



What do workers with suspected contact dermatitis tell us about their workplace training experiences?

Bethany Zack
Victoria Arrandale
D Linn Holness

creod

Centre for
Research Expertise
in Occupational Disease

Research that makes a Difference



Disclosures

- Bethany Zack's MPH project
- Funding support provided by the Centre for Research Expertise in Occupational Disease, funded by the Ontario Ministry of Labour



Background

- Occupational skin disease
 - one of the most common occupational diseases, significant impact on worker, workplace, society
- Prevention
 - Primary prevention intervention studies have demonstrated effectiveness

Background

- Training
 - A number of intervention studies include training
- What actually happens in the workplace?
 - Prevention activities generally – glove use
 - Training – content, effectiveness
- What other workplace factors need to be considered?



Objectives

- To determine the characteristics of workplace training
- To understand the attitudes towards training
- To explore workplace health and safety culture in relation to training

Methods

- Approved by REB – St Michael’s Hospital
- Recruitment – patients attending SMH
OHC eligible if
 - Being assessed for contact dermatitis that was possibly work-related
 - Working or had an employment relationship
 - Able to speak English



Methods

- Interviews - 14
 - One-on-one, semi structured interviews (20-40 minutes) that were audio-recorded
 - Topics covered
 - Skin health and occupational history
 - Health and safety training
 - Sources of health and safety knowledge
 - Inductive thematic analysis of data

Results - themes

Descriptive	Attitudes and behaviours
Worker characteristics	Worker values
Workplace characteristics	Employer values/workplace health and safety culture
Exposure characteristics	Training attitudes
Training characteristics	
Skin disease	
Impact of skin disease	
Compensation experience	
Health care experience	

Results: workers & workplace

Characteristic	
Age	45 (20-64)
Sex	57% male
Sector	Healthcare 21%, manufacturing 21%, automotive, food and beverage, services, municipal, construction
Workplace size	Small 21%, medium 21%, large 58%
Unionized	36%
Diagnosis	Irritant 64%, allergic 21%, 79% work-related
Duration of dermatitis	<12m 21%, 12m-60m 43%, >60m 36%
Training received	OHS 71%, WHMIS 86%



Results: impact

- Impact of skin disease
 - Occupation
 - Physical
 - Social
 - Psychological
 - Economic



Results: health care and WC

- Health care
 - Long tortuous journey health care system
 - Emerg visits, multiple referrals, long waits
 - Conflicting advice from health care providers
- Workers' compensation
 - Worker reluctant to file a claim
 - Lack of cooperation from employer
 - Claims avoidance on part of employer



Results: workplace

- Mix of large, established and small, new and family run
- Most large business characterised by formal OHS departments vs less formal in small or new businesses
- Availability of skin hygiene resources (gloves, creams, cleansers) was limited, uncertain, restricted, inadequate

Results: training

- Content
 - mainly general OHS and WHMIS
 - focus on injury prevention
- Delivery methods
 - Varied – online, videos, oral presentations, posters, manuals
- Provider
 - OHS rep, supervisor, vocational school, union, employment agency

Results: training cont'd

- Reinforcement
 - Lack of periodic refreshers and leading by example
- Passive
 - Singing training documents, online modules and locating manuals
- Characterised by forgetting, +/- self reported behaviour change



Results: worker perspectives

- Staying on the job
- Trust in information sources
- Confidence in prevention knowledge
- Perceptions about OSD
- Concern for co-workers



Results: attitudes re training

- Desire to learn – specific to job task, hands-on
- Training described as being vague and irrelevant to their tasks
- Training delivered in visual manner rather than written word or oral presentations
- Training was common sense

Results: employer values

- Employers focused on productivity and product/patient protection
- Training not a high priority
- Training not motivated by desire to protect worker health, rather the fear of penalty
- Employer desire to limit injury reporting
- Training not offered at work because presumed they had received elsewhere



Results: employer values

- Little embodiment of health and safety practices from supervisors
- Employer desire to limit injury reporting
- Training not offered at work because presumed they had received elsewhere

Conclusions

- Workplace training – main focus on general OHS training and injuries
- Variation in content, delivery
- Employer attitude – OHS culture
- When implementing training program need to consider OHS culture



Next steps

- Quantitative study examining training and OHS culture using the IWH-Organizational Performance Metric