In this issue of Occupational Medicine

2012 marks the centenary of the sinking of the RMS Titanic and in this issue a fascinating article considers the ship as well as the occupational hazards associated with it [1]. From the Titanic we see the need to anticipate, recognize, eliminate and control hazards; to have safe systems of work with adequate training; and to avoid complacency and learn from mistakes. The practice of medicine is truly titanic and the GMC revalidation procedures are now apparent. Many may have that ‘sinking feeling’ and find the assessment process stressful. But sound evidence for practice in this issue should raise all boats.

Good-quality clinical record keeping is fundamental to good occupational medicine (OM) practice and Torrance [2] cites the case for a review of current approaches to clinical record management, data retention and associated guidance.

Revalidation has created a need for occupational physicians (OPs) to collate the necessary supporting information. The short report by Braithwaite et al. [3] details the effectiveness of the road show delivered to the Society of Occupational Medicine regional groups. The road show sought to improve delegates’ confidence in selecting and developing supporting information for appraisal and revalidation by assembling a collection of tools. Thankfully, the preparation of supporting information may not be as daunting as originally feared. Many areas of audit can be found in OM practice but self-reflection is an essential part of the appraisal and revalidation process. Familiarity with self-reflection is encouraged by the GMC for appraisal and revalidation. Many OPs were unfamiliar with the process.

Little information is available on the prevalence and differences in exposure to psychosocial work factors between countries. Niedhammer et al. [4], in a study based on workers from the 2005 European Working Conditions Survey, looked at 18 psychosocial work factors: low decision latitude (skill discretion and decision authority), high psychological demands, job strain, low social support, iso-strain, physical violence, sexual harassment, bullying, discrimination, work–family imbalance, long working hours, high effort, job insecurity, low job promotion, low reward, and effort–reward imbalance. Significant differences in exposure to psychosocial work factors were found between 31 European countries. In general, Nordic countries had lower prevalence whereas some Southern and Eastern countries had higher prevalence. These findings may provide context to guide prevention policies at European level.

The HSE indicator tool is one of the most commonly used tools for assessing the risk of work-related stress. Few studies, however, have investigated whether and how the scales relate to psychological distress or other work-related health outcomes. Guidi et al. [5] found that the HSE management standards as measured by the indicator tool were negatively related to psychological distress as measured by the GHQ-12 and positively related to work ability as measured by the Work Ability Index (WAI). Psychological distress was strongly correlated to work ability. Of the seven HSE management standards, only ‘control’ explained part of the variance in the WAI that was not already explained by psychological distress.

Work-related psychosocial stress has been thought to increase the individual risk of type 2 diabetes; however, epidemiological studies into the association between work-related psychosocial stress and type 2 diabetes have been inconsistent. Cosgrove et al. [6] carried out a systematic review of the literature to March 2010. Their meta-analysis found no significant association between high psychosocial stress work environments and increased risk of type 2 diabetes. Methodological limitations were found in many epidemiological studies and further research is called for in this area.

Could job stressors reduce the likelihood of quitting smoking? Yasin et al. [7] assess the association between job strain, smoking behaviour and smoking cessation among Malaysian male employees involved in a smoking cessation programme. Good support among co-workers was beneficial in increasing cessation rate. However, higher levels of job stressors measured using the Job Content Questionnaire were not associated with lower rate of smoking cessation.

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References