Duties performed by occupational physicians in Norway

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Background Occupational health care for all is a global aim but has not yet been achieved. Further development should be based on knowledge of specific alternative models of occupational health services (OHS). Little is published on different OHS models and work as a physician in these services.

Aims To describe duties for Norwegian physicians working in two different OHS models: internal and external. In the internal model, the physician is employed in an OHS located at the company served, whereas in the external model, OHS time is shared between several companies and the physician is often located outside the companies.

Methods A web-based survey was sent to all members of the Norwegian Occupational Medicine Association.

Results There were 206 responses (response rate of 73%). Only those working as OHS physicians were included (54%). Physicians in external OHS performed individual health examinations to a greater extent, otherwise few differences between physicians working in internal and external OHS were found. Changes in the priority of the physicians’ duties through a period of 20 years seem to be related to changes in legislation and official guidelines related to OHS practice.

Conclusions In this study, OHS physicians in Norway performed a large number of individual-based health examinations but this was seen more in the external OHS model. Otherwise physicians’ duties had similar priority in the external and internal models. Legislation and official guidelines seem to be of major importance to the duties performed.

Key words Health examinations; occupational health; occupational health services; occupational physician; survey.

Introduction

Occupational health services (OHS) for all workers has been a long-term objective of the World Health Organization [1]. Few countries, if any, have achieved this. As resources available for OHS might be scant, it is important to discuss how physicians in these services can most usefully perform their work [2]. Few original studies on physicians in OHS have been published in recent years [3].

About half of the current Norwegian workforce today has access to OHS, and all expenses related to these services are paid by the companies. OHS are not formally affiliated with public health services, and the most relevant public regulations are supervised by the Ministry of Labour and Social Services [4]. There are two main types of OHS in Norway: ‘internal OHS’ in which personnel are employed by individual companies and ‘external OHS’ in which personnel work in a unit serving several companies [5]. In internal OHS, the occupational health personnel are located on the company premises, whereas personnel in the external model are most often based in units outside the companies. Earlier, the external OHS were owned by member companies, but today many of these OHS are established as joint-stock companies.
The purpose of this study was to describe the perceived duties of physicians working in OHS and to compare duties of physicians in internal and external OHS. More knowledge about physicians in OHS will be useful for policy makers in the field of work and health.

Methods

A web-based questionnaire was sent to physicians who were members of the Norwegian Occupational Medicine Association in 2012 and who had been working in OHS. When the participants answered the questionnaire, the data were stored without names or e-mail addresses of the respondents. The web-based questionnaire was designed especially for this study, developed in collaboration with a group of five full-time OHS physicians and a group of three senior physicians. The questionnaire comprised age, gender, years as a physician, years and percentage of work time as a physician in the OHS, type of OHS, number of companies and employees, why they were working in OHS and percentage of work time spent on nine specified duties. Questions regarding the duties of the physicians were developed from a previous Norwegian study, and our results were compared with the results from a study in 1993 [6]. Ethical approval was not sought, as no health data were collected and the respondents did not report their identity.

Results

Of the 283 physicians asked to participate, 206 (73%) responded. Of the respondents, 154 were currently working in OHS and were included in the analyses. Forty-six per cent of the 154 physicians worked full time and had worked for 15 years (mean) in OHS. Eighty-four per cent of their work time (mean) was spent in OHS. Female physicians were slightly younger and had shorter careers than males. Most of the physicians (58%) worked in external OHS; the others were employed in internal services. The physicians in external OHS reported from 2 to 5000 member companies; the mean number of companies was 773, the median 177. The number of workers in each OHS varied from 300 to 30 000 (mean: 6284, median: 4500). The participants were asked why they worked in OHS. A preference for work without night shifts was a major reason for 71%. Also, the preference for a permanent job, the need for a change in life and a need for a job in a certain geographical place were mentioned as important causes. The duties performed most by the OHS physicians included provision of occupational health advice to individuals, health surveillance and occupational rehabilitation of individuals. Very little time was spent doing work to improve future work environments (Table 1). There were no differences between internal and external OHS physicians regarding age, sex, years in practice as a physician or years in practice as an OHS physician. The physicians working in external OHS had significantly higher numbers of weekly individual health examinations (Table 2). Comparing our results with those of the study from 1993 showed that OHS physicians were today less likely to deal with non-occupational health issues and more likely to advise on rehabilitation for individuals with health problems.

Discussion

Our study found that occupational physicians in Norway deal mainly with individual occupational health problems, health surveillance and individual rehabilitation. Physicians from external OHS performed more individual health examinations than their counterparts in internal services.

Our study has some limitations in that the data obtained were self-reports and the questionnaire used...
was not based on valid instruments, as no valid instruments were available for this topic. This weakness was reduced by using physicians from OHS to develop the questionnaire and by using questions from a Norwegian survey from 1993 [6]. However, the response rate was high, increasing the probability that answers are representative for Norwegian OHS physicians. Hopefully, our results are relevant to OHS in other countries with similar legislation, duties and resources.

The tasks performed by OHS physicians have changed from 1993 to 2012 [6]. More of their time is now spent giving individual, work-related advice. Also, more time is spent in 2012 than in 1993 on occupational rehabilitation and issues related to sickness absence. This is in line with political intentions in Norway, since the government is campaigning to reduce sickness absence. The same trend has been observed in other countries [3,7]. The time spent on ‘non work-related issues’ had decreased. This complies with the regulations of the Norwegian Work Environment Act. OHS physicians must and do comply with health authorities, governmental regulations, employers and employees. Also other studies show that the work OHS physicians perform is clearly influenced by guidelines and regulations [8–10].

The OHS physicians conducted a large number of individual health examinations. The organizational models seemed to have an impact on this priority, but not so clearly in relation to any other type of duties. Legislation and official guidelines seem to be of major importance to the duties performed by OHS physicians.

### Key points

- The physicians in Norwegian occupational health services conduct a large number of individual health examinations.
- The organizational models of occupational health services have some impact on the priority of duties performed, as physicians in external occupational health services perform more individual health examinations.
- Legislation and official guidelines seem to be of major importance to the duties performed by occupational health services physicians.

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### Conflicts of interest

None declared.
References


OCCUPATIONAL MEDICINE CALENDAR

<table>
<thead>
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<th>Event</th>
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