

Infortunati sul lavoro e assenze dal lavoro per malattia: associazioni con carico lavorativo, autonomia decisionale e stili di vita in 2174 lavoratori del Veneto

G. MASTRANGELO, S. MATTIOLI*, A. BALDASSERONI**, D. BONTADI***, E. CAPODICASA***, VITA MARZIA***, MADDALENA MAZZI***, P. PATANÉ***, PAOLA TORRI***, G. MARANGI****, EMANUELA FADDA, G. PRIOLO, L. SCOZZATO, ELISABETTA MAIER**, G. CAMPO*****, L. MARCHIORI*****

Dipartimento di Medicina Ambientale e Sanità Pubblica, Università degli Studi di Padova

* UO Medicina del Lavoro, Policlinico Sant'Orsola-Malpighi, Alma Mater Studiorum-Università di Bologna

** SA di Epidemiologia, ASL di Firenze

*** Studio GOMI, Padova

**** SPISAL, AULSS 20, Verona

***** Dipartimento Documentazione Informazione e Formazione, ISPESL, Roma

KEY WORDS

Occupational stress; occupational injuries; sickness absence

SUMMARY

«Occupational injuries and sickness absence: association with job demand, decision latitude, and life style in 2174 workers in the Veneto Region». **Background:** Stress was the most frequent (26,9%) health problem reported in a survey on the perception of working and health conditions in 5000 workers in the Veneto Region. **Objectives:** The aim of the study was to investigate in the Veneto Region the association between occupational stress and events occurred in the previous 12 months: occupational accidents, or sickness absence for 10 or more consecutive days. **Methods:** Perceived occupational stress is correlated, according to Karasek's model, to high job demand (JD) and low decision latitude (DL). Using Karasek's questionnaire (to which questions on smoking and alcohol consumption were added), we examined 2174 subjects working in 30 companies with between 10 and 500 employees, who belonged to the occupational categories of industry and services that are more prevalent in the Veneto Region. The questionnaire was administered by the occupational physician during health surveillance. The subjects were classified on the basis of current exposure to psychosocial factors or, for subjects reporting an event, their exposure at that time. We identified the tertiles of JD and DL; data were submitted to the analysis of multiple logistic regression, estimating odds ratio (OR) and 95% confidence interval (CI). The population attributable risk (PAR) was calculated using the formula $(pc (OR-1)/OR)$, where pc is the fraction of exposed cases. **Results:** An elevated risk of occupational accidents was found in subjects with regular consumption of alcohol (OR=2.0; IC=1.2 - 3.5), in smokers smoking 10-20 (2.3; 1.3-3.8) or >20 cigarettes/day (3.8; 1.8-7.9), in the highest tertile of JD (2.29; 1.35 - 3.89) and in the lowest tertile of DL (1.6; 1.0- 2.6). PAR was 37.6% for occupational factors (high JD and low DL), 44.5% for non-occupational factors (cigarette smoking and alcohol consumption), and 82.1% overall. The risk of sickness absence increased in subjects smoking 10-20 cigarettes (1.63=1.1-2.40), in the highest tertile of JD (1.5; 1.0 - 2.2) and in the lowest tertile of DL (1.6; 1.1- 2.2). PAR was 26.1% for occupational factors (high JD and

low DL), 7.6% for non-occupational factors (smoking), and 30.4% overall. While the risk of sick absence increased mainly with the reduction of DL, the risk of occupational accidents increased with increasing JD and, to a lesser extent, with decreasing DL. The current approach to accident prevention is based only on technical and administrative aspects, in spite of the fact that 80% of accidents are not attributable to malfunctioning of machinery. Injury prevention should address technical, personal and psychosocial risk factors together as a whole.