Good work is good for health and wellbeing

Comcare’s work is centered on the ever increasing evidence that good work, in general, is good for health and wellbeing. Particularly that participation in work as part of recovery is good for people.

The emerging evidence alert

This Emerging Evidence Alert includes the latest news and evidence on the health benefits of work, recovery at and return to work, as well as a WHS issues to keep people healthy and safe in work.

We encourage employers to share their approaches and good practice in the emerging evidence alert.

Where possible, links to the full text of the articles have been included. The Digital Object Identifier (DOI) has also been included where possible, to enable direct links to the article and journal. Where some records are linked to subscription databases, check with your library to see if you have access or may ask for an interlibrary loan. Registered National Library of Australia users have access to a number of databases and resources.

Supporting the ability to work

The right to work is a fundamental human right, but one that far too many older people and people with a disability in Australia do not benefit from. August’s Emerging Evidence Alert looks at how employers can support ability to work through workplace adjustments and accommodations, and allow employees to stay at work or return to work as their health circumstances change. It also looks at how to support people with a disability to participate in good work.

In 2016, the Australian Human Rights Commission released the Willing to Work report which looked at employment discrimination against older Australian’s and Australians with disability. The inquiry found that too many people are shut out of work because of underlying assumptions, stereotypes or myths associated with their age or their disability, including the perception that workplace adjustments are costly and difficult. The report includes a number of good practice examples from employers who have already achieved diversity and inclusion and are achieving positive business results.

The Job Accommodation Network (JAN) and its database SOAR provide resources for employers in identifying workplace adjustments to support people of all abilities to participate in work. JAN provides specific adjustment examples for individuals managing a range of issues such as, chronic fatigue, cancer, musculoskeletal disorders and intellectual impairment.

Comcare’s Working Together: Promoting Mental Health and Wellbeing at Work addresses how employers can focus on ability to work through empowering people to work, designing challenging and meaningful work and being flexible and eliminating barriers to work.

Comcare has also developed the Working for Recovery guide and case studies that confirm that removing barriers to participation is not only good for the employee but it makes good business sense.

Emerging Evidence Topics

- Absenteeism and presenteeism
- Ageing workforce
- Occupational issues
- Psychosocial issues
SUITABLE DUTIES, ACCOMMODATIONS, MODIFICATIONS, WORK ADJUSTMENTS AND INTERVENTIONS

Title
SOAR – searchable online accommodation resource – US

Source
JAN Job Accommodation Network

Abstract
JAN's Searchable Online Accommodation Resource (SOAR) system is designed to let users explore various accommodation options for people with disabilities in work and educational settings. A-Z coverage of various issues with suggestions on accommodating in the workplace.

Weblink

Title
The value of disability return-to-work programs

Source
Safety compliance letter June 2017 2598 1-12 5

Abstract
The article discusses the research on disability return-to-work (RTW) program which helps in providing insights for employers with regards to the value of the program. It states that several RTW strategies such as the coordinated care, workplace accommodations and absence management are contributing to the employee's delay in returning for work.

Weblink

EBSCO

Title
Planning a successful return to work

Author/s
Richard, Caroline.

Source
Ottawa business journal August 2017 20 14 AFF37

Abstract
The reintegration of employees into the workplace following a period of disability-related
Title
Workplace accommodations for persons with physical disabilities: evidence synthesis of the peer-reviewed literature

Author/s
Padkapayeva, Kathy et al

Source
Disability & rehabilitation October 2017 39 21 2134-2147 14 DOI: 10.1080/09638288.2016.1224276

Abstract
Purpose: To identify and synthesize research evidence on workplace accommodations used by employers to recruit, hire, retain, and promote persons with physical disabilities.
Method: A structured search of six electronic journal databases was undertaken to identify peer-reviewed literature on the topic published from January 1990 to March 2016. Articles describing or evaluating workplace disability accommodation policies and practices were given a full-text review. Topic experts were contacted to identify additional studies.
Results: Details on specific accommodations described in 117 articles were synthesized and organized into three groups comprised of a total of 12 categories. The majority of studies did not rigorously evaluate effectiveness or cost-effectiveness of the accommodations under study.
Conclusions: This evidence synthesis provides an overview of the peer-reviewed literature of value to occupational rehabilitation professionals and employers seeking guidance on workplace accommodation policies and practices for persons with physical disabilities. A wide range of accommodation options is available for addressing physical, social, and attitudinal barriers to successful employment. Besides physical/technological modifications, accommodations to enhance workplace flexibility and worker autonomy and strategies to promote workplace inclusion and integration are important. More comprehensive reporting and evaluations of the effectiveness of accommodations in research literature are needed to develop best practices for accommodating persons with disabilities. Implications for rehabilitation There is a substantial peer-reviewed literature that provides insights into the barriers for persons with physical disabilities and the workplace accommodation practices to address them, though rigorous evaluations of effectiveness and cost-effectiveness are uncommon. Attitudinal and social barriers stemming from stereotypes, ignorance and lack of knowledge are as important as physical barriers to employment for persons with physical disabilities. In addition to physical/technological modifications, accommodations to enhance workplace flexibility and autonomy of a worker, as well as strategies to promote workplace inclusion and integration may facilitate successful employment of persons with physical disabilities.

Weblink

Title
An exploratory study of barriers to inclusion in the European workplace.

Author/s
Moody, Louise et al

Source
Disability & rehabilitation October 2017 39 21 2047-2054 8

Abstract
Background: The European Disability Strategy (2010–2020) seeks to significantly raise the proportion of people with disabilities working in the open labour market. The ERGO WORK project is a collaboration of academic and industrial partners in six European countries, focused on understanding and tackling barriers to workplace inclusion for workers with disabilities.
Methods: This study sought to explore the perceptions and needs of stakeholders in terms of workplace adaptation to the needs of employees with disabilities. An exploratory online survey was completed by 480 participants across six countries.
Results: The analysis suggests that workplaces could be further improved to meet the needs of employees with considerable scope for training within companies to raise awareness about employees' needs, employers' obligations and workplace adaptation.
Conclusions: This snapshot suggests there is still a gap between intent and reality in workplace
inclusion and further strategies are needed to improve the opportunities for employees with disabilities. The paper argues that ergonomics may have a key role to play in tackling these challenges and adapting the workplace environment and job design to suit the needs of individual employees.

Implications for rehabilitation: This study suggests there is considerable scope for workplace adaptation and improvements to meet the needs of employees with disabilities. Employers need and want further specialist practitioner guidance to facilitate workplace inclusion and support adaptation to individual needs. Organisations would benefit from training to raise awareness about potential solutions and approaches that would support more widespread employment of people with disabilities.

---

**Title**: Exploring the costs of providing assistive technology as a reasonable accommodation

**Author/s**: Simpson, Elisabeth B.; Loy, Beth; Hartnett, Helen P

**Source**: Journal of applied rehabilitation counseling 2017 48 2 26-31

**Abstract**: The provision of assistive technology (AT) as an accommodation is often associated with a cost. Employer concerns about the cost of providing AT can be a barrier for individuals with disabilities (IWD) who are seeking employment. Rehabilitation counselors & students should be prepared to address employer concerns regarding the cost of an accommodation in order to facilitate successful job placement and/or retention of IWD. This study evaluated the average cost of providing AT in the workplace compared to the average cost of providing other types of accommodations, as reported to the Job Accommodation Network (JAN) by employers. Results of this study show that there is no significant difference in the cost of providing AT in comparison to the cost of providing other types of accommodations (N=72). Rehabilitation professionals can use this information when exploring strategies for negotiating for the use of assistive technology by consumers as an accommodation.

**Weblink**: EBSCO

---

**Title**: The value of disability return-to-work programs

**Source**: Safety compliance letter June 2017 2598 1-12

**Abstract**: The article discusses the research on disability return-to-work (RTW) program which helps in providing insights for employers with regards to the value of the program. It states that several RTW strategies such as the coordinated care, workplace accommodations and absence management are contributing to the employee's delay in returning for work.

**Weblink**: EBSCO

---

**Title**: Barriers in accommodation process among individuals with visual impairments

**Author/s**: Shengli Dong et al

**Source**: Journal of rehabilitation April-June 2017 83 2 27-35

**Abstract**: This study examined the barriers to request workplace accommodations by individuals with visual impairments. The authors created and administered an online survey that was distributed to agencies serving individuals with visual impairments. The survey included demographic information, and type and cost of accommodations requested or considered but did not request. In addition, participants were asked to complete two open-ended questions about barriers and facilitators to request accommodations in the accommodation process. A content analysis
Weblink

EBSCO

approach in combination with basic quantitative descriptive method was used to analyze the responses to open-ended questions, and types and cost of accommodations in this study. One hundred sixteen participants completed the survey. Among them, 80 participants offered 118 comments related to barriers and facilitators in requesting accommodations. Seven themes in relation to barriers and facilitators in accommodation requests were identified: employees’ lack of confidence in requesting accommodations, employees’ fears and concerns of seeking accommodations, employees’ and employers’ lack of knowledge on accommodation and ADA, employers’ attitude and workplace culture, accommodation requesting procedural issues, and facilitative strategies on requesting accommodations. The authors discussed the implications for rehabilitation professionals to help individuals with visual impairments and their employers/supervisors to overcome barriers in requesting and providing accommodations.

Title
Work participation of individuals with borderline personality disorder: a multiple case study

Author/s
Dahl, Kathy; Larivière, Nadine; Corbière, Marc.

Source
Journal of vocational rehabilitation 2017 46 3 377-388 DOI: 10.3233/JVR-170874

Abstract
Background: Recent studies have shown that work participation is the most impaired occupational domains of individuals with a borderline personality disorder (BPD).

Objective: This study identifies and describes barriers and facilitators to work participation of individuals with a BPD from both the individual's and service provider's perspectives.

Methods: We used a qualitative multiple case study design (Yin, 2009), with three contexts: 1) work (re)integration, 2) return to work (after a sick leave), and 3) job tenure. Within each context, we held individual interviews with three dyads, including an individual with BPD and their service provider.

Results: Qualitative results (n = 18) showed that individual factors (e.g., reaction to pressure and relationships at work, emotion regulation) and factors related to stakeholders and procedures from insurance, organizational and health systems (e.g., poor collaboration and communication between stakeholders, work accommodations and natural support in workplace) influenced work participation of individuals with BPD.

Conclusions: This study highlights the specific challenges of work participation for individuals with BPD that involve several personal and environmental factors all stakeholders must consider. Current vocational rehabilitation programs must better address the work participation issues of individuals with BPD and ensure good coordination with current specialized psychotherapies.

Weblink

Title
It can work: open employment for people with experience of mental illness

Author/s
Peterson, Debbie; Gordon, Sarah; Neale, Jenny

Source
Work 2017 56 3 443-454

Abstract
Background: Previous research has tended to focus on the barriers to employment for people with mental illness and the extra support they may need. This research contributes to the knowledge base pertaining to this population by looking at successful employment relationships in New Zealand.

Objective: To describe factors enabling and/or sustaining the open employment of people with experience of mental illness.

Method: Fifteen pairs of employers and employees were interviewed individually but consecutively (using a semi structured interview schedule) about their perceptions of the critical factors that enabled and sustained the employee’s employment. Employee participants were recruited by advertisement, with employers approached through their employees. Transcripts were analysed using a thematic analysis.
Results: Themes raised in the interviews included the meaning of work, disclosure of mental illness, the benefits of working, special arrangements or accommodations, the work environment and key things employers and employees do to sustain successful employment.

Conclusion: Four critical success factors were identified relating to disclosure, the employment relationship, freedom from discrimination and workplace flexibility.

**Title**  
Workplace accommodations for employees with disabilities: a multilevel model of employer decision-making

**Author/s**  
Telwatte, Apsara et al

**Source**  
Rehabilitation psychology February 2017 62 1 7-19 13 DOI: 10.1037/rep0000120

**Abstract**  
Purpose: Existing research suggests that the decision to grant or deny workplace accommodations for people with disabilities is influenced by a range of legal and nonlegal factors. However, less is known about how these factors operate at the within-person level. Thus, we proposed and tested a multilevel model of the accommodation decision-making process, which we applied to better understand why people with psychological disabilities often experience greater challenges in obtaining accommodations.

Method: A sample of 159 Australian adults, composed mostly of managers and HR professionals, read 12 vignettes involving requests for accommodations from existing employees. The requests differed in whether they were for psychological or physical disabilities. For each vignette, participants rated their empathy with the employee, the legitimacy of the employee's disability, the necessity for productivity, the perceived cost, and the reasonableness, and indicated whether they would grant the accommodation.

Results: Multilevel modeling indicated that greater empathy, legitimacy, and necessity and lower perceived cost predicted perceptions of greater reasonableness and greater granting. Accommodation requests from employees with psychological disabilities were seen as less reasonable and were less likely to be granted; much of this effect seemed to be driven by perceptions that such accommodations were less necessary for productivity. Ratings on accommodations were influenced both by general between-person tendencies and within-person appraisals of particular scenarios.

Conclusions: The study points to a need for organizations to more clearly establish guidelines for how decision-makers should fairly evaluate accommodation requests for employees with psychological disabilities and disability more broadly.

**Weblink**

**Title**  
Persons with invisible disabilities and workplace accommodation: findings from a scoping literature review.

**Author/s**  
Prince, Michael J.

**Source**  
Journal of vocational rehabilitation 2017 46 1 75-86 12 DOI: 10.3233/JVR-160844

**Abstract**  
Background: Invisible disabilities refer to a range of mental and physical disabilities that, like visible impairments, vary in their origins, degree of severity and in whether they are episodic or permanent. Much of the mainstream literature on employment and disability does not consider the question of a person disclosing their hidden disability to an employer. While disclosure is the route to a workplace accommodation process and can be in the best interest of the employee with a disability, it is a highly risky decision to disclose with numerous potential disadvantages along with advantages. The resulting situation is the predicament of disclosure for employees with invisible disabilities.

Objective: Employers can create a workplace culture that encourages disclosure by people with invisible disabilities by being clear about the competencies required for a job; giving as much information, in accessible formats, as possible in advance; and, in recruitment and selection processes, allowing opportunities for the individual to disclose.

Conclusion: Many workplace accommodations for people with visible or invisible disabilities are actually about managing effectively rather than making exceptions: about having clear
Expectations, open communications and inclusive practices.

**Weblink**

**Title** Operationalizing workplace accommodations for individuals with disabilities: a scoping review

**Author/s** Sundar, Vidya

**Source** *Work* 2017 56 1 135-155 21

**Abstract**

Background: The provision of workplace accommodations is a proven strategy in supporting individuals with disabilities at work. Accommodations include a wide range of supports and strategies that are not very well defined beyond the Americans with Disabilities Act in the United States. Understanding the landscape of accommodations is important to measure the impact of programs that support employment of individuals with disabilities.

Objective: To conduct a scoping review and thematic analysis of research literature to identify how workplace accommodations are operationalized and to identify knowledge gaps in its conceptualization.

Methods: Keywords searches were conducted in seven electronic databases. Title, abstract, and full text screening was conducted followed by a thematic analysis of the content to identify how workplace accommodations are operationalized.

Results: Overall, 47 studies were selected for review. 433 different types of accommodations were identified, of which assistive technology and specialized equipment represented the most frequently reported type of accommodation (40%). A very small percentage of studies included policy changes (9%) and human assistance (5%) as an accommodation strategy.

Conclusions: This scoping review aims to clarify how accommodations are operationalized in the research literature. Key knowledge gaps identified include the systematic exclusion of certain types of supports or disability types.

**Title** Efficacy of workplace interventions for shoulder pain: a systematic review and meta-analysis

**Author/s** Lowry, Véronique et al

**Source** *Journal of rehabilitation medicine* 2017 49 7 529-542 14

**Abstract**

Objective: To perform a systematic review and meta-analysis of randomized controlled trials on the efficacy of workplace-based interventions to prevent or treat shoulder pain. Data sources: A systematic review of 4 databases was performed up to January 2016. Study selection: Randomized controlled trials were included if the intervention under study was a workplace-based intervention performed to prevent or reduce shoulder pain and disability in workers. Data extraction: The methodological quality of the studies was evaluated and meta-analyses were conducted. Pooled mean differences and risk ratios were calculated. Data synthesis: Data from 4 studies on strengthening exercises performed in the workplace for workers with shoulder pain (n = 368) were pooled. A statistically significant reduction in pain intensity was observed compared with different control interventions (mean differences (scale out of 10) 1.31 (95% confidence interval (95% CI) 0.86-1.76)). Pooled data from 5 studies on the efficacy of workstation modifications (n = 2,148) showed a statistically significant reduction in the prevalence of shoulder pain with a risk ratio of 1.88 (95% CI 1.20-2.96) compared with different control interventions.

Conclusion: Low-grade evidence exists that a workplace exercise programme may reduce the intensity of shoulder pain, and that workstation modifications may reduce the prevalence of shoulder pain.

**Title** Workplace social support in job satisfaction among veterans with posttraumatic stress
symptoms: a preliminary correlational study.

Author/s Harris, J. I et al
Source Plos one April 2017 12 8 1-10 10 DOI: 10.1371/journal.pone.0181344
Abstract For Veterans managing PTSD symptoms, returning to vocational functioning is often challenging; identifying modifiable variables that can contribute to positive vocational adjustment is critical to improved vocational rehabilitation services. Workplace social support has proven to be important in vocational adjustment in both general population and vocational rehabilitation samples, but this area of inquiry has received little attention among Veterans with PTSD symptoms. In this small correlational study, employed Veterans (N = 63) presenting for outpatient PTSD treatment at a VA Health Care System completed surveys assessing demographic variables, PTSD symptoms, workplace social support, and job satisfaction. Workplace social support contributed to the prediction of job satisfaction. It is of note that workplace social support predicted a larger proportion of the variance in employment satisfaction than PTSD symptoms. Further research on workplace social support as a vocational rehabilitation resource for Veterans with PTSD is indicated.

Title Methods and tools used by healthcare professionals to identify barriers to return-to-work for workers with upper extremity conditions in Australia.
Author/s Peters, Susan E.; Johnston, Venerina
Source Hand therapy March 2017 22 1 26-34 9
Abstract Introduction Healthcare professionals, including hand therapists, are frequently called upon to identify barriers to return-to-work for workers with upper extremity injuries. However, the methods and tools used to assess barriers to return-to-work remain unknown. Results from these assessments can be used to direct appropriate interventions for those who may be at risk of a prolonged work absence.
Methods The purpose of this study was to identify the tools and methods used by healthcare professionals to assess barriers to return-to-work for workers with upper extremity conditions. A total of 596 Australian healthcare professionals responded to an open-ended question regarding the tools/methods they use to identify barriers to return-to-work. All responses were coded and analysed descriptively. Differences between professional disciplines were recorded.
Results Healthcare professionals nominated 59 types of tools and methods that they use to identify barriers to return-to-work for workers with upper extremity conditions in their clinical practice. The most favoured method was clinical interviewing. Other commonly used tools were clinical measures, e.g., strength, and a return-to-work risk-factor screening tool validated on musculoskeletal diagnoses, the Orebro Musculoskeletal Screening Questionnaire. Discussion Healthcare professionals use a variety of methods and tools to identify barriers to return-to-work for workers with upper extremity conditions. Generally, they favoured subjective methods. Future research is needed to develop or validate assessment tools designed to identify barriers to return-to-work for workers with upper extremity conditions. In the absence of upper extremity specific screening tools, hand therapists should consider the biopsychosocial framework when evaluating barriers to return-to-work

Title Supervisors' perceptions of organizational policies are associated with their likelihood to accommodate back-injured workers
Author/s McGuire, Connor et al
Source Disability & rehabilitation February 2017 39 4 346-353 8 DOI: 10.3109/09638288.2016.1141245
Abstract Background Low back pain (LBP) is a major concern among North American workplaces and little is known regarding a supervisor's decision to support job accommodation for workers with LBP. The extent to which supervisors are included in a company's effort to institute disability
management policies and practices and workplace safety climate are two factors that may influence a supervisor’s decision to accommodate workers with LBP.

Objective Determine the association between supervisors’ perceptions of disability management policies, corporate safety culture and their likelihood of supporting job accommodations for workers with LBP.

Methods We conducted a cross-sectional study of supervisors (N=796) recruited from a non-random, convenience sample of 19 Canadian and US employers. The outcome was supervisors’ likeliness to support job accommodation and the exposure was global work safety culture and disability management policies and practices. A multivariable generalized linear modelling strategy was used and final models for each exposure were obtained after assessing potential effect modifiers and confounders.

Results In the study, 796 eligible supervisors from 19 employers participated. Disability management policies and practices were positively associated with supervisors’ likeliness to accommodate (β=0.19; 95% CI: 0.13; 0.24) while no significant association was found between corporate safety culture (β= −0.084; 95% CI: −0.19; 0.027) and supervisors’ likeliness to accommodate.

Conclusions Employers should ensure that proactive disability management policies and practices are clearly communicated to supervisors in order to improve job modification and return to work efforts.

Implications for Rehabilitation Low back pain (LBP) is a major workplace concern and little is known regarding what factors are associated with a supervisor’s likelihood to support job accommodation for workers with LBP. The objective of this article was to determine the association between supervisors’ perceptions of disability management policies and practices, corporate safety culture and their likelihood of support job accommodations for workers with LBP. Results suggest that disability management policies and practices are positively associated with supervisors’ likeliness to accommodate while corporate safety culture is not. These results are important for employers as it suggests that employers should ensure that their disability management policies and practices are clearly communicated to supervisors in order to improve job accommodation and return to work efforts.

Title A systematic review of interventions to promote work participation in older workers

Author/s Steenstra, Ivan


Abstract Purpose the objective of this systematic review was to synthesize evidence on the effectiveness of interventions aimed at promoting work participation in older workers.

Methods We followed a systematic review process developed by the Institute for Work & Health and a best evidence synthesis that ranked evidence as strong, moderate, limited, or insufficient.

Results Seven electronic databases were searched from inception to March 2014. Evidence from 14 studies were synthesized in 4 different intervention categories: multi-component, exercise, medication and other interventions. There was moderate evidence that work participation was improved by multi-component interventions encompassing at least two of three components (health service delivery, coordination of services, and work modifications). There was not enough evidence to recommend the other interventions.

Conclusions although there is a vast body of research on work participation of older workers, there are only a few high quality intervention studies aimed at improving work participation in this population. We recommend that multi-component interventions could be considered for implementation by practitioners to help improve work participation in older workers. Practical applications With a moderate level of evidence, multi-component interventions could be considered for use in practice if practitioners deem it suitable for their setting. There is not enough evidence to recommend exercise interventions, pharmaceutical interventions, different types of surgeries, patient education or work accommodation alone to improve work participation. However, the lack of evidence should not be considered, as absence of effect and practitioners should continue to be creative in developing solutions.
Title: The "Big C"-stigma, cancer, and workplace discrimination

Author/s: Stergiou-Kita, Mary; Pritlove, Cheryl; Kirsh, Bonnie;

Source: Journal of cancer survivorship December 2016 10 6 1035-1050 16

Abstract: Purpose: Stigma and workplace discrimination have been identified as prominent challenges to employment following cancer. However, there has been limited examination of how stigma develops in work contexts and how it influences cancer survivors’ return to work process and their disclosure decisions.

Methods: In the broader study from which this paper emerges, we used an exploratory qualitative design to examine the return to work process (including workplace supports and accommodations) of cancer survivors. We conducted 40 semi-structured interviews with (i) cancer survivors (n = 16), (ii) health care/vocational service providers (n = 16), and (iii) employer representatives (n = 8). We used thematic analysis methods to analyze the data. In this paper, we present data related specifically to workplace stigma, discrimination, and disclosure.

Results: Contrasting perspectives were identified among our stakeholder groups regarding the existence and impact of stigma in the workplace. While most provider and employer representatives believed survivors were not likely to be stigmatized, cancer survivors themselves perceived cancer as a highly stigmatized illness in the workplace. Two inter-related elements were implicated in the development of workplace stigma following cancer: (1) ongoing misconceptions and fears associating cancer with death and (2) misperceptions regarding impacts on the workplace, including survivors' work abilities, productivity, reliability, the costs associated with their continued employment (e.g., workplace accommodations), and future impacts on the workplace related to cancer re-occurrence. Discriminatory behaviors, such as hiring discrimination, bullying, harassment, refusal of workplace accommodations, and limited career advancement opportunities, were also discussed. A supportive workplace, a desire to be open with co-workers, and a need to request supports and manage expectations were reasons provided for disclosure. Conversely, an unsupported workplace, fear of discrimination, and a minimal need for assistance were reasons provided for not disclosing their cancer.

Conclusions: Stigma and workplace discrimination are significant concerns for cancer survivors. Anti-stigma programs should target ongoing myths regarding cancer and survivors' right to work, work abilities and productivity, and incorporate survivors' voices to enhance understanding. Survivors, health care providers, vocational service providers, and employers should become familiar with anti-discrimination legislation and recognize stigma and discriminatory behaviors when they occur.

Implications For Cancer Survivors: Survivors require guidance to decide whether (or not) to disclose their cancer, how to respond to discriminatory behaviors, and how to best state their needs for workplace accommodations.

Title: Work-related factors considered by sickness-absent employees when estimating timeframes for returning to work

Author/s: Young, Amanda E. Choi, YoonSun

Source: Plos one May 2016 11 10 1-16 16 DOI: 10.1371/journal.pone.0163674

Abstract: Introduction: Work-related factors have been found to be influential in shaping a number of return-to-work outcomes including return-to-work expectations. Based on the idea that work-related factors have the potential for modification through workplace-based initiatives, this study involved a detailed examination of work-related factors referenced by workers as being taken into consideration when estimating timeframes for returning to work.

Methods: Focus groups were conducted with 30 employees, currently off work (≤ 3 months) due to a musculoskeletal condition. During the focus groups, participants wrote and spoke about the factors that they considered when forming their expectations for returning to work. Data were subjected to thematic content analysis.

Results: Discussions revealed that participants’ considerations tended to differ depending on whether or not they had a job to return to. Those with jobs (n = 23) referenced specific influences such as working relationships, accommodations, physical and practical limitations, as well as concerns about their ability to do their job. Those without a job to return to (n = 7) talked about the ways they would go about finding work, and how long they thought this would take.
Both groups mentioned the influence of wanting to find the “right” job, retraining and being limited due to the need for income.

Conclusion: Findings indicate that employees reference numerous work-related factors when estimating their timeframes for returning to work, and that many of these have been previously identified as relating to other return-to-work outcomes. Findings suggest the potential to improve return-to-work expectation through addressing work-related influences, and helping people work through the tasks they need to complete in order to move forward in the return-to-work process.

Title  
Asking for work adjustments or initiating behavioural changes – what makes a ‘problematic co-worker’ score Brownie points? an experimental study on the reactions towards colleagues with a personality disorder

Author/s  
Muschalla, Beate; Fay, Doris; Seemann, Anne

Source  
Psychology health & medicine 2016 21 7 856-862

Abstract  
People with mental disorders, especially personality disorders, often face low acceptance at work. This is particularly problematic when returning to work after sick leave, because it impedes reintegration into the former workplace. This study explores colleagues’ reactions towards a problematic worker dependent on the returning person’s reintegration strategy: The returning person undertaking changes in their behaviour is compared with the person requesting adjustments of the workplace. In an experimental study, 188 employed persons read one of four vignettes that described a return-to-work-situation of a problematic co-worker. Across all vignettes, the co-worker was depicted as having previously caused problems in the work team. In the first vignette, the co-worker did not change anything (control condition) when she returned to work; in the second, she asked for workplace adjustments; in the third vignette she initiated efforts to change her own behaviour; and the fourth vignette combined both workplace adjustments and behavioural change. Study participants were asked for their reactions towards the problematic co-worker. Vignettes that included a behavioural change evoked more positive reactions towards the co-worker than vignettes without any behavioural change. Asking for workplace adjustments alone did not yield more positive reactions compared to not initiating any change. When preparing employees with interactional problems for their return to work, it is not effective to only instruct them on their statutory entitlement for workplace adjustments. Instead, it is advisable to encourage them to proactively strive for behaviour changes.

Title  
What determines employer accommodation of injured workers? the influence of workers’ compensation costs, state policies, and case characteristics

Author/s  
Bronchetti, ET McInerney, M

Source  
ILR review May 2015 68 3 558-583

Abstract  
Despite a recent dramatic increase in the rate of employer accommodation of injured workers, the extant literature provides little evidence on the determinants of accommodation or the reasons for this upward trend. In this study, the authors take a comprehensive approach to estimating the determinants of workplace accommodation, assessing the influence of employer workers’ compensation (WC) costs; WC market features and state WC laws; and characteristics of firms, injured workers, and their injuries. Using state-level data from the BLS, they find that employer WC costs, WC market features, and state return-to-work (RTW) policies all have an impact on accommodation, but the effects are small and explain only one-fifth of the increase in restricted work. With data on injured workers from the NLSY79 and HRS, the authors study case-specific determinants of accommodation. Results suggest that employer and injury characteristics matter most, and these results are consistent with accommodation occurring mostly at large, experience-rated employers.
Transition from acute to chronic low back pain: a biopsychosocial perspective

Donnoli, Frank; Azari, Michael F.;

Chiropractic journal of Australia September 2013 43 3 93-98

Abstract

Introduction: Low back pain (LBP) is the most costly and the most common musculoskeletal condition in industrialised countries, and is the most common cause of disability particularly for those under the age of 45. Most of disability and the associated costs relate to the condition when it becomes chronic. It is therefore necessary to study the factors that lead to chronicity, and the clinical predictors that can be used to warn clinicians against such an outcome. This review explores these predictors, as well as the beliefs and perceptions of practitioners about these predictors that inform their clinical decision-making that could impact on the patients’ transition to chronicity. A number of these predictors of chronicity in LBP are beginning to be established, they include: Pain predictors: earlier literature categorises these predictors into three levels, primary or preinjury, secondary or pre chronicity and tertiary or chronic outcome predictors. Literature in recent times has pointed to psychological factors as being clearly associated with the development of chronicity. Disease related factors: Few associations have been identified between the disease related factors and chronicity. Occupational factors: have been found to contribute significantly to the risk of chronicity. Workers with subacute LBP receiving workers compensation reported that stress, fear and beliefs about work correlated strongly with progression to chronicity. Psychological factors: with adverse bearing on prognosis have been identified in most studies, psychological profile at presentation has a much stronger influence on outcome than does conventional clinical information and Psychosocial factors: the way people “deal with the demands and challenges of everyday life” in a number of studies these have been reported to be associated with development of chronicity and have been defined as “yellow flags”. Practitioners’ beliefs and perceptions: each profession dealing with chronic pain has its own knowledge base and beliefs about the causes and treatment of chronic LBP that are based on training, group perceptions, clinical experience and memory. These factors can have an impact on the progression to chronicity. Decision making: the literature on decision making processes has demonstrated that there are many factors that may bias a decision; these include accommodation bias, past experience and cognitive biases, the decisions as to which strategy to use in the treatment of LBP may be similarly wrought with these factors.

Conclusion: According to much of the literature, chronicity in LBP is more closely related to demographic, psychological and occupational factors. It is important to have an understanding of these factors in order to manage LBP patients more effectively. In addition it may be instructive to examine the sources and content of continuing education that are available to practitioners.

The economic cost of return to work: an employer’s perspective

Soklaridis, Sophie et al

Work 2012 43 3 255-262

Abstract

Background: Although return-to-work (RTW) interventions have been shown to be cost-effective, most previous economic analyses have focused on the insurer’s perspective. Employers can also incur costs when supporting the RTW of their employees.

Objective: To identify a key set of items for estimating the costs of RTW interventions from the employer’s perspective, and to identify and value the costs and consequences of a RTW intervention. Participants: Employers with knowledge of the economic costs of RTW. Methods: A survey of 10 workplaces with RTW programs was conducted. The survey consisted of semi-structured interviews with a human resources or occupational health and safety representative from each enrolled workplace.

Results: The interviews were reviewed and from them key items were identified for estimating the costs of RTW interventions from the employer’s perspective. Employers identified the following costs: medical, equipment, training and education, wage replacement and productivity, and claims administration when assisting an employee’s RTW.
Conclusions: Even in a jurisdiction with workers’ compensation insurance, employers incur costs associated with RTW programs. It is important to consider these costs, from the perspective of the employer, when studying the cost-effectiveness of RTW interventions or programs.

Title: The ‘ability’ paradigm in vocational rehabilitation: challenges in an Ontario injured worker retraining program
Author/s: MacEachen, E et al
Source: Journal of occupational rehabilitation March 2012 22 1 105-117
Abstract: Introduction In recent years, a focus on workers’ ability, rather than impairment, has guided disability management services. However, a challenge with the notion of ‘ability’ is identification of the border between ability and inability. This article considers this gray zone of disability management in the case of a workers’ compensation vocational retraining program for injured workers in Ontario.
Methods: In-depth interviews and focus groups were conducted with a purposive sample of 71 participants who were directly involved with the vocational retraining process. Workers in the program had on average incurred injury 3 years earlier. Procedural and legal documents were also analyzed. Principles of grounded theory and discourse analysis guided the data gathering and analysis.
Results: A program focus on worker abilities did not allow for consideration of unresolved medical problems. Concepts such as maximum medical rehabilitation distracted attention from workers’ ongoing chronic and unstable health situations, and incentive levers to employers directed some of the least capable workers into the program. As well, communication pathways for discussing health problems were limited by rules and provider reluctance to reveal problems. Therefore, workers completing the program were deemed ‘employable’, while ongoing and problematic health conditions preventing employment remained relatively uncharted and invisible.
Conclusions: This study reinforces how the shift in disability management paradigm to a focus on ability and return to work requires consideration of environmental conditions, including policies and programs and implementation. A focus on the environment in which worker ability can be enacted might be as important as a focus on improving individual worker characteristics.

Title: Occupational rehabilitation in the construction industry of Victoria
Author/s: Lingard, Helen; Saunders, Andrew
Source: Construction management & economics December 2004 22 10 1091-1101
Abstract: A survey of construction companies’ secondary disability management practices was undertaken in the state of Victoria, Australia. The results indicate that formal rehabilitation and return-to-work programmes and practices are not adopted in many companies. Smaller construction firms were less likely to have adopted formal programmes or practices than medium-to-large firms. In particular, construction companies reported difficulties in the provision of suitable alternate or light duties for workers returning to work following an injury. Most companies regarded disability management practices to have increased operating costs while yielding little or no benefit in terms of reducing lost workdays. Strategies to overcome some of these impediments to rehabilitation and return-to-work in construction are recommended.
Job retention vocational rehabilitation for employed people with inflammatory arthritis (work-ia): a feasibility randomized controlled trial.

Hammond, Alison et al


Background: Inflammatory arthritis leads to work disability, absenteeism and presenteeism (i.e. at-work productivity loss) at high cost to individuals, employers and society. A trial of job retention vocational rehabilitation (VR) in the United States identified this helped people keep working. The effectiveness of this VR in countries with different socioeconomic policies and conditions, and its impact on absenteeism, presenteeism and health, are unknown. This feasibility study tested the acceptability of this VR, modified for the United Kingdom, compared to written advice about managing work problems. To help plan a randomized controlled trial, we tested screening, recruitment, intervention delivery, response rates, applicability of the control intervention and identified the relevant primary outcome.

Methods: A feasibility randomized controlled trial with rheumatoid, psoriatic or inflammatory arthritis patients randomized to receive either job retention VR or written information only (the WORK-IA trial). Following three days VR training, rheumatology occupational therapists provided individualised VR on a one to one basis. VR included work assessment, activity diaries and action planning, and (as applicable) arthritis self-management in the workplace, ergonomics, fatigue and stress management, orthoses, employment rights and support services, assistive technology, work modifications, psychological and disclosure support, workplace visits and employer liaison.

Results: Fifty five (10%) people were recruited from 539 screened. Follow-up response rates were acceptable at 80%. VR was delivered with fidelity. VR was more acceptable than written advice only (7.8 versus 6.7). VR took on average 4 h at a cost of £135 per person. Outcome assessment indicated VR was better than written advice in reducing presenteeism (Work Limitations Questionnaire (WLQ) change score mean: VR = -12.4 (SD 13.2); control = -2.5 (SD 15.9), absenteeism, perceived risk of job loss and improving pain and health status, indicating proof of concept. The preferred primary outcome measure was the WLQ, a presenteeism measure.

Conclusions: This brief job retention VR is a credible and acceptable intervention for people with inflammatory arthritis with concerns about continuing to work due to arthritis.

The centers for disease control and prevention: findings from the national healthy worksite program

Lang, Jason e al

Journal of occupational & environmental medicine July 2017 59 7 631-641 11 DOI: 10.1097/JOM.0000000000001045

Objective: To evaluate employers' implementation of evidence-based interventions, and changes in employees' behaviors associated with participating in the national healthy worksite program (NHWP). Methods: NHWP recruited 100 small and mid-sized employers and provided training and support for 18 months. Outcome measures were collected with an employer questionnaire, an employee survey, and biometric data at baseline and 18 months later. Results: The 41 employers who completed the NHWP implemented significantly more evidence-based interventions and had more comprehensive worksite health promotion programs after participating. Employees made significant improvements in physical activity and nutritional behaviors, but did not significantly improve employee weight. Conclusions: Training and technical support can help small and mid-sized employers implement evidence-based health interventions to promote positive employee behavior changes. A longer follow up period may be needed to assess whether NHWP led to improvements in clinical outcomes.
Title: An investigation of the validity of the work assessment triage tool clinical decision support tool for selecting optimal rehabilitation interventions for workers with musculoskeletal injuries

Author/s: Qin, Ziling et al

Source: Clinical rehabilitation March 2016 30 3 277-287 11 1 2 DOI: 10.1177/0269215515578696

Abstract: Objective: To evaluate the concurrent validity of a clinical decision support tool (Work Assessment Triage Tool (WATT)) developed to select rehabilitation treatments for injured workers with musculoskeletal conditions.

Design: Methodological study with cross-sectional and prospective components. Setting: Data were obtained from the Workers’ Compensation Board of Alberta rehabilitation facility in Edmonton, Canada.

Subjects: A total of 432 workers’ compensation claimants evaluated between November 2011 and June 2012. Main measures: Percentage agreement between the Work Assessment Triage Tool and clinician recommendations was used to determine concurrent validity. In claimants returning to work, frequencies of matching were calculated and compared between clinician and Work Assessment Triage Tool recommendations and the actual programs undertaken by claimants. The frequency of each intervention recommended by clinicians, Work Assessment Triage Tool, and case managers were also calculated and compared.

Results: Percentage agreement between clinician and Work Assessment Triage Tool recommendations was poor (19%) to moderate (46%) and Kappa = 0.37 (95% CI −0.02, 0.76). The Work Assessment Triage Tool did not improve upon clinician recommendations as only 14 out of 31 claimants returning to work had programs that contradicted clinician recommendations, but were consistent with Work Assessment Triage Tool recommendations. Clinicians and case managers were inclined to recommend functional restoration, physical therapy, or no rehabilitation while the Work Assessment Triage Tool recommended additional evidence-based interventions, such as workplace-based interventions.

Conclusions: Our findings do not provide evidence of concurrent validity for the Work Assessment Triage Tool compared with clinician recommendations. Based on these results, we cannot recommend further implementation of the Work Assessment Triage Tool. However, the Work Assessment Triage Tool appeared more likely than clinicians to recommend interventions supported by evidence; thus warranting further research.

Weblink

Title: Sick-listed persons’ experiences with taking part in an in-patient occupational rehabilitation program based on acceptance and commitment therapy: a qualitative focus group interview study

Author/s: Rise, Marit B et al

Source: BMC health services research November 2015 15 1-12 12 1 DOI: 10.1186/s12913-015-1190-8

Abstract: Background: Occupational medicine has shifted emphasis from disease treatment to disability rehabilitation and management. Hence, newly developed occupational rehabilitation programs are often generic and multicomponent, aiming to influence the sick-listed persons’ perception on return to work, and thereby support the return to work process. The aim of this study was to explore sick-listed persons’ experiences with taking part in an in-patient occupational rehabilitation program based on Acceptance and Commitment Therapy.

Methods: Twenty-nine adults on sickness benefit or work assessment allowance due to musculoskeletal and/or common mental health disorders participated in this study. They were interviewed in focus groups at the beginning and at the end of a 3.5 week inpatient group-based occupational rehabilitation program in Central Norway. Key elements in the program were Acceptance and Commitment Therapy (ACT), physical exercise and creating a work-participation plan. The program was mainly group-based including participants with different diagnoses. Data was analyzed according to a phenomenological approach.

Results: At the start of the program most participants expressed frustration regarding being sick-listed, external anticipations as well as hindrances towards returning to work, and described hope that the program would provide them with the skills and techniques necessary to cope with health problems and being able to return to work. At the end of the program the participants described that they had embarked upon a long process of increased awareness.
This process encompassed four areas; an increased awareness of what was important in life, realizing the strain from external expectations and demands, a need to balance different aspects of life, and return to work as part of a long and complex process.

Conclusions: The occupational rehabilitation program induced a perceived meaningful reorientation encompassing several aspects of life. However, the return to work process was described as diffuse and uncertain for most participants. The providers of occupational rehabilitation program should balance this reorientation with specific steps towards return to work. Effect studies and long-term qualitative studies evaluating how this affects long-term work- and health outcomes are underway.

Title Fit for work guidance collection
Source Department of Work and Pensions 2015
Abstract Being in work is an important contributor to good health. The longer someone is off sick, the harder it is for them to get back to work. Research suggests that being out of work for long periods of time is damaging to social and financial wellbeing, and health.

Title Perceptions of health professionals towards the management of back pain in the context of work: a qualitative study.
Author/s Wynne-Jones et al
Abstract Background Musculoskeletal complaints have a significant impact on work in terms of reduced productivity, sickness absence and long term incapacity for work. This study sought to explore GPs’ and physiotherapists’ perceptions of sickness certification in patients with musculoskeletal problems.
Methods Eleven (11) GPs were sampled from an existing general practice survey and six (6) physiotherapists were selected randomly using ‘snowball’ sampling techniques, through established contacts in local physiotherapy departments. Semi-structured qualitative interviews were conducted with respondents lasting up to 30 minutes. The interviews were audio recorded and transcribed verbatim, following which they were coded using N-Vivo qualitative software and analysed thematically using the constant comparative methodology, where themes were identified and contrasted between and within both groups of respondents.
Results Three themes were identified from the analysis: 1) Approaches to evaluating patients’ work problems 2) Perceived ability to manage ‘work and pain’, and 3) Policies and penalties in the workplace. First, physiotherapists routinely asked patients about their job and work difficulties using a structured (protocol-driven) approach, whilst GPs rarely used such structured measures and were less likely to enquire about patients’ work situation. Second, return to work assessments revealed a tension between GPs’ gatekeeper and patient advocacy roles, often resolved in favour of patients’ concerns and needs. Some physiotherapists perceived that GPs’ decisions could be influenced by patients’ demand for a sick certificate and their close relationship with patients made them vulnerable to manipulation. Third, the workplace was considered to be a specific source of strain for patients acting as a barrier to work resumption, and over which GPs and physiotherapists could exercise only limited control.
Conclusion We conclude that healthcare professionals need to take account of patients’ work difficulties, their own perceived ability to offer effective guidance, and consider the ‘receptivity’ of employment contexts to patients’ work problems, in order to ensure a smooth transition back to work.
Supervisors’ perceptions of organizational policies are associated with their likelihood to accommodate back-injured workers

McGuire, Connor et al


Background Low back pain (LBP) is a major concern among North American workplaces and little is known regarding a supervisor’s decision to support job accommodation for workers with LBP. The extent to which supervisors are included in a company’s effort to institute disability management policies and practices and workplace safety climate are two factors that may influence a supervisor’s decision to accommodate workers with LBP.

Objective Determine the association between supervisors’ perceptions of disability management policies, corporate safety culture and their likelihood of supporting job accommodations for workers with LBP.

Methods We conducted a cross-sectional study of supervisors (N=796) recruited from a non-random, convenience sample of 19 Canadian and US employers. The outcome was supervisors’ likelihood to support job accommodation and the exposure was global work safety culture and disability management policies and practices. A multivariable generalized linear modelling strategy was used and final models for each exposure were obtained after assessing potential effect modifiers and confounders.

Results In the study, 796 eligible supervisors from 19 employers participated. Disability management policies and practices were positively associated with supervisors’ likelihood to accommodate (β=0.19; 95% CI: 0.13; 0.24) while no significant association was found between corporate safety culture (β= -0.084; 95% CI: −0.19; 0.027) and supervisors’ likelihood to accommodate.

Conclusions Employers should ensure that proactive disability management policies and practices are clearly communicated to supervisors in order to improve job modification and return to work efforts.

Implications for Rehabilitation Low back pain (LBP) is a major workplace concern and little is known regarding what factors are associated with a supervisor’s likelihood to support job accommodation for workers with LBP. The objective of this article was to determine the association between supervisors’ perceptions of disability management policies and practices, corporate safety culture and their likelihood of supporting job accommodations for workers with LBP. Results suggest that disability management policies and practices are positively associated with supervisors’ likelihood to accommodate while corporate safety culture is not. These results are important for employers as it suggests that employers should ensure that their disability management policies and practices are clearly communicated to supervisors in order to improve job accommodation and return to work efforts.

Factors associated with sickness certification of injured workers by general practitioners in Victoria, Australia.

Ruseckaite, Rasa et al

BMC public health June 2016 16 1 1-10 10 3 DOI: 10.1186/s12889-016-2957-5.

Background: Work-related injuries resulting in long-term sickness certification can have serious consequences for injured workers, their families, society, compensation schemes, employers and healthcare service providers. The aim of this study was to establish what factors potentially are associated with the type of sickness certification that General Practitioners (GPs) provide to injured workers following work-related injury in Victoria, Australia.

Methods: This was a retrospective population-based cohort study was conducted for compensation claims lodged by adults from 2003 to 2010. A logistic regression analysis was performed to assess the impact of various factors on the likelihood that an injured worker would receive an alternate/modified duties (ALT, n = 28,174) vs. Unfit for work (UFW, n = 91,726) certificate from their GP.

Results: A total of 119,900 claims were analysed. The majority of the injured workers were males, mostly age of 45-54 years. Nearly half of the workers (49.9%) with UFW and 36.9% with ALT certificates had musculoskeletal injuries. The multivariate regression analysis revealed that for most occupations older men (55-64 years) were less likely to receive an ALT certificate,
Workers suffering musculoskeletal injuries or occupational diseases were nearly twice or three times at higher odds of receiving an ALT certificate when compared to fractures. Being seen by a GP experienced with workers' compensation increased the odds of receiving ALT certificate (OR = 1.16, (95%CI, 1.11 - 1.20)). Occupation and industry types were also important factors determining the type of certificate issued to the injured worker.

Conclusions: This study suggests that specific groups of injured workers (i.e. older age, workers with mental health issues, in rural areas) are less likely to receive ALT certificates.

Title: Do clinicians working within the same context make consistent return-to-work recommendations?

Author(s): Ikezawa Y; Battie M; Beach J; Gross D;

Source: Journal of occupational rehabilitation  September 2010 20 3 367-377

Abstract: Introduction Healthcare providers play important roles in the process of making return-to-work (RTW) recommendations, which have important consequences for injured workers and their employers. We studied the inter-rater reliability of RTW determinations between clinicians in a specific workers' compensation setting.

Methods: Three case scenarios were given to clinicians working at one rehabilitation facility to examine consistency between clinicians in RTW recommendations. Additionally, we examined what information clinicians relied on to make decisions. Analysis included percentage agreement and other descriptive statistics.

Results: Thirty-six clinicians (13 physiotherapists, 10 occupational therapists, 8 exercise therapists, and 5 physicians) responded to the questionnaire. Subjects showed a high percentage agreement regarding RTW readiness on fracture and dislocation scenarios (97.2 and 94.4%, respectively), while agreement on a back pain scenario was modest (55.6%). In all cases, more than 50% of clinicians relied on biomedical information, such as physical examination.

Conclusions: Clinicians demonstrated a high level of agreement (>94%) when making RTW recommendations for injuries with clear pathology. However, a lower level of agreement (56%) was observed for back pain where the etiology of pain and disability is often more complex.

Clinicians most commonly recommended RTW with restrictions, underlining the importance of workplace accommodations and modified duties in facilitating resumption of work.

Title: Generating workplace accommodations: lessons learned from the integrated case management study

Author(s): Shaw WS; Feuerstein M

Source: Journal of occupational rehabilitation  September 2004 14 3 207-216

Abstract: Modified duty and other accommodations by employers have been shown to be helpful in managing workplace disability associated with injuries and illnesses. Benefits of accommodation have been attributed to both reduced physical and psychosocial exposures. Although many employers have adopted proactive return to work policies that emphasize temporary work modifications, standardized methods for specifying appropriate accommodations have been elusive. On the basis of the experiences and results of a randomized controlled study of case management services for work-related upper extremity disorders, we describe issues pertaining to the application of self-report measures of function and exposure assessment for generating accommodations. Challenges of this approach are 1) including specific work tasks on measures of physical function; 2) improving concordance between ergonomic exposure categories and methods of accommodation; and 3) providing a structured process for negotiating employee and employer preferences. To improve the effectiveness and efficiency of accommodation efforts, new tools for assessing function and ergonomic exposures in the workplace should be
Can workers with chronic back pain shift from pain elimination to function restore at work?

Buijs, Peter C et al


Introduction: Workers with chronic low back pain (LBP) mean a heavy human and social-economic burden. Their medical histories often include different treatments without attention to work-relatedness or communication with occupational health providers, leaving them passive and medicalized in (outpatient) health care. So we developed and implemented an innovative, patient-activating alternative: the multidisciplinary outpatient care (MOC) programme, including work (place) intervention and graded activity. It aims at function restore (instead of pain elimination), return to work (RTW) and coordinated communication.

Objectives: To qualitatively explore how patients and health care providers perceive the programme effectiveness and which factors influence its implementation.

Methods: In-depth, semi structured interview with patients and focus groups of health care providers are used, all recorded, transformed into verbatim transcript and analysed.

Results: This qualitative study shows that although patients' expectations were low at the start of the program, and despite long LBP histories, including many different therapies, (primarily) directed at pain reduction, the MOC programme was successful in changing patients' goal setting from pain oriented towards function restore and RTW. The programme was therefore perceived as applicable and effective. Patient compliance was influenced by barriers – despair, supervisory and subordinate resistance at work, waiting period, medicalisation in health care – and facilitators: disciplinary motivation, protocolled communication, information supply, tailor-made exercises. For some patients the barriers were too high. Several improvement suggestions were given.

Conclusions: This qualitative study shows that generally, patients and professionals perceived the multidisciplinary outpatient care programme as applicable and effective. After incorporating improvement suggestions this program seems promising for further, broader application and hypothesis testing. For those, negatively evaluating the programme, alternatives should be explored.

Prevention of work disability due to musculoskeletal disorders: the challenge of implementing evidence.

Loisel P et al

Journal of occupational rehabilitation December 2005 15 4 507-524 18

Background: The process of returning disabled workers to work presents numerous challenges. In spite of the growing evidence regarding work disability prevention, little uptake of this evidence has been observed. One reason for limited dissemination of evidence is the complexity of the problem, as it is subject to multiple legal, administrative, social, political, and cultural challenges.

Purpose and methods: A literature review and collection of experts' opinion is presented, on the current evidence for work disability prevention, and barriers to evidence implementation. Recommendations are presented for enhancing implementation of research results.

Conclusion: The current evidence regarding work disability prevention shows that some clinical interventions (advice to return to modified work and graded activity programs) and some non-clinical interventions (at a service and policy/community level but not at a practice level) are effective in reducing work absenteeism. Implementation of evidence in work disability is a major challenge because intervention recommendations are often imprecise and not yet practical for immediate use, many barriers exist, and many stakeholders are involved. Future studies should
Weblink

EBSCO

involve all relevant stakeholders and aim at developing new strategies that are effective, efficient, and have a potential for successful implementation. These studies should be based upon a clearer conceptualization of the broader context and inter-relationships that determine return to work outcomes.

Title
Job matching and return to work: occupational rehabilitation as the link.

Author/s
Isernhagen, Susan J

Source
Work 2006 26 3 237-242 6

Abstract
Return to work after injury or illness is important for the worker and the employer. Medical providers manage and treat the worker with the illness or injury. Except in cases of focused specialists, the medical professional's role is to take care of a patient, rather than empower a worker. As much as there is promotion of the workers compensation health care system to be similar to sports medicine, there are significant dissimilarities. One major barrier is that the medical caregivers do not know the demands of jobs as they would know the details of sports. Thus, there is a gap in returning a worker to function as the medical professional cannot accurately match the worker to specific jobs. A new model of job function matching, based on research and skills of occupational rehabilitation professionals, is proposed to bridge the gap between the medical community, the employers and the workers.

Title
Use of functional capacity evaluations in workplaces and the compensation system: a report on workers' and report users' perceptions

Author/s
Strong, Susan et al

Source
Work 2004 23 1 67-77. 11 1 6

Abstract
Until recently, little was documented about how functional capacity evaluations (FCEs) are used by employers and workers' compensation organizations. Such information was one focus of a comprehensive research study on FCEs carried out in southern Ontario, Canada, which involved representatives from the full range of groups involved in FCEs: referral sources, assessors, return-to-work specialists, third party payers and injured workers [1]. This paper shares findings from a cohort of injured workers undergoing FCEs, and explored how their FCE results were perceived and utilized by those receiving the reports. Based on study findings, we provide recommendations as to how FCEs should be requested, undertaken, reported and particularly applied to reduce work disability among injured workers.

Title
Return to work toolkit: resources for employees & employers

Source
Office of disability employment policy

Abstract
An organization's workforce is its most valuable asset. And when an employee can't work due to illness or injury, it impacts not only an organization's productivity, but also its morale. This toolkit helps both employers and employees understand the return-to-work process and provide resources to assist in getting employees back on the job quickly and smoothly. Effective return-to-work approaches can help employees work while still recuperating, protecting their earning power and boosting an organization's output. Furthermore, in many instances, work itself plays an important role in the recovery process.
ABSENTEEISM AND PRESENTEEISM

Title Decrease in work ability Index and sickness absence during the following year: a two-year follow-up study
Author/s Ohta, M et al
Source International archives of occupational and environmental health August 2017 90 1-12
Abstract Purpose Using a 2-year follow-up design, we examined whether changes in work ability during 1 year predicted sickness absence in the following year.
Methods Workers (N = 1408) from the Japanese information technology sector each completed the Work Ability Index (WAI), the Brief Job Stress Questionnaire (BJSQ), and the General Health Questionnaire (GHQ) in 2011 and 2012. Absence data during 2013 was obtained from employees' computerized attendance records. We used psychological distress as evaluated by the GHQ; job stress and job support calculated using the BJSQ; and job title, sex, and age as potential confounding variables.
Results Thirty-five employees had at least one sickness absence lasting more than seven consecutive days in 2013. Forty-nine percent of sickness absences were due to mental illness, and the others were due to orthopaedic disease (20%), cancer (9%), and other illnesses (23%). Decrease in WAI scores from 2011 to 2012 predicted sickness absence in 2013 (Odds ratio (OR) 1.19, 95% confidence interval (CI) 1.12–1.27). This association remained unaltered after adjusting for sex, age, job title, WAI score from the year before, job stress, job support, and GHQ score (OR 1.15, 95% CI 1.06–1.25). We analyzed this association separately by reason for absence: mental or other illness. WAI score decreases predicted sickness absence for both reasons (OR for mental illness 1.24, 95% CI 1.14–1.36; OR for other illnesses 1.14, 95% CI 1.04–1.24).
Conclusions Decrease in work ability during the year predicts sickness absence in the following year while predictive power was weak.
(11.5%). In 2016, the groups who experienced the highest rates of sickness absence were women, older workers, those with long-term health conditions, smokers, public health sector workers and those working in the largest organisations (those with 500 or more employees). The groups that have seen the greatest reduction in sickness absence rates over the last 2 decades are workers with long-term health conditions, workers aged 50 to 64, and those in the public sector.

AGEING WORKFORCE

Title: Towards age-friendly work in Europe: a life-course perspective on work and ageing from EU agencies
Author/s: Dubois, H et al
Source: Eurofound 2017
Abstract: The ageing of the EU’s population and workforce has implications for employment, working conditions, living standards and welfare. This report draws on the expertise of four EU Agencies in their respective areas, covers the policy challenges associated with the ageing workforce and considers innovative solutions. EU-OSHA presents policy examples of integrated approaches to occupational safety and health for an ageing workforce. Eurofound examines working conditions for workers of all ages, related work sustainability outcomes and how the right policies can foster longer working lives. Cedefop explores how vocational education and training can be used to support active ageing at work. EIGE provides a gender perspective on the issue of the ageing workforce and discusses the different challenges that men and women face. The report also outlines the impact of long-term demographic trends on employment, and examines lifelong participation in learning. This is followed by a call for active ageing solutions that ensure older workers remain active, skilled and employed.

Title: American working conditions survey finds that more than half of retirees would return to work
Author/s: Maestas, N et al
Source: RAND August 2017
Abstract: There are many reasons to help older Americans stay in the workplace, but the best reason could be that they still want to be there. One indication of their workplace satisfaction is the new American Working Conditions Survey (AWCS), which shows that, overall, older workers report having more meaningful work and more workplace flexibility than their younger peers.

Title: Constrained agency in later working lives: introduction to the special issue
Author/s: Damman, M Henkens, K
Abstract: In the social sciences there is an ongoing debate about the primacy of structure or agency in shaping individual behaviors. This Special Issue presents a comprehensive set of papers on
structure and agency in the area of later working lives and retirement, specifically focusing on situations where agency is constrained. The papers (a) study a diverse set of labor market situations in which individual agency is constrained, (b) focus on individual- and country-level predictors of constrained agency, and (c) provide insights regarding consequences of constrained agency in different areas of life. A broad range of country contexts are covered in the articles and rich—often longitudinal—data sources are used to advance our understanding of agency in later working lives. The current Introduction to the Special Issue elaborates on the theoretical background linking the different papers, briefly describes the different papers, and discusses directions for future research to follow from the full set of papers.

**Title**
The impact of the 2008 recession on the health of older workers: data from 13 European countries.

**Author/s**
Axelrad, Hila; Sabbath, Erika L.; Sherburne Hawkin, Summer

**Source**
*European journal of public health* August 2017 27 4 647-652 6 DOI: 10.1093/eurpub/ckx011

**Abstract**
Background: Fluctuations in the national economy shape labour market opportunities and outcomes, which in turn influence the health conditions of older workers. This study examined whether overall economic shifts during the 2008 recession was associated with four health indicators among older workers.

Method: Data came from 4917 respondents (16 090 contacts) aged 50-70 in 13 European countries (Austria, Belgium, Czech Republic, Denmark, France, Germany, Israel, Italy, Netherlands, Poland, Spain, Sweden, Switzerland) participating in the Survey of Health, Ageing and Retirement in Europe. Health and employment assessments from 2004-13 were linked to annual data on fluctuations in Gross Domestic Product (GDP) per capita, life expectancy and unemployment rates for each country. Using fixed effects models, we assessed the recession's implications on four individual health outcomes: body mass index (BMI), drinking alcohol, depression and general health, while isolating cyclical variation within countries and individual changes over time.

Results: Overall economic shifts had an effect on older workers: decreases in GDP were associated with a decline in average BMI, consumption of alcohol and deterioration in self-rated health; country-level unemployment rate had no effect on health outcomes, while life expectancy at birth was significant but not consistently across models. Being employed or retired were associated with fewer depressive symptoms and better self-rated health.

Conclusions: Overall economic shifts during recessions affect certain health outcomes of older workers, and better health conditions together with being employed or retired may limit the negative health consequences of a recession.

**Title**
Predicting working beyond retirement in the Netherlands: an interdisciplinary approach involving occupational epidemiology and economics.

**Author/s**
Scharn, M et al

**Source**
*Scandinavian journal of work and environmental health* 2017 43 4 326-336 doi:10.5271/sjweh.3649

**Abstract**
Objectives No study so far has combined register-based socioeconomic information with self-reported information on health, demographics, work characteristics, and the social environment. The aim of this study was to investigate whether socioeconomic, health, demographic, work characteristics and social environmental characteristics independently predict working beyond retirement.

Methods Questionnaire data from the Study on Transitions in Employment, Ability and Motivation were linked to data from Statistics Netherlands. A prediction model was built consisting of the following blocks: socioeconomic, health, demographic, work characteristics and the social environment. First, univariate analyses were performed (P<.15), followed by correlations and logistic multivariate regression analyses with backward selection per block.
(P0<.15). All remaining factors were combined into one final model (P0<.05). Results In the final model, only factors from the blocks health, work and social environmental characteristics remained. Better physical health, being intensively physically active for >2 days/week, higher body height, and working in healthcare predicted working beyond retirement. If respondents had a permanent contract or worked in handcraft, or had a partner that did not like them to work until the official retirement age, they were less likely to work beyond retirement.

Conclusion Health, work characteristics and social environment predicted working beyond retirement, but register-based socioeconomic and demographic characteristics did not independently predict working beyond retirement. This study shows that working beyond retirement is multifactorial.

Weblink

Title Towards age-friendly work in Europe: a life-course perspective on work and ageing from EU agencies.
Source EU-OSHA, Cedefop, Eurofoundand EIGE 2017
Abstract The EU’s population and workforce are ageing. This has implications for employment, working conditions, living standards and welfare. How should we respond to these challenges? A new report, coordinated by EU-OSHA, shows how information from four agencies can support policy-making that is both complementary and greater than the sum of its parts. The report draws on the agencies’ expertise in each of their areas and covers the different challenges associated with the ageing workforce and considers innovative solutions. EU-OSHA presents policy examples of integrated approaches to occupational safety and health for an ageing workforce. Eurofound examines working conditions for workers of all ages, related work sustainability outcomes and how the right policies can foster longer working lives. Cedefop explores how vocational education and training can be used to support active ageing at work. EIGE provides a gender perspective on the issue of the ageing workforce and discusses the different challenges that men and women face.

Weblink The report also outlines the impact of long-term demographic trends on employment, and examines lifelong participation in learning. This is followed by a call for active ageing solutions that ensure older workers remain active, skilled and employed.

Return to top

ASBESTOS AND MESOTHELIOMA

Title Asbestos fibre concentrations and health risks resulting from fire impacted properties with asbestos materials
Author/s Aust, N
Source Journal of health & safety, research & practice 2017 9 1 10-14
Abstract Airborne asbestos fibre concentrations generated from fire affected buildings having asbestos containing materials were assessed. Air samples were collected during the 2013 Blue Mountains bushfires during and after which numerous buildings containing asbestos products were impacted. The results of 283 airborne asbestos sampling events were received. Air sampling was undertaken during a fire event; during Make Safe works; during Clean-up, Removal and Demolition works; and as background area concentrations. All airborne asbestos sampling events across these scenarios measured concentrations less than 0.01f/ml. Overall, airborne asbestos fibre concentrations resulting from fire-damaged buildings are shown to be minimal, presenting a very low risk to health when the property is appropriately managed in line with Work Health and Safety legislation, guidelines and best practice.
BULLYING AND HARASSMENT

Title: New development: bullying in a reforming context—a holistic, layered model of the interpersonal interaction

Author/s: Rodwell, John


Abstract: Public services have been transformed, with health services, in particular, in a state of almost constant change with reforms leading to a blurring of the nature of work across sectors and a bullying rate at epidemic levels. A new holistic model of the drivers of bullying is presented. The model is a powerful tool for understanding and addressing workplace bullying. Management and leadership.

Weblink

Return to top

CHRONIC HEALTH ISSUES

Title: Chronic conditions in America: price and prevalence

Author/s: Irving, D

Source: RAND July 2017

Abstract: A new RAND study shows why, and adds a note of urgency to the effort. It found that 60 percent of American adults now live with at least one chronic condition; 42 percent have more than one. They account for hundreds of billions of dollars in health care spending every year.

Weblink

Return to top

Title: Evaluation of a digital behavioral counseling program for reducing risk factors for chronic disease in a workforce

Author/s: Wilson, M et al

Source: Journal of occupational & environmental medicine August 2017 59 8 150-155 doi: 10.1097/JOM.0000000000001091

Abstract: Objective: To evaluate a digitally delivered, intensive behavioral counseling program for a workforce at risk for obesity-related chronic disease. Methods: Employees were offered a digital health program modeled after the diabetes prevention program (DPP). Annual workforce health assessments were used to examine changes in chronic disease risk factors between participants (n=634) relative to a matched comparison group (n=1268). Results: Overall, employees were gaining an average of 3.5 pounds annually before program inception. Program engagement was positive: 83% completed the majority of the curriculum and 31% lost at least 5% of their starting weight. Compared with non-participating peers, participants demonstrated reduced weight, improved fasting blood glucose, and improved nutritional intake after a year. Conclusions: The digital health program was effective for engaging employees in health behavior change. Digital options facilitate widespread implementation.
Objective: Environmental factors are of importance for the etiology of rheumatoid arthritis (RA), but much remains unknown concerning the contributions from distinct occupational hazards. We explored the association between occupation and the risk of anti-citrullinated protein antibody (ACPA) + RA or ACPA- RA.

Methods: We analyzed 3,522 cases and 5,580 controls from the Swedish population-based EIRA case-control study. A questionnaire was used to obtain information on work history and lifestyle factors. Blood samples were taken for serologic analyses. Unconditional logistic regression was used to calculate the odds ratio (OR) of RA associated with the last occupation before study inclusion. Analyses were performed with adjustments for known environmental exposures and lifestyle factors, including pack years of cigarette smoking, alcohol use, body mass index (BMI) and education.

Results: Among men, bricklayers and concrete workers (OR: 2.9, 95% CI: 1.4-5.7), material handling operators (OR: 2.4, 95% CI: 1.3-4.4) and electrical and electronics workers (OR: 2.1, 95% CI: 1.1-3.8), had an increased risk of ACPA+ RA. For ACPA- RA, bricklayers and concrete workers (OR: 2.4, 95% CI: 1.0-5.7) and electrical and electronics workers (OR: 2.6, 95% CI: 1.3-5.0) had an increased risk. Among women, assistant nurses and attendants had a moderately increased risk of ACPA+ RA (OR: 1.3, 95% CI: 1.1-1.6). No occupations were significantly associated to ACPA- RA among women.

Conclusion: Mainly occupations related to potential noxious airborne agents were associated with an increased risk of ACPA+ or ACPA- RA, after adjustments for previously known confounders. This article is protected by copyright. All rights reserved.

Purpose: Many patients with mild traumatic brain injury do not fully return to work owing to persistent posttraumatic complaints. Research suggests that preventing chronic complaints might be prevented by giving cognitive behavioral therapy early after injury. Therefore, a new cognitive behavioral intervention (UPFRONT-intervention) was developed to not only prevent chronic complaints but to also establish a more successful return to work. The intervention is currently being evaluated in a multicenter randomized controlled trial design (trial number ISRCTN86191894) in mild traumatic brain injury patients who are at-risk of negative outcomes (patients with high numbers of early complaints).

Two case examples are presented to demonstrate the application of the intervention. Rationale: Psychological factors, like cognitive appraisal and coping, play an important role in the persistence of posttraumatic complaints. Some patients are less able to adapt and thus to cope with the injury and its initial consequences than others. Dealing with the injury in a passive,
avoidant way, focusing on negative feelings, will hamper recovery and is therefore a valuable target for an intervention.

Theory in practice: The UPFRONT intervention is a short cognitive behavioral therapy intervention for patients that are at-risk of developing persistent posttraumatic complaints. Patients will undergo five sessions of cognitive behavioral therapy within 4–10 weeks after trauma. The intervention aims to enhance patients’ feeling of competency of dealing with the consequences of mild traumatic brain injury by providing psycho-education, identifying and challenging unrealistic illness perceptions and improving coping style (decreasing maladaptive coping and enhancing adaptive coping).

Weblink

Title Workplace accommodations for persons with physical disabilities: evidence synthesis of the peer-reviewed literature.

Author/s Padkapayeva, K et al

Source Disability and rehabilitation 2017 39 21 2134-2147
http://dx.doi.org/10.1080/09638288.2016.1224276

Abstract Purpose: To identify and synthesize research evidence on workplace accommodations used by employers to recruit, hire, retain, and promote persons with physical disabilities.
Method: A structured search of six electronic journal databases was undertaken to identify peer-reviewed literature on the topic published from January 1990 to March 2016. Articles describing or evaluating workplace disability accommodation policies and practices were given a full-text review. Topic experts were contacted to identify additional studies.
Results: Details on specific accommodations described in 117 articles were synthesized and organized into three groups comprised of a total of 12 categories. The majority of studies did not rigorously evaluate effectiveness or cost-effectiveness of the accommodations under study.
Conclusions: This evidence synthesis provides an overview of the peer-reviewed literature of value to occupational rehabilitation professionals and employers seeking guidance on workplace accommodation policies and practices for persons with physical disabilities. A wide range of accommodation options is available for addressing physical, social, and attitudinal barriers to successful employment. Besides physical/technological modifications, accommodations to enhance workplace flexibility and worker autonomy and strategies to promote workplace inclusion and integration are important. More comprehensive reporting and evaluations of the effectiveness of accommodations in research literature are needed to develop best practices for accommodating persons with disabilities.
Implications for rehabilitation There is a substantial peer-reviewed literature that provides insights into the barriers for persons with physical disabilities and the workplace accommodation practices to address them, though rigorous evaluations of effectiveness and cost-effectiveness are uncommon. Attitudinal and social barriers stemming from stereotypes, ignorance and lack of knowledge are as important as physical barriers to employment for persons with physical disabilities. In addition to physical/technological modifications, accommodations to enhance workplace flexibility and autonomy of a worker, as well as strategies to promote workplace inclusion and integration may facilitate successful employment of persons with physical disabilities.

Weblink

Return to top

ERGONOMIC ISSUES

Title The acute effects of breaking up seated office work with standing or light-intensity walking on interstitial glucose concentration: a randomized crossover trial
Background: The aim of this randomized, 3-period, 3-treatment crossover trial was to examine the acute effects of regularly breaking up seated office work with short bouts of standing or light-intensity walking on postprandial interstitial glucose concentration.

Methods: Seventeen middle-aged office workers performed 3 5-hour trial conditions at their workplace in a random order: 1) uninterrupted sitting, 2) sitting interrupted by 2 minutes of standing every 20 minutes, and 3) sitting interrupted by 2 minutes of light-intensity walking every 20 minutes. Participants consumed 2 standardized test drinks at the start of each trial condition and an iPro2 continuous glucose monitoring system (CGMS) recorded average interstitial glucose concentration every 5 minutes for the duration of the study.

Results: The 5-hour interstitial glucose incremental area under the curve (iAUC) was 55.5% lower after sitting interrupted by light-intensity walking compared with after uninterrupted sitting (95% CI, –104.2% to –6.8%). There was also a suggestion of a beneficial effect of regular standing breaks, particularly in overweight men, although they were not as effective as the walking breaks (mean difference [95% CI], –29.6% [–73.9% to 14.7%]).

Conclusions: Regularly breaking up prolonged sitting lowers postprandial glycemia in middle-aged adults without metabolic impairment.
guides for committee formation and training, and a structured PE process for generating integrated TWH interventions. Process data from program facilitators and participants throughout program implementation were used for iterative toolkit design. Program success depended on organizational commitment to regular design team meetings with a trained facilitator, the availability of subject matter experts on ergonomics and health to support the design process, and retraining whenever committee turnover occurred. A two committee structure (employee Design Team, management Steering Committee) provided advantages over a single, multilevel committee structure, and enhanced the planning, communication, and teamwork skills of participants.

HEALTH AND WELLBEING

Title Association between employee dental claims, health risks, workplace productivity, and preventive services compliance.

Author/s Burton, W et al


Abstract Objective: This study examined differences in health risks and workplace outcomes among employees who utilized preventive dental services compared with other employees. Methods: A retrospective observational study of employees of a large financial services corporation, with data from health risk appraisal questionnaires, medical claims, pharmacy claims, and dental claims. Results: Employees with no dental claims were significantly more likely to have a variety of health risk factors (such as obesity and tobacco use), health conditions (such as diabetes), absenteeism, and lost on-the-job productivity, and were significantly less likely to be compliant with clinical preventive services compared with those with preventive dental claims. Conclusions: Employees with preventive dental claims had fewer health risks and medical conditions and better health and productivity measures. Study employees underutilized free dental care; employers should incorporate preventive dental care awareness into their worksite wellness programs.

Title Attending weak signals: the prevention of work-related illnesses

Author/s Liff, R Eriksson, AC Wikstrom, E

Source Nordic journal of working life studies 2017 7 2 DOI: http://dx.doi.org/10.18291/njwls.v7i2.81599

Abstract This article examines the characteristics of communication among managers, human resource (HR) experts, and occupational health care specialists, as they deal with such informal information as weak signals in the prevention of work-related illnesses, using a theoretical framework in which the prevention of work-related illness is analogous to theory on crisis management. This is a qualitative study in which individual and focus-group interviews were conducted in a Swedish context with occupational health care specialists, managers, and HR experts. The results suggest that organizational solutions have failed and continue to fail at controlling workers’ health problems, although the main difficulty is not in identifying the ‘right’ individually oriented weak signals. Rather, it is upper management’s reliance on formal information (e.g., statistics and surveys) – because of the difficulty in supplementing it with informal information (e.g., rumors and gossip) – that makes it difficult to improve traditional health and safety work.
Identifying long-term patterns of work-related rumination: associations with job demands and well-being outcomes.

Kinnunen, Ulla et al

DOI: 10.1080/1359432X.2017.1314265

The aim of this 2-year longitudinal study was to identify long-term patterns of work-related rumination in terms of affective rumination, problem-solving pondering, and lack of psychological detachment from work during off-job time. We also examined how the patterns differed in job demands and well-being outcomes. The data were collected via questionnaires in three waves among employees (N = 664). Through latent profile analysis (LPA), five stable long-term patterns of rumination were identified: (1) no rumination (n = 81), (2) moderate detachment from work (n = 228), (3) moderate rumination combined with low detachment (n = 216), (4) affective rumination (n = 54), and (5) problem-solving pondering (n = 85), both combined with low detachment. The patterns differed in the job demands and well-being outcomes examined. Job demands (time pressure, cognitive and emotional demands) were at the highest level across time in patterns 3–5 and lowest in pattern 1. Patterns 3 and 4 were associated with poorer well-being outcomes (higher job exhaustion and more sleeping problems, and lower work engagement) across time. By contrast, pattern 5 showed positive outcomes, especially high level of work engagement. Thus, the different patterns of work-related ruminative thoughts suggest diverse relationships with job demands and well-being.

The impact of mindfulness on well-being and performance in the workplace: an inclusive systematic review of the empirical literature

Lomas, Tim et al

European journal of work & organizational psychology August 2017 26 4 492-513 22
DOI: 10.1080/1359432X.2017.1308924

Work can be demanding, imposing challenges that can be detrimental to the physical and mental health of workers. Efforts are therefore underway to develop practices and initiatives that may improve occupational well-being. These include interventions based on mindfulness meditation. This paper offers a systematic review of empirical studies featuring analyses of mindfulness in occupational contexts. Databases were reviewed from the start of records to January 2016. Eligibility criteria included experimental and correlative studies of mindfulness conducted in work settings, with a variety of well-being and performance measures. A total of 153 papers met the eligibility criteria and were included in the systematic review, comprising 12,571 participants. Mindfulness was generally associated with positive outcomes in relation to most measures. However, the quality of the studies was inconsistent, so further research is needed, particularly involving high-quality randomized control trials.

A longitudinal study of the implementation experiences of the Australian National Disability Insurance Scheme: investigating transformative policy change

Carey, G Dickinson, H

BMC health services research 2017 17 570 https://doi.org/10.1186/s12913-017-2522-7

Background Internationally there has been a growth in the use of publicly funded service markets as a mechanism to deliver health and social services. This has accompanied the
emergence of ‘self-directed care’ in a number of different policy areas including disability and aged care – often referred to as ‘personalisation’ (Giaimo and Manow, Comp. Pol Stud 32:967–1000, 1999; Needham, Public Money Manage 30:136–8, 2010; [Hood], [The Idea of Joined-up Government: A Historical Perspective], [2005]; Klijn and Koppenjan, Public Manage 2:437–54, 2000, Greener, Policy Polit 36:93–108, 2008). These reforms are underpinned by an idea that individuals should be placed in control of their own service needs, given funding directly by government and encouraged to exercise choice and control through purchasing their own services. A major challenge for governments in charge of these reforms is determining the best way to structure and govern emerging service markets. Given the growing international embrace of market-based reform mechanisms to provide essential services to citizens, finding ways to ensure they promote, and not diminish, people’s health and wellbeing is vital.

Methods The Australian National Disability Insurance Scheme (NDIS) is Australia’s first national approach to the use of personalised budgets. The program of research outlined in this paper brings together streams from a range of different studies in order to investigate the implementation of the NDIS longitudinally across different administrative levels of government, service providers and scheme participants.

Conclusion This programme of research will make a contribution to our understanding of the Australian scheme and how individualised funding operates within this context, but will also generate much needed evidence that will have relevance to other jurisdictions and help fill a gap in the evidence base.

Title Perceived organizational support and employees’ well-being: the mediating role of organizational dehumanization

Author/s Caesens, Gaëtane et al

Source European journal of work & organizational psychology August 2017 26 4 527-540 14 DOI: 10.1080/1359432X.2017.1319817

Abstract Perceived organizational support (POS) has been found to predict important organizational outcomes such as increasing employees’ well-being. In this research, we examine a new underlying mechanism of the relationship between POS and employees’ well-being, that is, employees’ perceptions that their organization dehumanizes them. This proposition was tested across two studies. Using an experimental design manipulating POS in a laboratory setting, Study 1 indicated that in the high POS condition, the subsequent feelings of being dehumanized by the organization were lower than in the low POS condition. More importantly, organizational dehumanization perceptions were found to mediate the POS condition and satisfaction link. Furthermore, using a sample of 1209 employees, results of Study 2 indicated that organizational dehumanization mediates the relationship between POS and three indicators of employees’ well-being (i.e., job satisfaction, emotional exhaustion, and psychosomatic strains). Implications for research on both organizational support theory and dehumanization theory are discussed.

Title Service provider perceptions of transitioning from audio to video capability in a telehealth system: a qualitative evaluation

Author/s Clay-Williams, R et al

Source BMC health services research August 2017 17 558 https://doi.org/10.1186/s12913-017-2514-7

Abstract Background Telephone consultation and triage services are increasingly being used to deliver health advice. Availability of high speed internet services in remote areas allows healthcare providers to move from telephone to video telehealth services. Current approaches for assessing video services have limitations. This study aimed to identify the challenges for service providers associated with transitioning from audio to video technology.

Methods Using a mixed-method, qualitative approach, we observed training of service providers who were required to switch from telephone to video, and conducted pre- and post-training
interviews with 15 service providers and their trainers on the challenges associated with transitioning to video. Two full days of simulation training were observed. Data were transcribed and analysed using an inductive approach; a modified constant comparative method was employed to identify common themes.

Results We found three broad categories of issues likely to affect implementation of the video service: social, professional, and technical. Within these categories, eight sub-themes were identified; they were: enhanced delivery of the health service, improved health advice for people living in remote areas, safety concerns, professional risks, poor uptake of video service, system design issues, use of simulation for system testing, and use of simulation for system training.

Conclusions This study identified a number of unexpected potential barriers to successful transition from telephone to the video system. Most prominent were technical and training issues, and personal safety concerns about transitioning from telephone to video media. Addressing identified issues prior to implementation of a new video telehealth system is likely to improve effectiveness and uptake.

Title Take a break! benefits of sleep and short breaks for daily work engagement
Author/s Kühnel, Jana; Zacher, Hannes; de Bloom, Jessica; Bledow, Ronald.
Source European journal of work & organizational psychology  August 2017  26 4 481-491

Abstract The current study investigates the benefits of a good night’s sleep and short work breaks for employees’ daily work engagement. It is hypothesized that sleep and self-initiated short breaks help restore energetic and self-regulatory resources which, in turn, enable employees to experience high work engagement. A daily diary study was conducted with 107 employees who provided data twice a day (before lunch and at the end of the working day) over 5 workdays (453 days in total). Multilevel regression analyses showed that sleep quality and short breaks were beneficial for employees’ daily work engagement. After nights employees slept better, they indicated higher work engagement during the day. Moreover, taking self-initiated short breaks from work in the afternoon boosted daily work engagement, whereas taking short breaks in the morning failed to predict daily work engagement. Taking short breaks did not compensate for impaired sleep with regard to daily work engagement. Overall, these findings suggest that recovery before and during work can foster employees’ daily work engagement.

Title An argument and an outline for a new employment scheme
Author/s Hansen, H Lindt, J Hornemann Moller, I
Source Nordic journal of working life studies 2017 7 2 DOI: http://dx.doi.org/10.18291/njwls.v7i2.81598

Abstract Liberalism is celebrating triumphs in these years. As faith in the welfare state and Keynesianism began to crack in the 1970s, capitalist principles were revitalised and the old virtues and dogmas were found and dusted. Now all that restrained the free competition in the market were considered a danger to the growth and the welfare. The impact of trade unions on wage formation should be limited, the welfare state should be reduced, and ‘modernised’ and the incentive structure strengthened by reducing social policy standards. Unemployment was again considered a natural part of the economy where individual choices were crucial to whether you were unemployed or not.
This study examined whether meaningful work may improve one's quality of life outside of the workplace (i.e., work-to-life enrichment). More importantly, we proposed and tested competing hypotheses regarding the role of work engagement in the relationship between meaningful work and work-to-life enrichment. Specifically, we investigated whether work engagement served as a mediator of this relationship, as suggested by the job demands-resources model, or instead a moderator, as suggested by conservation of resources theory. Two-wave survey data were collected from 194 respondents recruited via Amazon Mechanical Turk. Analyses showed that meaningful work was positively related to work-to-life enrichment over time (i.e., 3 months later). Additionally, work engagement mediated but did not moderate the relationship between meaningful work at Time 1 and work-to-life enrichment at Time 2. We suggest that organizations foster a sense of meaningfulness in employees to facilitate engagement and in turn enrich employees' lives beyond the workplace. Therefore, not only organizations, but individuals as well may reap the benefits of meaningful work.
How do Americans perceive their workplace? According to RAND's American Working Conditions Survey, workers report that their jobs can be physically demanding, hazardous, and hectic—but also social and supportive. Despite the reported downside, many retirees would return to work if the right opportunity came along.

Digital transformation’ is a misnomer: it’s not about digital or transformation. it’s about adaptation

The more I study digital transformation, the more I realize that it’s not mostly about either “digital” or “transformation”

If only my leader would just do something! passive leadership undermines employee well-being through role stressors and psychological resource depletion

The goal of this study was to develop and test a sequential mediational model explaining the negative relationship of passive leadership to employee well-being. Based on role stress theory, we posit that passive leadership will predict higher levels of role ambiguity, role conflict and role overload. Invoking Conservation of Resources theory, we further hypothesize that these role stressors will indirectly and negatively influence two aspects of employee well-being, namely overall mental health and overall work attitude, through psychological work fatigue. Using a probability sample of 2467 US workers, structural equation modelling supported the model by showing that role stressors and psychological work fatigue partially mediated the negative relationship between passive leadership and both aspects of employee well-being. The hypothesized, sequential indirect relationships explained 47.9% of the overall relationship between passive leadership and mental health and 26.6% of the overall relationship between passive leadership and overall work attitude.

The legacy of new public management (NPM) on workers, management capabilities, and organisations

Public servants want to work in good organisations and management and organisational capability has been a long standing concern of public sector unions. This study explores the long run impacts of new public management (NPM) through worker experiences. Although NPM was introduced to improve organisational performance, it may have been bad for workers and there is limited evidence that organisational performance is high. Survey results of 15,762 members of the New Zealand Public Service Association (PSA) found that public servants were
committed and motivated, but do not rate their managers or organisations highly. Results are discussed in terms of the long run legacy of NPM in which the right to manage has not been matched by the responsibility to manage. This has led to organisations poorly equipped to deal with emerging challenges.

Title Linking daily ethical leadership to followers’ daily behaviour: the roles of daily work engagement and previous abusive supervision
Author/s Bormann, Kai C.
Source European journal of work & organizational psychology August 2017 26 4 590-600
Abstract The aim of this study was to advance literature on ethical leadership towards its day-level application. Daily ethical leadership is defined as ethical leadership behaviours a leader exhibits on a given day. Beneficial effects of daily ethical leadership on daily helping behaviour and daily counterproductive work behaviour via daily work engagement were examined. Furthermore, yesterday’s abusive supervision was postulated to moderate the impact of today’s ethical leadership on work engagement indicating moderated mediation. The relationship between daily ethical leadership and daily work engagement should be stronger when previous abusive supervision was high. This model was tested using an experience sampling methodology spread over 5 working days. The sample consisted of 241 employees from different organizations. Results supported the beneficial indirect impact of daily ethical leadership on daily helping through strengthening daily work engagement. The indirect effect was non-significant for daily counterproductive work behaviour. Consistent with theoretical assumptions, both indirect effects were strongest with high previous abusive supervision and diminished when previous abusive supervision was low. Implications for leadership research and managerial practice are discussed.

Title 3 ways you are failing your remote workers
Author/s Mann, A Gallup
Source Business journal August 2017
Abstract Working remotely can be a dream comes true for some employees. No commute means more money, more time and less stress. Alone at home, remote workers can be less distracted and more productive. They may also have greater autonomy -- and may be able to focus on actual work rather than banal office politics. Gallup's research and experience back this up, as those who work remotely some of the time are more engaged and report a more positive workplace experience than those who never work remotely.

Title Transformational leadership behavior, emotions, and outcomes: health psychology perspective in the workplace
Author/s Zineldin, M
Source Journal of workplace behavioral health 2017 32 1 14-25
http://dx.doi.org/10.1080/15555240.2016.1273782
Abstract The purpose of this study is to empirically evaluate the transformational leadership styles, emotions, and organizational outcomes among different professionals in different sectors. The transformational leadership and emotions theories were utilized and tested in a sample of 128 leaders in Sweden. The main objectives of the study are (1) to determine which of the transformational leadership styles (TLS) are best at predicting effective outcomes (OUT) of extra effort by employees (EXE), leader effectiveness (EFE) and job satisfaction (SAT) and (2) to
examine which TLS predict significant positive emotions (TEMO). Results of the study reveal that TLS and most of the outcome scales (SAT, EXE, SAT) are positively and significantly correlated. Charisma (C) and idealized influence (II) are not correlated with EFE. The results further supported that inspirational motivation leaders behavior could produce greater amounts of SAT ($r = .54^{**}$), EXE ($r = .41^{**}$). Individualized consideration (IC) also generates great SAT, $r = .42$. The study also found that only inspirational motivation (I) and intellectual stimulator leadership styles made a significance for TEMO such as being enthusiastic, hopeful, proud, happy, attentive, and inspiring with $\beta = 26$ and $\beta = 17$, respectively. Inspirational transformational leaders’ behavior and emotions are the most capable in increasing the organizational overall outcomes by boosting employees’ job satisfaction, additional effort, and effectiveness. Hence, these improve and enhance the mental and psychological health inside and outside the workplace.

**Weblink**

**Title**  The changing workplace: insights on managing workforce challenges.
**Author/s** Ibarra, P
**Source** *Public management* June 2017 99 5 18-20 2
**Abstract** The article discusses factors to consider by public sector leaders in managing challenges. Among the factors discussed include four competencies that leaders must possess including self-awareness, self-management and social awareness, the need for public sector organizations to focus on developing leadership and other development programs, and skills development for younger workers.

**Weblink**

**Title** Feeling powerful at work makes us feel worse when we get home
**Author/s** Foulk, TA Lanaj, K
**Source** *Harvard business review* June 2017
**Abstract** Have you ever interacted with a supervisor who was on a “power trip,” and come away feeling disrespected, hurt, or upset? You’re far from alone. Abundant research shows that when people feel powerful, they tend to abuse others, supporting the notion that “power tends to corrupt, and absolute power corrupts absolutely.” Many studies show that abused employees suffer distress, perform worse, are less creative, and are more likely to quit their jobs. Abusive power holders, on the other hand, seem immune to their own negative behaviors: Research suggests that they continue about their day as if nothing has happened.

**Weblink**

**Title** Public service motivation research: lessons for practice.
**Author/s** Christensen, Robert K.; Paarlberg, Laurie; Perry, James L
**Source** *Public administration review* July August 2017 77 4 529-542 14 2 . DOI: 10.1111/puar.12796
**Abstract** Public service motivation research has proliferated in parallel with concerns about how to improve the performance of public service personnel. However, scholarship does not always inform management and leadership. This article purposefully reviews public service motivation research since 2008 to determine the extent to which researchers have identified lessons for
practice. The results of the investigation support several lessons-among them using public service motivation as a selection tool, facilitating public service motivation through cooperation in the workplace, conveying the significance of the job, and building leadership based on public service values. These results are important because they offer evidence that the field is coalescing around tactics that managers and leaders can use to address enduring concerns about employee motivation in the public sector. They also prompt us to articulate ideas that can guide a tighter integration of research and practice moving forward.

MUSCULOSKELETAL ISSUES

**Title**
Early prescription opioid use for musculoskeletal disorders and work outcomes: a systematic review of the literature

**Author/s**
Carnide, Nancy et al

**Source**
Clinical journal of pain July 2017 33 7 647-658 12
http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_risk.html

**Abstract**
Objectives: Musculoskeletal disorders (MSDs) are a common source of work disability. Opioid prescribing for MSDs has been on the rise, despite a lack of data on effectiveness. The objective of this study was to conduct a systematic review to determine whether early receipt of opioids is associated with future work outcomes among workers with MSDs compared with other analgesics, no analgesics, or placebo.

Methods: MEDLINE, EMBASE, CINAHL, and CENTRAL were searched from inception to 2014 and reference lists were scanned. Studies were included if opioids were prescribed within 12 weeks of MSD onset. Eligible outcomes included absenteeism, work status, receiving disability payments, and functional status. Two reviewers independently reviewed articles for relevance, risk of bias, and data extraction using standardized forms. Data synthesis using best evidence synthesis methods was planned.

Results: Five historical cohort studies met the inclusion criteria, all including workers filing wage compensation claims. Four studies demonstrated a significant association between early opioids and prolonged work disability. One study found a shorter time between prescriptions to be associated with shorter work disability. However, all studies were found to be at a high risk of bias and a best evidence synthesis could not be conducted. The main limitations identified were with exposure measurement and control of confounding.

Discussion: Current literature suggests that opioids provided within the first 12 weeks of onset of an MSD are associated with prolonged work disability. However, the conclusions of these studies need testing in a high-quality study that addresses the methodological shortcomings identified in the current review.

**Title**
Effectiveness of therapeutic ultrasound with or without thumb spica splint in the management of De Quervain’s disease

**Author/s**
Awan, Waqar et al

**Source**
Journal of back & musculoskeletal rehabilitation 2017 30 4 691-697 7

**Abstract**
Background: The management of De Quervain’s disease is determined more by Intuition than scientific data. The choice of first line conservative option for the management of De Quervain’s disease is still a topic of debate

Aim: To evaluate the effectiveness of therapeutic ultrasound with or without spica splint in the management of De Quervain’s disease (DQD). DESIGN: Randomized controlled trial (RCT).

SETTING: Outpatient department of Al-Nafees Medical College Hospital, Islamabad, Pakistan.

POPULATION: Thirty patients who had the history of the De Quervain’s disease for at least 6
months were enrolled in the study. The ages of the patient were 30-50 year. The population included housewives, maids, painters, and teachers. Methods: Thirty patients were divided into two groups. The control group was treated with therapeutic ultrasound while in the experimental group thumb spica splitting was also added. The data was collected from the subjects through Quick Disabilities of the Arm, Shoulder and Hand questionnaire. The demographic data was presented in the form of tables. Intervention-induced changes within the groups were investigated using paired sample t-test while independent sample t-test was used to compare the two groups. Results: Significant changes within both groups (p≥0.05) were observed as a result of intervention. Additionally, significant differences in some instrument items were found between experimental and control group (p≥0.05) after intervention. However, some items did not demonstrate significant changes in both groups likely because there was no effect of De Quervain's disease on those items before the intervention. Conclusion: The results showed that the use of therapeutic ultrasound and spica splint together is more effective than using therapeutic ultrasound alone in the conservative management of De Quervain's disease. clinical rehabilitation IMPACT: This study provides evidence to the relevant clinicians and professionals on the utility of therapeutic ultrasound combined with thumb spica splint in the conservative management of DQD

Title  Effects on musculoskeletal pain from “take a stand!” – a cluster-randomized controlled trial reducing sitting time among office workers

Author/s  Danquah, IK et al

Source  Scandinavian journal of work and environmental health 2017 43 4 350-357 doi:10.5271/sjweh.3639

Abstract  Objectives Prolonged sitting at work has been found to increase risk for musculoskeletal pain. The office-based intervention “Take a Stand!” was effective in reducing sitting time at work. We aimed to study the effect of the intervention on a secondary outcome: musculoskeletal pain. Methods Take a Stand! included 19 offices (317 workers) at four workplaces cluster randomized to intervention or control. The multicomponent intervention lasted three months and included management support, environmental changes, and local adaptation. Control participants behaved as usual. Musculoskeletal pain was measured by self-report questionnaire assessing pain in neck-shoulders, back and extremities in three categories at baseline, and one and three months follow-up. Results At one month, there was no difference in odds ratio (OR) for pain in neck-shoulders between the two groups. However, after three months, the OR was 0.52 [95% confidence interval (95% CI) 0.30–0.92] for pain in neck-shoulders in the intervention compared to the control group. No differences were found between the intervention and control group for pain in back and extremities over the three months. For total pain score a slight reduction was found in the intervention compared to the control group at one and three months [-0.13 (95% CI -0.23– -0.03) and -0.17 (95% CI -0.32– -0.01)]. Conclusions The secondary analyses showed that the office-based intervention Take a Stand! reduced neck-shoulder pain after three months and total pain score after one and three months among office workers, but not neck-shoulder pain after one month or pain in the back and extremities.

Weblink

Title  Is job rotation effective for prevention of work-related musculoskeletal disorders and sick leave?-.

Author/s  Norregaard Rasmussen, CD

Source  Occupational & environmental medicine 2017 74 8 http://dx.doi.org/10.1136/oemed-2017-104301

Abstract  A main cause for absence from work worldwide is musculoskeletal disorders (MSDs). 12 Occupants that are physically strenuous have a particularly high MSD prevalence.3 Causes of occupational MSDs include poor fitness and poor health habits, but a considerable proportion of
MSDs is considered to be caused by physical work exposures. Therefore, implementation of initiatives to reduce physical work exposures and consequently MSDs is needed.

**Title**
Physical risk factors for developing non-specific neck pain in office workers: a systematic review and meta-analysis

**Author/s**
Jun, Deokhoon et al

**Source**
*International archives of occupational & environmental health* July 2017 90 5 373-410 38
DOI: 10.1007/s00420-017-1205-3

**Abstract**
Introduction: Identifying risk factors associated with the development of work-related neck pain in office workers is necessary to facilitate the development of prevention strategies that aim to minimise this prevalent and costly health problem. The aim of this systematic review is to identify individual worker (e.g., lifestyle activity, muscular strength, and posture) and workplace (e.g., ergonomics and work environment) physical factors associated with the development of non-specific neck pain in office workers.

Methods: Studies from 1980 to 2016 were identified by an electronic search of Pubmed, CINAHL, EMBASE, PsychInfo and Proquest databases. Two authors independently screened search results, extracted data, and assessed risk of bias using the epidemiological appraisal instrument (EAI). A random effect model was used to estimate the risk of physical factors for neck pain.

Results: Twenty papers described the findings of ten prospective cohort studies and two randomized controlled trials. Low satisfaction with the workplace environment (pooled RR 1.28; CI 1.07-1.55), keyboard position close to the body [pooled RR 1.46; (CI 1.07-1.99)], low work task variation [RR 1.27; CI (1.08-1.50)] and self-perceived medium/high muscular tension (pooled RR 2.75/1.82; CI 1.60 /1.14-4.72/2.90) were found to be risk factors for the development of neck pain.

Conclusions: This review found evidence for a few number of physical risk factors for the development of neck pain, however, there was also either limited or conflicting factors. Recommendations for future studies evaluating risk factors are reported and how these may contribute to the prevention of neck pain in office workers.

**Weblink**

**Title**
The prevention of musculoskeletal complaints: a randomized controlled trial on additional effects of a work-related psychosocial coaching intervention compared to physiotherapy alone.

**Author/s**
Becker, Annette; Angerer, Peter; Müller, Andreas

**Source**
*International archives of occupational & environmental health* May 2017 90 4 357-371
DOI: 10.1007/s00420-017-1202-6

**Abstract**
Purpose: Research shows that psychosocial factors play a significant role on the emergence of musculoskeletal complaints (MSC). The aim of this study was to determine whether a coaching intervention which was focussed on enabling better strategies for coping with work stressors is superior to physiotherapy alone in the reduction of MSC.

Methods: 68 nurses were randomized to an intervention group (IG, n = 34) or a control group (CG, n = 34). The IG and CG completed a weekly individual physiotherapy unit (10 weeks). Additionally, the IG passed five coaching sessions (fortnightly), plus one opening and one closing session. The primary outcome was MSC, secondary outcomes were work ability and work-related wellbeing. Outcomes were obtained by physical examinations and questionnaires. Data were analyzed by t-test, Chi-Square test, ANOVA with repeated measurements, and multilevel analyzes.

Results: In respect of MSC, the IG compared to the CG showed a significant improvement in the pain severity of everyday movements, and trends towards an improvement of movement in the vertebral column as well as a reduction of the pain severity due to maximum degree movements. No effects were observed in respect to muscle strengths, and restrictions of
everyday activities. The IG exhibited a significant improvement of work ability in reference to the physical working demands, and work-related wellbeing. Analysis indicates that improvements in the IG increased further in the 12 weeks after the intervention.

Conclusions: The results suggest that the coaching, beyond physiotherapy, can support the reduction of MSC, the improvement of work ability and work-related wellbeing.

Title  Relationships between work-related factors and musculoskeletal health with current and future work ability among male workers

Author/s  Boschman, J et al

Source  International archives of occupational & environmental health August 2017 90 6 517-526 10 5
https://link.springer.com/article/10.1007/s00420-017-1216-0

Abstract  Purpose: The purpose was to increase job-specific knowledge about individual and work-related factors and their relationship with current and future work ability (WA). We studied cross-sectional relationships between mental demands, physical exertion during work, grip strength, musculoskeletal pain in the upper extremities and WA and the relationships between these variables and WA 11 years later.

Methods: We used a dataset of a prospective cohort study (1997-2008) among employees of an engineering plant (n = 157). The cohort was surveyed by means of tests and written questions on work demands, musculoskeletal health, WA score (WAS; 0-10), and mental and physical WA. Spearman correlation coefficients and logistic regression analysis were used.

Results: Among manual workers, we found weak correlations between grip strength and current and future physical WA. We did not find predictors for future poor WA among the manual workers. Among the office workers, we found that musculoskeletal pain was moderately and negatively related to current WAS and physical WA. More handgrip strength related to better future WAS and physical WA. Musculoskeletal pain (OR 1.67 p < 0.01) and lower handgrip strength (OR 0.91 p < 0.05) predicted future poor WA among office workers.

Conclusions: Our results showed cross-sectional and longitudinal relationships between musculoskeletal health and work ability depending on occupation. However, the present implies that predicting work ability in the far future based on health surveillance data is rather difficult.

Testing the musculoskeletal system (grip strength) and asking workers’ about their musculoskeletal health seems relevant when monitoring work ability.

OCCUPATIONAL ISSUES

Title  Flexibility in the workplace: implications of flexible work arrangements for individuals, teams and organisations

Author/s  Clarke, S Holdsworth, L

Source  Acas 2017

Abstract  Flexible working arrangements (FWA) can take a number of different forms. In essence, it allows employees to work flexibly both in terms of when and where they work. Over recent years, FWA have become prevalent in the workplace, and this research largely focuses on how FWA affects the working lives of individuals, teams and organisations. This report is based on a small research study which includes a review of the flexible working literature, along with interviews conducted at two organisations (one public organisation, and one private) to illustrate flexible working in practice.
Title: Mind over machines: new technology and employment relations
Author/s: Brione, Patrick
Source: Acas 2017
Abstract: Often when discussing the impact of technology on the future of work, people's minds instinctively turn towards physical robots - yet this is just one small component in the field of technologies that are transforming the workplace for millions of workers. This report looks at the connections between the introduction of new workplace technologies and employment relations. The ways in which technology can affect employees are numerous, and the report explores the impact of new workplace technologies on three key areas; work intensification, worker autonomy and skills development and employee wellbeing. The research is based on three qualitative case studies with UK employers, interviews with key experts in management and a review of existing literature.

Title: Working anytime, anywhere: the effects on the world of work
Author/s: Messenger, J et al
Source: Eurofound 2017
Abstract: New information and communications technologies have revolutionised work and life in the 21st century. The constant connectivity enabled by these devices allows work to be performed at any time and from almost anywhere. This joint report by the ILO and Eurofound synthesises the findings of national studies from 15 countries, plus the European Working Conditions Survey, to consider the effects of telework and ICT-mobile work (T/ICTM) on the world of work. The report shows that this work arrangement is growing in most countries. Positive effects of T/ICTM usually include a shortening of commuting time, greater working time autonomy, better overall work–life balance, and higher productivity. At the same time, disadvantages include its tendency to lengthen working hours, to create interference between work and personal life, and to result in work intensification, which can lead to high levels of stress with negative consequences for workers' health and well-being. The ambiguous and even contradictory effects of T/ICTM on working conditions represent a current, real-world example about the challenges of the future of work. A range of policy suggestions to improve T/ICTM are made on the basis of the findings.

Title: The acute effects of breaking up seated office work with standing or light-intensity walking on interstitial glucose concentration: a randomized crossover trial
Author/s: Brocklebank, L A et al
Source: Human kinetics journals 2017 14 8 617-625 https://doi.org/10.1123/jpah.2016-0366
Abstract: Background: The aim of this randomized, 3-period, 3-treatment crossover trial was to examine the acute effects of regularly breaking up seated office work with short bouts of standing or light-intensity walking on postprandial interstitial glucose concentration. Methods: Seventeen middle-aged office workers performed 3 5-hour trial conditions at their workplace in a random order: 1) uninterrupted sitting, 2) sitting interrupted by 2 minutes of standing every 20 minutes, and 3) sitting interrupted by 2 minutes of light-intensity walking every 20 minutes. Participants consumed 2 standardized test drinks at the start of each trial condition and an iPro2 continuous glucose monitoring system (CGMS) recorded average interstitial glucose concentration every 5 minutes for the duration of the study. Results: The 5-hour interstitial glucose incremental area under the curve (iAUC) was 55.5% lower after sitting interrupted by light-intensity walking compared with after uninterrupted sitting (95% CI, –104.2% to –6.8%). There was also a suggestion of a beneficial effect of regular standing breaks, particularly in overweight men, although they were not as effective as the
walking breaks (mean difference [95% CI], –29.6% [–73.9% to 14.7%]).

Conclusions: Regularly breaking up prolonged sitting lowers postprandial glycemia in middle-aged adults without metabolic impairment.

**Title**
Autonomy in paid work and employee subjective well-being

**Author/s**
Wheatley, Daniel

**Source**
*Work & occupations* August 2017 44 3 296-328 33 DOI: https://doi.org/10.1177/0730888417697232

**Abstract**
This article explores the relationship between different forms of autonomy, categorized into “job control” and “schedule control,” and measures of subjective well-being, using UK panel data from Understanding Society. Levels of autonomy differ considerably among UK employees. Managers report the greatest autonomy. Professionals, especially women, and less skilled occupations report substantially less. Panel probit, analysis of covariance, and change-score analysis evidence not only the positive impact of autonomy but also the differentiated and gendered relationship between autonomy and subjective well-being measures. Job control, including over tasks and pace of work, increases job and leisure satisfaction. Autonomy over work manner increases leisure and life satisfaction, but only among women. Informal schedule control has positive impacts on job (men and women) and life (men only) satisfaction.

**Title**
Benchmarking working Europe 2017

**Source**
European trade union institute (etui) 2017

**Abstract**
This 2017 edition of Benchmarking working Europe focuses on the question ‘overcoming cleavages across the EU?’. It analyses in four chapters and with the help of 58 visual graphs latest trends and outcomes of European policies in the areas of macro-economics, wages and collective bargaining, labour markets and, last but not least, social dialogue and workers’ participation.

The Benchmarking working Europe 2017 demonstrates that the European Union is experiencing increasing social divergences and underlines the need for new policies that can generate higher living standards for all, based on fair integration and upwards convergence.

**Title**
Employee satisfaction and use of flexible working arrangements

**Author/s**
Wheatley, Daniel

**Source**
*Work, employment and society* 2017 31 4 567-585 DOI: https://doi.org/10.1177/0950017016631447

**Abstract**
This article considers the impact of flexible working arrangements (FWAs), using the British Household Panel Survey and Understanding Society, 2001–10/11. Results of panel logit, ANCOVA and change-score analysis are indicative of positive impacts from use of a number of FWAs, including homeworking having positive effects for men and women on job and leisure satisfaction. However, findings reveal gaps in availability and use of FWAs, and highlight the gendered nature of flexible employment. Flexi-time, the most common FWA among men, has positive effects as it facilitates management of household responsibilities while maintaining full-time employment. Part-time and homeworking are also positive, consistent with men using FWAs with a greater degree of choice. Women more often are constrained in their use of FWAs, often into working reduced hours. Consequently, FWAs have negative impacts for some women, on job (part-time when used for extended periods, flexi-time), leisure...
Weblink

Title Does influence at work modify the relation between high occupational physical activity and risk of heart disease in women?

Author/s Allesøe, Karen et al

Source International archives of occupational & environmental health July 2017 90 5 433-442 10 DOI: 10.1007/s00420-017-1207-1.

Abstract Purpose: To investigate whether influence at work modifies the association between demanding and strenuous occupational physical activity (OPA) and risk of ischaemic heart disease (IHD).

Methods: A sample of 12,093 nurses aged 45-64 years from the Danish Nurse Cohort Study was followed for 20.6 years by individual linkage to incident IHD in the Danish National Patient Registry. Information on OPA, influence at work, other occupational factors and known risk factors for IHD was collected by self-report in 1993.

Results: During follow-up 869 nurses were hospitalised with incident IHD. Nurses exposed to strenuous OPA and low influence at work had a 46% increased risk of IHD [hazard ratio (HR) 1.46 (95% confidence interval (CI) 1.02-2.09)] compared to the reference group of nurses with moderate OPA and high influence at work. Nurses exposed to strenuous OPA and high influence at work were not at an increased risk of IHD [HR 1.10 (95% CI 0.59-2.06)]. An additive hazards model showed there were 18.0 (95% CI −0.01 to 36.0) additional cases of IHD per 10,000 person years among nurses with strenuous OPA and low influence at work compared to nurses with moderate OPA and high influence at work. A detrimental additive interaction between strenuous OPA and low influence at work that could explain the additional cases of IHD among nurses with strenuous OPA and low influence at work was indicated. Conclusion: The findings suggest that high influence at work may buffer some of the adverse effects of strenuous OPA on risk of IHD.

Weblink

Title Estimating the burden of occupational cancer: assessing bias and uncertainty

Author/s Hutchings, S Rushton, L

Source Occupational & environmental medicine 2017 74 8 http://dx.doi.org/10.1136/oemed-2016-103810

Abstract Background and objectives We aimed to estimate credibility intervals for the British occupational cancer burden to account for bias uncertainty, using a method adapted from Greenland’s Monte Carlo sensitivity analysis.

Methods The attributable fraction (AF) methodology used for our cancer burden estimates requires risk estimates and population proportions exposed for each agent/cancer pair. Sources of bias operating on AF estimator components include non-portability of risk estimates, inadequate models, inaccurate data including unknown cancer latency and employment turnover and compromises in using the available estimators. Each source of bias operates on a component of the AF estimator. Independent prior distributions were estimated for each bias, or graphical sensitivity analysis was used to identify plausible distribution ranges for the component variables, with AF recalculated following Monte Carlo repeated sampling from these distributions. The methods are illustrated using the example of lung cancer due to occupational exposure to respirable crystalline silica in men.

Results are presented graphically for a hierarchy of biases contributing to an overall credibility interval for lung cancer and respirable crystalline silica exposure. An overall credibility interval of 2.0% to 16.2% was estimated for an AF of 3.9% in men. Choice of relative risk and employment turnover were shown to contribute most to overall estimate uncertainty. Bias from using an incorrect estimator makes a much lower contribution.

Conclusions The method illustrates the use of credibility intervals to indicate relative contributions of important sources of uncertainty and identifies important data gaps; results
Exercise to reduce work-related fatigue among employees: a randomized controlled trial

De Vries et al

Scandinavian journal of work and environmental health 2017 43 4 337-349
doi:10.5271/sjweh.3634

Objectives The present study evaluated the efficacy of an exercise intervention to reduce work-related fatigue (emotional exhaustion, overall fatigue, and need for recovery). The effects of exercise on self-efficacy, sleep, work ability, cognitive functioning and aerobic fitness (secondary outcomes) were also investigated.

Methods Employees with high levels of work-related fatigue were randomly assigned to either a 6-week exercise intervention (EI; N=49) or a wait-list control group (WLC; N=47). All participants were measured pre- (T0) and post-intervention (T1). EI participants were also measured 6 (T2) and 12 weeks (T3) after the end of the intervention. Analyses were based on intention-to-treat (ITT) and per-protocol (PP). PP analyses only included EI participants (N=31) who completed the intervention and WLC participants (N=35) who did not increase their exercise level during the wait period.

Results Analyses of covariance (ANCOVA) revealed that, at T1, the EI group reported lower emotional exhaustion and overall fatigue than the WLC group, however, only according to PP analyses. Both according to ITT and PP analyses, EI participants showed higher sleep quality, work ability, and self-reported cognitive functioning at T1 compared to WLC participants. Intervention effects were maintained at T2 and T3.

Conclusions The exercise intervention had enduring effects on work-related fatigue and broader indicators of employee well-being. This study demonstrates that, in case of work-related fatigue, exercise does constitute a powerful medicine for those who comply with the treatment.

Exploring the work–life challenges and dilemmas faced by managers and professionals who live alone

Wilkinson, K Tomlinson, J Gardiner, J

Work, employment and society 2017 31 4 640-656 DOI: https://doi.org/10.1177/0950017016677942

This article aims to question the dominant understanding of work–life balance or conflict as primarily a ‘work–family’ issue. It does this by exploring the experiences of managers and professionals who live alone and do not have children – a group of employees traditionally overlooked in work–life policy and research but, significantly, a group on the rise within the working age population. Semi-structured interviews with 36 solo-living managers and professionals were carried out in the UK, spanning a range of occupations. In addition to previously identified work–life issues, four themes emerged that were pressing for and specific to solo-living managers and professionals. These are articulated here as challenges and dilemmas relating to: assumptions about work and non-work time; the legitimacy of their work–life balance; lack of support connected to financial and emotional well-being; and work-based vulnerabilities.

Impact of working hours on sleep and mental health
Author/s: Alfonso, P Fonseca, M Pires, JF
Source: Occupational medicine 67 5 1 July 2017 377–382
Abstract: Background The number of hours people are required to work has a pervasive influence on both physical and mental health. Excessive working hours can also negatively affect sleep quality. The impact at work of mental health problems can have serious consequences for individuals’ as well as for organizations’ productivity.
Aims: To evaluate differences in sleep quality and anxiety and depression symptoms between longer working hours group (LWHG) and regular working hours group (RWHG). To examine factors influencing weekly working hours, sleep quality and anxiety and depressive symptoms.
Methods: Participants were divided into two groups, RWHG and LWHG, based on working hours, with a cut-off of 48 h per week. We used the Hospital Anxiety and Depression Scale (HADS) to assess anxiety and depression symptoms and the Pittsburgh Sleep Quality Index (PSQI) to measure the quality and patterns of sleep.
Results: The response rate was 23%. Among the 429 study participants, those in the LWHG group (n = 256, 53%) had significantly more depressive and anxiety symptoms and worse sleep quality than those in RWHG (n = 223, 47%). Working time was significantly positively correlated with higher corporate position and HADS scores. Moreover, HADS scores were positively correlated with PSQI scores and negatively correlated with age.
Conclusions: This study suggests that longer working hours are associated with poorer mental health status and increasing levels of anxiety and depression symptoms. There was a positive correlation between these symptoms and sleep disturbances.

Title: Is active commuting to work related to work performance among male office workers?
Author/s: Tsuboi, Y Murata, S
Source: Journal of occupational & environmental medicine 59 8 712-715 August 2017. doi: 10.1097/JOM.0000000000001064
Abstract: Objective: This study aimed to elucidate the association between active commuting to work (ACW) and work performance among male office workers.
Methods: This cross-sectional study included 331 male office workers (age 44.0 ± 11.5 years), with ACW assessed on a self-reported questionnaire and then categorized into non-ACW (0 to 19 minutes) and ACW (≥20 minutes). Work performance [World Health Organization Health and Work Performance Questionnaire (HPQ)] was categorized as high (≥50) and low (<50). Multiple logistic regression models were used to examine the association between ACW and HPQ.
Results: We found that 42.2% respondents adopted ACW. After adjusting for demographic data, lifestyle factors, and depressive symptoms, ACW was significantly associated with high HPQ (odds ratio: 2.43; 95% confidence interval: 1.30 to 4.54).
Conclusions: In male office workers, ACW was independently associated with higher work performance.

Title: Job characteristics and mental health for older workers
Author/s: McCarthy, VJC Cronly, J Perry, IJ
Abstract: Background Adverse job characteristics have been linked with increased incidence of depression and anxiety in working populations. However, the association between job characteristics and mental health, in an older working population while controlling for personality traits, is less well known.
Aims: To examine the association between job characteristics (job demands and job control) and mental health (depression and anxiety) for older workers while controlling for personality traits.
Methods: A sample of workers aged 50–69 years were recruited from a primary health care clinic.
in Southern Ireland. Job characteristics were measured using the Copenhagen Psychosocial Questionnaire; demands (quantitative and cognitive) and control (influence at work and possibilities for development). Personality traits were measured using the Ten-Item Personality Inventory, depression was measured using the Center for Epidemiological Studies—Depression Scale and anxiety was measured using the Hospital Anxiety and Depression Scale. Descriptive analysis, simple and multiple linear regression analyses were conducted.

Results The final sample size was 1025 with an initial 67% response rate. Multiple linear regression analysis showed job characteristics (in particular, job demands) to be significant positive predictors of symptoms of depression and anxiety. The inverse was true for job control variables and symptoms of depression. Neither possibilities for development nor influence at work were associated with symptoms of anxiety.

Conclusions Our findings indicate that despite potential confounders, higher demands at work can impact the worker’s mental health negatively. Reducing job demands and encouraging role development may benefit the mental health of older workers.

Title The new why when designing mandatory medical examinations
Author/s Sluiter, JK
Abstract The ‘why’, when thinking about mandatory medical examinations in workers, could be described as to periodically verify, given some specific and special working conditions, whether an employee can perform his or her job safely without an increased health risk [1]. National laws, regulations and professional practice guidelines are responsible for differences between countries in how occupational medicine professionals deal with the content (‘the what’) and procedures (‘the how’) around mandatory medical examinations of workers…… A new basis is needed, the ‘new why’, when designing and performing mandatory medical examinations on workers.

Title Public sector austerity cuts in Britain and the changing discourse of work–life balance
Author/s Lewis, S et al
Source Work, employment and society 2017 31 4 586-604 DOI: https://doi.org/10.1177/0950017016638994
Abstract The relative importance of economic and other motives for employers to provide support for work life balance (WLB) is debated within different literatures. However, discourses of WLB can be sensitive to changing economic contexts. This article draws on in-depth interviews with senior human resources professionals in British public sector organizations to examine shifting discourses of WLB in an austerity context. Three main discourses were identified: WLB practices as organizationally embedded amid financial pressures; WLB practices as a strategy for managing financial pressures; and WLB as a personal responsibility. Despite a discourse of mutual benefits to employee and employer underpinning all three discourses, there is a distinct shift towards greater emphasis on economic rather than institutional interests of employers during austerity, accompanied by discursive processes of fixing, stretching, shrinking and bending understandings of WLB. The reconstructed meaning of WLB raises concerns about its continued relevance to its original espoused purpose.
Sitting ducks face chronic disease: an analysis of newspaper coverage of sedentary behaviour as a health issue in Australia 2000–2012

Chau, JY et al

Health promotion journal of Australia 2017 28 2 139-143  https://doi.org/10.1071/HE16054

This study examines how sedentary behaviour (too much sitting) was covered as a health issue by Australian newspapers and how physical activity was framed within this newspaper coverage.

Methods: Articles featuring sedentary behaviour published in Australian newspapers between 2000 and 2012 were analysed for content and framing. Main outcome measures were volume, number and content of newspaper articles; framing and types of sedentary behaviour; responsibility for the problem of and solutions to high levels of sedentary behaviour; and physical activity mentions and how it was framed within sedentary behaviour coverage.

Results: Out of 48 articles, prolonged sitting was framed as bad for health (52%) and specifically as health compromising for office workers (25%). Adults who sat a lot were framed as 'easy targets' for ill health (21% of headlines led with ‘sitting ducks’ or ‘sitting targets’). Prolonged sitting was framed as an issue of individual responsibility (>90%) with less mention of environmental and sociocultural contributors. Thirty-six of 48 articles mentioned physical activity; 39% stated that being physically active does not matter if a person sits for prolonged periods of time or that the benefits of physical activity are undone by too much sitting.

Conclusions: News coverage should reflect the full socio-ecological model of sedentary behaviour and continually reinforce the independent and well-established benefits of health-enhancing physical activity alongside the need to limit prolonged sitting. So what?: It is important that the entire ‘move more, sit less, every day!’ message is communicated by news media.

Stigma and work discrimination among cancer survivors: a scoping review and recommendations

Stergiou-Kita M et al

Canadian journal of occupational therapy 2017 84 3 DOI: https://doi.org/10.1177/0008417417701229

Background: Stigma and workplace discrimination can hinder employment opportunities for cancer survivors.

Purpose This study explored perceptions of stigma and workplace discrimination for cancer survivors to understand the impact on survivors’ engagement in paid work and to identify strategies to address stigma and workplace discrimination.

Method Using Arksey and O’Malley’s framework, we searched Medline, Embase, PsycINFO, Scopus, and CINAHL for evidence that intersected three concepts: cancer, stigma, and employment/workplace discrimination. Of the 1,514 articles initially identified, 39 met our inclusion criteria. Findings were charted, collated, and analyzed using content analysis.

Findings Myths regarding cancer (i.e., it is contagious, will always result in death) persist and can create misperceptions regarding survivors’ employability and lead to self-stigmatization. Workplace discrimination may include hiring discrimination, harassment, job reassignment, job loss, and limited career advancement. Strategies to mitigate stigma and workplace discrimination include education, advocacy, and antidiscrimination policies. Implications occupational therapists can enhance awareness of workplace concerns and advocate on behalf of cancer survivors.

www.comcare.gov.au  Ph: 1300 366 979
Title
Trade union involvement in work–family life balance: lessons from France

Source
Work, employment and society 2017 31 4 654-674 DOI: https://doi.org/10.1177/0950017016680316

Abstract
This article explores the challenges faced by union involvement in work–family life balance. It draws on the French case, where the state's explicit call for firms to address the work–family life balance issue, notably through mandatory collective bargaining, has provided opportunities for union mobilization. Findings from qualitative research conducted at branch and company levels show that this public strategy has failed to stimulate innovation in related union policy and practices, even within a relatively feminized and partnership-oriented confederation. The reasons for this failure are discussed using a theoretical framework combining opportunity structure, and voice and choice issues. The article concludes that union underinvestment in work–family life balance results from a lack of effectiveness of the opportunity structure, but also, more specifically, from voice and choice factors which lead union representatives to downplay the issues at stake in this new bargaining agenda.

Weblink

Return to top

PSYCHOSOCIAL ISSUES

Title
The effects of doing more with less in the public sector: evidence from a large-scale survey.

Author/s
Esteve, Marc; Schuster, Christian; Albareda, Adria; Losada, Carlos

Source
Public administration review July /August 2017 77 4 544-553 10 3 DOI: 10.1111/puar.12766

Abstract
Since the onset of the Great Recession, 'doing more with less' has become a policy mantra. To do more with less, a range of governments have concurrently imposed wage cuts and greater work demands on public employees. This article assesses the impact of these changes on the job satisfaction and work motivation of public employees in 34 European countries. Congruent with previous studies linking income and working hours with job attitudes, the article finds a negative impact on both. There are no free austerity lunches: while public employees may work longer hours for lower pay, they are less satisfied and less motivated when doing so. One caveat applies: the effect on motivation—although not satisfaction—is mitigated when employees feel that their values are aligned with those of their organization. This puts a premium on public managers fostering value alignment, particularly when it is hardest to achieve: in times of cutbacks.

Weblink

Title
Psychological morbidity and return to work after injury: multicentre cohort study

Author/s
Kendrick, D et al

Source
British journal of general practice 2017 67 661 555-564 DOI: https://doi.org/10.3399/bjgp17X691673

Abstract
Background the benefits of work for physical, psychological, and financial wellbeing are well documented. Return to work (RTW) after unintentional injury is often delayed, and psychological morbidity may contribute to this delay. The impact of psychological morbidity on RTW after a wide range of unintentional injuries in the UK has not been adequately quantified. Aim to quantify the role of psychological factors, including anxiety, depression, and post-traumatic distress, on RTW following unintentional injuries.
Design and setting A longitudinal multicenter prospective study was undertaken in Nottingham, Bristol, Leicester, and Guildford, UK.

Method Participants (n = 273) were 16–69-year-olds admitted to hospital following unintentional injury, who were in paid employment prior to injury. They were surveyed at baseline, then at 1, 2, 4, and 12 months following injury; demographic data were collected along with injury characteristics, psychological morbidity, and RTW status. Associations between demographic, injury and psychological factors, and RTW between 2 and 12 months after injury were quantified using random effects logistic regression.

Results The odds of RTW between 2 and 12 months after injury reduced as depression scores early in the recovery period (1 month after injury) increased (odds ratio [OR] 0.87, 95% confidence interval [CI] = 0.79 to 0.95) and as length of hospital stay increased (OR 0.91, 95% CI = 0.86 to 0.96). For those experiencing threatening life events following injury (OR 0.27, 95% CI = 0.10 to 0.72) and with higher scores on the Crisis Support Scale (OR 0.93, 95% CI = 0.88 to 0.99), the odds of RTW between 2 and 12 months after injury were lower. Multiple imputation analysis found similar results, but those relating to crisis support did not remain statistically significant.

Conclusion Primary care professionals can identify patients at risk of delayed RTW who may benefit from management of psychological morbidity and support to RTW.

Title Specific psychosocial exposures for workers’ mental health: a population-based study
Author/s Navarro, A et al
Source American journal of industrial medicine August 2017 60 8747-752 DOI: 10.1002/ajim.22733
Abstract Background In order to plan interventions it is important to obtain evidence on the relation between a health outcome and specific exposures. However, there are few studies that identify the effect of specific psychosocial work exposures on poor mental health. This is the aim of this study.
Methods Population-based cross-sectional study in Catalonia. We estimated prevalence ratios (PR) of minor psychiatric disorder associated with several psychosocial work exposures.
Results The items with highest PR were “Are there times when you need to be at work and at home at the same time?” (PR = 1.81), “Are you worried about a variation in your salary?” (PR = 1.77), “Is your work emotionally demanding?” (PR = 1.65) and “Are you worried about it being difficult for you to find another job if you became unemployed?” (PR = 1.51).
Conclusions this study could be useful in order to begin planning interventions on specific psychosocial exposures to protect mental health in the workplace.

Title PTSD: the need to use emerging knowledge to improve systems of care and clinical practice in Australia – editorial
Author/s MacFarlaine AC Bryant, RA
Source Australasian psychiatry August 2017 254 329-331 DOI: https://doi.org/10.1177/1039856217716297
Abstract There is a major failure to develop an integrated public health policy for the health systems management of the morbidity of the effects of traumatic stress in Australia. The multiple and uncoordinated funding streams for care have led to fragmentation of services, which in turn has disrupted the opportunities for developing a national network of academic centres of clinical excellence. The magnitude of the problem was demonstrated by the 2007 National Mental Health and Wellbeing Survey that found posttraumatic stress disorder (PTSD) was the most prevalent disorder in the country, with a 12-month ICD-10 criteria prevalence of 4.4%.
1 The morbidity of depression and PTSD have similar impacts in terms of function and impairment,2 yet any coordinated advocacy for PTSD lags significantly compared with depression. The burden of disease arising from traumatic stress exposure is even greater, being an important aetiological factor across the spectrum of psychiatric disorders including affective disorders,
The devastating consequences of the inadequate management of childhood trauma are systemic problems, as highlighted by the Royal Commission into Institutional Response to Sexual Abuse. The fragmented approaches to the mental health of emergency service personnel and the stigma and prejudice driven by the management of compensation claims with these individuals are issues that have gained national focus. The challenge of providing adequate care for current military personnel and veterans has also been highlighted by the recent Mental Health Commission report into veterans’ suicide.

**Complex PTSD – a better description for borderline personality disorder?**

**Author/s** Kulkarni, J

**Source** Australasian psychiatry August 2017 254 333-335 DOI: https://doi.org/10.1177/1039856217700284

**Abstract** Objective to consider the use of the diagnostic category ‘complex posttraumatic stress disorder’ (c-PTSD) as detailed in the forthcoming ICD-11 classification system as a less stigmatizing, more clinically useful term, instead of the current DSM-5 defined condition of ‘borderline personality disorder’ (BPD).

Conclusions: trauma, in its broadest definition, plays a key role in the development of both c-PTSD and BPD. Given this current lack of differentiation between these conditions, and the high stigma faced by people with BPD, it seems reasonable to consider using the diagnostic term ‘complex posttraumatic stress disorder’ to decrease stigma and provide a trauma-informed approach for BPD patients.

**At-a-glance – a contextual analysis of the suicide surveillance indicators**

**Author/s** Skinner, R et al

**Source** Health promotion and chronic disease prevention in Canada 37 August 2017 https://doi.org/10.24095/hpcdp.37.8.05

**Abstract** The Federal Framework on Suicide Prevention was developed by the Public Health Agency of Canada (PHAC) to set out Canada’s strategic approach to suicide prevention, in accordance with An Act Respecting a Federal Framework for Suicide Prevention (“the Framework”), which became law in December 2012. The Framework included a commitment to publicly report statistics on suicide and associated risk factors. Towards this commitment, PHAC developed a set of indicators necessary for comprehensive suicide surveillance to inform suicide prevention initiatives. These indicators included measures of outcomes and risk and protective factors at the individual, family, community and societal level.

**The biopsychosocial model of illness: a model whose time has come**

**Author/s** Wade, DT Halligan, PW


**Abstract** The biopsychosocial model outlined in Engel’s classic Science paper four decades ago emerged from dissatisfaction with the biomedical model of illness, which remains the dominant healthcare model. Engel’s call to arms for a biopsychosocial model has been taken up in several healthcare fields, but it has not been accepted in the more economically dominant and politically powerful
acute medical and surgical domains. It is widely used in research into complex healthcare interventions, it is the basis of the World Health Organisation’s International Classification of Functioning (WHO ICF), it is used clinically, and it is used to structure clinical guidelines. Critically, it is now generally accepted that illness and health are the result of an interaction between biological, psychological, and social factors. Despite the evidence supporting its validity and utility, the biopsychosocial model has had little influence on the larger scale organization and funding of healthcare provision. With chronic diseases now accounting for most morbidity and many deaths in Western countries, healthcare systems designed around acute biomedical care models are struggling to improve patient-reported outcomes and reduce healthcare costs. Consequently, there is now a greater need to apply the biopsychosocial model to healthcare management. The increasing proportion of healthcare resource devoted to chronic disorders and the accompanying need to improve patient outcomes requires action; better understanding and employment of the biopsychosocial model by those charged with healthcare funding could help improve healthcare outcome while also controlling costs.

Weblink

Title Depression screening, education, and treatment at the workplace: a pilot study utilizing the CDC health scorecard
Author/s Macy, G et al
Source Journal of workplace behavioural health 2017 32 1 3-13
http://dx.doi.org/10.1080/15555240.2017.1282826
Abstract Depression is a significant health issue for many Americans, ranking among the top worksite issues resulting in referrals to Employee Assistance Programs (EAPs) with prevalence rates in the working population of more than 6%. This study was part of a larger statewide assessment conducted using the Centers for Disease Control and Prevention (CDC) Worksite Health Scorecard. The purpose of this study is to examine the number of Kentucky workplaces currently offering screening, education, and treatment related to depression. The study also aims to compare the number of Kentucky workplaces offering these elements by size and industry type. The one-time, cross-sectional assessment surveyed a random sample of 1,200 worksites to examine worksite offerings of screening, education, counseling, management training, and health insurance coverage related to depression. Results showed that the majority of worksites do not provide employee depression screening, education and counseling, management training on identifying warning signs of depression, or comprehensive treatment and follow-up for employees with depression. Smaller worksites (<250 employees) were even less likely than larger companies to provide screening, education, counseling, training, and insurance coverage for depression. Increasing the provision of these wellness components at the worksite has potential to improve the quality of life for employees and reduce the financial burden to employers.

Weblink

Title Effort–reward imbalance at work and risk of depressive disorders. a systematic review and meta-analysis of prospective cohort studies
Author/s Rugulies, R Aust, B Madsen, IEH
Abstract Objective the aim of this review was to determine whether employees exposed to effort–reward imbalance (ERI) at work have a higher risk of depressive disorders than non-exposed employees. Methods we conducted a systematic review and meta-analysis of published prospective cohort studies examining the association of ERI at baseline with onset of depressive disorders at follow-up. The work was conducted in accordance with the Preferred Reporting Items for
Systematic Reviews and Meta-Analyses (PRISMA) statement and a detailed study protocol was registered before literature search commenced (Registration number: CRD42016047581). We obtained a summary estimate for the association of ERI with risk of depressive disorders by pooling the study-specific estimates in a meta-analysis. We further conducted pre-defined sensitivity analyses.

Results We identified eight eligible cohort studies, encompassing 84,963 employees and 2897 (3.4%) new cases of depressive disorders. Seven of the eight studies suggested an increased risk of depressive disorders among employees exposed to ERI. The pooled random-effects estimate was 1.49 [95% confidence interval (95% CI) 1.23–1.80, P<0.001], indicating that ERI predicts risk of depressive disorders. The estimate was robust in sensitivity analyses stratified by study quality, type of ERI ascertainment and type depressive disorder ascertainment, respectively.

Conclusions Employees exposed to ERI were at increased risk of depressive disorder. Future studies on ERI and depressive disorders should examine if this association is stronger or weaker when ERI is measured repeatedly during follow-up and with other methods than self-report or when depressive disorders are ascertained with clinical diagnostic interviews.

Title How accurately does the brief job stress questionnaire identify workers with or without potential psychological distress?

Author/s Tsutsumi, A Inoue, A Eguchi, H


Abstract Objectives: The manual for the Japanese Stress Check Program recommends use of the Brief Job Stress Questionnaire (BJSQ) from among the program's instruments and proposes criteria for defining "high-stress" workers. This study aimed to examine how accurately the BJSQ identifies workers with or without potential psychological distress. Methods: We used an online survey to administer the BJSQ with a psychological distress scale (K6) to randomly selected workers (n=1,650). We conducted receiver operating characteristics curve analyses to estimate the screening performance of the cutoff points that the Stress Check Program manual recommends for the BJSQ. Results: Prevalence of workers with potential psychological distress defined as K6 score ≥13 was 13%. Prevalence of "high-risk" workers defined using criteria recommended by the program manual was 16.7% for the original version of the BJSQ. The estimated values were as follows: sensitivity, 60.5%; specificity, 88.9%; Youden index, 0.504; positive predictive value, 47.3%; negative predictive value, 93.8%; positive likelihood ratio, 6.0; and negative likelihood ratio, 0.4. Analyses based on the simplified BJSQ indicated lower sensitivity compared with the original version, although we expected roughly the same screening performance for the best scenario using the original version. Conclusions: Our analyses in which psychological distress measured by K6 was set as the target condition indicate less than half of the identified "high-stress" workers warrant consideration for secondary screening for psychological distress.

Title I hate my workplace but I am very attached to it: workplace attachment style: an exploratory approach

Author/s Fabrizio, Scrima et al


Abstract Purpose The purpose of this paper is to investigate whether different patterns of workplace attachment exist and to explore the relations between adult attachment styles and the level of workplace attachment. Design/methodology/approach Participants were 351 Italian employees who completed a questionnaire composed of the Workplace Attachment Scale and the Relationship
Questionnaire. Data were analyzed using correspondence analysis. Findings The results showed that high scores on workplace attachment correlated significantly with secure attachment style, while low scores correlated with insecure attachment styles. These results shed light on different workplace attachment styles. Research limitations/implications The limitation in this study mostly concern the use of self-reporting instruments to measure the participants’ attachment style, since they may be susceptible to distortions. However, the distribution of attachment styles in this sample is similar to the worldwide distribution, which supports the authors’ choice. Practical implications To the extent that it is possible to identify a specific workplace attachment style, it should also be possible to change some of the human resource management practices inducing employees to develop a workplace secure attachment style. Originality/value Researchers tended to ignore the extension of the adult attachment behavioral system to examine core environmental relationships. The present study, applying attachment theory to workplace attachment, provides theoretical support that the bonds that an individual forms with workplace can be classified as attachment bonds.

Title A life course perspective on mental health problems, employment, and work outcomes
Author/s Veldman, K et al
Source Scandinavian journal of work and environmental health 2017 43 4 316-325 doi:10.5271/sjweh.3651
Abstract Objectives little is known about how employment and work outcomes among young adults are influenced by their life-course history of mental health problems. Therefore, the aims of this study were to (i) identify trajectories of mental health problems from childhood to young adulthood and (ii) investigate the association between these trajectories and employment and work outcomes among young adults. Methods Data were used from 360 participants of the Tracking Adolescents’ Individual Lives Survey (TRAILS), a Dutch prospective cohort study, with 12-year follow-up. Trajectories of externalizing and internalizing problems were identified with latent class growth models. Employment conditions and work outcomes (ie, psychosocial work characteristics) were measured at age 22. We assessed the association between mental health trajectories and employment conditions and work outcomes. Results Four trajectories of mental health problems were identified: high-stable, decreasing, moderate-stable and low-stable. Young adults with high-stable trajectories of externalizing problems worked over six hours more \[B=6.71, 95\% \text{ confidence interval (95\% CI) } 2.82–10.6\] and had a higher income [odds ratio (OR) 0.33, 95\% CI 0.15–0.71], than young adults with low-stable trajectories. Young adults with high-stable trajectories of internalizing problems worked six hours less per week (B=-6.07, 95\% CI -10.1 – -2.05) and reported lower income (OR 3.44, 95\% CI 1.53–7.74) and poorer psychosocial work characteristics, compared to young adults with low-stable trajectories. Conclusions Among young adults who had a paid job at the age of 22 (and were not a student or unemployed), those with a history of internalizing problems are less likely to transition successfully into the labor market, compared to other young adults.

Title A model of first-responder coping: an approach/avoidance bifurcation
Author/s Arble, E Arnetz, BB
Source Stress & health August 2017 33 3 223-232 DOI: 10.1002/smi.2692
Abstract The work of first responders is fraught with numerous stressors, ranging from potentially traumatic critical incidents to institutional strains. The severity and pervasiveness of these difficulties prompt a necessary consideration of the coping methods employed by first...
responders. The present study developed an empirical model of first-responder coping strategies, based upon a nationally representative survey sample of 6240 first responders. Participants were drawn from Swedish first responders in the following occupations: coast guard, customs control, military, emergency medical services, fire department and police services. In the final model, exposure to stress related to well-being through several indirect paths that in sum accounted for the original direct relationship between these constructs. These several indirect paths were classified theoretically as either approach or avoidance coping behaviours or subsequent health outcomes. In general, approach coping behaviours were related to better well-being; and avoidance was related to a decrease in the outcome. The size of the present sample, as well as the diverse nature of the included first responders, suggests that the resulting model may offer a unique insight into potentially adaptive pathways for first-responder coping.

Title
Perceived employability trajectories: a Swedish cohort study

Author/s
Tornroose, K Bernhard-Oettel, C Leineweber, C

Source
https://www.jstage.jst.go.jp/article/joh/59/4/59_16-0295-OA/_pdf

Abstract
Objectives: This study identified perceived employability trajectories and their associations with sleeping difficulties and depressive symptoms over time. Methods: The sample was part of the Swedish Longitudinal Survey on Health from 2008 to 2014 (n=4,583). Results: Two stable trajectories (high and low perceived employability over time) and three trajectories with changes (increasing, decreasing, and V-shaped perceived employability over time) were identified. Workers with stable low perceived employability reported more sleeping difficulties and depressive symptoms than those who perceived high or increasing employability. Conclusion: Perceived employability is a rather stable personal resource, which is associated with well-being over time. However, changes in perceived employability do not seem to be echoed in well-being, at least not as immediately as theoretically expected.

Title
Proving mental illness diagnosis, duration a challenge for income support programs

Institute for work & health (IW &H)

Source
At work 2017 89

Abstract
Policy design study finds common obstacles for Ontario’s ODSP and Australia’s equivalent. A policy researcher, Ashley McAllister set out to examine the challenges of designing income support policy for mental illnesses in Australia and Ontario, from the perspectives of the people involved in the process. The programs she focused on were Australia’s Disability Support Pension and the Ontario Disability Support Program (ODSP). Her research involved interviews with 45 informants, including government officials, ministers, ministers’ advisors, doctors, legal representatives, advocates and academics.

Title
Psychosocial factors and their influence on the experience of pain

Author/s
Tracy, L M

Source
Pain reports July/August 2017 24 e602 doi: 10.1097/PR9.0000000000000602

Abstract
Over the past 20 years, our understanding of social factors on pain experience has increased. Edwards et al observed that the presence of a friend resulted in an increased pain threshold and tolerance to experimentally induced pain (cold pressor test and pressure algometry). Having a male friend present had the most prominent effect on male participants’ reporting of pain.
However, the effects of psychosocial traits known to effect pain experience (eg, catastrophizing) were not considered.

**Title**
The psychosocial work environment is associated with risk of stroke at working age

**Author/s**
Karlsson, J et al

**Source**
Scandinavian journal of work and environmental health 2017 43 4 367-374
doi:10.5271/sjweh.3636

**Abstract**
Objective The aim of this study was to explore the relation between the risk of first-ever stroke at working age and psychological work environmental factors.

Methods A consecutive multicenter matched 1:2 case–control study of acute stroke cases (N=198, age 30–65 years) who had been working full-time at the time of their stroke and 396 sex- and age-matched controls. Stroke cases and controls answered questionnaires on their psychosocial situation during the previous 12 months. The psychosocial work environment was assessed using three different measures: the job–control–demand model, the effort–reward imbalance (ERI) score, and exposures to conflict at work.

Results Among 198 stroke cases and 396 controls, job strain [odds ratio (OR) 1.30, 95% confidence interval (95% CI) 1.05–1.62], ERI (OR 1.28, 95% CI 1.01–1.62), and conflict at work (OR 1.75, 95% CI 1.07–2.88) were independent risk factors of stroke in multivariable regression models.

Conclusions Adverse psychosocial working conditions during the past 12 months were more frequently observed among stroke cases. Since these factors are presumably modifiable, interventional studies targeting job strain and emotional work environment are warranted.

**Title**
The study on mental health at work: design and sampling

**Author/s**
Rose, U et al

**Source**
Scandinavian journal of public health 2017 45 6 584-594 DOI: https://doi.org/10.1177/1403494817707123

**Abstract**
Aims: The Study on Mental Health at Work (S-MGA) generates the first nationwide representative survey enabling the exploration of the relationship between working conditions, mental health and functioning. This paper describes the study design, sampling procedures and data collection, and presents a summary of the sample characteristics.

Methods: S-MGA is a representative study of German employees aged 31–60 years subject to social security contributions. The sample was drawn from the employment register based on a two-stage cluster sampling procedure. Firstly, 206 municipalities were randomly selected from a pool of 12,227 municipalities in Germany. Secondly, 13,590 addresses were drawn from the selected municipalities for the purpose of conducting 4500 face-to-face interviews. The questionnaire covers psychosocial working and employment conditions, measures of mental health, work ability and functioning. Data from personal interviews were combined with employment histories from register data. Descriptive statistics of socio-demographic characteristics and logistic regressions analyses were used for comparing population, gross sample and respondents.

Results: In total, 4511 face-to-face interviews were conducted. A test for sampling bias revealed that individuals in older cohorts participated more often, while individuals with an unknown educational level, residing in major cities or with a non-German ethnic background were slightly underrepresented.

Conclusions: There is no indication of major deviations in characteristics between the basic population and the sample of respondents. Hence, S-MGA provides representative data for research on work and health, designed as a cohort study with plans to rerun the survey 5 years after the first assessment.
Title 10-year trends of educational differences in long sickness absence due to mental disorders

Author/s Sumanen, H et al

Source Journal of occupational health 2017 59 4 352-355 t
http://doi.org/10.1539/joh.17-0024-BR

Abstract Objectives: Mental disorders are a key cause of sickness absence (SA) and challenge prolonging working careers. Thus, evidence on the development of SA trends is needed. In this study, educational differences in long SAs due to mental disorders were examined in two age groups among employees of the City of Helsinki from 2004 to 2013. Methods: All permanently and temporarily employed staff aged 18-34 and 35-49 were included in the analyses (n=27800 per year). SA spells of ≥14 days due to mental disorders were examined annually. Education was classified to higher and lower levels. Joinpoint regression was used to identify major turning points in SA trends. Results: Joinpoint regression models showed that lower educated groups had more long SAs spells due to mental disorders than those groups with higher education. SA trends decreased during the study period in all studied age and educational groups. Lower educated age groups had similar SA trends. Younger employees with higher education had the fewest SAs. Conclusions: A clear educational gradient was found in long SAs due to mental disorders during the study period. SA trends decreased from 2004 to 2013.

Weblink

Title Work intensity, emotional exhaustion and life satisfaction: the moderating role of psychological detachment

Author/s Boekhorst, JA


Abstract Purpose the purpose of this paper is to examine a moderated mediation model that investigated the moderating role of psychological detachment in the relationship between work intensity and life satisfaction via emotional exhaustion. Design/methodology/approach Data were collected from 149 hospital-based nurses who completed a questionnaire about working conditions and individual outcomes. The data were analyzed using hierarchical moderated regression and bootstrapping techniques. Findings The results confirm that work intensity is negatively related to life satisfaction via emotional exhaustion. The results also demonstrate that psychological detachment diminishes the negative influence of emotional exhaustion on life satisfaction. The conditional indirect effect model shows that the indirect relationship between work intensity and life satisfaction is strongest at low psychological detachment. Research limitations/implications This research advances our understanding of the negative work and non-work implications associated with work intensity. The key limitation of this research was the cross-sectional data set. HRM researchers should seek to replicate and expand the results with multi-wave data to extend our understanding of the implications of work intensity. Practical implications HRM practitioners need to begin implementing measures to address work intensity in order to thwart its negative effects. HRM practitioners need to implement policies and procedures that limit the intensity of work demands to promote positive employee work and non-work outcomes. Originality/value This is the first study to show that work intensity can influence life satisfaction through emotional exhaustion. Contrary to most recovery research, this research is also among the first to focus on the moderating role of psychological detachment, especially within a conditional indirect effect model.

Weblink
REHABILITATION

Title
Cooperation between general practitioners, occupational health physicians, and rehabilitation physicians in Germany: what are problems and barriers to cooperation? a qualitative study.

Author/s
Stratil, Jan; Rieger, Monika; Völter-Mahlknecht, Susanne

Source
International archives of occupational & environmental health August 2017 90 6 481-490 10 2 2

Abstract
Purpose: General practitioners (GPs), occupational health physicians (OPs), and rehabilitation physicians (RPs) fulfill different functions in the rehabilitation process, which need to be interlinked effectively to achieve a successful medical and occupational rehabilitation. In Germany, this cooperation at the interfaces is often suboptimal. The aim of this study was to identify and discuss perceived barriers to cooperation between GPs, OPs, and RPs.

Methods: We used a qualitative study design with eight focus group discussions (FGD) with GPs, OPs, RPs, and rehabilitants. Two FGDs per expert group with 4-10 participants were conducted. The transcripts were analyzed using qualitative content analysis.

Results: A number of obstacles to cooperation were reported by the participants, including (1) organizational (e.g., missing contact details, low reachability, schedule restrictions), (2) interpersonal (e.g., rehabilitants level of trust in OPs, low perceived need to cooperate with OPs, low motivation to cooperate), and (3) structural barriers (e.g., data privacy regulations, regulations concerning rehabilitation reports).

Conclusion: The present data agree with study results from other countries, which addressed interfaces in the rehabilitation process. While some barriers could be overcome by the participants themselves, a multi-level stakeholder approach might be necessary. Future quantitative research is required to assess the relative weight of the findings.

RETURN TO WORK

Title
Prognostic factors for return to work after depression-related work disability: a systematic review and meta-analysis

Author/s
Ervasti, J et al

Source

Abstract
Knowledge about factors influencing return to work (RTW) after depression-related absence is highly relevant, but the evidence is scattered. We performed a systematic search of PubMed and Embase databases up to February 1, 2016 to retrieve cohort studies on the association between various predictive factors and return to work among employees with depression for review and meta-analysis. We also analyzed unpublished data from the Finnish Public Sector study. Most-adjusted estimates were pooled using fixed effects meta-analysis. Eleven published studies fulfilled the eligibility criteria, representing 22 358 person-observations from five different countries. With the additional unpublished data from the 14 101 person-observations from the Finnish Public Sector study, the total number of person-observations was 36 459. The pooled estimates were derived from 2 to 5 studies, with the number of observations ranging from 260 to 26 348. Older age (pooled relative risk [RR] 0.95; 95% confidence interval [CI] 0.84-0.87), somatic comorbidity (RR = 0.80, 95% CI 0.77-0.83), psychiatric comorbidity (RR = 0.86, 95% CI 0.83-0.88) and more severe depression (RR = 0.96, 95% CI 0.94-0.98) were associated with a lower rate of return to work, and personality trait conscientiousness with higher (RR = 1.06, 95% CI 1.02-1.10) return to work. While older age and clinical factors predicted slower return,
significant heterogeneity was observed between the studies. There is a dearth of observational studies on the predictors of RTW after depression. Future research should pay attention to quality aspects and particularly focus on the role of workplace and labor market factors as well as individual and clinical characteristics on RTW.
Weblink

Accuracy for the summary scores of World Health Organization Disability Assessment Schedule 2.0 (area under the curve, >0.8). Binary logistic regression revealed that younger age, less severe stroke and standardized World Health Organization Disability Assessment Schedule 2.0 summary scores below the cutoff points were predictors of the return to work status of working-age patients disabled by stroke. World Health Organization Disability Assessment Schedule 2.0 can be used as an objective assessment tool for predicting the return-to-work status of working-age patients disabled by stroke. This tool can aid in establishing rehabilitation strategies and goal-setting processes for the return-to-work of patients with stroke. Implications for rehabilitation World Health Organization Disability Assessment Schedule 2.0 summary scores can predict the return-to-work status of working-age patients with stroke. Younger age and less severe stroke are associated with the return-to-work status of patients with stroke. Lower disability scores of the World Health Organization Disability Assessment Schedule 2.0 items result in a favorable return-to-work status and help in establishing effective rehabilitation strategies for facilitating the return-to-work of young patients with stroke.

Title Length of sickness absence and sustained return-to-work in mental disorders and musculoskeletal diseases: a cohort study of public sector employees

Author/s Kausto, J et al


Abstract Objectives The aim of this study was to investigate the association between the length of sickness absence and sustained return to work (SRTW) and the predictors of SRTW in depression, anxiety disorders, intervertebral disc disorders, and back pain in a population-based cohort of employees in the Finnish public sector.

Methods We linked data from employers’ registers and four national population registers. Cox proportional hazards regression analysis with a cluster option was applied. SRTW was defined as the end of the sickness benefit period not followed by a recurrent sickness benefit period in 30 days.

Results For depression, the median time to SRTW was 46 and 38 days among men and women, respectively. For anxiety disorders, the figures were 24 and 22 days, for intervertebral disc disorders, 42 and 41 days, and, for back pain, 21 and 22 days among men and women respectively. Higher age and the persistence of the health problem predicted longer time to SRTW throughout the diagnostic categories. Comorbid conditions predicted longer time to SRTW in depression and back pain among women.

Conclusions This large cohort study adds scientific evidence on the length of sickness absence and SRTW in four important diagnostic categories among public sector employees in Finland. Further research taking into account, eg, features of the work environment is suggested. Recommendations on the length of sickness absence at this point should be based on expert opinion and supplemented with research findings.

Weblink

Title Validation of the readiness for return-to-work scale in outpatient occupational rehabilitation in Canada

Author/s Park, J et al

Source Journal of occupational rehabilitation 2017 27 2 1-14

Abstract Purpose To examine construct and concurrent validity of the Readiness for Return-To-Work (RRTW) Scale with injured workers participating in an outpatient occupational rehabilitation program. Methods Lost-time claimants (n = 389) with sub-acute or chronic musculoskeletal disorders completed the RRTW Scale on their first day of their occupational rehabilitation program. Statistical analysis included exploratory and confirmatory factor analyses of the
readiness items, reliability analyses, and correlation with related scales and questionnaires.

Results For claimants in the non-job attached/not working group (n = 165), three factors were found (1) Contemplation (2) Prepared for Action-Self-evaluative and (3) Prepared for Action-Behavioural. The precontemplation stage was not identified within this sample of injured workers. For claimants who were job attached/working group in some capacity (n = 224), two factors were identified (1) Uncertain Maintenance and (2) Proactive Maintenance. Expected relationships and statistically significant differences were found among the identified Return-To-Work (RTW) readiness factors and related constructs of pain, physical and mental health and RTW expectations. Conclusion Construct and concurrent validity of the RRTW Scale were supported in this study. The results of this study indicate the construct of readiness for RTW can vary by disability duration and occupational category. Physical health appears to be a significant barrier to RTW for the job attached/working group while mental health significantly compromises RRTW with the non-job attached/not working group.

SHIFT WORK

Title Night work as a risk factor of future disability pension due to musculoskeletal diagnoses: a prospective cohort study of Swedish twins

Author/s Kärkkäinen, Sanna et al

Source European journal of public health August 2017 27 4 659-664 6

Abstract Background: This study investigated the associations between night work, sleep and disability pension (DP) due to musculoskeletal disorders (MSD), while controlling for several confounding factors including both genetic factors and shared family background.

Methods: The study sample consisted of 27 165 Swedish twin individuals born in 1935-58 with comprehensive survey data on sociodemographic, health and lifestyle factors. Night work was assessed as years of working hours at night at least every now and then, and categorized into 'not at all, 1-10 years and over 10 years'. Data on DP with MSD (ICD-diagnoses M00-M99) were obtained from the National Social Insurance Agency. Follow-up was from the time of the interview in 1998-2003 until 2013. Information on the length and quality of sleep was available for a sub-sample of twins (n = 1684). Cox proportional hazards models were used to calculate hazard ratios (HR) with 95% confidence intervals (CI).

Results: During the follow-up, 1338 (5%) participants were granted DP due to MSD. Both 1-10 years (HR 1.33, 95% CI 1.17-1.53) and over 10 years of night work (HR 1.3995% CI 1.18-1.64) increased the risk of future DP. The associations were not affected by health, lifestyle or sleep factors. In the discordant twin pair analysis, the associations between night work and DP due to MSD attenuated. Conclusions: Night work was associated with increased risk of DP due to MSD independently from health and lifestyle factors. Familial confounding could not be ruled out.

WORK HEALTH AND SAFETY

Title US long-haul truck driver work organization and the association with cardiometabolic disease risk

Author/s Hege, A et al

Source Archives of environmental & occupational health 2017 72 5 303-310 http://dx.doi.org/10.1080/19338244.2016.1242468

Abstract Work organization, including long working hours, irregular work schedules, and job stress, has
been associated with increased cardiometabolic disease (CMD) risk for numerous working populations. The purpose of this study was to examine the associations between work hours, work schedules, job stress, and CMD risk for a sample of US long-haul truck drivers (LHTDs). A nonexperimental, descriptive, cross-sectional design was employed to collect survey and anthropometric data from 260 US LHTDs at a major truck stop. The mean BMI was 33.40 kg/m² and mean waist circumference was 114.77 cm. Using logistic regression, researchers found longer work hours, especially greater than 11 hours daily, were associated with increased odds for an extremely high risk of CMD. Results support comprehensive and integrated approaches that address work organization, and in particular long working hours, to reduce drivers' CMD risk.

Title  Work-related injury factors and safety climate perception in truck drivers
Author/s  Anderson, NJ Smith, CK Byrd, JL
Source  American journal of industrial medicine August 2017 60 8 711-723 DOI: 10.1002/ajim.22737
Abstract  Introduction: The trucking industry has a high burden of work-related injuries. This study examined factors, such as safety climate perceptions, that may impact injury risk.
Method: A random sample of 9800 commercial driver's license holders (CDL) were sent surveys, only 4360 were eligible truck drivers. Descriptive statistics and logistic regression models were developed to describe the population and identify variables associated with work-related injury.
Results: 2189 drivers completed the pertinent interview questions. Driving less-than-truckload, daytime sleepiness, pressure to work faster, and having a poor composite score for safety perceptions were all associated with increased likelihood of work-related injury. Positive safety perception score was protective for odds of work-related injury, and increased claim filing when injured.
Conclusions: Positive psychological safety climate is associated with decreased likelihood of work-related injury and increased likelihood that a driver injured on the job files a workers'

Title  Workplace measurements of ultrafine particles—a literature review
Author/s  Vitanend, AK et al
Source  Annals of work exposures and health August 2017 61 7 1 749–758 https://doi.org/10.1093/annweh/wxx049
Abstract  Workers are exposed to ultrafine particles (UFP) in a number of occupations. In order to summarize the current knowledge regarding occupational exposure to UFP (excluding engineered nanoparticles), we gathered information on UFP concentrations from published research articles. The aim of our study was to create a basis for future epidemiological studies that treat UFP as an exposure factor. The literature search found 72 publications regarding UFP measurements in work environments. These articles covered 314 measurement results and tabled concentrations. Mean concentrations were compared to typical urban UFP concentration level, which was considered non-occupational background concentration. Mean concentrations higher than the typical urban UFP concentration was reported in 240 workplace measurements. The results showed that workers’ exposure to UFP may be significantly higher than their non-occupational exposure to background concentration alone. Mean concentrations of over 100 times the typical urban UFP concentration were reported in welding and metal industry. However, according to the results of the review, measurements of the UFP in work environments are, to date, too limited and reported too heterogeneous to allow us to draw general conclusions about workers’ exposure. Harmonization of measurement strategies is essential if we are to generate more reliable and comparable data in the future.
Biomarkers of endothelial activation and thrombosis in tunnel construction workers exposed to airborne contaminants.

Ellingsen, Dag

International archives of occupational & environmental health May 2017 90 4 309-317 9 5 DOI: 10.1007/s00420-017-1199-x.

Objectives: The aims were to study biomarkers of systemic inflammation, platelet/endothelial activation and thrombosis in tunnel construction workers (TCW).

Methods: Biomarkers and blood fatty acids were measured in blood of 90 TCW and 50 referents before (baseline) and towards the end (follow-up) of a 12 days work period. They had been absent from work for 9 days at baseline. Air samples were collected by personal sampling.

Results: Personal thoracic air samples showed geometric mean (GM) particulate matter and α-quartz concentrations of 604 and 74 µg/m, respectively. The arithmetic mean (AM) concentration of elemental carbon was 51 µg/m. The GM (and 95% confidence interval) concentration of the pro-inflammatory cytokine TNF-α decreased from 2.2 (2.0-2.4) at baseline to 2.0 pg/mL (1.8-2.2) (p = 0.02) at follow-up among the TCW. Also the platelet activation biomarkers P-selectin and CD40L decreased significantly [25.4 (24.1-26.6) to 24.4 (22.9-26.0)] ng/mL, p = 0.04 and 125 (114-137) to 105 (96-115) pg/mL, p < 0.001, respectively. ICAM-1 concentrations increased from 249 (238-260) to 254 (243-266) ng/mL (p = 0.02). No significant alterations were observed among the referents when assessed by paired sample t test.

Unbeneficial alterations in blood fatty acid composition were observed between baseline and follow-up, mainly among referents.

Conclusions: TCW had slightly reduced systemic inflammation and platelet activation although highly exposed to particulate matter, α-quartz and diesel exhaust, which might be due to increased physical activity during the exposure period. The slightly increased ICAM-1 may indicate monocyte recruitment to the lungs. The diet was substantially altered towards a less beneficial fatty acid profile.


Florentin, Arnaud; Zmirou-Navier, Denis; Paris, Christophe

International archives of occupational & environmental health August 2017 90 6 491-500 10 1 3 2 DOI:10.1007/s00420-107-1215-1

Objectives: To detect new hazards ('signals'), occupational health monitoring systems mostly rest on the description of exposures in the jobs held and on reports by medical doctors; these are subject to declarative bias. Our study aims to assess whether job-exposure matrices (JEMs) could be useful tools for signal detection by improving exposure reporting.

Methods: Using the French national occupational disease surveillance and prevention network (RNV3P) data from 2001 to 2011, we explored the associations between disease and exposure prevalence for 3 well-known pathology/exposure couples and for one debatable couple. We compared the associations measured when using physicians' reports or applying the JEMs, respectively, for these selected diseases and across non-selected RNV3P population or for cases with musculoskeletal disorders, used as two reference groups; the ratio of exposure prevalences according to the two sources of information were computed for each disease category.

Results: Our population contained 58,188 subjects referred with pathologies related to work. Mean age at diagnosis was 45.8 years (95% CI 45.7; 45.9), and 57.2% were men. For experts, exposure ratios increase with knowledge on exposure causality. As expected, JEMs retrieved more exposed cases than experts (exposure ratios between 12 and 194), except for the couple...
silica/silicosis, but not for the MSD control group (ratio between 0.2 and 0.8).

Conclusions: JEMs enhanced the number of exposures possibly linked with some conditions, compared to experts' assessment, relative to the whole database or to a reference group; they are less likely to suffer from declarative bias than reports by occupational health professionals.

**Title**
Determinants of seafarers' fatigue: a systematic review and quality assessment.

**Author/s**
Dohrmann, Solveig; Leppin, Anja.

**Source**

**Abstract**
Purpose: Fatigue jeopardizes seafarer's health and safety. Thus, knowledge on determinants of fatigue is of great importance to facilitate its prevention. However, a systematic analysis and quality assessment of all empirical evidence specifically for fatigue are still lacking. The aim of the present article was therefore to systematically detect, analyze and assess the quality of this evidence. Methods: Systematic searches in ten databases were performed. Searches considered articles published in scholarly journals from 1980 to April 15, 2016. Nineteen out of 98 eligible studies were included in the review. The main reason for exclusion was fatigue not being the outcome variable.

Results: Most evidence was available for work time-related factors suggesting that working nights was most fatiguing, that fatigue levels were higher toward the end of watch or shift, and that the 6-h on-6-h off watch system was the most fatiguing. Specific work demands and particularly the psychosocial work environment have received little attention, but preliminary evidence suggests that stress may be an important factor. A majority of 12 studies were evaluated as potentially having a high risk of bias.

Conclusions: Realistic countermeasures ought to be established, e.g., in terms of shared or split night shifts. As internal as well as external validity of many study findings was limited, the range of factors investigated was insufficient and few studies investigated more complex interactions between different factors, knowledge derived from studies of high methodological quality investigating different factors, including psychosocial work environments, are needed to support future preventive programs.

**Title**
A new paradigm for occupational health and safety: is it time to abandon experience-rating once and for all?

**Author/s**
Dabee, N

**Source**
*New Zealand journal of employment relations* 2017 42 1

**Abstract**
This article argues that both the practical consequences and the theoretical underpinning of experience rating are misaligned with the values and goals of the occupational health and safety legislative framework in New Zealand. Some perverse practical consequences of experience rating are employers discouraging employees from making claims or forcing a too-early return to work after an injury. These practical consequences are out of step with goals of the legislation. Experience rating is based on the assumption that occupational health and safety can be viewed as a commodity. Some of the underlying principles in the Health and Safety at Work Act 2015 challenge the notion that safety is merely a cost centre and places safety as a core business value or perhaps even as a fundamental right of workers.

**Title**
Risk factors for fatigue among airline pilots

**Author/s**
Drongelen, Alwin et al

**Source**
*International archives of occupational & environmental health* January 2017 90 1 39-47 DOI:
Abstract

Purpose: The objective of this study is to determine risk factors for fatigue among airline pilots, taking into account person-, work-, health-, sleep-, and lifestyle-related characteristics.

Methods: The study population consisted of 502 pilots who participated in the MORE Energy study. Included risk factors were either measured through an online questionnaire or provided by the company. The outcome of this study, fatigue, was assessed using the Checklist Individual Strength (CIS), and was defined as scoring more than 76 points on this questionnaire. The association of the risk factors with fatigue was determined using univariate and multivariate logistic regression analyses.

Results: Of the participating pilots, 29.5 % scored more than 76 points on the CIS and were classified as being fatigued. The fully adjusted regression model showed that person-, work-, health-, and lifestyle-related characteristics were associated with fatigue. Pilots who were aged 31 to 40 (OR 3.36, 95 % CI 1.32-8.53) or 41 to 50 (OR 4.19, 95 % CI 1.40-12.47), an evening type (OR 2.40, 95 % CI 1.38-4.16), scored higher on work-life balance disturbance (OR 1.22, 95 % CI 1.10-1.36), scored higher on need for recovery (OR 1.02, 95 % CI 1.01-1.04), scored lower on general health perception (OR 0.31, 95 % CI 0.20-0.47), were less physically active (OR 0.77, 95 % CI 0.66-0.89), and had a moderate alcohol consumption (OR 3.88, 95 % CI 1.21-12.43), were at higher risk for fatigue.

Conclusions: Higher age, being an evening type, disturbance of the work-life balance, more need for recovery, a lower perceived health, less physical activity, and moderate alcohol consumption were shown to be risk factors for fatigue. Further longitudinal research is needed to elucidate the direction of the associations found and to evaluate the effects of possible countermeasures in airline pilots.
WORK STRESS

**Title**  
Do I fit In? perceptions of organizational fit as a resource in the workplace stress process.

**Author/s**  
Mackey, Jeremy D et al

**Source**  
Group & organization management August 2017 42 4 455-486 32 DOI: 10.1177/1059601115625155

**Abstract**  
A large number of research studies in the stress literature over the previous 20 years have examined how organizational demands influence experienced stress; however, little research has examined how perceptions of organizational fit influence experienced stress and the stress process. In the present study, we use the conservation of resources (COR) theory to examine how perceptions of hindrance stressors, challenge stressors, and organizational fit (i.e., a resource) affect employees’ intrapersonal (i.e., job satisfaction and work intensity) and interpersonal (i.e., interpersonal workplace deviance and work-to-family conflict) outcomes through job strain (i.e., job tension) and motivational (i.e., vigor) cognitive stress processes. Results from three samples of data (nSample 1 = 268, nSample 2 = 259, nSample 3 = 168) largely supported the hypothesized model and suggested that perceptions of organizational fit can be a resource associated with favorable effects on employees' stress processes. Thus, we contribute to the stress and fit literatures by proposing and demonstrating empirical support for a COR theoretical explanation of why perceptions of organizational fit are a resource for employees. The results are important because they help provide a broader view of the effects of perceptions of organizational fit on employees’ stress processes than offered by prior research and suggest that organizational leaders have the opportunity to help employees manage workplace stress by fostering perceptions of organizational fit. Implications of results for theory and practice, strengths, limitations, and directions for future research are presented.

**Weblink**

---

**Title**  
Effort-reward imbalance at work and the prevalence of unsuccessfully treated hypertension among white-collar workers

**Author/s**  
Trudel, X et al

**Source**  

**Abstract**  
We examined the association between effort-reward imbalance (ERI) exposure at work and unsuccessfully treated hypertension among white-collar workers from a large cohort in Quebec City, Canada. The study used a repeated cross-sectional design involving 3 waves of data collection (2000–2009). The study sample was composed of 474 workers treated for hypertension, accounting for 739 observations. At each observation, ERI was measured using validated scales, and ambulatory blood pressure (BP) was measured every 15 minutes during the working day. Unsuccessfully treated hypertension was defined as daytime ambulatory BP of at least 135/85 mm Hg and was further divided into masked and sustained hypertension. Adjusted prevalence ratios and 95% confidence intervals were estimated. Participants in the highest tertile of ERI exposure had a higher prevalence of unsuccessfully treated hypertension (prevalence ratio = 1.45, 95% confidence interval: 1.16, 1.81) after adjustment for gender, age, education, family history of cardiovascular diseases, body mass index, diabetes, smoking, sedentary behaviors, and alcohol intake. The present study supports the effect of adverse psychosocial work factors from the ERI model on BP control in treated workers. Reducing these frequent exposures at work might lead to substantial benefits on BP control at the population level.

**Weblink**
Work stress associated cool down reactions among nurses and hospital physicians and their relation to burnout symptoms

Bussing, A et al

BMC health services research August 2017 17 551
https://doi.org/10.1186/s12913-017-2445-3

Background Hospital staff experience high level of work stress and they have to find strategies to adapt and react to it. When they perceive emotional exhaustion and job dissatisfaction in response to constant work stress, one reaction might be emotional withdrawal. This emotional distancing can be seen as an adaptive strategy to keep ‘functionality’ in the job. Both, perception of emotional exhaustion and emotional distancing as a strategy, can be operationalized as ‘Cool Down’. We assume that work stress associated variables are positively associated with Cool Down reactions, while internal and external resources are negatively associated and might function as a buffer against emotional distancing. Moreover, we assume that the perception of stress and work burden might be different between nurses and physicians and women and men, but not their cool down reactions as a strategy.

Methods Anonymous cross-sectional survey with standardized instruments among 1384 health care professionals (66% nurses, 34% hospital physicians). Analyses of variance, correlation and also stepwise regression analyses were performed to analyze the influence of demands and resources on Cool Down reactions.

Results As measured with the Cool Down Index (CDI), frequency and strength of Cool Down reactions did not significantly differ between women and men, while women and men differ significantly for their burnout symptoms, stress perception and perceived work burden. With respect to profession, Cool Down and stress perception were not significantly different, but burnout and work burden. For nurses, “Emotional Exhaustion” was the best CDI predictor (51% explained variance), while in physicians it was “Depersonalization” (44% explained variance). Among putative resources which might buffer against Cool Down reactions, only team satisfaction and situational awareness had some influence, but not self-efficacy expectation.

Conclusion The perceptions of emotional exhaustion and distancing of nurses and physicians (and women and men) seems to be different, but not their adaptive Cool Down reactions. Data would support the notion that a structural approach of support would require first to control and eliminate work stressors, and second a multifaceted approach to strengthen and support hospital staff’s resources and resilience.

WEBSITES

Digital Australia: state of the nation the 2017 edition

The third edition of Digital Australia: State of the Nation features the results of our market-leading research on how Australia shapes up as a digital nation. The study shines a spotlight on Australians’ digital consumption and behaviours, as well as their attitudes and experiences in the digital age. This latest report is the first stop for informing and optimising your digital strategy now and in the future.

European trade union institute (etui)

Health and safety – working conditions https://www.etui.org/Topics
How artificial intelligence could transform government: cognitive technologies have the potential to revolutionize the public sector – and save billions of dollars

Author/s: Eggers, WD, Schatsky, D, Viechnicki, P

Source: Deloitte University Press

Abstract: Can “smart” technology make government, well, smarter? It’s already happening: Through AI-based applications, developers are looking to transform the public sector by automating tasks and much more. But for optimal gain, agencies must make tough choices about where and how to introduce new technologies.

2017 Sensis social media report

Abstract: The 2017 Report shows Australia’s growing obsession with smartphones has driven more people onto social platforms than ever before. In fact, almost eight in 10 Australians (79%) are now on social media, which is up 10 points on last year. Each year for the report they speak to 800 consumers and 1,100 Australian businesses about how they are using social media. There was so much information to absorb this year that they have released the report in two parts, the consumer survey findings and the business survey findings.

Risk factors to health

Source: Australian Institute for Health and Welfare (AIHW)

Abstract: Health risk factors are attributes, characteristics or exposures that increase the likelihood of a person developing a disease or health disorder. Behavioural risk factors are those that individuals have the most ability to modify. Biomedical risk factors are bodily states that are often influenced by behavioural risk factors.

Superfriend supports research and an evidence-based approach to improving workplace mental health. The following resources have been produced by SuperFriend in conjunction with mental health experts to provide simple, practical information to assist you to improve the mental health of your workplace.
<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Pain management / workforce/resource centre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source</strong></td>
<td>Canadian Institute for the relief of Pain and Disability (CIRPD)</td>
</tr>
</tbody>
</table>

**Title**  
Webinars: social consequences of pain

**Abstract**  
Prevention of depression at work- creating mentally healthy workplaces

[Return to top](#)