



The Importance of Walk-Through Surveys at Workplaces

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Commentary

Occupational medicine is not a new part of medical science; it is an area with long traditions, working on diagnosis, treatment and prevention of occupational injuries and diseases. However, occupational medicine is not, even today, well developed in all countries. Developing countries, many in the start of an industrialization process, do not necessarily establish occupational medicine parallel to this development. The legislation regarding work and health issues differ from country to country, although most countries today have a Work Environment Act. Many developed countries have additional legislation, for instance making occupational health services compulsory for many workplaces and occupations. This kind of tradition can be lacking in low-income countries [1]. Also countries with longer traditions of industrialization sometimes may have minor resources for occupational medicine. This is unfortunate in a world with large and serious health problems related to adverse working conditions [2]. In making decisions on investments regarding occupational medicine in the companies, the employer are often balancing the costs and the benefits of the service [3]. Economic costs related to the performance of occupational medicine are often arguments against establishment of such services, although at the same time reduction in occupational accident and diseases might cause reduced costs for the company [3]. Globally, it therefore seems to be important to develop work methods in occupational medicine which can be implemented with minor resources.

Bernadino Ramazzini has been called the father of occupational medicine [4]. He told physicians to ask their patients about their occupation. The answers from the patients were useful to understand how their disease had developed, and gave possibilities for implementing correct treatment and also implementation of preventive measures. Ramazzini described the work and the working environment in detail for 52 occupations in his book "Diseases of workers" from year 1700. His observation skills and ability to describe what he observed must have been special, as his texts have been of uttermost importance for the development of occupational medicine all over the world.

Years have passed, and we still know the importance of asking questions about the patients' occupation and work. Occupational medicine has developed in most industrialized countries. We have developed occupational research skills, and numerous studies have been performed to evaluate causal effects of work place environmental factors related to health. Many exposure studies and intervention studies have been performed. Quantitative studies in the area of occupational medicine are huge in numbers. Occupational epidemiology has been very important. The tradition started with Sir Percival Pott and his results on chimney workers and cancer [5], and occupational epidemiology has been a major part of the research related to work and health. This has led to knowledge and

improvements of many types of work places, and the success stories are many. This is all very fantastic and the knowledge has prevented illnesses and deaths of a large number of workers.

However, in practical occupational medicine, epidemiology might be a very advanced and complicated method, and is often not performed systematically at the work places at all. These types of methods are time-consuming and demands special skills as well as relatively large resources, and is most often found in medical institutions. Occupational medicine is practiced in different settings, not only in the medical offices, hospitals or universities. Preventive work at the work places is for instance often initiated after visits from inspectors from the local Labor Inspection. Countries with occupational health services often use their occupational health personnel in improvement of the conditions at the different work sites. Many countries have developed models for occupational health where the personnel work together in teams. The team may consist of physicians, nurses, occupational hygienists and physiotherapists. One of their tasks is to assess risks at the work places and suggest improvements if necessary. During this type of risk assessment, a walk-through survey at the work place is of great importance to evaluate the work environment. It is important that the occupational health personnel actually visit the work site. This type of evaluation is important for all occupational groups in the occupational health service, to be able to give the correct and best advises. Work place evaluation might be performed using a check list of some kind, and such check lists have been known for many years [6]. However, these check lists must be adjusted locally, to fit the workplaces and the standards in the country where they are used. This may lead to substantial changes from the original check list. Based upon the results from the work site survey, suggestions of workplace improvements are made. This means that this type of evaluation is very important, both for the employees and the employer. Huge decisions can be made based upon the results from the walk-through inspection, with large consequences for the industry evaluated. The consequences can also be of great importance for the individual worker or patient. Results from work place visits may also be important for general practitioners, to understand the diseases and problems among their patients. A co-operation between the occupational health personnel and general practitioners ought to be encouraged.

Knowing that these types of work place evaluations occur at a large number every day in the world, one may ask: Where is the quality check of these evaluations? Where is the research to improve the check lists, the methods and the approach to the work place? Very few studies of this type are published. Often work place evaluations like this involve a whole team from the visiting unit. How does this affect the results? Representatives from the employer and employees often participate in the walk-through. How does this affect the results? Questions like these should be answered in a professional manner, and all who participate in walk-through surveys should be aware of the

different interpretations of results that might be caused by the participants present.

Anthropologists are professionals when they perform observations, using qualitative research methods [7,8]. A walk-through survey might be considered as a method where observation are performed at the work place, and the skill of using qualitative methods should be present when this type of risk assessment is performed.. Relatively few researchers and practitioners in occupational medicine seem to be familiar with qualitative methods. Quantitative methods like epidemiology is still important, but it is about time that more professionals in the field of occupational medicine learn and practice qualitative methods as well. Professional walk-through surveys can be a very important part of the work in occupational settings, giving a picture of the work conditions relatively quick. The method demand relatively little resources, as only the person who performs the walk-through is needed. Research should be developed to improve the work site visits and walk-through method. A co-operation between occupational physicians, occupational health personnel and anthropologists seems warranted.

References

1. Jeyaratnam J (1992) Occupational health services and developing nations. In: Jeyaratnam J. *Occupational Health in Developing Countries*. Oxford University 1-30.
2. Hämäläinen P, Leena Saarela K, Takala J (2009) Global trend according to estimated number of occupational accidents and fatal work-related diseases at region and country level. *J Safety Res* 40: 125-139.
3. Kankaanpää E, Suhonen A, Valtonen H (2009) Does the company's economic performance affect access to occupational health services? *BMC Health Serv Res* 9: 156.
4. Ramazzini B *De Morbis Artificum Diatriba [Diseases of Workers]*. Modena, 1700.
5. Dobson J (1972) Percivall Pott. *Ann R Coll Surg Engl* 50: 54-65.
6. Fridlund L (1978) Checklist for Safety-Health and Working Conditions. In: *Joint Industrial Safety Council in Sweden & ILO*. (1st Edn.) Stockholm pp: 1-12.
7. Bernard R (2006) *Research Methods in Anthropology*. AltaMira Press, US.
8. Green J, Thorogood N (2014) *Qualitative methods for health research*. Sage, Los Angeles.