits to its ranks.

But there are other important stakeholders in occupational medicine research. Regulators need to inform their policy making. Like any organization, they will have limited funds and differing priorities. In the UK, the Health and Safety Commission are consulting widely in defining the priorities for the future. Consultation beyond the tripartite model of negotiation is to be applauded and will ensure a closer fit between needs and regulatory intervention in the new millennium.

At the conference, the general secretary of the Trades Union Congress, John Monks, identified four principal needs of the workforce. First, they need to know what is and what is not likely to cause illness. Second, workers need to know what can be done to protect them. Third, they want to know that any work-related condition will be treated appropriately. Fourth, they want to know that their employment prospects and financial future will be secure. The second and fourth of these needs are the province of the healthcare and social security systems respectively. The first two and, to a lesser extent, the third depend on a well-managed research agenda.

Businesses also have a stake. Good research can inform early planning activities, avoiding expensive 'retrofit' solutions much later in the process life cycle. Research that produces conclusive results reduces uncertainty from negotiations between employers and unions as well as recommendations from occupational physicians. The business impact of research must be considered from an economic perspective.

Research also has an educational impact on the discipline of occupational medicine. Research projects have validity in the training of occupational physicians, concerned as they are with problem solving. They offer opportunities to study chosen topics in depth and demand skill at every stage of the work: in obtaining information, defining questions, clarifying problems, establishing hypotheses, finding or developing techniques to make an independent investigation, testing different possibilities in solving a problem, synthesizing materials from different sources and writing a full report. Thus they require learning that is not developed by traditional methods. Inclusion of project work in curricula arouses interest and enthusiasm, offers opportunities to solve unfamiliar problems and exercises a measure of creative thinking.

Given the benefits of research, we are obliged to address 'real world' problems. However, relevance is not meant to supplant the poetically named 'blue skies' research approach; rather it is an attempt at obtaining best value for a limited investment potential. How can we foster relevance in research practice? There is no easy answer since it depends entirely on one's standpoint.

Gaining insight into a problem does not necessarily require conventional 'hard science'. Occupational health takes place amidst an intricate network of constraints, pressures and expectations as well as in the hearts and minds of those we serve. It may therefore require differing techniques not necessarily found within the conventional medical researcher's repertoire. Laboratory, clinical and even epidemiological research is well-known to us all. Less well-known are the increasingly familiar qualitative techniques including focus groups, Delphi enquiries, attitude surveys, content analysis and policy analysis, all of which provide their own insights into the problems that beset our daily problems. Occupational medicine benefits from the scholarship of many disciplines including social sciences, legal and economic studies. While it is often not regarded as 'hard science', this is not an excuse for less rigorous examination of the issues under examination. Such research must be subject to the same rigorous standards as quantitative techniques if they are to serve the needs of our stakeholders.

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REFERENCES

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