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Comparison of agreement in asthmagen exposure assessments between rule-based automatic algorithms and a job exposure matrix in healthcare workers in Australia and Bhutan



Rajni Rai¹, Lin Fritschi¹, Deborah C Glass², Nidup Dorji³ and Sonia El-Zaemey¹

Abstract

Background: Assessment of occupational exposures is an integral component of population-based studies investigating the epidemiology of occupational diseases. However, all the available methods for exposure assessment have been developed, tested and used in high-income countries. Except for a few studies examining pesticide exposures, there is limited research on whether these methods are appropriate for assessing exposure in LMICs. The aim of this study is to compare a task-specific algorithm-based method (OccIDEAS) to a job-specific matrix method (OASJEM) in the assessment of asthmagen exposures among healthcare workers in a high-income country and a low- and middle- income country (LMIC) to determine an appropriate assessment method for use in LMICs for future research.

Methods: Data were obtained from a national cross-sectional survey of occupational asthmagens exposure in Australia and a cross-sectional survey of occupational chemical exposure among 8hutanese healthcare workers. Exposure was assessed using OccIDEAS and the OAsJEM. Prevalence of exposure to asthmagens and inter-rater agreement were calculated.

Results: In Australia, the prevalence was higher for a majority of agents when assessed by OccIDEAS than by the QASJEM (13 versus 3). OcciDEAS identified exposures to a greater number of agents (16 versus 7). The agreement as indicated by k (Cohem's Kappa coefficient) for six of the seven agents assessed was poor to fair (0:02 to 0:37). In Bhutan, the prevalence of exposure assessed by OccIDEAS was higher for four of the seven agents and k was poor for all the four agents assessed (-0:06 to 0:13). The OASJEM overestimated exposures to high-level disinfectants by assigning exposures to all participants from 10 (Bhutan) and 12 (Australia) ISCO-88 codes; whereas OccIDEAS assigned exposures to varying proportions of participants from these ISCO-codes.

*Correspondence: Un Fritsche Enthitschellscurtineduse

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Table of Contents Asthmagen Critical Assessments Of The Evidence Foragents

- 1. Understanding the eBook Asthmagen Critical Assessments Of The Evidence Foragents
 - The Rise of Digital Reading Asthmagen Critical Assessments Of The Evidence Foragents
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Asthmagen Critical Assessments Of The Evidence Foragents
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Asthmagen Critical Assessments Of The Evidence Foragents
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Asthmagen Critical Assessments Of The Evidence Foragents
 - Personalized Recommendations
 - Asthmagen Critical Assessments Of The Evidence Foragents User Reviews and Ratings
 - Asthmagen Critical Assessments Of The Evidence Foragents and Bestseller Lists
- 5. Accessing Asthmagen Critical Assessments Of The Evidence Foragents Free and Paid eBooks

- Asthmagen Critical Assessments Of The Evidence Foragents Public Domain eBooks
- Asthmagen Critical Assessments Of The Evidence Foragents eBook Subscription Services
- Asthmagen Critical Assessments Of The Evidence Foragents Budget-Friendly Options
- 6. Navigating Asthmagen Critical Assessments Of The Evidence Foragents eBook Formats
 - o ePub, PDF, MOBI, and More
 - Asthmagen Critical Assessments Of The Evidence Foragents Compatibility with Devices
 - Asthmagen Critical Assessments Of The Evidence Foragents Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Asthmagen Critical Assessments Of The Evidence Foragents
 - Highlighting and Note-Taking Asthmagen Critical Assessments Of The Evidence Foragents
 - Interactive Elements Asthmagen Critical Assessments Of The Evidence Foragents
- 8. Staying Engaged with Asthmagen Critical Assessments Of The Evidence Foragents
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Asthmagen Critical Assessments Of The Evidence Foragents
- 9. Balancing eBooks and Physical Books Asthmagen Critical Assessments Of The Evidence Foragents
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Asthmagen Critical Assessments Of The Evidence Foragents
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Asthmagen Critical Assessments Of The Evidence Foragents
 - Setting Reading Goals Asthmagen Critical Assessments Of The Evidence Foragents
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Asthmagen Critical Assessments Of The Evidence Foragents
 - Fact-Checking eBook Content of Asthmagen Critical Assessments Of The Evidence Foragents
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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