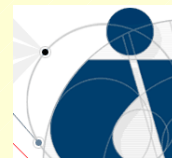
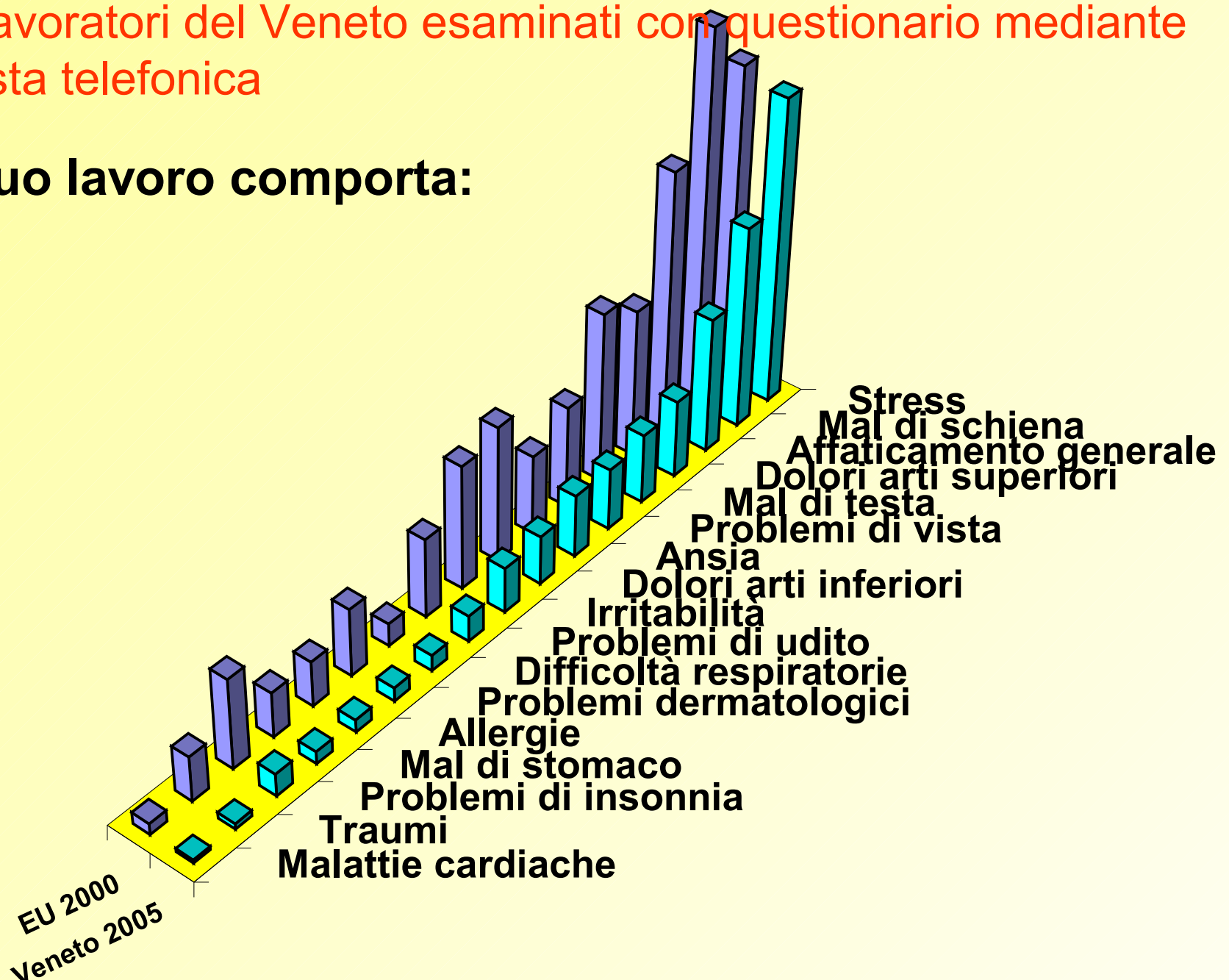


Indagine pilota conoscitiva sulle condizioni di salute e sicurezza negli ambienti di lavoro relativi ad una realtà regionale, il Veneto.



Percezione dei rischi professionali delle condizioni di salute in 5000 lavoratori del Veneto esaminati con questionario mediante intervista telefonica

Il suo lavoro comporta:



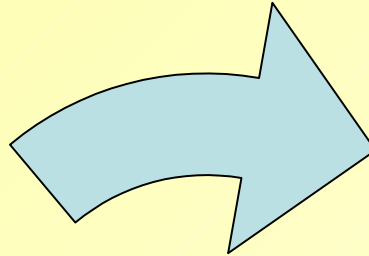
Strain & Stressor

- Strain : adattamento negativo che si traduce in esaurimento e altri effetti negativi per la salute dell'individuo.
- Stressor: agente di sollecitazione.

**Diffusione dello stress lavorativo e
relazione con infortuni e assenze per
malattia: studio in 2174 lavoratori di 30
aziende della Regione Veneto**

Soggetti e Metodi

G. Mastrangelo

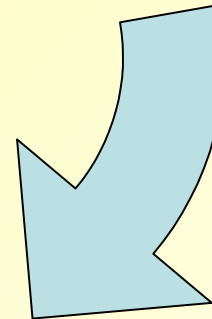


**Idea iniziale
Coordinamento**

Scelta dei metodi

**Baldasseroni
E. Maier
G. Mastrangelo**

**Scelta
del campione**



D. Bontadi, E. Capodicasa, V. Marzia, M. Mazzi, P. Patané, P. Torri

Campionamento “a palla di neve”



Comparti lavorativi: alimentare, vetrario, chimico, galvanico, siderurgico, ceramico, meccanico, metalmeccanico, tessile, ecologico-ambientale, logistico, commercio, socio-sanitario, trasporti.

Strumento di misura dello stress

In questo campo lo strumento è “teoria-dipendente”, basato su precise e ben note teorie psicologiche ...

Due dimensioni del lavoro secondo il modello di Karasek [1979]

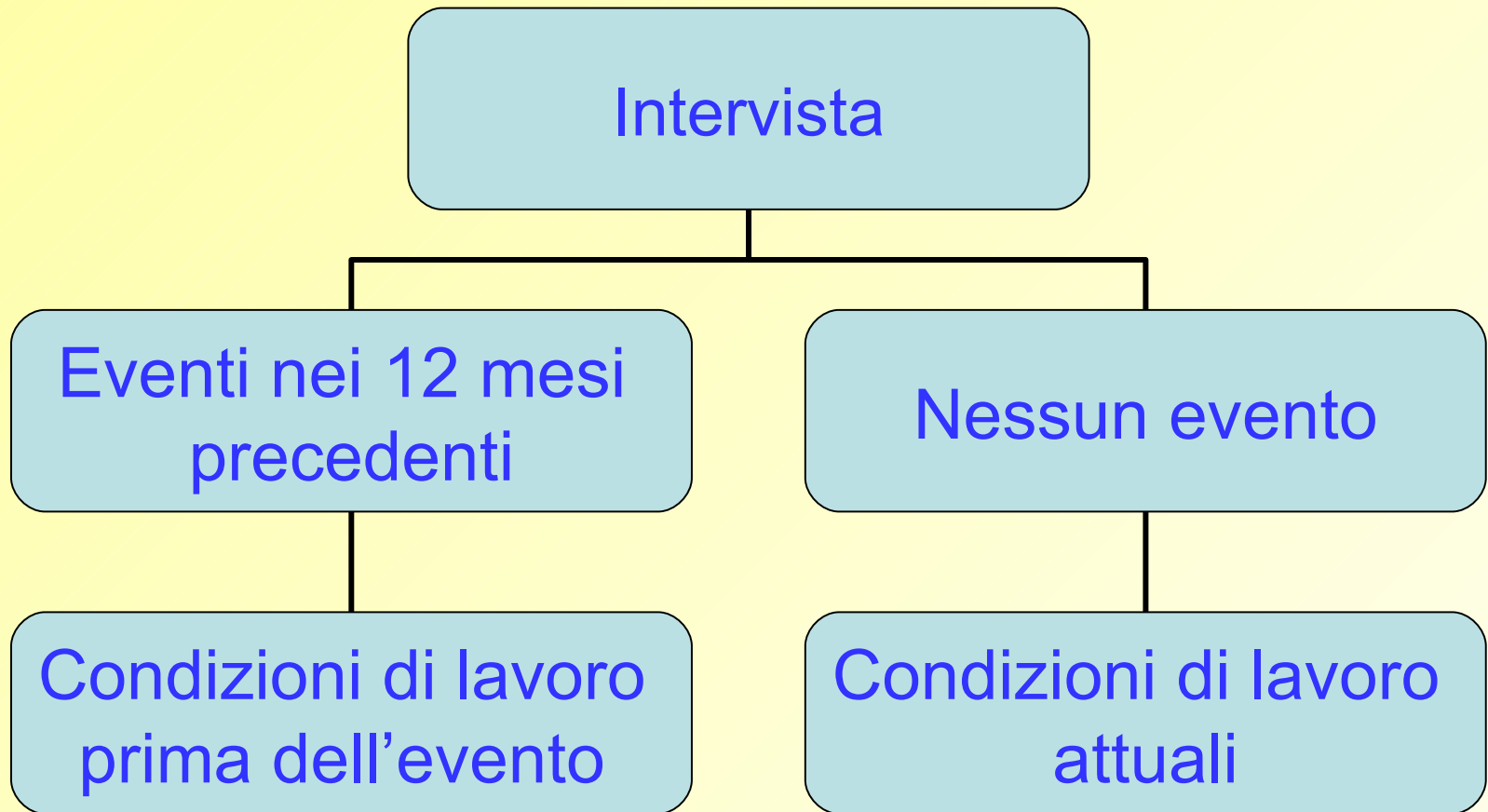
1. Domanda lavorativa (job demand, JD):

- la domanda fisica, che fa riferimento a condizioni lavorative che richiedono l'esecuzione di compiti caratterizzati da attività fisica statica e dinamica,
- e la domanda psicologica, che si riferisce ad un carico di natura mentale derivante dallo svolgere mansioni che necessitano di lunghi periodi di concentrazione, con scarsa chiarezza organizzativa, forte pressione temporale;

2. Autonomia decisionale (decision latitude, DL):

- skill discretion, che identifica condizioni connotate dalla possibilità di imparare cose nuove, dal grado di ripetitività dei compiti e dall'opportunità di valorizzare le proprie competenze,
- decision authority: individua fundamentalmente il livello di controllo dell'individuo sulla programmazione ed organizzazione del lavoro.

Cronologia di osservazione



Determinanti degli infortuni sul lavoro in 2174 lavoratori: frazione di esposti tra i casi (%), odds ratio (OR), population attributable risk (PAR)

Determinanti	%	OR	PAR	Σ PAR
Fuma <9 sigarette	11.6	1.90	5.48	
Fuma 10-20 sigarette	25.6	2.25	14.23	
Fuma >20 sigarette	11.6	3.81	8.53	
Totale			28.25	28.25
Uso abituale di alcol	43.0	2.02	21.70	
Totale			21.70	49.95
JD: III terzile	39.7	2.29	22.35	
DL: I terzile	39.7	1.62	15.18	
Totale			37.53	87.48

Determinanti delle assenze dal lavoro per malattia in 2174 lavoratori: frazione di esposti tra i casi (%), odds ratio (OR), population attributable risk (PAR)

Determinanti	%	OR	PAR	Σ PAR
Fuma 10-20 sigarette	19.6	1.63	7.6	
Totale			7.6	7.6
JD: III terzile	35.9	1.49	9.3	
DL: I terzile	37.2	1.57	13.5	
Totale			22.8	30.4

Intervention studies in Occupational Epidemiology

Why intervention research?

- Lead to the establishment of causal evidence with a high level of conclusiveness.
- Elucidate ways of implementation of worksite changes: how, to what extent, and at which conditions it is possible to improve work?
- Contribute to dissemination of relevant research. The power of practical examples is much greater than that of observational research.
- Improve learning and mutual understanding between researchers and workplaces.

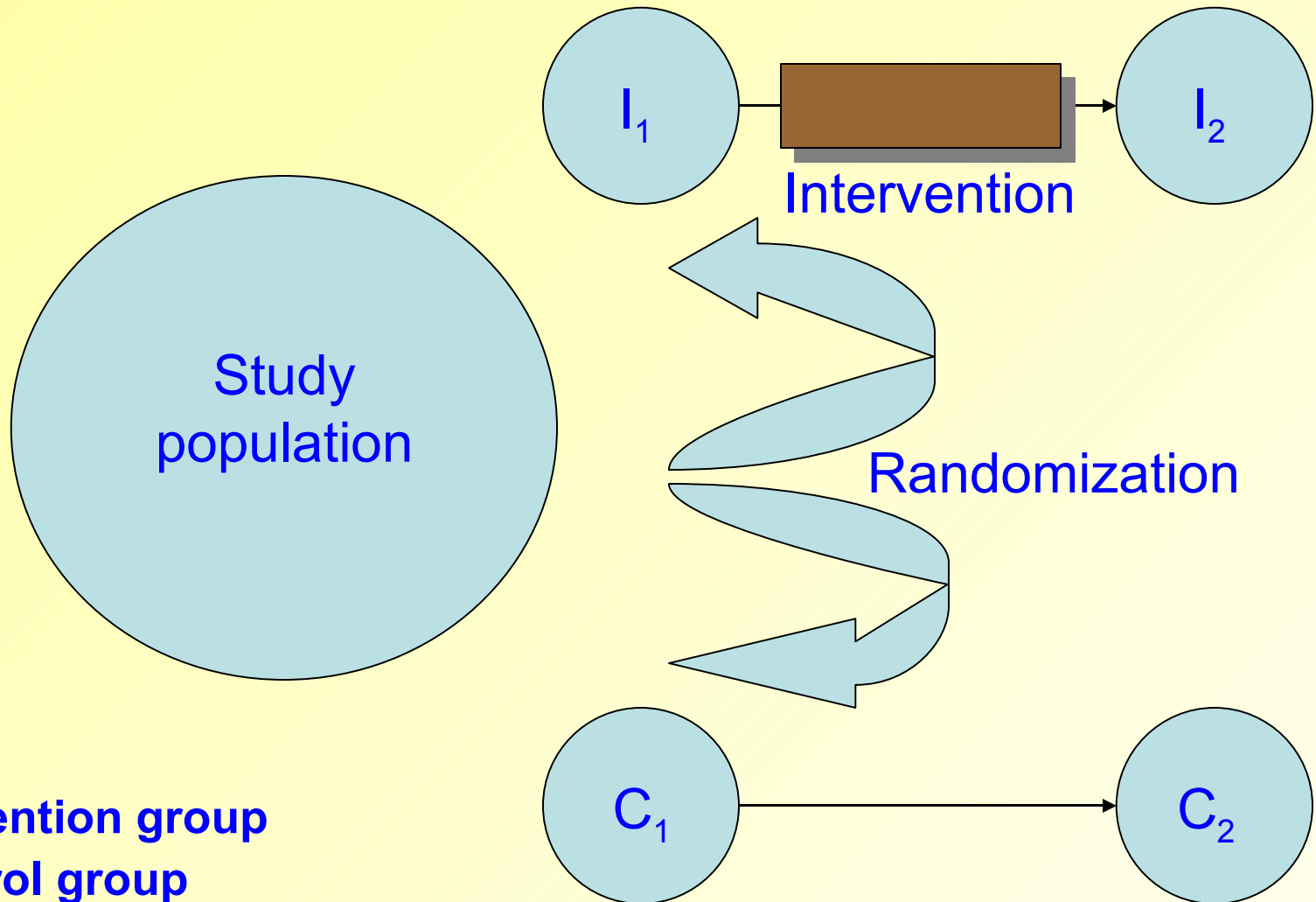
An example showing that quality does matter

In a review of worksite health promotion programmes, Henny and Goetzel [1997] stratified 35 programmes according to study design:

- among the best studies (randomization and control group), 22% were “encouraging”
- among studies with control group but without randomization, 56% were “encouraging”
- and, finally, among studies with low quality (no control group, only pre-post comparisons), 100% were encouraging.

This result clearly suggests that poor study design with low internal validity can hide poor intervention effects.

Model of randomized controlled trials

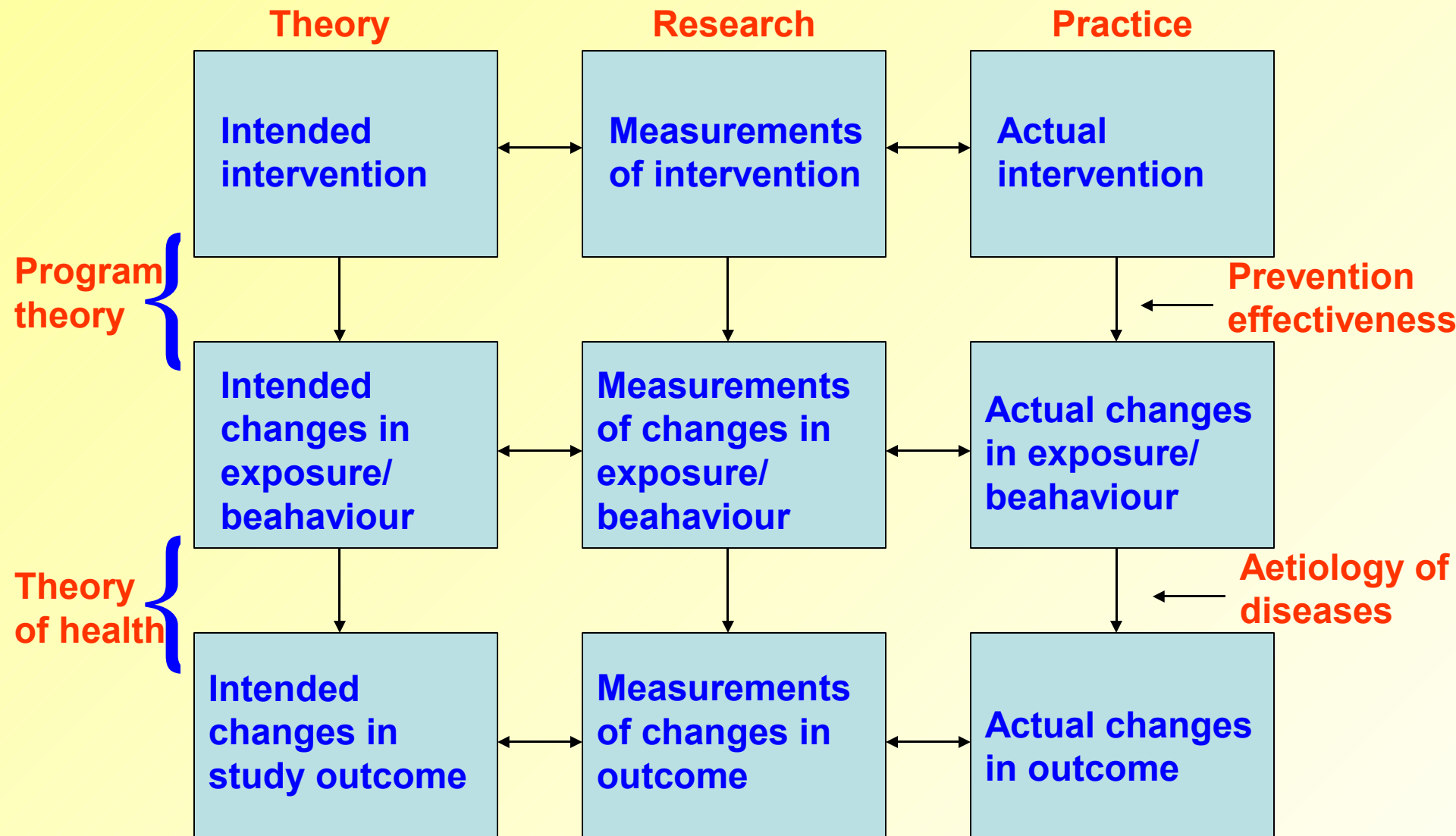


I = Intervention group

C = Control group

1, 2, ... = Measurements of outcomes

Theoretical model of key elements



Two types of intervention studies

Aetiological

- Large samples
- Endpoint: health/disease
- Randomization, blinding
- Aetiological theory
- Quantitative methods
only
- Representative groups and workplaces

Prevention effectiveness

- Small samples
- Endpoint: exposure/behaviour
- No randomization/blinding
- Program theory
- Quantitative and qualitative methods
- Case studies

Failure of programme theory or health theory?



About the use of the design of RCT

There are many good reasons for not being able to use the design of the RCT in occupational intervention studies. But there are no good reasons for disregarding the methodological problems caused by not using this design.

About prevention effectiveness and aetiology

Prevention effectiveness and aetiology of health are equally important: It does not help that the patients takes the pill, if it has no effect. And it does not help that pill is effective, if the patient does not takes it. Hence bot issues should be studied carefully.

About the collaboration with the workplaces

The workplaces are not arenas for intervention research. The long term challenge for occupational intervention epidemiology is to develop strategies and models where better working conditions and better employee health are necessary conditions for the development and survival of the workplaces.

Policy implications

- High quality occupational intervention studies are important for establishing convincing evidence on the effects of workplaces interventions.
- Research funds, organizations, and companies should encourage and provide resources for good occupational intervention research