

Return-to-work barriers for workers with contact dermatitis

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There is little information available regarding barriers to return-to-work (RTW) in workers with contact dermatitis. The purpose of this study was to survey occupational health and safety personnel to determine their perceptions regarding RTW barriers for workers with contact dermatitis. The study was conducted during an occupational health and safety research conference attended by stakeholders from labour, management, injured workers, government, safety associations, occupational health and safety practitioners and researchers. The attendees were presented with 3 pictures of varying degrees of work-related hand contact dermatitis and were asked to list the 3 key barriers or challenges in RTW for individuals with contact dermatitis. 21 individuals completed the survey. Issues identified in descending order of frequency were concern of ongoing dermatitis, ability to do the job safely, appearance, ability to accommodate, personal protective equipment, fear that the rash was contagious, workplace attitudes and pain. While some of these issues are potentially common to RTW situations in general, others are more specific to health problems which have a visible manifestation. Increased awareness of and attention to these possible barriers to RTW may lead to better RTW outcomes.

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Though we have learned much over the past century regarding occupational contact dermatitis, there still remains much to be learned and applied to practice. Rycroft (1) has recently summarized an approach to management of the worker with occupational contact dermatitis. 3 more recent studies examining outcomes in contact dermatitis found continuing disease from 37–67% of the surveyed population (2–4). One factor that may affect the ongoing disease is the ongoing workplace exposures. Return-to-work (RTW) continues to be a problem in many cases in spite of the increased understanding of workplace exposures and occupational hygiene interventions. Work outcomes were also examined in the 3 studies cited above. Holness and Nethercott (5) found that 78% were still working, but 44% had a different job. In 2 studies from Australia, Wall and Gebauer (3) found that 43% had changed job or work, and Rosen and Freedman (4) found 37% had changed industry. One factor that may affect the outcome is understanding of the

problem. We found that workers who understood their diagnosis had better outcomes (6). Wall and Gebauer (7) surveyed various stakeholders in the occupational health and safety system and identified a lack of understanding and a need for education for all parties within the system with respect to occupational skin disease.

One possible reason for our lack of better success may rest in the complex process of RTW. Though medical management and workplace exposures are clearly important in this process, there are undoubtedly other factors which play a significant role in the RTW process. This report presents results of a questionnaire survey which solicited perceptions of barriers to RTW for workers with contact dermatitis from a variety of stakeholders in the occupational health and safety system.

Methods

The survey was completed during a Conference on Research Priorities held by the Ontario

Workplace Safety and Insurance Board (WSIB). Attendees included representatives from labour, management, injured workers groups, government, WSIB, safety associations, occupational health professions and academics. Part of the Conference consisted of a poster session displaying projects funded by the WSIB Research Program. The investigator had received funding for a prospective study on the outcomes and RTW for workers with contact dermatitis. To assist in exploring barriers to RTW for workers with hand dermatitis, conference attendees who visited the display were invited to respond to a simple survey. The display included 3 photographs of workers with varying degrees of severity of allergic contact dermatitis involving the hands. The survey collected information regarding the role of the attendee in the health and safety system (e.g. labour, injured worker, professional, etc.) and then posed the question: 'What are the 3 key issues or challenges that may affect RTW for workers with contact dermatitis?' The information was summarized, and issues and challenges were then clustered into several groups.

Results

The survey was completed by 21 individuals representing approximately 10% of the conference participants. Groups represented by the respondents were labour/worker (7), employer/management (3), researcher (5), health care provider (4) and government/government agency (3). With respect to qualifications, 12 of the participants were either health care providers or occupational health and safety professionals.

65 issues that could be barriers to RTW were identified in total. These issues could be grouped into several major categories, as outlined below.

Pain and itching

Respondents thought that discomfort, pain and itching might affect RTW.

Appearance

Concerns about appearance were expressed in several ways. The worker would be embarrassed or psychologically affected by the appearance of their skin, with issues of self-esteem and body image. The visible nature of their problem, at times with thick scabs and weeping sores, would be repulsive to co-workers or clients.

Fear that dermatitis was contagious

Closely related to appearance was the fear that the worker was contagious. This was identified as

both a possible problem of the worker fearing that they would infect co-workers or clients and that of co-workers and clients fearing that they would catch something from the worker.

Fear that the problem would continue or worsen

Several issues related to the concern that the disease would continue or get worse. Concern about identifying and then avoiding the causative exposure included the ability to identify the cause and to be able to eliminate the exposure, both on the part of the workplace and on that of the worker. Associated were fears of aggravation or re-injury from the workplace in general and concern about returning to the workplace for fear of re-exposure. If the worker was sensitized, would they react to very small amounts of the causative agent or become sensitized to other chemicals? Another issue was the lack of response to the medical therapies, resulting in the concern that the dermatitis would become chronic.

Concerns about ability to do the job

Concerns about being able to do the job had both worker and management perspectives. Management concerns might be a question of whether the worker could do the job and worker concerns included lack of dexterity and mobility of fingers, inability to use required tools and equipment. Safety concerns regarding the use of skin care products causing tool slippage and possible injury were expressed.

Personal protective equipment

Closely related to the ability to do the job were concerns about personal protective equipment. Gloves were viewed as a potential problem related to safety (getting caught), comfort, adding to irritation and finding the appropriate glove that protected against the chemical in question. Worker's compliance with using protective equipment and other skin care regimens was noted.

Suitability and availability of job modifications

More general issues raised related to the availability and suitability of job modifications or alternate work, resulting in an inability to accommodate the worker in the workplace. In addition, the employer's, supervisor's and co-workers' attitudes regarding willingness to provide modified work or educate the workplace regarding the need for modified work were mentioned.

Table 1. Issues/challenges identified

	Number who noted (%)
Concern re-ongoing dermatitis	71
Ability to do job (safely)	52
Appearance – worker or others	48
Workplace modifications/ ability to accommodate	43
Personal protective equipment	33
Fear that the worker is contagious	24
Workplace attitudes	24
Pain and itching	14

Workplace attitudes

Another set of general concerns related to the general environment in the workplace and management's and co-workers' willingness to co-operate with RTW plans. Another facet of this was the lack of communication between the various workplace parties to identify concerns and enable solutions.

Table 1 lists the categories outlined above and the percentage of respondents who identified a concern in each of the categories. At least several respondents identified each of the categories, and the responses tended to be distributed across the different types of respondents.

Discussion

This small survey is instructive in enumerating a number of issues that may impede RTW for workers with contact dermatitis. In addition to more traditional concerns such as fear of re-injury or exacerbating the disease, safety and ability to accommodate, the responses demonstrate that for a disease that is visible an additional set of concerns exist. These include both concerns of the workers themselves regarding their self-image and also concerns of co-workers or clients about the possibility that the rash is contagious. Open discussion with the workers regarding their self-image and discussion/education with workers, co-workers and the workplace about concerns of infectious potential may help the RTW process. Some of these factors may be at play in those cases where a worker, though treated, does not have a successful RTW outcome. This supports

the finding of Wall and Gebauer of the need for education of all parties in the system regarding occupational skin disease, its causes and management. Emmett (8) recently noted that, although there may have been some improvement in RTW, there are still challenging cases where an approach of trial and error is indicated to try to achieve a successful RTW. Some of the factors identified in this study may be at play in some of these difficult cases and should be considered when implementing an RTW plan.

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