In this issue of Occupational Medicine

Hairdressers are an interesting occupational group with a unique pattern of occupational disease when compared to most other occupational groups. In addition, in the UK for instance, they may have virtually no access to recognized occupational health services. The THOR database repeatedly shows hairdressers to have very high incidence of skin disease but virtually no mental health problems [1] and hairdressers are known to be happy at work—they repeatedly top polls for work satisfaction and looking forward to going to work [2]. Along with skin disease, musculoskeletal disorder features on the hairdressing occupational disease profile but is more of an unknown quantity. Obviously, the job can involve manual and repetitive work as well as awkward posture, and it would not be unsurprising if hairdressers were to have higher rates than expected. Mussi and Gouveia [3] examined work-related musculoskeletal disorder (WRMD) using a modified Nordic questionnaire in 220 Brazilian hairdressers and found a 71% prevalence of reported problems. The shoulder was the most commonly reported body site followed by the neck and back. The occupational factors associated with the development of WRMDs were found to be biomechanical, organizational and psychosocial as well as working for more than 15 years in the profession. The question remains, however, as to how working conditions can be improved for a workforce which is predominantly employed within very small businesses with low awareness of, and access to, occupational health and safety.

Reporting of occupational disease remains a concern or at least its under-reporting. Reporting schemes such as THOR have provided very useful data in this respect and the still young THOR GP scheme looks to be bridging the gap between the over-reporting of work-related disease by labour force surveys and the restricted reporting by specialists. Improving reporting rates by occupational physicians is therefore important and can be influential in determining policy and future research. Smits and colleagues [4] looked at the effectiveness of an educational programme on occupational disease reporting. After a 1 day workshop attended by 112 occupational physicians, reporting behaviour rose from 11% to 19% in the subsequent 6 months compared to beforehand and a control group, although the total number of conditions reported did not increase.

So if occupational physicians can be successfully educated does it matter what format the education takes? Another study from some of the same researchers looked at the effectiveness of e-learning for occupational physicians [5]. Seventy-four occupational physicians were subject to a randomized controlled trial comparing e-learning with lecture-based learning on mental health. Both groups had significant increase in knowledge but there was no difference between the two methods. The authors feel this is ‘especially of interest since the study was conducted in a group with a high mean age and assumed fewer computer skills’. They state that this is the first study to demonstrate that e-learning can be useful in the occupational health care setting. Further work needs to study the effectiveness of different forms of e-learning, the persistence of obtained knowledge over time and the impact of e-learning on professional practice.

Other research in this issue looks at workplace violence experienced by junior doctors in Turkey [6], whether pre-placement health assessment can accurately predict future sickness absence [7] and occupational injury rates in Canadian health care workers [8]. We continue our series examining art and occupation, and start a new series of thumbnail sketches about occupational medicine in other countries, beginning with Croatia.

John Hobson
Honorary Editor

References