



# Strengthening the Occupational Health Expertise and Scientific Performance of Public Health Institution of Turkey



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## Study protocol 2 : Theory

A 2.1 ppt 1 first presentation on day 2 of training A

**Part of the Chapter Introduction of the protocol**



# Learning Objectives

1. You are able to identify the “gap of knowledge” regarding your topic of study
2. You can convince others why your study is important to realize

# Summary of presentation



- Problem statement
- Theoretical background
- Basic concepts of scientific writing

# **Study protocol Part 2**

## **Theoretical background**

**alternative names:**

**Introduction**

**(Problem statement)**

# Theoretical background

- In this chapter is justified **why** it is necessary to realize your project
- Describe what you know about the topic
- Describe what is not yet known about the topic
- Indicate what the relation is between the project and the priorities of the community/  
workers/companies/social security organizations
- Include your point of view
- Demonstrate how the results will be used

# Theoretical background

## -Example 1-

- Main objective:  
Determine (or search for) the prevalence of child labor and of adverse health effects of child labor, in rural areas in Turkey in the summer of 2017.
- Theoretical background:
  - What is the global prevalence of child labor in rural areas?
  - What is known about potential adverse health effects?
  - What statistics and studies do exist in Turkey?
  - What information is lacking?
    - The prevalence of health problems?
  - Why is this information important?
    - Information is needed to support and plan interventions

# Theoretical background

## -Example 2-

**Objective:** to evaluate the ergonomic conditions, as well as the association with musculoskeletal problems in cleaning personnel in hospitals in Ankara and other cities in Turkey.

Theoretical background:

- What is the prevalence of musculoskeletal disorders (MSD) in workers in the world, Asia, Europe, Turkey?
- What are known occupational risk factors for MSD?
- What is known about ergonomic conditions and MSD in the cleaning sector in general; respectively in Turkey?
- What information is lacking?
- Why is information important?



# Theoretical background

## -Key ingredients-

- Logic ++
- Use of primary international literature ++
- Content +
- Writing +
- Marketing +

# **Theoretical background**

## **-Impression of the reader, worker or manager-**

- This is a very interesting project
- The author knows much about the topic
- There is a need for this project
- We have to know the results in order to change the situation ...
- The project can give an answer to the question

# Basic concepts of scientific writing

- Make your writing interesting to read and easy to follow
- Do not reiterate
- Refer to the essentials
- Short sentences are easier to follow than large and complicated ones
- Not more than 2 pages without subtitles, tables or figures
- Visualize the most important topics

# Occupational health of Turkish Aegean small-scale fishermen

## Introduction

In many countries, fishermen have one of the highest risks in terms of both fatalities and serious injuries [1]. Hazards include the physical environment, the biological environment and a broad range of social, economic and cultural factors [2].

Mortality and morbidity among workers in the fishing industry continue to be unacceptably high, and fishermen and their families are often not covered by their relevant health and social security systems [3].

About half of the world's seafood is caught or otherwise collected by small-scale fishermen operating a variety of fishing craft [4]. Despite existing knowledge regarding the high morbidity and mortality rates associated with fishing, there has been little research on the effect of working conditions on the health of fishermen, especially in the developing world [5].

In Turkey, there are 15 858 small-scale boats defined as <12 m in length. Of these, 5485 (35%) boats and 5714 (37%) fishermen are in the Aegean Sea. There are no occupational health services or mandatory health screening for these workers, and occupational accidents and diseases are under-reported as most of the workers in this sector are uninsured [6].

This study is the first to examine the health, safety and working conditions of small-scale fishermen along the Turkish Aegean Sea coasts.

## Background

Exposure to occupational health risks accounts for a significant proportion of the burden of diseases [1,2] including a variety of social consequences [3], of which the estimated costs are considerable [4,5]. This burden could be substantially reduced through the application of proven risk-prevention strategies. Furthermore, new products, working practices and organisational contexts are continuously introduced into the working environment and bring with them new occupational diseases and work-related adverse health effects [6-8]. For these new emerging risks new risk-prevention strategies should be developed immediately.

Information about the incidence and distribution of occupational diseases is essential to develop these occupational health interventions for the purpose of prevention [9-12]. To enable companies, organisations of employers and employees, policy makers and occupational health professionals to set priorities for preventive policy and to evaluate interventions, information is needed about the severity and duration of diseases, and about their social and economic consequences. In the case of new emerging diseases, rapid detection of the health risks is necessary followed by an effective dissemination of knowledge to all stakeholders.

Most EU countries register occupational diseases in a national registry, while some have additional schemes for the surveillance of occupational diseases [13-15]. National registries are usually set up within the context of a financial compensation system for occupational diseases and are a part of the country's social security system. At the same time, such systems are intended to provide policy information for the prevention of occupational diseases. National registries are only one source, but mostly an authoritative one, of policy information. Various authors have recommended the use of a combination of monitoring systems and other data sources in order to assess working conditions, health effects and trends on a macro level as a more complete information input for preventive policy [16-19].

# Characteristics of national registries for occupational diseases: international development and validation of an audit tool (ODIT)

The registries of the various EU countries differ considerably regarding case definitions or diagnostic guidelines, criteria for notification or recognition, and the legal and social security context [20]. Furthermore, the level of under-reporting (as far as such is possible to define and assess) varies between countries [21]. Because of these differences, figures on occupational diseases are not comparable between European countries; moreover, the figures are often regarded as not reliable even within a country [22]. This calls for a more detailed study of the conditions that a registry has to meet in order to provide appropriate and reliable information for preventive policy.

According to Verma et al. (2002) prevention of occupational diseases can take place at the societal level and the workplace level [12]. The information need for these two levels is different. At the societal or national level, control measures are usually through regulatory actions and national policy. Information is needed on incidence of occupational diseases in sectors and occupations, the consequences and costs, as well as on new risks. At the workplace level information is needed on the nature of the hazard, where it is likely to be encountered, and the available options for risk control. In this study we focussed on information on a national level.

In line with Donabedian, we defined the quality of a registry as the extent to which it provides appropriate information for preventive policy [23]. The research questions were: 1. Which indicators determine the quality of registries for occupational diseases with respect to the ability to provide appropriate information for preventive policy on a national level? 2. What are the criteria that can distinguish high from low quality?

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# Workshop 2

## Theoretical background

- Write 1-2 pages of the theoretical background based on the information that exist in accordance with your search for scientific literature.
- Please take into account the recommendations in the Manual and the example of a study protocol that is present.
- Discuss your theoretical background with your tutor.