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 returns to work, as well as 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.

Case management and case conferencing

This month’s Emerging Evidence Alert looks at the complexities of case management, including case conferencing.

The Royal Australasian College of Physicians (RACP) and Australasian Faculty of Occupational & Environmental medicine (AFOEM) strongly supports case conferencing as a way of bringing together the medical practitioner, employee, employer and other relevant parties such as workers’ compensation or rehabilitation providers.

Case managers play a critical role in return to work of injured or ill employees. This article looks at the emotional labour performed by case managers within the workers compensation industry. In particular, the conflicting demands of their role as they endeavour to ensure compliance within the formal requirements of the system while exercising a duty of care to claimants.

A pilot study undertaken in Belgium looks at how a lack of information exchange between stakeholders may contribute to extended sickness absence and low return to work rates.

One study looks at the complexities of care for work-related injuries between family doctors and employers. It explores the need for employers to understand the dynamics of contemporary family practice and build a trusting relationship for recovery at work to succeed.

There is also an article about General Practitioners (GPs) attitudes to case conferences, which found that GPs would more likely to participate in case conferences if there were arranged more flexibly to suit GP work schedules.

Comcare’s RTW case conference model provides a consistent approach on how to organise and undertake a case conference. RTW case conferencing resources aim to enhance communication between all stakeholders to facilitate and support recovery at work.
Emerging Evidence Topics

- Absenteeism and presenteeism
- Ageing workforce
- Asbestos and mesothelioma
- Bullying
- Chronic health issues
- Disability
- Ergonomics
- Health promotion
- Health and wellbeing
- Management and leadership
- Musculoskeletal issues
- Occupational issues
- Psychosocial issues
- Public health
- Rehabilitation
- Return to work
- Shift work
- Vocational rehabilitation
- Workers compensation
- Work design
- Work health and safety
- Work stress
- Workplace violence
- Websites

CASE CONFERENCING

Title
Cooperation of return-to-work professionals: the challenges of multi-actor work disability management.

Author/s
Liukko, Jyri; Kuuva, Niina

Source

Abstract
Purpose: This article explores which concrete factors hinder or facilitate the cooperation of return-to-work (RTW) professionals in a complex system of multiple stakeholders.

Method: The empirical material consists of in-depth interviews with 24 RTW professionals from various organizations involved in work disability management in Finland. The interviews were analyzed using thematic content analysis.

Results: The study revealed several kinds of challenges in the cooperation of the professionals. These were related to two partly interrelated themes: communication and distribution of responsibility. The most difficult problems were connected to the cooperation between public employment offices and other stakeholders. However, the study distinguished notable regional differences depending primarily on the scale of the local network. The main areas of improvement proposed by the interviewees were related to better networking of case managers and expansion of expertise.

Conclusions: The article argues for the importance of systematic networking and stresses the role of public employment services in the multi-actor management of work disabilities. The article contributes to existing work disability case management models by suggesting the employment administration system as an important component in addition to health care, workplace and insurance systems. The study also highlights the need for expansion of expertise in the field. Implications for Rehabilitation Cooperation between RTW professionals in public employment offices and other organizations involved in work disability management was considered inadequate. In order to improve the cooperation of RTW professionals, the stakeholders need to create more systematic ways of communication and networking with professionals in other organizations. There is a need to expand the expertise in work disability management and rehabilitation, partly by increasing the role of other professionals than...
Title: Stuck in the middle: the emotional labours of case managers in the personal injury compensation system.

Author/s: Newnam, Sharon et al


Abstract: Background: Case managers within injury compensation systems are confronted with various emotional demands.
Objective: Employing the concept of emotional labour, this paper explores distinctive aspects of these demands.
Methods: The findings are drawn from focus groups with 21 Australian case managers.
Results: Case manager’s work was characterised by extra-role commitments, emotional control, stress and balancing tensions arising from differing stakeholder expectations about outcomes related to compensation and return to work.
Conclusions: By examining the experiences of case managers, the findings add to the literature on the emotional labour of front line service workers, especially with respect to the demands involved in managing the conflicting demands of work.

Title: Benefits of multidisciplinary case conferencing using audiovisual compared with telephone communication: a randomized controlled trial

Author/s: Wilson, S. F et al

Source: Journal of telemedicine & telecare December 2004 10 6 351-354 4 1 DOI: 10.1258/1357633042602026

Abstract: Multidisciplinary case conferencing using a video-link was compared with multidisciplinary case conferencing by telephone. One hundred patients were randomized to either videoconferencing (intervention group, 50 patients) or audioconferencing (control group, 50 patients). The effectiveness of the intervention compared with the control was evaluated in terms of: the number of conferences per patient, average length of conference, length of treatment, number of occasions of service, degree of multidisciplinary team involvement, recorded level of communication, quality of the management plan (in terms of the number of points contained in it) and staff satisfaction. The intervention and control groups showed significant differences on only two of the outcome measures: the mean number of case conferences per patient was less for the intervention group, and the intervention group had a shorter length of treatment (6 days) than the control group (10 days). The study did not demonstrate any significant differences in occasions of service or time commitment, which might have resulted in lower costs. However, the introduction of case conferencing by video-link was accompanied by a high level of satisfaction on the part of the 14 team members who were interviewed.

Title: Improving collaboration between private psychiatrists, the public mental health sector and general practitioners: evaluation of the partnership project.

Author/s: Pirkis, Jane et al


Abstract: We describe the evaluation of the Partnership Project, which was designed to improve linkages between public and private sector mental health services. We consider the Project's key elements: a Linkage Unit, designed to improve collaborative arrangements for consumers and promote systems-level and cultural change; and the expansion of private psychiatrists’ roles to include supervision and training, case conferencing and secondary consultation. The evaluation aimed to describe the impacts and outcomes of these elements. The evaluation used de-
identified data from the Linkage Unit database, the Project's billing system, and the Health Insurance Commission (HIC). It drew on consultations with key stakeholders (semi structured interviews with 36 key informants, and information from a forum attended by over 40 carers and a meeting of five public sector and three private sector psychiatrists) and a series of case studies. The Linkage Unit facilitated 224 episodes of collaborative care, many of which had positive outcomes for providers, consumers and carers. It had a significant impact at a systems level, raising consciousness about collaboration and influencing procedural changes. Thirty-two private psychiatrists consented to undertaking expanded roles, and the Project was billed $78 032 accordingly. Supervision and training were most common, involving 16 psychiatrists and accounting for approximately 80% of the total hours and cost. Commonwealth expenditure on private psychiatrists' participation in the expanded roles was not associated with a reduction in benefits paid by the HIC. Key informants were generally positive about the expanded roles. The Project represented a considered, innovative approach to dealing with poor collaboration between the public mental health sector, private psychiatrists and GPs. The Linkage Unit achieved significant systems-level and cultural change, which has the potential to be sustained. Expanded roles for private psychiatrists, particularly supervision and training, may improve collaboration, and warrant further exploration in terms of costs and benefits.

Weblink
EBSCO

**Title**
The impact of communication disability on interdisciplinary discussion in rehabilitation case conferences

**Author/s**
Ferguson, Alison et al

**Source**
*Disability & rehabilitation* 2009 31 22 1795-1807 13 DOI: 10.1080/09638280902810984

**Abstract**
Purpose. This article presents a descriptive research study that investigated the issues discussed in rehabilitation case conferences, with specific reference to patients with acquired communication disabilities of neurological origin.

Method. A series of six routine rehabilitation case conferences of between 1 and 2 h, involving between 10 and 14 health professionals, were observed by a researcher who took detailed field notes. These data were analysed using a combination of apriori coding categories based on the International Classification of Functioning – WHO, 2001, and content and thematic analyses.

Results. The rank order of frequency of contribution by each discipline reflected both distinct ('disciplinary') and overlapping ('interdisciplinary') areas of professional areas of expertise and responsibility. Although the speech pathologist was often alone in discussing communication goals, there was much interdisciplinary discussion for clients with impaired communication and/or cognitive capacity, and the presence of communication disability was associated with more conflict in the discussion.

Conclusions. The findings of this research locate critical challenges in rehabilitation case conferences for interprofessional interaction, particularly in the team’s shared responsibility for representing the ‘voice’ of inpatients with communication disability.

**Title**
Rehabilitation management of the DGUV.

**Author/s**
Müller, Wolf-Dieter

**Source**
*Trauma und berufskrankheit* October 2015 17 293-300 8 DOI: 10.1007/s10039-015-0021-9.

**Abstract**
Rehabilitation and, especially employers liability insurance inpatient extended treatment (BGSW) facilities are predestined as network partners of traumatologists, rehabilitation managers and other groups for playing an important role as guides and pacemakers of the rehabilitation process. Our own experiences gained during developing and optimizing the rehabilitation management standards of the Association of German Statutory Accident Insurance (DGUV) institutions indicate that the systematic use of patient-reported outcomes, implementing workplace-related diagnostic and therapeutic components in rehabilitation process, holding multiprofessional case conferences and undertaking regular reviews of current
cases, could be identified as reliable predictors of success in rehabilitation after work-related injuries. The established, hierarchically organized trauma care networks could be supplemented by a network of rehabilitation facilities at all healthcare levels. The postulated phase model of trauma rehabilitation could be suitable for closing gaps in existing trauma treatment procedures.

**Title**

Occupational insurance rehabilitation

**Author/s**

Herbst, Barbara

**Source**

*Trauma und berufskrankheit* June 2015 17 2 93-97

**Abstract**

Background: Rehabilitation management in the German statutory accident insurance (DGUV) has been established for many years and acknowledged as a successful means of conducting occupational insurance treatment programs. In 2009 at the initiative of the accident insurance company BG Bau, rehabilitation case conferences with regular consultation hours were introduced in the BG Trauma Clinic in Duisburg including the rehabilitation manager, the insured patient and the accident insurance consultant orthopedic surgeon (or locum). Material and methods: From 2009 to 2014 a total of 138 rehabilitation case conferences were held in the BG Trauma Clinic in Duisburg, 319 insured patients were contacted and 303 rehabilitation plans were conducted of which the first 100 were analyzed in this study. Results: In 57.4 % of the insured patients analyzed the medical treatment could be conducted by a single rehabilitation plan and additional consultation appointments were not necessary. Of the insured patients 24 % returned for a second rehabilitation case consultation hour for continuation of the rehabilitation plan, another 16.6 % returned for a third or fourth appointment and 2 % of the insured patients had more than 5 consultations. In the case of 1 particular patient 13 rehabilitation plans were worked out over a period of 3 years until the treatment could finally be terminated with a successful return to work. Conclusion: Rehabilitation case conferences at the BG Trauma Clinic in Duisburg have developed into well-established medical consultation schedules which guide the rehabilitation management of the DGUV in a new, positive direction for all participants in the sense of an optimal, highly qualified and effectively timed regulation of treatment after injuries at work.

**Title**

Early access to physical therapy and specialty care management for American workers with musculoskeletal injuries.

**Author/s**

Phillips, Timothy D. Shoemaker, Michael J.

**Source**

*Journal of occupational & environmental medicine* April 2017 59 4 402-411

**Abstract**

Objective: The aim of this study was to investigate the effect of very early access to physical therapy and specialty care management in a workers’ compensation population. Methods: A prospective pilot (n = 75) was conducted from 2012 to 2013 in which injured workers with musculoskeletal complaints received physical therapy and started care management during their initial occupational medicine clinic visit. Two retrospective comparator groups with workers’ compensation claims from 2009 and 2012 were included in this study. Results: When comparing 2009 data with the 2012 to 2013 prospective pilot study, statistically significant differences were noted in favor of the prospective pilot for total costs per claim, cost of indemnity, number of therapy visits, and time to access physical therapy. When compared with the 2012 no pilot cohort, differences were not statistically significant. Conclusions: Expedited access to physical therapy and care management can reduce duration of care, cost of claims, and therapy visits.

**Title**

Case management for return to work for individuals living with cancer: a systematic review.

**Author/s**

McQueen, Jean; McFeely, Gerry

**Source**

*International journal of therapy & rehabilitation* 2017 24 5 203-210

Abstract

Background: Work integration and job retention can be difficult for individuals living with cancer. Individuals with cancer report that work integration is an important factor to them in their recovery, not least for reasons associated with financial security, but also as a marker related to normality. Some individuals returning to work require specific assistance from health professionals, their employers and employer agents, such as occupational health, to achieve a successful return. The matter of vocational support for individuals living with cancer, however, represents a significant social and economic issue as cancer survival rates increase. Often individuals with cancer, without appropriate support, face the stark possibility of job loss.

Objective: To determine whether a vocational case management approach impacts on return to work for an individual living with cancer. Specific questions addressed: does an individualised case management approach reduce the length of absence from work following a cancer diagnosis? Does case management impact on sustained employment following a cancer diagnosis?

Methods: Electronic databases were searched up to June 2015. A total of 187 articles were screened, of which three met the inclusion criteria.

Conclusions: Two randomised controlled trials and one case controlled trial were appraised. There was some heterogeneity which made comparison between studies difficult. Overall, the sample sizes were small and there was no clear evidence of effectiveness.

Title
Advancing value-based medicine.

Author/s
Mueller, Kathryn et al

Source

Abstract
The article focuses on importance of integration of functional outcomes with clinical measures for the health care industry. It mentions that functional impairment related to injury or illness refers to a condition wherein individuals may have a loss of physical ability, limitations on their day-to-day living activities, and restrictions on their societal interactions.

Title
Effects of a randomized controlled intervention trial on return to work and health care utilization after long-term sickness absence

Author/s
Momsen, Anne-Mette H et al

Source
BMC public health September 2016 16 1 1-11 11 1 3 DOI: 10.1186/s12889-016-3812-4

Abstract
Background: The aim of the RCT study was to investigate if the effect of a multidisciplinary intervention on return to work (RTW) and health care utilization differed by participants' self-reported health status at baseline, defined by a) level of somatic symptoms, b) health anxiety and c) self-reported general health.

Methods: A total of 443 individuals were randomized to the intervention (n = 301) or the control group (n = 142) and responded to a questionnaire measuring health status at baseline. Participants were followed in registries measuring RTW and health care utilization. Relative risk (RR) and odds ratio (OR) were used as measures of associations. Results were adjusted for gender, age, educational level, work ability and previous sick leave.

Results: Among all responders we found no effect of the intervention on RTW. Among participants with low health anxiety, the one-year probability of RTW was lower in the intervention than in the control group (RR = 0.79 95% CI 0.68-0.93), but for those with high health anxiety there was no difference between the groups (RR = 1.15 95% CI 0.84-1.57). Neither general health nor somatic symptoms modified the effect of the intervention on RTW. The intervention had no effect on health care utilization.

Conclusions: The multidisciplinary intervention did not facilitate RTW or decrease health care utilization compared to ordinary case management in subgroups with multiple somatic symptoms, health anxiety or low self-rated health. However, the intervention resulted in a reduced chance of RTW among participants with low health anxiety levels.
The case conference as a tool to improve shared care and to focus on personalized care.

Garriga, Carme Guinovart et al

International journal of integrated care (IJIC) 2016 16 6 1-3. DOI: 10.5334/ijic.2800

Context: Osona is a Catalonian county with almost 157,000 inhabitants, of which 2.9% are 85 years old or over, and it behaves like a micro health system in the Catalan territory. Local health providers made a strategic alliance more than ten years ago (virtual integration), and launched a range of tools and strategies that seek to create a more integrated and person centred care of patients with complex health care needs, based government guidelines for Programs of Prevention and Care of Chronic Patients (PPAC) and Social and Health Interaction (PIAISS). One of the main strategies was the development of complex care pathways and the involvement of the social system in its development. Often patients with complex health care needs require the intervention of multiple suppliers and each design their own action plan, therefore the challenge is to achieve shared care for this group. We propose a tool to address the difficulties this entails, called the case conference. That aims for each patient to have a single treatment plan co-designed with the patient and all the suppliers involved now or in the future. The aim of the communication is to describe the process of the implementation of the case conference in our environment. Development of the project - Phase 1: The first step was a trial in two Primary care centres, which showed the need for joint training of the professionals involved and created a rigorous methodology to facilitate the management of the duration of the session. The assessments of the patients were very extensive but superficial and fragmented without an overall view of the situation. The need for a common language and organizational culture were also detected, and everyone agreed that there should be learning processes to work this way and that high level of readiness is required. It confirms the relevance of specialized care in method and content. The level of professional satisfaction was very high and we were asked not to stop the trial. - Phase 2 includes the development of a regional consensus document for the case conference to be extended throughout the county taking advantage of previous experience and with the support of PPAC, which proposes a target of 50 territorial cases. - The Third phase entails using case conference with different primary care centres and creating a framework for its evaluation, and planning how to scale up the experience for a number of patients. Case conference methodology: 1. Teams involved: - The nurse, the doctor and the reference social worker of the primary care team. In some cases also the nurse case manager. Their contributions give a longitudinal understanding of the situation. The ability for decision-making is assessed whenever possible. - The doctor and the nurse of the specialized geriatric care team, who bring expertise in the diagnosis of the situation and forward planning. 2. Criteria for selecting patients. Candidates have to meet the following criteria: - Patients with complex health care needs according to the PPAC criteria of complexity. - High probability of different providers acting simultaneously. - When a shared plan will provide value for the patient because the process of decision-making raises different options 3. Development of the case conference. It consists of building a virtual team that put together their evaluations to make a single shared plan for the patient so it requires a process of preparation by the teams involved. The geriatric assessment is used as a reference and the role of the coordinator of the case conference is key because they moderate the interventions and guarantee the method. The professionals who make the validation process of the proposals with the patient and his family are chosen at the end of the session and also the information to record on the shared information system. At the beginning the case conference will be done in person and in the future possibly by means of communication technology. Evaluation framework: There is a descriptive part that includes patient characteristics, changes in personalized plans and proposals regarding advanced care planning. The experience of professionals will be assessed qualitatively. Conclusions: Initial results are very encouraging in the sense that it is a very powerful tool to promote integrated care. The preparation time and duration of the sessions are the main difficulties to make it scalable to a large number of patients.
Title
Waluwin - an integrated approach towards health and wellbeing in Western NSW, Australia

Author/s
McLachlan, Scott; Williams, Robin.

Source
International journal of integrated care (IJIC) 2016 16 6 1-3. 3 DOI: 10.5334/ijic.2839

Abstract
Introduction: Waluwin - Health and Wellbeing in Aboriginal Language Wiradjuri. The Western NSW region is one of the most vulnerable localities in Australia with a fractured service network, a strategy to transform current services into a patient centred, coherent system of care is well into its second year. The Western NSW Local Health District (LHD) is leading the way as one of three NSW Integrated Care LHD Demonstrators as part of the NSW State Government's Integrated Care Program. A range of district-wide and locality-based integrated care initiatives are being implemented to bring together health and social providers across the continuum of care to lift health outcomes for the resident population in a large and sparsely populated area - 271,000 people in 250,000 sq km. Key drivers for change: A Western NSW health needs assessment developed in 2013 highlighted: - Significant health inequalities experienced by Western NSW's Aboriginal population (11% of the total population) - A pressing need to redesign models of care to address projected growth in demand associated with population ageing and increasing prevalence of long term conditions, particularly given an already high hospitalisation rate for the district's population - Opportunities to improve patient experience and value for money through addressing the current service configuration of multiple small provider entities delivering fragmented and 'siloed' primary, community and specialist outpatient health services. The health needs assessment received wide public interest, and resulted in health organisations in the district recognising that only through collective action could population health outcomes be lifted. The Western NSW Integrated Care Strategy: The Strategy is one of the major collaborative actions Western NSW stakeholders are undertaking to address health needs across the district. The Strategy is founded on a district-wide partnership between the LHD, the Western Primary Health Network, and the Bila Muuji collective of Aboriginal Medical Services. The vision of the Strategy is: To transform existing services into an integrated Western NSW system of care that is tailored to the needs of our rural and remote communities, and improves access to care and health outcomes, with particular focus on closing the Aboriginal health gap. A key element of the Strategy is establishment of a 'first wave' of five local demonstration sites to test new models of care at a locality level. Core features of the demonstration site models of care include: - Defining priority locality target population groups - A standardised risk stratification process - A standardised enrolment process including obtaining consent to share information across providers - GP-led multi-disciplinary care teams - Shared care planning utilising an electronic shared care platform - Multi-disciplinary case conferencing - Local leadership groups and care navigators including social care co-ordination are key features of the delivery model. A second wave of demonstrator sites is currently being recruited. Highlights: Year one results of the three-year program include: - Establishment of district-wide program and project structures including locality based leadership structures and a district-wide Clinical Leadership Committee - Establishment of the HIU providing a one-stop-shop for access to health care data, analysis, advice and support for interpretation of health statistics - Establishment and implementation of five first wave local demonstrator sites over 500 patients enrolled receiving shared care planning and multi-disciplinary care - Development and implementation of a risk stratification tool - Selection and implementation of an electronic shared care planning tool - Collecting and tracking real time patient feedback to receive insight into the patient experience. Key learnings: - The time and effort required to deliver lasting change should not be underestimated - A partnership approach and constructive collaboration has been paramount for developing and implementing the Strategy - Experience with the demonstration sites has reinforced the importance of readiness and commitment to develop and progress implementation of new integrated models of care, and the intensity of resources required to support local planning and action - A key critical factor for success is establishing local multi-disciplinary clinical leadership groups committed to innovative service redesign. Conclusions: A group of 5 first wave sites has developed a successful locally led model of care which has been refined and is being implemented in a second wave of sites. The strategy beyond local demonstrator sites is leading the transformation of a whole region's health service delivery with some underpinning enablers and district wide strategies which are making good traction.

Title
Role of the GP liaison nurse in a community health program to improve integration and
This paper explores the role of the General Practitioner Liaison Nurse (GPLN) in improving integration and coordination of services within Primary Health Care. This position can play a major role in care coordination and cultural change. The GPLN within HealthOne Mt Druitt (HOMD) identifies patients' needs and facilitates communication, case conferencing and care coordination between health and other providers. The priority areas of children and their families at risk or with significant unmet needs, and chronic aged and complex care, were identified as target areas. This paper focuses on the GPLN within the chronic aged and complex care service model. The GPLN within HOMD was able to improve coordination and integration of services for patients of the facility. Activities included organising multidisciplinary services and addressing psychosocial issues. Patients and community health staff identified the importance of the role for improving coordination and integration of services. Decision and policy makers saw the position as vital to the implementation, operation and sustainability of HOMD.
behavioral health workers were less likely to provide integrated care. Conclusions. A 2-pronged strategy involving financial incentives and technical assistance to spread best practices might increase integrated care, particularly among health centers that are not maximizing the potential of electronic health records and health centers with low behavioral health staffing levels.

**Title**
Transform-ing patient safety culture: a universal imperative

**Author/s**
Robinson, Edmondo; Lagu, Tara.

**Source**
*JGIM: journal of general internal medicine* April 2015 30  4 384-386 3 DOI: 10.1007/s11606-014-3138-9

**Abstract**
The article discusses a project titled TRANSFORM Patient Safety, which involves identifying patient safety champions, establishment of a patient safety working group, and introduction of ongoing incident debriefings, patient safety interdisciplinary case conferences, and a teamwork performance award. The TRANSFORM Project is focused on outcomes including prevention of hospital-acquired severe sepsis/septic shock and hospital-acquired acute respiratory failure.

**Title**
Capitalizing on synergies - a discourse analysis of the process of collaboration among providers of integrative health care.

**Author/s**
Andermo, Susanne et al

**Source**
*Plos one* March 2015 10 3 1-14 14 DOI:10.1371 0122125

**Abstract**
Background: Integrative health care (IHC) combines therapies and providers from complementary and conventional health care. Previous studies on IHC have shown power relations between providers but few studies have explored how the interaction develops over time. The objective of this study was to explore the development of IHC collaboration and interaction among participating providers during a series of consensus case conferences for managing patients with back and neck pain.

Methods: This qualitative study was conducted within a pragmatic randomized controlled clinical trial in primary care. Patients' treatment plans were developed based on IHC provider consensus conferences (n = 26) of which 15 (5 of the first, 5 in the middle, and 5 of the last in the clinical trial) were selected for analysis. Findings were derived by means of discourse analysis, focusing on the participants' use of subject positions during the conferences.

Findings: The IHC team in this study gradually formed a group identity, moving their subject positions from individual treating subjects to members of a team and were able to make consensus-based decisions about patients' individual treatment plans. In the discourse, the IHC team identified collaborative shortcomings and problematized the provision of IHC. They were able to capitalize on the synergies in their collaboration and developed a shared vision of IHC provision.

Conclusions: The process of IHC collaboration involved the gradual formation of an IHC team identity, which facilitated interdisciplinary, non-hierarchical consensus-based decision-making in the team. The discourse further suggests that a reform of some legal and organizational health sector barriers might be needed to realize sustainable implementation of IHC services in Sweden.

**Title**
Medical trainees. the case conference assessment tool (ccat): a new workplace-based
Rehabilitation medicine is an educational, problem-solving specialty that relies on excellent team communication, honest discussion with patients and their families, and collaborative goal setting. The case conference has been described as the technology of rehabilitation medicine because it encompasses all of these functions. Trainees should have the opportunity to develop skills in chairing case conferences through receipt of constructive feedback on their performance from their trainers. The aim of this project was to develop and evaluate the Case Conference Assessment Tool (cCAT), a workplace-based assessment designed to score a trainee’s performance on the key elements of chairing a case conference. Experienced rehabilitation medicine educational supervisors participated in a training workshop and then rated a series of simulated case conferences using the cCAT. Internal consistency was high (Cronbach’s α = 0.945) and interrater reliability was acceptable (intraclass correlation coefficient range 0.673-0.777). Following feedback from the workshops, a final version of the cCAT was developed. The cCAT has now been adopted as a workplace-based assessment for specialty trainees in rehabilitation medicine by the Training Board of the Joint Royal Colleges of Physicians. Further work will explore its utility for trainees in other specialties and in communication and leadership skill training for undergraduate students.

Title: Occupational health nurses and case management
Author/s: Ramos, Elba I.
Source: Nursing economic January/February 2006 24 1 30-40 11
Abstract: The article reports on the results of a study concerning occupational health nurses and case management in the U.S. It was found that industrial nurses can manage the needs of employees with occupational and non-occupational work injuries when administered through workplace case management programs. Industrial nursing enables employers to deal with the complexities of managed care and pressure to manage medical costs.

Title: What is case management? a scoping and mapping review
Author/s: Lukersmith, Sue; Millington, Michael; Salvador-Carulla, Luis
Source: International journal of integrated care (IJIC) October-December 2016 16 4 1-13 13 DOI: 10.5334/ijic.2477
Abstract: The description of case management in research and clinical practice is highly variable which impedes quality analysis, policy and planning. Case management makes a unique contribution towards the integration of health care, social services and other sector services and supports for people with complex health conditions. There are multiple components and variations of case management depending on the context and client population. This paper aims to scope and map case management in the literature to identify how case management is described in the literature for key complex health conditions (e.g., brain injury, diabetes, mental health, spinal cord injury). Following literature searches in multiple databases, grey literature and exclusion by health condition, community-based and adequate description, there were 661 potential papers for data extraction. Data from 79 papers (1988-2013) were analysed to the point of saturation (no new information) and mapped to the model, components and activities. The results included 22 definitions, five models, with 69 activities or tasks of case managers mapped to 17 key components (interventions). The results confirm the significant terminological variance in case management which produces role confusion, ambiguity and hinders comparability across
different health conditions and contexts. There is an urgent need for an internationally agreed taxonomy for the coordination, navigation and management of care.

Title: How do case managers spend time on their functions and activities?

Author/s: You, Emily (Chuanmei); Dunt, David; Doyle, Colleen


Abstract: Case management has been a widely accepted approach to practice in various care settings. This study aimed to explore how community aged care case managers allocated their time to case management functions, how frequently they performed specific case management activities, and what factors influenced the frequency of their activities.

Methods: The study involved 154 survey participants, or 17.1% of the target case managers in the State of Victoria, Australia. Key information collected included participants’ socio-demographic characteristics, proportions of time allocated to six core case management functions, and frequency ratings of 41 specific activities within seven case management functions. Ordinal regression analyses were performed to determine significant factors associated with participants’ frequency ratings of their activities.

Results: Participants allocated the largest proportion of time to care coordination (22.0%), and the smallest proportion of time to outcome evaluation (8.0%). Over 70% of the participants assigned high frequency ratings to 31 of the 41 case management activities. The remaining ten activities, including all four outcome evaluation activities, three needs assessment activities, one care planning activity, one care coordination activity, and one general functions-related activity were less commonly performed very frequently. The regression analyses indicated that some case manager and client factors were significantly associated with frequency ratings of nine of the ten activities aforementioned. The two main findings of the regression analyses were: First, emphasising achieving more case management goals was significantly associated with higher frequency of three outcome evaluation activities; second, longer work experience was significantly associated with higher frequency of one care coordination activity and one outcome evaluation activity.

Conclusions: The frequent performance of most case management activities and relative absence of factors influencing their frequency suggest a uniformity of practice in community aged care case managers’ practice. What is not clear is whether the frequency of these activities (in particular less frequent performance of outcome evaluation activities) conforms to expectations.

Weblink: EBSCO
**Title**  Integrated case management for work-related upper-extremity disorders: impact of patient satisfaction on health and work status.

**Author/s**  Feuerstein M et al

**Source**  *Journal of occupational & environmental medicine* 2003 45 8 803-12  
DOI:10.1097/01.jom.0000079091.95532.92

**Abstract**  An integrated case management (ICM) approach (ergonomic and problem-solving intervention) to work-related upper-extremity disorders was examined in relation to patient satisfaction, future symptom severity, function, and return to work (RTW). Federal workers with work-related upper-extremity disorder workers’ compensation claims (n = 205) were randomly assigned to usual care or ICM intervention. Patient satisfaction was assessed after the 4-month intervention period. Questionnaires on clinical outcomes and ergonomic exposure were administered at baseline and at 6- and 12-months post intervention. Time from intervention to RTW was obtained from an administrative database. ICM group assignment was significantly associated with greater patient satisfaction. Regression analyses found higher patient satisfaction levels predicted decreased symptom severity and functional limitations at 6 months and a shorter RTW. At 12 months, predictors of positive outcomes included male gender, lower distress, lower levels of reported ergonomic exposure, and receipt of ICM. Findings highlight the utility of targeting workplace ergonomic and problem solving skills.

**Title**  Disability management through positive intervention in stakeholders’ information asymmetry. a pilot study

**Author/s**  Mortelmans, K et al

**Source**  *Occupational medicine* 2006 56 2 129  
DOI:10.1093/occmed/kqj014

**Abstract**  Background: One increasingly attractive hypothesis to account for prolonged sickness absence from work is the presence of ‘information asymmetry’ among stakeholders. Information asymmetry refers to a situation in which critical information is not (appropriately) exchanged, in this case among those involved in disability management.  
Aim: The purpose of this study was to intervene positively in the information asymmetry that currently exists between social insurance physicians and occupational physicians in Belgium.  
Methods: We developed a novel model aimed at improving information exchange, and a pilot study protocol based on the model. Our first objective was to investigate feasibility of implementing the study protocol. Our second and main objective was to obtain preliminary results on whether improving information exchange between physicians would facilitate work resumption of employees out on sickness absence.  
Results: Of 126 patients recruited, 91 were eligible and assigned to one of two groups: a control group, whose physicians used the standard Belgian evaluation protocol, and an intervention group, whose physicians used our new protocol. Outcome parameters from the 15 patients assigned to the intervention group revealed that enhanced inter-physician information exchange produced favourable work resumption rates (73%), suggesting that both the model and study protocol show promise.  
Conclusions: The issue of sharing information among all stakeholders involved in disability management is an important one. Moreover, professional reintegration of employees after a sickness absence is universally important to occupational health practitioners. Our preliminary results suggest that reducing information asymmetry among physicians should be investigated further in larger intervention trials.

**Title**  General practitioner attitudes to case conferences: how can we increase participation and effectiveness?
**Title**

Benefits of multidisciplinary case conferencing using audiovisual compared with telephone communication: a randomized controlled trial

**Author/s**

Wilson, SF et al

**Source**

Journal of telemedicine and telecare December 10 6 2004

**Abstract**

Multidisciplinary case conferencing using a video-link was compared with multidisciplinary case conferencing by telephone. One hundred patients were randomized to either videoconferencing (intervention group, 50 patients) or audioconferencing (control group, 50 patients). The effectiveness of the intervention compared with the control was evaluated in terms of: the number of conferences per patient, average length of conference, length of treatment, number of occasions of service, degree of multidisciplinary team involvement, recorded level of communication, quality of the management plan (in terms of the number of points contained in it) and staff satisfaction. The intervention and control groups showed significant differences on only two of the outcome measures: the mean number of case conferences per patient was less for the intervention group, and the intervention group had a shorter length of treatment (6 days) than the control group (10 days). The study did not demonstrate any significant differences in occasions of service or time commitment, which might have resulted in lower costs. However, the introduction of case conferencing by video-link was accompanied by a high level of satisfaction on the part of the 14 team members who were interviewed.

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**Title**

NSW workers compensation: a heartless system

**Author/s**

Costa, C

**Source**

Guardian 13 December 2006

**Abstract**

There is a noticeable sharp decline in the number of people requesting a Workers’ Compensation Certificate following injury at work. And, if a claim does go in, doctor and patient are inevitably bombarded with telephone calls, faxes and requests for information or a medical report from the insurer and the "rehabilitation provider". (Rehabilitation organisations are contracted to insurance companies to monitor work injury cases and "assist with work return").
ABSENTEEISM AND PRESENTEEISM

Title
Emotional dissonance and sickness absence: a prospective study of employees working with clients

Author/s
Indregard, Anne-Marthe; Knardahl, Stein; Nielsen, Morten

Source
International archives of occupational & environmental health January 2017 90 1 83-92 10 5

Abstract
Purpose: (1) Determine the relationship between emotional dissonance and medically certified sickness absence among employees working with clients and (2) compare the impact of emotional dissonance on medically certified sickness absence with the impact of other psychological and social work factors.

Methods: A sample of 7758 employees was recruited from 96 Norwegian organizations in the period 2004 to 2014, all working with clients. The study design was prospective with emotional dissonance measured at baseline and then linked to official registry data of medically certified sickness absence for the year following the survey assessment. Quantitative demands, decision demands, role clarity, role conflict, control over work intensity, and decision control were included as additional work exposures. The impact of the study variables on the presence and duration of medically certified sickness absence was investigated with a negative binomial hurdle model.

Results: In the fully adjusted model, emotional dissonance and role conflict significantly predicted the presence of medically certified sickness absence. Control over work intensity and decision control were negatively related to presence of sickness absence. Only role conflict was a risk factor for the duration of sickness absence when all factors were analysed simultaneously.

Conclusion: Emotional dissonance is a risk factor for the presence of medically certified sickness absence in client-driven work environments. Theoretical models of sickness absence, as well as interventions aiming to prevent sickness absence in such environments, should be aware of the effect emotional dissonance may have on employees.

Title
Examination of the double burden hypothesis—a systematic review of work–family conflict and sickness absence

Author/s
Nilse, W Skipstei, A Ostby, KA Mykletun, A

Source
European journal of public health 2017 27 3 465-471. DOI: https://doi.org/10.1093/eurpub/ckx054

Abstract
Background: Women consistently have higher sickness absence than men. The double-burden hypothesis suggests this is due to higher work–family burden in women than men. The current study aimed to systematically review prospective studies of work–family conflict and subsequent sickness absence.

Methods: A systematic search was conducted in the electronic databases Medline, PsycINFO, and Embase with subject heading terms and keywords with no language or time restrictions. Two reviewers independently screened abstracts and read full-texts with pre-defined inclusion and exclusion criteria.

Results: Eight included studies (n = 40 856 respondents) measure perceived work–family conflict and subsequent sickness absence. We found moderate evidence for a positive relationship between work–family conflict and subsequent sickness absence, and that women experience higher levels of work–family conflict than men.

Conclusion: Work–family conflict is associated with later sickness absence, and work–family conflict is more common for women than for men. This indicates that work–family conflict may contribute to the gender gap in sick leave. However, further studies are needed to confirm whether this relationship is causal.

Weblink
Title: One-year weight change and long-term sickness absence in professional firefighters

Author/s: Choi, BongKyoo

Source: American journal of industrial medicine June 2017 60 6 548-556 DOI: 10.1002/ajim.22722

Abstract: Background little is known about the association between weight change (particularly moderate weight loss, 5-10% in initial weight) and long-term sickness absence (LSA) in working populations. Methods Three hundred and forty professional firefighters reported their current and past (1 year ago) weights in a cross-sectional survey, along with their LSA experience due to a severe accident, injury, or illness during the previous 12 months. Results the prevalence of LSA was 14.7%. In the non-smoking male firefighters, the prevalence of LSA was 3.4% in those with moderate weight loss over the past year; 13.3% in those who maintained their weight; and 21.7% in those who gained their weight moderately: gamma coefficient, 0.44 (95%CI: 0.05, 0.66). The linear association remained significant after further controlling for age and alcohol consumption. And it was similar across the adiposity strata (normal weight, overweight, and obesity) of the firefighters 1 year ago. Conclusions One-year weight loss was associated with decreased risk of LSA in professional firefighters.

Title: External validation and update of a prediction rule for the duration of sickness absence due to common mental disorders

Author/s: Norder, G et al


Abstract: Purpose The objective of the present study was to validate an existing prediction rule (including age, education, depressive/anxiety symptoms, and recovery expectations) for predictions of the duration of sickness absence due to common mental disorders (CMDs) and investigate the added value of work-related factors. Methods A prospective cohort studies including 596 employees who reported sick with CMDs in the period from September 2013 to April 2014. Work-related factors were measured at baseline with the Questionnaire on the Experience and Evaluation of Work. During 1-year follow-up, sickness absence data were retrieved from an occupational health register. The outcome variables of the study were sickness absence (no = 0, yes = 1) at 3 and 6 months after reporting sick with CMDs. Discrimination between workers with and without sickness absence was investigated at 3 and 6 months with the area under the receiver operating characteristic curve (AUC). Results A total of 220 (37 %) employees agreed to participate and 211 (35 %) had complete data for analysis. Discrimination was poor with AUC = 0.69 and AUC = 0.55 at 3 and 6 months, respectively. When ‘variety in work’ was added as predictor variable, discrimination between employees with and without CMD sickness absence improved to AUC = 0.74 (at 3 months) and AUC = 0.62 (at 6 months). Conclusions The original prediction rule poorly predicted CMD sickness absence duration. After adding ‘variety in work’, the prediction rule discriminated between employees with and without CMD sickness absence 3 months after reporting sick. This new prediction rule remains to be validated in other populations.

Title: Implementation of the participatory approach for supervisors to increase self-efficacy in addressing risk of sick leave of employees: results of a cluster-randomized controlled trial

Author/s: Ketelaar, SM et
Abstract

Purpose To study the effectiveness of a multifaceted strategy to implement the participatory approach (PA) for supervisors to increase their self-efficacy in addressing risk of sick leave of employees. Methods Supervisors from three organizations were invited to participate. Randomization was performed at department level. Supervisors (n = 61) in the intervention departments received the implementation strategy consisting of a working group meeting, supervisor training in PA application, and optional supervisor coaching. Supervisors in the control departments (n = 55) received written information on PA. The primary outcome was supervisors’ self-efficacy to apply the PA, measured at baseline and 6 months’ follow-up. The number of employees with whom supervisors discussed work functioning problems or (risk of) sick leave was also assessed. Effects were tested using multilevel analyses. Results The strategy did not increase self-efficacy to apply the PA. Subgroup analyses showed that self-efficacy increased for supervisors who at baseline reported to have discussed (risk of) sick leave with less than three employees during the last 6 months (B = 1.42, 95% CI 0.34–2.50). Furthermore, the implementation strategy increased the number of employees with whom supervisors discussed work functioning problems or risk of sick leave (B = 1.26, 95% CI 0.04–2.48). Conclusion Although the implementation strategy cannot be recommended for all supervisors, for supervisors who less frequently discuss (risk of) sick leave with employees the implementation strategy might be helpful.

AGEING WORKFORCE

Title Does age modify the association between physical work demands and deterioration of self-rated general health?

Author/s Burr, H et al

Source Scandinavian journal of work and environmental health June 32017 43 3 241-249 doi:10.5271/sjweh.3625

Abstract

Objective Due to the growing proportion of older employees in the work force in several countries, the importance of age in the association between work and health is becoming increasingly relevant. Few studies have investigated whether age modifies the association of physical work demands with health. We hypothesized that the association of demanding body postures with deteriorated self-rated health (SRH) is stronger among older employees than among younger employees.

Method We analyzed three 5-year cohorts in the Danish Work Environment Cohort Study comprising 8318 observations from 5204 employees (follow-up participation rate 83%) with good baseline SRH. Physical work demands were assessed as demanding body postures. Age was divided into textiles; young (18–32 years), middle-aged (33–43 years) and old (44–59 among men and 44–54 among women). Poor SRH (“fairly good”, “poor”, and “very poor”) was measured with a single item. Log binomial regressions were stratified by gender. Effect modification (ie, interaction) was defined as deviation from additivity and examined by calculating the relative excess risk due to interaction (RERI). The reference group was employees aged 18–32 years with low physical exposure.

Results When predicting deterioration of SRH, an interaction between demanding body postures and age was found among men [RERI: 0.75, 95% confidence interval (95% CI) 0.16–1.34, regarding the age group 44–59 years] and among women (RERI: 0.84, 95% CI 0.19–1.34, for the age group 33–43 years; and 1.17, 95% CI 0.42–1.93, for the age group 44–54 years). Conclusion The study findings suggest that demanding body postures have a stronger impact on health among older compared to younger employees.

Weblink

Title ‘Rusty, invisible and threatening’: ageing, capital and employability
Levels of mature-age unemployment and under-employment are increasing in Australia, with older jobseekers spending longer unemployed than younger jobseekers. This article focuses on two key explanations of the difficulties confronting older jobseekers: human capital theory, which focuses on the obsolescence of older workers’ job skills, and ageism in employment. Drawing upon narrative interviews with older Australians, it critically engages with both these understandings. Using a Bourdieusian analysis, it shows how ageing intersects with the deployment of different forms of capital that are valued within particular labour market fields to shape older workers’ ‘employability’. By examining how class, gender and age intersect to structure experiences of marginalization, it questions conventional analyses that see older workers as discriminated against simply because they are older.

**ASBESTOSIS AND MESOTHELIOMA**

**Title** Cancer incidence in asbestos-exposed workers: an update on four Finnish cohorts

**Author/s** Nynas, P et al

**Source** Safety and health at work June 2017 8 2 169-174 https://doi.org/10.1016/j.shaw.2016.11.003

**Abstract** Background We assessed the cancer risks of four different Finnish asbestos-exposed cohorts. We also explored if the cohorts with varying profiles of asbestos exposure exhibited varying relative risks of cancer. Methods The incident cancer cases for the asbestos-exposed worker cohorts were updated to the end of 2012 using the files of the Finnish Cancer Registry. The previously formed cohorts consisted of asbestos mine workers, asbestosis patients, asbestos sprayers, and workers who had taken part in a screening study based on asbestos exposure at work. Results The standardized incidence ratio (SIR) for mesothelioma varied from about threefold to > 100-fold in the different cohorts. In the screening cohort the SIR for mesothelioma was highest in 2003–2007, In other cohorts it was more constant in 5-year period inspection. The SIR for lung cancer was about twofold to tenfold in all except the screening cohort. Asbestos sprayers were at the highest risk of mesothelioma and lung cancer. Conclusion The SIR for mesothelioma is high in all of the cohorts that represent different kinds of asbestos exposure. The smaller SIR for mesothelioma in the screening cohort with lowest level of asbestos exposure might suggest dose-responsiveness between asbestos exposure and mesothelioma. It does seem that the highest risk of lung cancer in these cohorts except in the youngest of the cohorts, the screening cohort, is over. The highest SIR for lung cancer of the asbestosis patient and sprayers cohort is explained by their heavy asbestos exposure.

**Title** Anxious and depressive symptoms in the French asbestos-related diseases cohort: risk factors and self-perception of risk

**Author/s** Ibrahim Mounchetrou-Njoya et al

**Source** European journal of public health 2017 27 2 359-366. DOI:https://doi.org/10.1093/eurpub/ckw106

**Abstract** Background: Asbestos is known to be an independent risk factor for lung and pleural cancers. However, to date, little attention has been paid to the psychological effects of asbestos exposure among exposed subjects. The objectives of this study were to estimate the prevalence of anxious and depressive symptoms among >2000 French participants of the Asbestos-Related Diseases Cohort (ARDCO), 6 years after their inclusion, to identify the risk factors associated with those anxious and depressive symptoms and to evaluate the impact of the asbestos-risk
perception.

Methods: The ARDCO was constituted in four regions of France between October 2003 and December 2005, by including former asbestos workers. Between 2011 and 2012, participants of the ARDCO program were invited to undergo another chest CT scan 6 years after the previous scan. Participants were asked to complete questionnaires including asbestos exposure assessment, Hospital Anxiety and Depression Scale (HADS), asbestos-risk perception and self-perception of asbestos-related diseases.

Results: Among the 2225 participants, 2210 fully completed questionnaires were collected and analyzed. The prevalence of symptoms of probable anxiety and probable depression was 19.7% and 9.9%, respectively. The risk of anxious and depressive symptoms was independently associated with self-perception of the intensity of asbestos exposure, asbestos-risk perception and self-perception of asbestos-related diseases.

Conclusion: The results obtained in this large study confirm that previously asbestos-exposed subjects are likely to develop anxious and depressive symptoms. Finally, implications related to the prevention of anxiety and depression among asbestos-exposed workers is discussed.
BULLYING

**Title**
Workplace bullying: causes, consequences, and intervention strategies

**Author/s**
Hershcovis, MS  Reich TC  Niven, K

**Source**
Society for industrial and organizational psychology 2015

**Abstract**
Workplace bullying is detrimental to employees and organizations, yet in a meta-analytic review of studies representing a range of countries approximately 15% of employees report being victimized at work. Workplace bullying defined as repeated e, over a period of time, to negative acts such as abuse, teasing, ridicule, and social exclusion. Researchers have traditionally conceptualised bullying to involve face-to-face interactions; however, the increasing use of technology in the workplace has seen a rise in “cyberbullying,” where by employees may.

**CHRONIC HEALTH ISSUES**

**Title**
The opioid epidemic and national guidelines for opioid therapy for chronic non cancer pain: a perspective from different continents

**Author/s**
Hauser, W  Schug, S  Furlan, AD

**Source**
PAIN reports May/June 2017 2  3 599 doi: 10.1097/PR9.0000000000000599

**Abstract**
Introduction: A marked rise in opioid prescriptions for patients with chronic no cancer pain (CNCP) with a parallel increase in opioid abuse/misuse, and resulting deaths was noted in the Unites states in the past decade (opioid epidemic). In response, the US Center of Diseases Control (CDC) developed a guideline for prescribing of opioids for patients with CNCP. Objectives: To assess (1) if there is an opioid epidemic in Australia, Canada, and
Germany (2) to compare Australian, Canadian, German, and Center of Diseases Control guidelines recommendations for long-term opioid therapy for CNCP.

Methods: National evidence-based guidelines and PubMed were searched for recommendations for opioid prescriptions for CNCP.

Results: There are signs of an opioid epidemic in Australia and Canada, but not in Germany. Guidelines in all 4 countries provide similar recommendations: opioids are not the first-line therapy for patients with CNCP; regular clinical assessments of benefits and harms are necessary; excessive doses should be avoided (recommended morphine equivalent daily doses range from 50 to 200 mg/d); stopping rules should be followed. All guidelines do not recommend the use of opioids in chronic pain conditions without an established nociceptive or neuropathic cause such as fibromyalgia and primary headache.

Conclusion: Implementation of opioid prescribing guidelines should ensure that physicians prescribe opioids only for appropriate indications in limited doses for selected patients and advice patients on their safe use. These measures could contribute to reduce prescription opioid misuse/abuse and deaths.

Weblink

Title Factors associated with sickness absence among employees with chronic conditions
Author/s Meng, L Robinson, KT Smith, ML
Source Occupational medicine June 2017 67 4 296-300 DOI:https://doi.org/10.1093/occmed/kqx028

Abstract Background The growing prevalence of chronic conditions in the ageing workforce has been shown to have a negative impact in terms of optimal work performance and quality of life. It is therefore important to understand the factors associated with sickness absence due to health problems.

Aims To examine the socio-demographics, health status indicators, barriers to self-care and social support associated with working adults missing work because of chronic conditions.

Methods We analysed data from working adults in the USA with one or more chronic conditions who completed the National Council on Aging (NCOA) Chronic Care Survey. Analyses were performed using SPSS version 22; independent sample t-tests and chi-squared tests were used to compare sample characteristics and logistic regression was used to assess factors associated with missed work as a dichotomous outcome variable.

Results Among the 250 study subjects, employees who reported poorer general health status (odd ratio (OR) = 1.62, P < 0.05), more physician visits (OR = 1.45, P < 0.01), not having enough money for their health (OR = 3.69, P < 0.01) and a higher reliance on their co-workers (OR = 1.71, P < 0.05) were significantly more likely to report sickness absence due to their chronic conditions.

Conclusions To reduce absences among employees with chronic conditions, employers need to understand the importance of factors such as employee income, resources and knowledge of disease self-care. US employers should explore opportunities for employees to offset health care costs, apply appropriate time-flexible work policies and encourage employees' participation in health knowledge enhancing interventions.

Weblink

Title Strategies for worksite health interventions to employees with elevated risk of chronic diseases
Author/s Meng, L et al
Source Safety and health at work June 2017 8 2 117-129 https://doi.org/10.1016/j.shaw.2016.11.004

Abstract Chronic disease rates have become more prevalent in the modern American workforce, which has negative implications for workplace productivity and healthcare costs. Offering workplace health interventions is recognized as an effective strategy to reduce chronic disease progression, absenteeism, and healthcare costs as well as improve population health. This
review documents intervention and evaluation strategies used for health promotion programs delivered in workplaces. Using predetermined search terms in five online databases, we identified 1,131 published items from 1995 to 2014. Of these items, 27 peer-reviewed articles met the inclusion criteria; reporting data from completed United States-based workplace interventions that recruited at-risk employees based on their disease or disease-related risk factors. A content rubric was developed and used to catalogue these 27 published field studies. Selected workplace interventions targeted obesity (n = 13), cardiovascular diseases (n = 8), and diabetes (n = 6). Intervention strategies included instructional education/counseling (n = 20), workplace environmental change (n = 6), physical activity (n = 10), use of technology (n = 10), and incentives (n = 13). Self-reported data (n = 21), anthropometric measurements (n = 17), and laboratory tests (n = 14) were used most often in studies with outcome evaluation. This is the first literature review to focus on interventions for employees with elevated risk for chronic diseases. The review has the potential to inform future workplace health interventions by presenting strategies related to implementation and evaluation strategies in workplace settings. These strategies can help determine optimal worksite health programs based on the unique characteristics of work settings and the health risk factors of their employee populations.

Weblink

Title Impact of overweight and obesity as a risk factor for chronic conditions: Australian Burden of Disease Study
Author/s Australian Institute of Health and Welfare (AIHW)
Source Australian Institute of Health and Welfare 2017: Australian Burden of Disease Study 11
Abstract This report updates and extends estimates of the burden due to overweight and obesity reported in the Australian Burden of Disease Study 2011 to include burden in people aged under 25, revised diseases linked to overweight and obesity based on the latest evidence, and estimates by socioeconomic group. The report includes scenario modelling, undertaken to assess the potential impact on future health burden if overweight and obesity in the population continues to rise or is reduced. The enhanced analysis in the report shows that 7.0% of the total health burden in Australia in 2011 is due to overweight and obesity, and that this burden increased with increasing level of socioeconomic disadvantage.

Weblink

Title Applying causal mediation methods to clinical trial data: what can we learn about why our interventions (don't) work?
Author/s Whittle, R. et al
Abstract Background: Many randomized controlled trials (RCTs) of psychosocial interventions for low back pain (LBP) have been found to have only small effects on disability outcomes. Investigations of the specific mechanisms that may lead to an improvement in outcome have therefore been called for.

Methods: We present an application of the causal inference approach to mediation analysis using the example of a cluster RCT in a primary care population with (sub)acute LBP randomized to either usual GP care (n = 171) or a minimal psychosocial intervention (n = 143). Mediation analysis explored the causal pathway between treatment allocation and disability at 3 months by considering pain catastrophizing, fear-avoidance beliefs, distress and receiving and following advice as potential mediators, all measured at 6 weeks. We have attempted to explain this approach to mediation analysis in a step-by-step manner to help clinical researchers apply this method more easily.

Results: In unadjusted mediation analyses, fear-avoidance beliefs were identified as a mediator of treatment on disability, with an indirect effect of -0.30 (95% CI: -0.86, -0.03), although this relationship was found to be non-significant after adjusting for age, gender and baseline scores. This finding supports the trial authors’ hypothesis that while fear-avoidance beliefs are
important, this intervention may not have targeted them strongly enough to lead to change. Conclusion: The use of mediation analysis to identify what factors may be part of the causal pathway between intervention and outcome, regardless of whether the intervention was successful. Fear-avoidance beliefs were found to mediate the relationship between treatment and disability, although not when controlling for baseline scores.

Title: Living well with chronic pain
Author/s: Sheedy, J et al
Source: Advances in mental health: promotion, prevention and early intervention 2017 15 1 1-13
Abstract: Objective: The aim of this study was to explore factors associated with resilience in chronic pain. The use of mediation analysis to identify what factors may be part of the causal pathway between intervention and outcome, regardless of whether the intervention was successful. Fear-avoidance beliefs were found to mediate the relationship between treatment and disability, although not when controlling for baseline scores.

Title: Provider and patient perspectives on opioids and alternative treatments for managing chronic pain: a qualitative study
Author/s: Penney, LS et al
Abstract: Background Current literature describes the limits and pitfalls of using opioid pharmacotherapy for chronic pain and the importance of identifying alternatives. The objective of this study was to identify the practical issues patients and providers face when accessing alternatives to opioids, and how multiple parties view these issues.

Methods Qualitative data were gathered to evaluate the outcomes of acupuncture and chiropractic (A/C) services for chronic musculoskeletal pain (CMP) using structured interview guides among patients with CMP (n = 90) and primary care providers (PCPs) (n = 25) purposively sampled from a managed care health care system as well as from contracted community A/C providers (n = 14). Focus groups and interviews were conducted patients with CMP with varying histories of A/C use. Plan PCPs and contracted A/C providers took part in individual interviews. All participants were asked about their experiences managing chronic pain and experience with and/or attitudes about A/C treatment. Audio recordings were transcribed and thematically coded. A summarized version of the focus group/interview guides is included in the Additional file 1.

Results We identified four themes around opioid use: (1) attitudes toward use of opioids to manage chronic pain; (2) the limited alternative options for chronic pain management; (3) the potential of A/C care as a tool to help manage pain; and (4) the complex system around chronic pain management. Despite widespread dissatisfaction with opioid medications for pain management, many practical barriers challenged access to other options. Most of the participants' perceived A/C care as helpful for short term pain relief. We identified that problems
with timing, expectations, and plan coverage limited A/C care potential for pain relief treatment. Conclusions These results suggest that education about realistic expectations for chronic pain management and therapy options, as well as making A/C care more easily accessible, might lead to more satisfaction for patients and providers, and provide important input to policy makers.

Title
Beyond return to work: the effect of multimorbidity on work functioning trajectories after sick leave due to common mental disorders

Author/s
Ubalde-Lopez, M et al

Source

Abstract
Objectives Patients with common mental disorders (CMDs) often suffer from comorbidities, which may limit their functioning at work. We assessed the longitudinal impact of multimorbidity, defined as two or more co-occurring chronic health conditions, on work functioning over time among workers who had returned to work after sick leave due to CMDs. Methods Prospective cohort study of 156 workers followed for 1 year after return to work from sick leave due to CMDs. A multimorbidity score was computed by counting severity-weighted chronic health conditions measured at baseline. Work functioning was measured at baseline and at 3, 6 and 12 months follow-up with the Work Role Functioning Questionnaire. Work functioning trajectories, i.e. the course of work functioning after return to work over time, were identified through latent class growth analysis. Results A total of 44% of workers had multimorbidity. Four work functioning trajectories were identified: one (12% of the workers) showed increasing work functioning scores during follow-up, whereas the other trajectories showed low, medium and high scores (23, 41 and 25%, respectively) that remained stable across time points. Although multimorbidity did not predict membership in any trajectory, within the increasing score trajectory levels of work functioning were lower among those with high baseline multimorbidity score (p < 0.001). Conclusions Over time, multimorbidity negatively impacts work functioning after return to work from sick leave due to CMDs.

Title
Randomized controlled trial investigating the role of exercise in the workplace to improve work ability, performance, and patient-reported symptoms among older workers with osteoarthritis

Author/s
Chopp-Hurley, JN et al

Source

Abstract
Objective: The aim of this study was to evaluate the effectiveness of a 12-week workplace exercise program on work ability, performance, and patient-reported symptoms in older university employees with knee and/or hip osteoarthritis. Methods: Twenty-four participants with clinical hip and/or knee osteoarthritis were randomized to exercise or no exercise. At baseline and follow-up, several work (work ability, resilience), patient-reported (pain, physical function, depressive symptoms, self-efficacy), and performance outcomes (hip and knee strength, mobility performance) were measured. Results: Significant improvements in work ability (P<0.049) and patient-reported outcomes (pain, function, depressive symptoms) existed in the exercise group. No improvements were demonstrated in the no exercise group. Conclusions: Exercise in the workplace improved work ability and patient-reported symptoms in older workers with osteoarthritis. The benefits of workplace exercise programs should be studied in a larger sample in which attention is given to improving exercise adherence.

Title
Diagnostic accuracy of the work functioning impairment scale (wfun): a method to detect workers who have health problems affecting their work and to evaluate fitness for work
Abstract
Objective: This study evaluated the diagnostic accuracy of the Work Functioning Impairment Scale (WFun), a questionnaire to detect workers with health problems which affect their work, using an assessment by an occupational health nurse as objective standard.

Methods: The WFun was completed by 294 employees. The nurse interviewed to assess 1) health problems; 2) effects of health on their work; necessity for 3) treatment, 4) health care instruction, and 5) consideration of job accommodation.

Results: The odds ratio in the high work functioning impairment group compared with the low was highly statistically significant with 9.05, 10.26, 5.77, 9.37, and 14.70, respectively. The WFun demonstrated the high detectability with an area under the receiver operating characteristic of 0.75, 0.81, 0.72, 0.79, and 0.83, respectively.

Conclusions: This study suggests that the WFun is useful in detecting those who have health problems affecting their work.

Title
Impact of occupational injuries on non-workers compensation medical costs of patient-care workers

Author/s
Williams, J AR et al

Source
Journal of occupational & environmental medicine June 2017 59 6 119–e124 doi: 10.1097/JOM.0000000000001047

Abstract
Objective: The aim of this study was to estimate the extent to which work-related injuries contribute to medical expenditures paid for by group health insurance.

Methods: Administrative data on OSHA recordable injuries spanning 2010 to 2013 were obtained for female patient care workers (n=2495). Expenditures were aggregated group health insurance claims for 3 and 6-month periods before/after injury. Group health insurance plan type, age group, and job category were control variables.

Results: Being injured is associated with the odds of having expenditures at both 3 months, odds ratio (OR) 2.17 [95% confidence interval (95% CI) 1.61 to 2.92], and 6 months, 2.95 (95% CI 1.96 to 4.45). Injury was associated with $275 of additional expenditures (95% CI $38 to $549) over 3 months and $587 of additional expenditures (95% CI $167 to $1140) over 6 months.

Conclusions: Injury was associated with increased odds of positive expenditures and increased expenditures paid for by group health insurance.

Title
Introduction to the special section: sustainability of work with chronic health conditions

Author/s
Shaw, William; Tveito, Torill; Boot, Cécile

Source

Abstract
Background The increasing prevalence of older workers and chronic health conditions represents a growing occupational health concern. More research is needed to understand risk factors, apply and adapt theories, and test workplace-focused interventions that might prevent work disability and disengagement among chronically ill workers.

Methods A 2-h roundtable symposium involving 28 participants was held at an international conference (Second Scientific Conference on Work Disability Prevention & Integration, Groningen, The Netherlands) in October 2012. In that symposium, small groups of participants were invited to discuss theoretical, methodological, and implementation considerations for...
studying workplace function and well-being among workers with chronic health conditions. As a follow-up to the symposium, the organizers invited authors to submit original articles to a Special Section of the Journal of Occupational Rehabilitation for peer review and publication. Results of the symposium reflected the need to address social, not just physical, aspects of the workplace, to include both individual-level and organizational interventions, and to integrate employer perspectives and operational models. Contributions to the Special Issue focus on outcome measurement, symptom self-management at work, job accommodations, prognostic factors for disability escalation, and the perceived needs of affected workers. Conclusions The content of the Special Section reflects an evolving body of research that continues to grapple with basic issues around choice of outcome measures, level of intervention, and the optimal ways to meet the needs of workers with chronic health conditions, including supporting efforts to manage symptoms and function at work. Future research should focus on integrating organizational and individual-level interventions.

EBSCO

Title
Researcher on health risks of sedentary life shifts focus to workplace interventions: q&a with 2017 mustard post-doctoral fellow on his recent and new research on prolonged sitting

Source
At work 87 Winter 2017
Institute for work & health, Toronto, Canada

Abstract
The health risk of sitting too long has become a topic of great interest in recent years. In the workplace setting, it’s now increasingly common to see programs that use standing desks or time-tracking devices to encourage office workers to sit less. All the while, questions remain about what the evidence has to say about the effectiveness of strategies to reduce sitting time.

Weblink

Title
Sedentary time and its association with risk for disease incidence, mortality, and hospitalization in adults: a systematic review and met-analysis

Author/s
Biswas, A et al

Source
Annals of internal medicine 2015162 123:132 doi:10.7326/M14-1651

Abstract
A meta-analysis to focus on the association between sedentary time and health outcomes, while adjusting for the effects of physical activity. This study looked at the risk for two groups of people. One group was the “active couch potatoes”—people who exercised and met their recommended 150 minutes of moderate-intensity physical activity a week, but otherwise sat a lot for the rest of the day. The other group was people who didn’t exercise enough and were very sedentary.

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DISABILITY

Title
Work-related biomechanical exposure and job strain in midlife separately and jointly predict disability after 28 years: a Finnish longitudinal study

Author/s
Prakash, KC et al

Source
Scandinavian journal of work, environment & health June 2017 doi:10.5271/sjweh.3656

Abstract
Objectives: We investigated whether the extent of biomechanical exposures and job strain in midlife separately and jointly predict disability in old age.

Methods Participants of the Finnish Longitudinal Study on Aging Municipal Employees (FLAME) in 1981 (aged 44–58 years) responded to disability questionnaires in 2009 (1850 women and
1082 men). Difficulties in performing five activities of daily living (ADL) and seven instrumental ADL (IADL) were used to assess severity of disability (score range: 0–12, 0=no disability). Information on biomechanical exposures and job strain was collected by questionnaire at baseline. Adjusted prevalence proportion ratios (PR) and 95% confidence intervals (95% CI) were modelled using mixed negative binomial regression with robust variance. The joint effect of two exposures was quantified using the concept of relative excessive risk due to interaction (RERI).

Results The overall prevalence of disability (score: 1–12) was 46.7% (women: 41%; men: 57%). Compared to low-level exposures in an adjusted model, the PR of high baseline biomechanical exposures for each one unit increase in the disability score was 1.31 (95% CI 1.10–1.55) and PR of high job strain was 1.71 (95% CI 1.26–2.32). Associations were rather similar in gender-stratified analyses. Furthermore, the joint effect (high strain/high biomechanical) was multiplicative (women: PR 1.32, 95% CI 1.21–1.45; men: PR 1.27, 95% CI 1.13–1.44), but no additive effect was observed when fully adjusted.

Conclusion High biomechanical exposure and job strain in midlife were strongly associated with the severity of disability in later life. The workplace could serve as arena for preventive interventions regarding disability in old age.
Call center productivity over 6 months following a standing desk intervention

Garrett, G et al

IIE transactions on occupational ergonomics and human factors 2016 4 2-3 188-195
http://dx.doi.org/10.1080/21577323.2016.1183534

Abstract
Stand-capable desks have been shown to successfully reduce sedentary behavior in the modern office, but whether their utilization improves cognitive productivity is not known. We compared productivity between stand-capable desk users and traditional seated desk users in a call center environment. Data were collected daily over a continuous 6-month period. We found that increased stand-capable desk use is a likely contributor to increased productivity over traditional seated desk use. These findings indicate that use of stand-capable desks as ergonomic interventions to improve physical health among employees may also positively impact their work productivity.

Background: Many office employees are spending up to 90% of their workday seated, and employers are considering stand-capable desks as a way to increase physical activity throughout the day. When deciding on adoption of stand-capable workstations, a major concern for employers is that the benefits, over time, may not offset the initial cost of implementation.

Methods: This study compared objective measures of productivity over time between a group of stand-capable desk users and a seated control group in a call center. Comparison analysis was completed for continuous 6-month secondary data for 167 employees, across two job categories. Results: Users of stand-capable desks were ∼45% more productive on a daily basis compared to their seated counterparts. Further, productivity of the stand-capable desk users significantly increased over time, from ∼23% in the 1st month to ∼53% over the next 6 months. Finally, this productivity increase was similar for employees across both job categories.

Conclusions: These findings suggest important benefits of employing stand-capable desks in the workforce to increase productivity. Prospective studies that include employee health status, perceptions of (dis)comfort and preference over time, along with productivity metrics, are needed to test the effectiveness of stand-capable desks on employee health and performance.

Waystorelax: developing an online alcohol-related health promotion animation for people aged 55 and older.

Ferguson N, Savic M, Manning V, Lubman DI.

Public health research practice 2017 27 2 2721718 doi: http://dx.doi.org/10.17061/phrp2721718

Abstract
Alcohol use among middle-aged and older adults (55 years and older) is increasingly becoming a public health concern. Despite this, there is relatively little research on the experiences of alcohol use and related concerns among people aged 55 and older to inform tailored and engaging health promotion activities. To address this gap, we aimed to develop an engaging alcohol-related health promotion resource for people aged 55 and older. We drew on a research-into-action approach, which involved: 1) thematic analysis of alcohol-related concerns in online counselling transcripts of 70 people aged 55 and older, 2) a review of health promotion literature, and 3) consultation with consumers of alcohol and other drug services, and carers. The research phase highlighted that people aged 55 and older were concerned that their reliance on alcohol use to manage stress had become a habit they wanted to shift. Alongside this, the literature showed that people aged 55 and older were often dismissive of conventional health promotion messages and referred to the benefits of conveying health promotion messages through animation. We developed an animation to stimulate reflection and thought about other ways to relax and manage stress. We drew on health promotion principles to ensure that the animation had a positive message and was engaging without being ageist or paternalistic. It was further refined with input from consumers and carers, who thought the
Weblink

**Title**
The emergence of integrated approaches to worker health, safety and wellbeing in Australia

**Author/s**
Joss, N Dupre-Husser, E Cooklin, A Oldenburg, B

**Source**
*Australian journal of public health* 2017 23 2 154-161 https://doi.org/10.1071/PY16065

**Abstract**
Integrated approaches to worker health, safety and wellbeing have been progressively developed and implemented internationally for over a decade; however, implementation in the Australian context is still in the early stages. Integrated workplace interventions recognise the interaction between health protection and health promotion to create a workplace culture in which health, safety and wellbeing are valued and managed efficiently, together with a view to improve organisational productivity. The present paper describes the progress of integrated approaches in six Victorian workplaces considered early adopters and identifies the drivers for further policy and program development in this area. Using a qualitative exploratory multiple case study design, organisational documents were systematically analysed and semi-structured interviews were conducted in six organisations that met criteria for an integrated approach. Key mechanisms to support this approach were observed, including active leadership, the development of an integrated committee for activities, clear strategies to engage employees and an existing commitment to safety practices. The prioritisation within a workplace to integrate health, safety and wellbeing, and ensure sustainability of these approaches, was detected as a gap for future development.

**HEALTH AND WELLBEING**

**Title**
Lower educational level and unemployment increase the impact of cardiometabolic conditions on the quality of life: results of a population-based study in South Australia

**Author/s**
González-Chica, D.A. et al

**Source**
*Quality of Life research* 2017 26 1521 doi: 10.1007/s11136-017-1503-y

**Abstract**
Purpose To investigate if sociodemographic characteristics increase the adverse effects of cardiovascular diseases (CVD) and cardiometabolic risk factors (CMRF) on health-related quality of life (HRQoL).

Methods Cross-sectional, face-to-face survey investigating 2379 adults living in South Australia in 2015 (57.1 ± 14 years; 51.7% females). Questions included diagnosis of CMRF (obesity, diabetes, hypertension, dyslipidaemia) and CVD. Physical and mental HRQoL were assessed using the SF-12v1 questionnaire. Multiple linear regression models including confounders (sociodemographic, lifestyle, use of preventive medication) and interaction terms between sociodemographic variables and cardiometabolic conditions were used in adjusted analysis.

Results The prevalence of CMRF (one or more) was 54.6% and CVD was 13.0%. The physical HRQoL reduced from 50.8 (95%CI 50.2–51.4) in healthy individuals to 45.1 (95%CI 44.4–45.9) and 39.1 (95%CI 37.7–40.5) among those with CMRF and CVD, respectively. Adjustment for sociodemographic variables reduced these differences in 33%, remaining stable after controlling for lifestyle and use of preventive medications (p < 0.001). Differences in physical HRQoL according to cardiometabolic conditions were twice as high among those with lower educational level, or if they were not working. Among unemployed, having a CMRF or a CVD had the same impact on the physical HRQoL (9.7 lower score than healthy individuals). The inverse association between cardiometabolic conditions and mental HRQoL was subtle (p = 0.030), with no evidence of disparities due to sociodemographic variables.
Conclusions A lower educational level and unemployment increase the adverse effects of cardiometabolic conditions on the physical HRQoL. Targeted interventions for reducing CMRF and/or CVD in these groups are necessary to improve HRQoL.

**Title**
New health technologies: managing access, value and sustainability

**Source**
OECD 2017

**Abstract**
This report discusses the need for an integrated and cyclical approach to managing health technology in order to mitigate clinical and financial risks, and ensure acceptable value for money. The analysis considers how health systems and policy makers should adapt in terms of development, assessment and uptake of health technologies. The first chapter provides an examination of adoption and impact of medical technology in the past and how health systems are preparing for continuation of such trends in the future.

**Weblink**

**Title**
Caring for quality in health: lessons learnt from 15 reviews of health care quality

**Source**
OECD 2017

**Abstract**
This report seeks to answer the question of what caring for quality means for a modern health care system by identifying what policies and approaches work best in improving quality of care. Despite differences in health care system priorities, and in how quality-improvement tools are designed and applied, a number of common approaches and shared challenges emerged across the 15 OECD Reviews of Health Care Quality analysed. The most important of these concerns transparency. Governments should encourage, and where appropriate require, health systems and health care providers to be open about the effectiveness, safety and patient-centeredness of care they provide. More measures of patient outcomes are also needed - especially those reported by patients themselves. These should underpin standards, guidelines, incentives and innovations in service delivery. Greater transparency can lead to optimisation of both quality and efficiency – twin objectives which reinforce, rather than subvert, each other. In practical terms, greater transparency and better performance can be supported by changes in where and how care is delivered; changes in the roles of patients and professionals; and employing tools such as data and incentives more effectively. Key actions in these three areas are set out in the 12 lessons presented in this synthesis report.

**Weblink**

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

**Authors**
Liff, R Eriksso, A C Wiksom, 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.

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Title Sit–stand tables with semi-automated position changes: a new interactive approach for reducing sitting in office work

Author/s Barbieri DF et al

Source *IISE transactions on occupational ergonomics and human factors* 2017 5 1 39-46

http://dx.doi.org/10.1080/24725838.2016.1259191

Abstract Occupational applications Sit–stand tables with semi-automated position changes were developed in order to remind users to switch regularly between sitting and standing postures during office work. Tests of the system showed good user compliance: Desk usage patterns were sustained during the entire 2 months following intervention. Users reported the new system did not interfere with their work, that it impacted their perception of health and well-being positively, and that they would have liked to continue using the system beyond the intervention period. This could thus be a promising intervention to ensure adequate use of sit–stand desks and sustain their use over time.

Background: Introducing sit–stand tables has been proposed as an initiative to decrease sedentary behavior among office workers and thus reduce risks of negative cardiometabolic health effects. However, ensuring proper and sustainable use of such tables has remained a challenge for successful implementation.

Purpose: Assess a new system developed to promote and sustain the use of sit–stand tables.

Methods: The system was programmed to change the position of the table between “sit” and “stand” positions per a regular preset pattern if the user agreed to the system-generated prompts prior to each change. The user could respond to the system-generated prompts by agreeing, refusing, or postponing the changes by 2 minutes. We obtained user compliance data when this system was programmed to a schedule of 10 minutes of standing after every 50 minutes of sitting. Compliance was investigated among nine office workers who were offered the semi-automated sit–stand table for 2 months.

Results: The system issued 12 to 14 alerts per day throughout the period. Mean acceptance rates ranged from 75.0% to 82.4%, and refusal rate ranged from 11.8% to 10.1% between the first and eighth weeks of intervention (difference not statistically significant). During the first week after introduction, the table was in a standing position for a mean of 75.2 minutes—increasing slightly to 77.5 minutes in the eighth week.

Conclusions: Since the workers were essentially sitting down before the table was introduced, these results suggest that the system was well accepted, and led to an effective reduction of sitting during working hours. Users also reported that the system contributed positively to their health and well-being, without interrupting their regular work, and that they would like to continue using the sit–stand table even beyond the 2-month period as part of their regular work.

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Compliance beyond 2 months of use, however, needs to be verified.

Title Wellbeing: the correlation between employee health and financial wellbeing

Source Aeon May 2017

Abstract This paper looks at the overall burden of mental health and asks if employers are doing enough to support staff suffering with mental health conditions. Mental health is an increasing concern for employers, Aon's whitepaper reports, and calls on employers to do more to develop impactful financial, mental and physical wellbeing programmes to support staff.

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MANAGEMENT AND LEADERSHIP

Title: The influence of risk perception on safety: a laboratory study

Author/s: Taylor, WD Snyder, LA


Abstract: Although it may be expected that employee perception of risk impacts engagement in safety behavior, previous research has been equivocal. The purpose of the present study was to clarify this relationship via a more thorough measurement of risk perception. Specifically, this study investigated the value of using a risk perception measure that makes risk perception conditional on behavior, in addition to investigating cognitive and affective risk perception. Another purpose of this study was to investigate how a lack of supervisor commitment to safety affects employees' safety behaviors. Eighty individuals participated in a laboratory study in which they performed two seemingly dangerous tasks. Supervisor commitment to safety was manipulated and safety behavior was assessed using video data. Results suggest that risk perception, when framed with regard to the risk of not performing the safety procedures, is related to safety behavior, as is supervisor commitment to safety. Implications for the findings are discussed, including the need for measures that make risk perception conditional on behavior.

Title: A brave new world? priorities and actions for an inclusive digital revolution

Source: Business in the Community April 2017

Abstract: The digital revolution raises a series of challenges that business must now address. There will be major impacts on the workforce, such as job losses due to automation. Businesses also run the risk of customers losing trust in technology; nine in ten internet users in the UK and the US would avoid doing business with companies that do not protect their privacy. We still have it within our power to take action and ensure that the digital revolution works for all of us. This is why we have defined the four priorities for responsible business in a digital age.

Firstly, business must protect, support and empower customers
Secondly, businesses should embrace the changing nature of work
Thirdly, deliver innovative products and services that serve society
Finally, drive a transparent, inclusive and productive value chain.

Title: Antecedents of daily team job crafting

Author/s: Makikangas, A Bakker, AB Schaufeli, WB

Source: European journal of work and organizational psychology 2017 26 3 421-433 http://dx.doi.org/10.1080/1359432X.2017.1289920

Abstract: This study investigated potential antecedents of team job crafting defined as the extent to which team members engage together in increasing (social and structural) job resources and challenges, and decreasing hindering job demands. Mindful of the teamwork literature, we hypothesized that individual employee factors (self-efficacy for teamwork, daily affect), team features (team cohesion, climate) and the organizational context of teams (engaging leadership and organizational resources for teamwork) relate positively to daily team job crafting behaviour. Data were collected among 46 multi-professional rehabilitation teams whose members completed two daily surveys after their weekly meetings. Multilevel regression analyses showed that self-efficacy for teamwork and team members’ positive affect were positively associated
with team job crafting behaviour at the individual (within-team) level. In addition, a team climate characterized by a clear vision of the teams’ targets, supportiveness and innovation and connecting leadership were positively related to daily team job crafting at both the within- and between-team levels of the data. Overall, the study offers novel insights into the antecedents of teams’ daily job crafting behaviours. For practice, the results suggest that actions and interventions conducive to positive team processes offer the most promising route to enhancing team job crafting behaviour.

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Title Clarifying the dynamic interrelation of conflicts between the work and home domain and counterproductive work behaviour
Author/s Germeyers, L De Gieter, S
Source European journal of work and organizational psychology 2017 26 3 457-467 http://dx.doi.org/10.1080/1359432X.2017.1314266

Abstract This study investigates the daily relationship between experiencing home–work conflict (HWC) and an employee’s performance of counterproductive work behaviour (CWB) directed towards the individual (CWBI) and CWB directed towards the organization (CWBO). Moreover, we examine whether these relationships are buffered by family supportive supervisor behaviour. Finally, we investigate whether CWBs directed towards the individual and the organization are related to feelings of work–home conflict (WHC). We examined the daily diary data using multilevel path analyses. We found support for a significant positive relation between HWC and same as well as next-day CWB enacted towards the individual, and same-day CWB directed towards the organization. General levels of family supportive supervisor behaviour buffered an employee’s daily relationship between experiencing HWC and enacting counterproductive work behaviour towards the individual, and are directly and negatively related with enacting CWB towards the individual and the organization. Furthermore, daily CWB enacted towards the individual was significantly positive, whereas CWB enacted towards the organization was significantly negatively related to WHC. Future research would benefit from examining buffering effects on the resource-depleting relationship between counterproductive work behaviour enacted towards the individual and WHC

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Title Managing underperformance in the Australian Public Service
Source Australian National Audit Office May 2017
Abstract Performance management of employees is critical to supporting a high-performing Australian Public Service (APS). While the management of underperformance is only one aspect of an effective performance management framework, it is important because underperforming employees negatively impact efficiency, productivity and morale.

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Title Preventing dysfunction and improving policy advice: the role of intra-departmental boundary spanners
Author/s Carey, G Buick Pescud, M Malbon, E
Source AJPA: Australian journal of public administration June 2017 76 2 176-186 DOI: 10.1111/1467-8500.12213
Abstract It is well established in the public management literature that boundary spanners – people or groups that work across departments or sectors – are critical to the success of whole of
government and joined-up working. In studying recent unprecedented change to central
government agencies in the Australian context, our research identified that intra-departmental
boundary spanners also play a critical role in the functioning of government departments,
particularly during restructuring. Although most contemporary literature in public management
concentrates on boundaries across formal organisational entities (departments, agencies,
sectors), boundaries also exist within departments. Our research has found that without
dedicated intra-departmental boundary spanners, significant role confusion and dysfunctional
practices arise. In turn, this has serious implications for the quality of policy advice given to
Cabinet. Further research needs to be undertaken into both the role of intra-departmental
boundary spanners and how to nurture and manage the practice of intra-departmental boundary
spanners. This is especially the case if changes in Australia represent a fundamental shift more
broadly in the way central government agencies operate.

Title
Strengthening your workforce with talent from disadvantaged groups: a simple step-by-step
guide to open recruitment

Source
Department of Work and Pensions 2017

Abstract
One of the most powerful ways employers can support their local communities and improve their
business, is by making their jobs accessible to all. Greater diversity of life experiences brings
with it a stronger workforce and a distinct competitive edge. The Department for Work & Pension’s new toolkit, written in partnership with Business in the Community, is designed to help employers across all sectors review their recruitment practices to ensure they are open and fair for all candidates, including those from disadvantaged groups. By following the steps in this simple guide, businesses can gain access to a largely untapped pool of potential talent, including long-term unemployed, ex-offenders, care leavers, recovering addicts, homeless people, single parents and military veterans. The toolkit has been produced in support of the Government’s See Potential campaign, which encourages employers to think differently about how they recruit and recognise the potential within people from disadvantaged groups.

Weblink

Title
A test of three basic assumptions of situational leadership® ii model and their implications for
hard practitioners

Authors
Zigarmi, D Peyton Roberts, T

Source
European journal of training and development 41 3 241-260, https://doi.org/10.1108/EJTD-05-
2016-0035

Abstract
Purpose This study aims to test the following three assertions underlying the Situational
Leadership® II (SLII) Model: all four leadership styles are received by followers; all four
leadership styles are needed by followers; and if there is a fit between the leadership style a
follower receives and needs, that follower will demonstrate favorable scores on outcome
variables.
Design/methodology/approach For the first and second assertions, a proportional breakdown of
the four leadership styles observed within a sample of working professionals is presented and
discussed. Regarding the third assertion, for ten outcome variables, multiple one-way analyses
of variance tested mean differences between followers who experienced leadership style fit (i.e.
a fit between received and needed style) and followers who did not experience fit (n = 573).
Subscale scores from the Leader Action Profile, the Work Intention Inventory, the Positive and
Negative Affect Scale and an adapted form of the Affective/Cognitive trust scale (McAllister,
1995) were used as study measures.
Findings Three of the four leadership styles of the SLII framework were reported as frequently
received. All four of the leadership styles were reported as needed. This study also found that
follower-reported fit between one’s needed and received leadership style at work resulted in
more favorable scores on nine of the ten employee outcomes, as compared to follower-reported
misfit.
As human resource development practitioners seek to educate and train their leaders on how to be more effective with their direct reports, this research provides evidence that all four styles are needed and received, although there were lower instances of reporting the S1 style to be needed or received. Also, the findings demonstrated that when followers view a fit exists between the leadership behaviors they need and the leadership behaviors they receive, greater positive job affect, lower negative job affect, increased cognitive and affective trust in the leader and higher levels of favorable employee work intentions were evident.

Originality/value This paper builds on the resurgence of studies examining initiating structure and consideration as leader behaviors. This is one of very few recent studies that, by combining initiating structure and consideration, reinvestigate the four leadership styles established by past contingency theories. Specifically, the authors used the SLII framework as a foundation for analysis. Overall, the study supports three of the major assumptions of the SLII framework.
A meta-analysis of emotional intelligence and work attitudes.

Miao, C Humphrey, RH Qian, S

Journal of occupational and organizational psychology June 2017 90 2 177-202 DOI: 10.1111/joop.12167

Our meta-analysis of emotional intelligence (EI) demonstrates that: First, all three types of EI are significantly related to job satisfaction (ability EI: $\hat{\rho}^p = .08$; self-report EI: $\hat{\rho}^p = .32$; and mixed EI: $\hat{\rho}^p = .39$). Second, both self-report EI and mixed EI exhibit modest yet statistically significant incremental validity ($\Delta R^2 = .03$ for self-report EI and $\Delta R^2 = .06$ for mixed EI) and large relative importance (31.3% for self-report EI and 42.8% for mixed EI) in the presence of cognitive ability and personality when predicting job satisfaction. Third, we found mixed support for the moderator effects (i.e., emotional labour demand of jobs) for the relationship between EI and job satisfaction. Fourth, the relationships between all three types of EI and job satisfaction are mediated by state affect and job performance. Fifth, EI significantly relates to organizational commitment (self-report EI: $\hat{\rho}^p = .43$; mixed EI: $\hat{\rho}^p = .43$) and turnover intentions (self-report EI: $\hat{\rho}^p = -.33$). Sixth, after controls, both self-report EI and mixed EI demonstrate incremental validity and relative importance (46.9% for self-report EI; 44.2% for mixed EI) in predicting organizational commitment. Seventh, self-report EI demonstrates incremental validity and relative importance (60.9%) in predicting turnover intentions.

Practitioner points: Employees with higher emotional intelligence (EI) have higher job satisfaction, higher organizational commitment, and lower turnover intentions. Adding EI measures to the set of personality and cognitive measures currently being used can improve the ability to assess employee job satisfaction, organizational commitment, and turnover intentions. EI improves job satisfaction by helping employees reduce negative feelings, by increasing positive feelings, and/or by improving job performance. To produce productive and satisfied workers, organizations should incorporate EI in employee recruitment, training, and development programmes.

Transformational leadership behavior, emotions, and outcomes: health psychology perspective in the workplace.

Zineldin, M

Journal of workplace behavioral health 2017 32 1 http://dx.doi.org/10.1080/15555240.2016.1273782

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.
What seals the i-deal? exploring the role of employees' behaviours and managers' emotions.

Rofcanin, Y Kiefer, T Strauss, K

Journal of occupational and organizational psychology June 2017 90 2 203-224 DOI: 10.1111/joop.12168

Idiosyncratic deals (I-deals) are work arrangements between an employee and a manager, aimed at meeting the employee's specific work-related needs (Rousseau, 2005, I-deals: Idiosyncratic deals employees bargain for themselves, M. E. Sharpe, New York, NY). Studies to date have focused on the effects of successful I-deal negotiations, but have paid little attention to what determines whether negotiated I-deals are also obtained. We propose that managers play a crucial role in this process, and explore the role of managers' emotions in translating negotiation into obtainment. We suggest that I-deals are more likely to be obtained when managers feel more positive and less negative about an employee's I-deal process in the aftermath of the negotiation. We then aim to determine what shapes managers' emotions about the I-deal process. Given that I-deals are intended to be beneficial for the entire team (Rousseau, 2005, I-deals: Idiosyncratic deals employees bargain for themselves, M. E. Sharpe, New York, NY), we expect that managers feel more positive about the I-deal process of employees who engage in socially connecting behaviours following their I-deal negotiation. In contrast, managers feel more negative about the I-deal process of employees who engage in socially disconnecting behaviours. Results from a two-wave study of employees and their managers supported our hypotheses. Our findings contribute to research on I-deals by distinguishing between the negotiation and obtainment of I-deals and by highlighting the role of managers' emotions in translating negotiated I-deals into obtainment and the importance of employees' socially connecting and disconnecting behaviours following I-deal negotiations. Practitioner points: I-deals are individually negotiated work agreements between an employee and an employer about parts of their jobs or specific tasks. Previous research has predominantly focused on the negotiation of I-deals. Yet, negotiated I-deals may not always materialize. How managers feel about the I-deal process of employees in the aftermath of the negotiation is a crucial factor in translating successfully negotiated I-deals into obtained I-deals. When managers feel more positive and less negative about the I-deal process, they are more likely to facilitate the obtainment of employees' deals. Because I-deals are supposed to benefit the entire team, managers' emotions about the I-deal process are influenced by employees' behaviours following the negotiation. Managers are likely to feel more positive about an employee's I-deal process if he/she displays socially connecting behaviours and more negative when the employee disconnects from others in the aftermath of I-deal negotiations.

MUSCULOSKELETAL ISSUES

Associations of objectively measured sitting and standing with low-back pain intensity: a 6-month follow-up of construction and healthcare workers.

Lunde, L-K et al

Scandinavian journal of work environmental health 2017 43 3 269-278 doi: 10.5271/sjweh.3628

Objectives This study aimed to determine the associations between objectively measured sitting and standing duration and intensity of low-back pain (LBP) among Norwegian construction and healthcare workers.

Methods One-hundred and twenty-four workers wore two accelerometers for 3-4 consecutive days, during work and leisure. Minutes of sitting and standing was calculated from accelerometer data. We obtained self-reported LBP intensity (0–3) at the time of objective measurement and after six months. We examined associations with linear mixed models and presented results per 100 minutes. Results For healthcare workers, the duration of sitting during
work ($\beta = -0.33$, 95% confidence interval (95% CI) -0.55–-0.10) and during full-day (work + leisure) ($\beta = -0.21$, 95% CI -0.38–-0.04) was associated with baseline LBP intensity. Furthermore, minutes of sitting at work ($\beta = -0.35$, 95% CI -0.57–-0.13) and during the full day ($\beta = -0.20$, 95% CI -0.37–-0.04) were significantly associated with LBP intensity at six months. Associations were attenuated when adjusting for work-related mechanical and psychosocial covariates and objectively measured exposure during leisure time. No significant associations between sitting and LBP intensity were found for construction workers. Standing at work was not consistently associated with LBP intensity at baseline or after six months for any work sector.

Conclusions This study suggests that a long duration of sitting at work is associated with lower levels of LBP intensity among healthcare workers. Standing duration had no consistent associations with LBP intensity.

**Title**
Non-chemical risk assessment for lifting and low back pain based on Bayesian threshold models

**Author/s** Pandalai, SP et al

**Source** Safety and health at work June 2017 8 2 2016-211 https://doi.org/10.1016/j.shaw.2016.10.001

**Abstract**
Background Self-reported low back pain (LBP) has been evaluated in relation to material handling lifting tasks, but little research has focused on relating quantifiable stressors to LBP at the individual level. The National Institute for Occupational Safety and Health (NIOSH) Composite Lifting Index (CLI) has been used to quantify stressors for lifting tasks. A chemical exposure can be readily used as an exposure metric or stressor for chemical risk assessment (RA). Defining and quantifying lifting nonchemical stressors and related adverse responses is more difficult. Stressor–response models appropriate for CLI and LBP associations do not easily fit in common chemical RA modeling techniques (e.g., Benchmark Dose methods), so different approaches were tried.

Methods This work used prospective data from 138 manufacturing workers to consider the linkage of the occupational stressor of material lifting to LBP. The final model used a Bayesian random threshold approach to estimate the probability of an increase in LBP as a threshold step function.

Results Using maximal and mean CLI values, a significant increase in the probability of LBP for values above 1.5 was found.

Conclusion A risk of LBP associated with CLI values > 1.5 existed in this worker population. The relevance for other populations requires further study.

**Title**
Seat pressure distribution characteristics during 1 hour sitting in office workers with and without chronic low back pain

**Author/s** Akkarakittichoke, N Janwantanakul, P

**Source** Safety and health at work June 2017 8 2 212-219 https://doi.org/10.1016/j.shaw.2016.10.005

**Abstract**
Background Low back pain (LBP) is a major problem for office workers. Individuals adopting poor postures during prolonged sitting have a considerably increased risk of experiencing LBP. This study aimed to investigate seat pressure distribution characteristics, i.e., average pressure, peak pressure ratio, frequency of postural shift, and body perceived discomfort (BPD), during 1 hour of sitting among office workers with and without chronic LBP.

Methods Forty-six participants (chronic LBP = 23, control = 23) typed a standardized text passage at a computer work station for an hour. A seat pressure mat device was used to collect the seat pressure distribution data. Body discomfort was assessed using the Body Perceived Discomfort scale.

Results Office workers with chronic LBP sat significantly more asymmetrically than their healthy counterparts. During 1-hour sitting, all workers appeared to assume slumped sitting postures after 20 minutes of sitting. Healthy workers had significantly more frequent postural shifts than chronic LBP workers during prolonged sitting.

Conclusion Different sitting characteristics between healthy and chronic LBP participants during
1 hour of sitting were found, including symmetry of sitting posture and frequency of postural shift. Further research should examine the roles of these sitting characteristics on the development of LBP.

**Title**
Acute joint pain in the emerging green collar workforce: evidence from the linked National Health Interview Survey and Occupational Information Network (O*NET)

**Author/s**
Huntley, SR et al

**Source**

**Abstract**
Background Green jobs are a rapidly emerging category of very heterogeneous occupations that typically involve engagement with new technologies and changing job demands predisposing them to physical stressors that may contribute to the development of joint pain.

Methods We estimated and compared the prevalence of self-reported acute (past 30 days) joint pain between green and non-green collar workers using pooled 2004-2012 National Health Interview Survey (NHIS) data linked to the Occupational Information Network Database (O*NET).

Results Green collar workers have a higher prevalence of acute joint pain as compared to non-green collar workers. Green collar workers with pain in the upper extremity joints were significantly greater than in the non-green collar workforce, for example, right shoulder [23.2% vs 21.1%], right elbow [13.7% vs 12.0%], left shoulder [20.1% vs 18.2%], and left elbow [12.0% vs 10.7%].

Conclusions Acute joint pain reported by the emerging green collar workforce can assist in identifying at risk worker subgroups for musculoskeletal pain interventions.

**Title**
Characteristics of therapeutic alliance in musculoskeletal physiotherapy and occupational therapy practice: a scoping review of the literature

**Author/s**
Babatunde, Folarin; MacDermid, Joy; MacIntyre, Norma

**Source**
BMC health services research 2017 17 1-23 23 1 6 2 DOI: 10.1186/s12913-017-2311-3.

**Abstract**
Most conventional treatment for musculoskeletal conditions continue to show moderate effects, prompting calls for ways to increase effectiveness, including drawing from strategies used across other health conditions. Therapeutic alliance refers to the relational processes at play in treatment which can act in combination or independently of specific interventions. Current evidence guiding the use of therapeutic alliance in healthcare arises largely from psychotherapy and medicine literature. The objective of this review was to map out the available literature on therapeutic alliance conceptual frameworks, themes, measures and determinants in musculoskeletal rehabilitation across physiotherapy and occupational therapy disciplines.

Methods: A scoping review of the literature published in English since inception to July 2015 was conducted using Medline, EMBASE, PsychINFO, PEDro, SportDISCUS, AMED, OTSeeker, AMED and the grey literature. A key search term strategy was employed using "physiotherapy", "occupational therapy", "therapeutic alliance", and "musculoskeletal" to identify relevant studies. All searches were performed between December 2014 and July 2015 with an updated search on January 2017. Two investigators screened article title, abstract and full text review for articles meeting the inclusion criteria and extracted therapeutic alliance data and details of each study. Results: One hundred and thirty articles met the inclusion criteria including quantitative (33%), qualitative (39%), mixed methods (7%) and reviews and discussions (23%) and most data came from the USA (23%). Randomized trials and systematic reviews were 4.6 and 2.3% respectively. Low back pain condition (22%) and primary care (30.7%) were the most reported condition and setting respectively. One theory, 9 frameworks, 26 models, 8 themes and 42 subthemes of therapeutic alliance were identified. Twenty-six measures were identified; the Working Alliance Inventory (WAI) was the most utilized measure (13%). Most of the therapeutic alliance themes extracted were from patient perspectives. The relationship between adherence and therapeutic alliance was examined by 26 articles of which 57% showed some correlation between
The therapeutic alliance and adherence. Age moderated the relationship between therapeutic alliance and adherence with younger individuals and an autonomy support environment reporting improved adherence. Prioritized goals, autonomy support and motivation were facilitators of therapeutic alliance.

Conclusion: Therapeutic Alliance has been studied in a limited extent in the rehabilitation literature with conflicting frameworks and findings. Potential benefits described for enhancing therapeutic alliance might include better exercise adherence. Several knowledge gaps have been identified with a potential for generating future research priorities for therapeutic alliance in musculoskeletal rehabilitation.

Pre-existing low-back symptoms impact adversely on sitting time reduction in office workers

Objectives Initiatives to reduce office-workplace sitting are proliferating, but the impact of pre-existing musculoskeletal symptoms on their effectiveness has not been determined. We assessed the influence of musculoskeletal symptoms on the outcomes of a workplace sitting intervention.

Methods Baseline and 3-month data from a cluster-randomized controlled trial of a workplace sitting intervention (Stand Up Victoria; trial registration number ACTRN12611000742976) were used. Office workers (n = 231) from 14 work teams within one organisation were randomised (by worksite) to a multicomponent program with individual-, organisational-, and environmental-level (sit-stand workstations) change strategies; or, to a control condition (no intervention). Musculoskeletal symptoms in the low-back, upper and lower extremities (present/absent) were assessed through self-report. Linear regression models tested the moderation by baseline musculoskeletal symptoms of intervention effects on workplace sitting and standing time and on sitting and standing bout durations, assessed by the activPAL3™ activity monitor.

Results There were significant reductions in sitting and increased standing at work (p < 0.05). However, effects varied significantly by the presence of pre-existing low-back (but not other) symptoms, with greater benefit being seen in those without symptoms. Effects on sitting time and sitting bout duration were weaker in those with low-back symptoms compared to those without by 34.6 [95% CI (0.9; 68.3)] min/8-h workday and 5.1 [95% CI (0.2; 9.9)] min, respectively. Comparable effects were seen for standing.

Conclusion Low-back symptoms may impact on the extent to which office workers change their workplace sitting and standing time. A prudent next step to improve the effectiveness of workplace sitting-reduction initiatives such as Stand Up Victoria may be to assess and address the needs of those who displayed comparatively limited behaviour change, namely those with pre-existing low – back discomfort.

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

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 focused 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
Seat pressure distribution characteristics during 1 hour sitting in office workers with and without chronic low back pain

Author/s
Akkarakittichoke, Nipaporn Janwantanakul Prawit

Source
Safety and health at work June 2017 8 2 https://doi.org/10.1016/j.shaw.2016.10.005

Abstract
Background: Low back pain (LBP) is a major problem for office workers. Individuals adopting poor postures during prolonged sitting have a considerably increased risk of experiencing LBP. This study aimed to investigate seat pressure distribution characteristics, i.e., average pressure, peak pressure ratio, frequency of postural shift, and body perceived discomfort (BPD), during 1 hour of sitting among office workers with and without chronic LBP.

Methods: Forty-six participants (chronic LBP = 23, control = 23) typed a standardized text passage at a computer work station for an hour. A seat pressure mat device was used to collect the seat pressure distribution data. Body discomfort was assessed using the Body Perceived Discomfort scale.

Results: Office workers with chronic LBP sat significantly more asymmetrically than their healthy counterparts. During 1-hour sitting, all workers appeared to assume slumped sitting postures after 20 minutes of sitting. Healthy workers had significantly more frequent postural shifts than chronic LBP workers during prolonged sitting.

Conclusion: Different sitting characteristics between healthy and chronic LBP participants during 1 hour of sitting were found, including symmetry of sitting posture and frequency of postural shift. Further research should examine the roles of these sitting characteristics on the development of LBP.
personal and occupational psychosocial variables play a more important role than spinal pathology or physical job demands; work disability due to LBP is now widely accepted to be a biopsychosocial phenomenon [4, 6–12].

Title
Take charge of pain: evaluating a community-targeted self-management education program for people with musculoskeletal pain

Author/s
Hoon, E

Source
Health promotion journal Australia 2017 28 1 77-80 https://doi.org/10.1071/HE15123

Abstract
Issue addressed: Musculoskeletal conditions are highly prevalent, affecting 28% of the Australian population. Given the persistent nature of many musculoskeletal conditions self-management is recognised as an important aspect of effective disease management. However, participant recruitment and retention for formal self-management programs is a challenge. Methods: Arthritis SA (Arthritis Foundation of South Australia, a non-profit community health organisation) redesigned a shorter, community-orientated self-management education program delivered by health professionals. The program utilises aspects of the Stanford model of chronic disease self-management and motivational interviewing as well as principles of adult learning to create an effective learning environment. The program aims to guide participants to learn and practise a range of pain management strategies that are known to be effective in improving quality of life. This study used a pre- and post-test (at 6 weeks) design to determine whether this program achieved benefits in self-reported health outcomes. Outcomes that were measured included pain, fatigue, health distress, self-efficacy and communication. Results: A response rate of 47% (n = 102) was achieved and small but statistically significant improvements in mean [sd.] pain scores (6.1 [2.3] to 5.4 [2.4], P = 0.001), health distress (2.3 [1.3] to 2.0 [1.3], P = 0.002) and self-efficacy (6.2 [2.1] to 6.8 [2.2], P = 0.002) were found. Conclusion: Community-based participants of this shorter, focused program recorded small but significant improvements in self-reported pain, health distress and self-efficacy. For those who completed the current program, Arthritis SA is currently exploring the potential of developing a booster session to promote sustainable positive health outcomes. So what?: Supporting self-management through education is recognised as important but also as a key challenge for effective management of musculoskeletal conditions. Using a pre-post evaluation design, this study demonstrated effectiveness (short-term improvements for self-reported pain, health distress and self-efficacy) for a redesigned and shortened community-targeted program focusing on musculoskeletal pain.

Title
Work characteristics predict the development of multi-site musculoskeletal pain

Author/s
Oakman, J et al

Source
International archives of occupational and environmental health 2017 DOI: 10.1007/s00420-017-1228-9

Abstract
Purpose Musculoskeletal pain in more than one body region is common and a barrier to sustaining employment. We aimed to examine whether work characteristics predict the development of multi-site pain (MSP), and to determine differences in work-related predictors between age groups.

Methods This study is based on 5136 employees from the Study on Transitions in Employment, Ability and Motivation (STREAM) who reported no MSP at baseline. Measures included physical, emotional, mental, and psychological job demands, social support and autonomy. Predictors of MSP were studied by logistic regression analyses. Univariate and multivariate analyses with age stratification (45–49, 50–54, 55–59, and 60–64 years) were done to explore differences between age groups.

Results All work characteristics with the exception of autonomy were predictive of the
development of MSP, with odds ratios varying from 1.21 (95% CI 1.04–1.40) for mental job demands to 1.63 (95% CI 1.43–1.86) for physical job demands. No clear pattern of age-related differences in the predictors of MSP emerged, with the exception of social support, which was predictive of MSP developing in all age groups except for the age group 60–64 years. Conclusions Adverse physical and psychosocial work characteristics are associated with MSP. Organisations need to comprehensively assess work environments to ensure that all relevant workplace hazards, physical and psychosocial, are identified and then controlled for across all age groups.

**Title** Analysis of internal torso loading in asymmetric and dynamic lifting tasks

**Author/s** Sengupta, AK Xiaopeng, J

**Source** Occupational ergonomics 13 3-4 139-146 DOI: 10.3233/OER-170247

**Abstract** Background: Asymmetric and dynamic lifting is known to be one of the leading causes of occupational lower back disorders (LBDs). Biomechanical modeling has been utilized to investigate lifting task characteristics so that the task demands can be kept within a limit, and internal muscles and joints are not injured.

Objective: This study implemented AnyBodyTM to analyze internal torso loading in asymmetric and dynamic lifting tasks.

Methods: A six-camera motion capture (mocap) system collected dynamic motion data of lifting 30 lb (13.6 kg) weight at 0°, 30° and 60° asymmetry. The mocap data drove the AnyBodyTM model, and the study investigated the effect of the asymmetry.

Results: Erector spinae was the most activated muscle for both symmetric and asymmetric lifting. When lifting origin became more asymmetric toward right, erector spinae activity was reduced, but oblique muscles increased their share of activity to counter the external moment. Most muscle tensions peaked at the lift initiation phase except left external oblique and right internal oblique. Left external oblique played a minor role in the right asymmetric lifting task, and the difference of activation for right internal oblique may be due to variance of the motion. Surprisingly the lift asymmetry decreased both compression and shear forces at the L5/S1 joint.

Conclusions: This finding contradicted the results obtained from other research studies. The reduction in spine forces is postulated to have resulted from the increased oblique muscles’ share in the production of back extensor moment. Since these muscles have longer moment arms, they generated lesser spine force to counteract the external moment. The subject also tended to squat as lifting origin became asymmetric, which effectively reduced the load moment on the spine.

**Title** Evaluation of shoulder strain during multi-directional forceful arm exertions

**Author/s** McKayla, E

**Source** Occupational ergonomics 13 3-4 131-138 DOI: 10.3233/OER-170248

**Abstract** Background: Forceful exertions of the arm/shoulder are common during material handling and many other industrial tasks. Determination of how the risk of shoulder injury changes in conjunction with direction of force exertion could provide useful guidance on the design of workplaces and tasks.

Objective: This research was conducted to determine how direction of force exertion and muscle recruitment algorithm effect shoulder strain computed by musculoskeletal modeling.

Methods: Musculoskeletal modeling software was used to perform simulations of static force exertions of the right upper limb. A series of 36 force exertions in directions at …30° intervals in the transverse, sagittal, and frontal planes were performed using three muscle recruitment optimization algorithms. A previously validated strain index equation was used to calculate risk injury for each force exertion based on the magnitude and direction of the resultant

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glenohumeral force.
Results: Generally, highest strain values were found in the downward, backward, and leftward direction and lowest strain values were found in the upward, forward, and rightward direction, or, in other words, during force exertions opposing forces in those directions.
Conclusions: When designing workplace tasks that involve forceful exertions of the shoulder, pulling and downward pushing exertions should be given preference over pushing and lifting exertions.

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OCCUPATIONAL ISSUES

Title Global occupational health
Source Occupational medicine
Abstract Globally, an estimated 2.3 million workers die every year from occupational accidents and work-related diseases; this equates to 6,300 deaths daily. (1) In addition, over 300 million workers have non-fatal occupational accidents resulting in disability and time off work. 2.3 million work-related deaths per year outnumber deaths due to tuberculosis (TB), AIDS and road accidents… Workers in Europe, North America and Australasia are fortunate; there is well developed legislation, and there are systems in place to manage occupational health and safety hazards.… See collection of articles and resources on the page.

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Title Occupational cancer: recent developments in research and legislation
Source Occupational medicine June 2017 67 4 248-250 DOI:https://doi.org/10.1093/occmed/kqx020
Abstract In recent years, it has been increasingly popular to carry out estimation of the burden of disease with the aim of identifying major risk factors contributing to important morbidity burdens as an aid to prioritizing risk reduction strategies. The area of occupational disease and in particular occupationally related cancer is no exception.

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Title Perceived office environments and occupational physical activity in office-based workers
Author/s Sawyer, A et al
Source Occupational medicine June 2017 67 4 260-267 DOI: https://doi.org/10.1093/occmed/kqx022
Abstract Aims: To identify factors contributing to office-based workers’ perceptions of the office environment and explore cross-sectional relationships between these factors and occupational physical activity.
Methods Participants in the Active Buildings study reported perceptions of their office environment using the Movement at Work Survey. A principal component analysis (PCA) was conducted on survey items. A sub-sample wore the ActivPAL3TM accelerometer for ≥3 workdays to measure occupational step count, standing, sitting and sit-to-stand transitions. Linear regression analyses assessed relationships between environmental perceptions and activity.
Results There were 433 participants, with accelerometer data available for 115 participants across 11 organisations. The PCA revealed four factors: (i) perceived distance to office
destinations, (ii) perceived office aesthetics and comfort, (iii) perceived office social environment and (iv) perceived management discouragement of unscheduled breaks. Younger participants perceived office destinations as being closer to their desk. Younger and female participants perceived more positive office social environments; there were no other socio-demographic differences. Within the sub-sample with accelerometer data, perceived discouragement of breaks by management was related to occupational step count/hour ($B = -64.5; 95\% CI -109.7$ to $-19.2$). No other environmental perceptions were related to activity or sitting.

Conclusions Perceived managerial discouragement of breaks could be related to meaningful decreases in occupational step count. Future research should aim to elucidate the role of the workplace socio-cultural environment in occupational walking, with a focus on the role of management.

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Title Cardiac health and fitness of Colorado male/female firefighters
Author/s Li, K Lipsey, T Leach HJ Nelson, TL
Source Occupational medicine June 2017 67 4 DOI:https://doi.org/10.1093/occmed/kqx033
Abstract Background: Cardiovascular disease (CVD) is documented as the leading cause of mortality in on-duty firefighters. Aims To examine the prevalence of metabolic syndrome (MetS) components, cardiorespiratory fitness levels and the association between them in firefighters in Colorado, USA. Methods: This study included male and female Colorado firefighters. MetS was identified where three or more metabolic abnormalities were present, using Cholesterol Education Program/Adult Treatment Panel III guidelines. Cardiorespiratory fitness (indicated by VO2 max) was evaluated with the Bruce protocol. Poisson regression was conducted to examine the association between MetS components and VO2 max. Results: Among the 947 male and 76 female study subjects, MetS was present in 9% of all firefighters, in 5% of females and 10% of males. The mean age was $37 \pm 10$ years. MetS prevalence increased with age (from 3% at age <30 to 17% at 50 and older, data not shown). In addition, 35% had one and 19% had two abnormal MetS components and 49% of participants did not meet the minimum recommended VO2 max of 42.0 ml/kg/min. VO2 max was negatively associated with abnormal MetS components (incident rate ratios = 0.95, 95% confidence interval 0.94–0.96, $P < 0.001$). Conclusions: About one in 10 of these Colorado firefighters had MetS and nearly half had insufficient cardiorespiratory fitness. Comprehensive CVD risk management and cardiorespiratory fitness improvement are essential for firefighter health and safety.

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Title Biennial review of pain
Author/s Keefe, FJ Sommer, C
Source Pain: journal of the International association for the study of pain http://journals.lww.com/pain/toc/2017/04001
Abstract State of the art reviews written by the plenary speakers of the 16th World Congress on Pain. This special issue includes 15 reviews. The papers represent a broad spectrum of the most up-to-date basic and applied pain research.

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Core self-evaluations as a moderator of the relationship between task complexity, job resources, and performance

Debusscher, J Hofmans, J DeFruyt, F

European journal of work and organizational psychology 2017 26 3 411-420
http://dx.doi.org/10.1080/1359432X.2016.1277706

In this study we examined the role of trait core self-evaluations (CSE) as a person-related resource, hypothesizing that the relationship between task complexity and performance would be positive for people high in trait CSE and negative for people low in trait CSE. Moreover, we hypothesized that trait CSE would influence the buffering effect of job-related resources on the complexity–performance relationship, with such a buffering effect showing for people high but not for people low in trait CSE. To test our hypotheses, we conducted a five-day spanning experience sampling study. Our results showed that trait CSE indeed influenced the complexity–performance relationship in the sense that this relationship was only positive for employees high in CSE. Results on the hypothesized three-way interaction between task complexity, job-related resources, and CSE were less univocal as only one out of four three-way interactions approached conventional levels of significance. By showing that the complexity–performance relationship is only positive for employees high in CSE, our results go against the well-accepted idea that challenge demands act as a two-edged sword for all employees alike. Instead, the effect of challenge demands on performance depends on the individual's level of person-related resources.

Decent work and work motivation in knowledge workers: the mediating role of psychological capital

Ferraro, T

Applied research quality life June 20171-23 doi:10.1007/s11482-017-9539-2

This article aimed to investigate the role of Decent Work as a predictor of different types of Work Motivation and to explore the possible role of Psychological Capital in mediating this relationship. The Decent Work Questionnaire, the Multidimensional Work Motivation Scale, and the Psychological Capital Questionnaire were administered to 3004 knowledge workers, in Portugal and Brazil. Results from Structural Equation Modeling analyses support the hypothesized model, showing the predictor role of Decent Work and complete and partial mediation effects of PsyCap in different relationships between DW and Work motivation variables. The results also support the idea that a decent work context predicts more autonomous work motivations again with the mediation of PsyCap. In sum, the results suggest that decent work plays an important role in promoting a positive approach to work and that Psychological Capital is an important mediating variable in the promotion of autonomous Work motivation. Limitations and practical implications conclude the article.

Development of evidence-based practice in occupational health services in Sweden: a 3-year follow-up of attitudes, barriers and facilitators

International archives of occupational and environmental health May 2017 90 4 335-348 DOI: 10.1007/s00420-017-1200-8

Purpose: the Swedish government initiated an investigation of how to secure and develop the competence of the occupational health services. The primary aim of the present study was to investigate whether the development of evidence-based practice (EBP) in the Swedish occupational health services in relation to attitudes, knowledge and use improved during the first 3 years of the government's initiative.

Methods: the study has a mixed methods design combining questionnaires and interviews with
data collection at baseline and at 3-year follow-up. Results: The response rate was 66% at baseline and 63% at follow-up. The results show that practitioners’ knowledge of EBP was moderate at baseline and improved at follow-up (p = 0.002; 95% CI 0.01; 0.21). Practitioners experienced lower levels of organizational and managerial support for EBP at follow-up (p < 0.001; 95% CI 0.18; 0.38). The results revealed that managers viewed responsibility for implementing EBP as a matter for individual practitioners rather than as an organizational issue.

Conclusions: Occupational health service managers and practitioners are generally positive to EBP. However, the findings emphasize the need to educate managers in how to support EBP at the organizational level by creating an infrastructure for EBP in the OHS.

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Title How virtual team leaders cope with creativity challenges

Author/s Han, Soo Jeoung et al

Source *European journal of training & development* 2017 41 3 261-276 16 DOI: 10.1108/EJTD-10-2016-0073

Abstract Purpose As technology-mediated communication improves; many organizations increasingly use new types of collaborative online tools to promote team-based learning and performance. The purpose of this study is to explore how virtual team leaders cope with process challenges in developing a context for team creativity.

Design/methodology/approach The authors interviewed nine leaders who have worked for more than five years and managed virtual teams in different fields.

Findings This research uncovered distrust, personality differences, generational differences in views, scheduling issues and technology difficulties as the top five inhibitors for virtual team creativity and success. The authors identified seven main strategies for developing virtual team creativity and success. The authors found that building “team norms” and guidelines to encourage positive interactions between team members can facilitate team creativity. In addition, a concept of trust-based open communication was identified as one of the important strategies when teams actively use technology-mediated communication tools. Practical implications Organizational practitioners can use the results of this study when developing knowledge to establish assessments regarding which employees possess the appropriate characteristics to lead virtual teams and implement virtual team training. Originality/value This study emphasizes the importance of technology in professional lives by showing how technology-mediated work leads to success in learning and producing creative ideas and performance in a virtual team environment.

Title The impact of a learning organization on performance

Author/s Kim, Kyoungshin; Watkins, Karen E.; Lu, Zhenqiu (Laura).

Source *European journal of training & development* 2017 41 2 177-193 17 DOI: 10.1108/EJTD-01-2016-0003

Abstract Purpose The purpose of this study is to examine the relationships among a learning organization, knowledge and financial performance using the Dimensions of the Learning Organization Questionnaire and its abbreviated version.

Design/methodology/approach This study used a secondary data set and performed second-order factor analysis and structural equation modeling for testing the proposed relationships. Findings The study found that a learning organization has a positive effect on knowledge performance; knowledge performance has a positive effect on financial performance; and knowledge performance fully mediates the relationship between a learning organization and financial performance. Research limitations/implications This study contributes to validating the current dimensionality of the theoretical framework of a learning organization proposed by Watkins and Marsick (1993, 1996) and offers a valid conceptual framework of the relationship among the learning culture and organizational performance dimensions. Practical implications
This study re-stresses the significance of the learning and knowledge generated by the human resources of an organization and developed by human resource development practitioners. Originality/value This study is valuable to human resource development scholars and practitioners interested in improving and measuring organizational performance.

**Title**  
The missing piece in employee development

**Author/s**  
Kinley, N Ben-Hur, S

**Source**  
MIT sloan management review  May 2017

**Abstract**  
In some companies, traditional annual review processes are being replaced by ongoing efforts to help employees improve their performance. The challenge? Many managers aren't confident they can change employee behavior.

**Title**  
Personality testing and workplace training

**Author/s**  
Lundgren, Henriette; Kroon, Brigitte; Poell, Rob F.

**Source**  
European journal of training & development 2017 41 3 198-221 24
DOI: 10.1108/EJTD-03-2016-0015

**Abstract**  
The purpose of this paper is to explore how and why personality tests are used in workplace training. This research paper is guided by three research questions that inquire about the role of external and internal stakeholders, the value of psychometric and practical considerations in test selection, and the purpose of personality test use in workplace training. Design/methodology/approach This research paper uses multiple-case study analysis. Interviews, test reports, product flyers and email correspondence were collected and analyzed from publishers, associations, psychologists and human resource development (HRD) practitioners in Germany, the UK and The Netherlands between 2012 and 2016. Findings Themes emerge around industry tensions among practitioners and professional associations, psychologists and non-psychologists. Ease of use is a more important factor than psychometrics in the decision-making process. Also, practitioners welcome publishers that offer free coaching support. In the process of using tests for development rather than assessment, relabeling takes place when practitioners and publishers use positive terms for personality tests as tools for personal stocktaking and development. Research limitations/implications Despite extensive data collection and analysis efforts, this study is limited by its focus on a relatively small number of country cases and stakeholders per case. Practical implications by combining scientific evidence with practical application, stakeholders can take first steps toward more evidence-based HRD practice around personality testing in workplace training. Originality/value Little academic literature exists on the use of personality testing in workplace training. Without a clear understanding of the use of personality testing outside personnel selection, the current practice of personality tests for developmental purposes could raise ethical concerns about the rights and responsibilities of test takers.

**Title**  
Telecommuting

**Author/s**  
Shockley, Kirsten

**Source**  
Society for industrial and organizational psychology 2014
This white paper describes the finding of empirical studies that examine how telecommuting relates to personal and workplace outcomes. Recommendations for appropriate implementation of telecommuting programs based on research findings are also provided.

**Title**
Labour force, Australia April 2017 - Australian Bureau of Statistics

**Author/s**
Australian Bureau of Statistics (ABS)

**Source**
Australian Bureau of Statistics (ABS)

**Abstract**
Explanatory notes - Extract introduction: This publication contains estimates of the civilian labour force derived from the Labour Force Survey component of the Monthly Population Survey. The full time series for estimates from this publication are also available electronically.

**Title**
Skilling up the regions: driving productive and inclusive growth across the UK

**Source**
Price Waterhouse Cooper May 2017

**Abstract**
A new model of skills provision is needed, which changes the way the skills sector is funded and how people and business engage with it. The new model should be demand driven and employer-led at a local level, with clear funding flows and an effective process for matching individuals to job opportunities. Devolution offers the opportunity to develop solutions that work locally and regionally and deliver the right skills in the right places. A locally-driven model would mean skills planning are done on a place basis, with employers in the driving seat, shaping skills planning in line with local needs.

**Title**
Confirmatory factor and rasch analyses support a revised 14-item version of the organizational, policies, and practices (opp) scale.

**Author/s**
Shi, Q

**Source**

**Abstract**
Background The long version of the organizational, policies and practices (OPP) had a high burden and short versions were developed to solve this drawback. The 11-item version showed promise, but the ergonomic subscale was deficient. The OPP-14 was developed by adding three additional items to the ergonomics subscale. The aim of this study is to evaluate the factor structure using confirmatory factor and Rasch analyses in healthy firefighters.

Methods A sample of 261 firefighters (Mean age 42 years, 95% male) were sampled. A confirmatory factor and Rasch analyses were used to assess the internal consistency, factor structure and other psychometric characteristics of revised OPP-14.

Results The OPP-14 demonstrates sound factor structure and internal consistency in firefighters. Confirmatory factor analysis confirmed the consistency of the original 4-domain structure (CFI = 0.97, TLI = 0.96, and RMSEA = 0.053). The 5 items showing misfit initially with disordered thresholds were rescored. The four subscales satisfied Rasch expectations with well target and acceptable reliability.

Conclusions The OPP-14 scale shows a promising factor structure in this sample and
remediated deficits found in OPP-11. This version may be preferable for musculoskeletal concerns or work applications where ergonomic indicators are relevant.

**Title**
Contemporary work: its meanings and demands

**Author/s**
Findlay, P Thompson, P

**Source**

**Abstract**
This article addresses recurrent trends in the forces shaping work and its meanings. Using evidence from large-scale surveys and qualitative case studies it maps the changing picture of work and employment, particularly in the UK and Australia. It does so by focusing on insecurity, demanding work, performance management, work–life boundaries and dis/engagement. Whilst identifying a number of negative impacts of change such as growing insecurity and excessive work pressures, the article emphasises that these are trends, not universals, and don’t affect all workers or affect them in the same way. We need to be more careful about how trends are translated into overarching theoretical constructs that give a misleading picture. In policy terms, attention should be given to the intersection of labour process and labour market factors, the changing boundaries between and shared aspirations of ‘standard’ and ‘nonstandard’ workers, and to a more nuanced understanding of the positive elements of ‘bad’ jobs and the more negative elements of ‘good’ ones.

**Weblink**

**Title**
Established, accelerated and emergent themes in flexible work research

**Author/s**
Bessa, I Tomlinson, J

**Source**
*Journal of industrial relations* 2017 59 2 153-169 doi 10.1177/0022185616671541

**Abstract**
Flexible labour markets, flexible working arrangements and motivations behind their use are established and expanding strands of sociology of work and employment relations research. This article provides a review of key themes and debates connected to workplace flexibility between 2000 and 2015 utilising research located in leading sociology of work, employment relations, industrial relations and human resource management (HRM) journals, in addition to key texts published during this time period. We establish that flexible work research is a growing area of research and focus our analysis on identifying key themes categorised as established, accelerated and emergent. We conclude with areas of contention yet to be resolved and possible avenues for future directions in flexible work research, noting a disconnection between macro analyses of flexibility at the economic level and the focus on flexible working-time arrangements at the workplace level. Furthermore we observed few quantitative multi-level modelling analyses or multi-methods research designs. To that end, analyses that can synthesise these literatures would enhance the field, as might innovations in methodological approaches which advance multi-level modelling and multi-method designs to give multiple and dynamic perspectives.

**Weblink**

**Title**
Line managers in industrial relations: where are we now and where to next?

**Author/s**
Townsend, K Hutchinson, S

**Source**
*Journal of industrial relations* 2017 59 2 139-152 doi: 10.1177/0022185616671163

**Abstract**
Interactions between line managers and subordinate employees are fundamental to the employment relationship and, therefore, to industrial relations as a field of both study and practice. Human resource management literature has focused on the responsibilities line
managers have as implementers of employment policy and practice, for example in dealing with
grievance and disciplinary matters, communication and involvement, the application of
discrimination policies, and the management of pay. Thus, it is surprising that this body of
managers has been neglected in recent industrial relations research. This article fits the theme
of the special issue by providing an overview of 'where we are' and sets out a research agenda
of 'Where to next?’, for the study of line managers in industrial relations research.

**Title**
Reducing office workers sitting time at work using sit-stand protocols: results from a pilot randomized controlled trial

**Author/s**
Li, I et al

**Source**
*Journal of occupational & environmental medicine* June 2017 59 6 543–549 doi: 10.1097/JOM.0000000000001018

**Abstract**
Objective: To examine the effects of different sit-stand protocols on work-time sitting and physical activity (PA) of office workers.
Methods: Participants (n=26, 77% women, mean age 42) were randomly allocated to usual sitting (control) or one of three sit-stand protocols (intervention) facilitated by height-adjustable workstations for a 4-week period between June and August 2015. Sitting, standing, and stepping time were assessed by inclinometry (activPAL); leisure-time physical activity (LTPA) by self-report. One-way analysis of covariance (ANCOVA) and post-hoc (Bonferroni) tests explored between-group differences.
Results: Compared with baseline, intervention groups reduced work sitting time by 113 minutes/8-hour workday (95% confidence interval [CI] [−147,−79]) and increased work standing time by 96 minutes/8-hour workday (95% CI [67,125]) without significantly impacting LTPA/sleep time.
Conclusions: Sit-stand protocols facilitated by height-adjustable workstations appear to reduce office workers’ sitting time without significant adverse effects on LTPA.

**Title**
Weekly job crafting and leisure crafting: implications for meaning-making and work engagement

**Author/s**
Petrou, P Bakker, AB van den Heuvel, M

**Source**
*Journal of occupational and organizational psychology* June 2017 90 2 129-152 DOI: 10.1111/joop.12160

**Abstract**
The present paper addresses two crafting strategies employees may display in different life domains in order to attain desired outcomes. On the one hand, job crafting is targeted at increasing social and structural job resources and challenging job demands. On the other hand, leisure crafting is the proactive pursuit of leisure activities targeted at goal setting, human connection, learning, and personal development. We hypothesized that job crafting relates positively to employee work engagement and meaning-making, especially when occupational role salience is high. Furthermore, we hypothesized that leisure crafting relates positively to meaning-making, especially when job crafting opportunities are low. Using a sample of 105 Dutch employees and a weekly survey with three measurements, we found support for most of our hypotheses. All job crafting dimensions related positively to work engagement when occupational role salience was high. Also, increasing structural resources related positively to meaning-making when occupational role salience was high. Leisure crafting related positively to meaning-making when job crafting opportunities were low. We discuss directions for future research on work and leisure, and suggest how employees and organizations may benefit by encouraging job and leisure crafting. Practitioner points: Employees can proactively build their own work engagement using job crafting, especially when they view their work as a source of personal satisfaction and development. In workplaces where opportunities to craft are low, employees could focus on their leisure time as a source of meaning and self-reflection. Managers can empower and coach employees to proactively seek growth and self-fulfillment.
both at work and outside work, via job crafting and leisure crafting. Organizations and managers should encourage employees to flourish not only at work but also during leisure time, communicating that work and leisure are two life domains that can help and complement each other.

PSYCHOSOCIAL ISSUES

Assessing PTSD in the military: validation of a scale distributed to Danish soldiers after deployment since 1998

Karstoft, K-I et al

Scandinavian journal of psychology June 2017 58 3 260-269 DOI: 10.1111/sjop.12360

Weblink

Title
A life course perspective on mental health problems, employment, and work outcomes

Veldman, K et al

Scandinavian journal of work environment and health June 2017 doi:10.5271/sjweh.3651

Objective
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% 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
Organizational change, psychosocial work environment, and non-disability early retirement: a prospective study among senior public employees

Author/s
Breinegaard, N Jensen, JH Bonde, JP

Source
Scandinavian journal of work environmental health June 2016 43 3 234-240 doi: 10.5271/sjweh.3624

Abstract
This study examines the impact of organizational change and psychosocial work environment on non-disability early retirement among senior public service employees. Methods In January and February 2011, Danish senior public service employees aged 58–64 years (N=3254) from the Capital Region of Denmark responded to a survey assessing psychosocial work environment (ie, social capital, organizational justice, and quality of management). Work-unit organizational changes (ie, change of management, merging, demerging, and relocation) were recorded from January 2009 to March 2011. Weekly data on non-disability early retirement transfer were obtained from the DREAM register database, which holds weekly information about all public benefit payments in Denmark. Hazard ratios (HR) for early retirement following employees’ 60th birthday were estimated with Cox regression adjusted for age, gender, and socioeconomic status. Results Exposure to change of management [HR 1.37, 95% confidence interval (95% CI) 1.13–1.66], mergers (HR 1.23, 95% CI 1.02–1.48), and relocation of work unit (HR 1.24, 95% CI 1.01–1.54) increased rate of non-disability early retirement, while demerging of work unit did not (HR 1.03, 95% CI 0.79–1.33). Work units with lower levels of social capital (HR 1.22, 95% CI 1.05–1.41), organizational justice, (HR 1.18, 95% CI 1.04–1.32), and quality of management (HR 1.14, 95% CI 1.02–1.25) increased rate of early retirement. Conclusion Organizational change and poor psychosocial work environment contribute to non-disability early retirement among senior public service employees, measured at work-unit level.

Title
Protective factors for work ability in preschool teachers

Author/s
Sottimano, I Viotti, S Guidetti, G Converso, D

Source
Occupational medicine June 2017 67 4 301-304 DOI: https://doi.org/10.1093/occmed/kqx031

Abstract
Background Work ability (WA) describes the physical and intellectual resources on which individuals can rely to respond to work demands. While several studies have investigated the protective role of work-related psychosocial factors on WA, only a few have examined differences across age cohorts. Moreover, few studies have investigated WA in the educational context and most of those did not consider preschool teachers.

Aims To examine the role of psychosocial factors (support from colleagues, support from supervisors, work meaning, reward, skill discretion and autonomy) in sustaining WA among preschool teachers in different age cohorts.

Methods A cross-sectional study of preschool teachers employed in the municipal educational services of a city in northwest Italy. Study subjects completed a self-reported questionnaire. Results Among the 706 study subjects, in the 35–44 age cohort, support from colleagues was positively associated with WA. In the 45–54 age cohort, WA was found to be associated with reward and skill discretion while in the 55–63 age cohort, work meaning was significantly associated with WA.

Conclusions Our findings indicate that potential protective factors for WA may differ between
age cohorts. They also suggest that in order to sustain WA effectively, interventions in working populations should be tailored to employees' ages.

Title

Author/s
Babatunde, F MacDermid, J MacIntyre, N

Source
BMC health services research 2017 17:374 DOI: 10.1186/s12913-017-2311-3

Abstract
Background Most conventional treatment for musculoskeletal conditions continue to show moderate effects, prompting calls for ways to increase effectiveness, including drawing from strategies used across other health conditions. Therapeutic alliance refers to the relational processes at play in treatment which can act in combination or independently of specific interventions. Current evidence guiding the use of therapeutic alliance in health care arises largely from psychotherapy and medicine literature. The objective of this review was to map out the available literature on therapeutic alliance conceptual frameworks, themes, measures and determinants in musculoskeletal rehabilitation across physiotherapy and occupational therapy disciplines.

Methods A scoping review of the literature published in English since inception to July 2015 was conducted using Medline, EMBASE, PsychINFO, PEDro, SportDISCUS, AMED, OTSeeker, AMED and the grey literature. A key search term strategy was employed using “physiotherapy”, “occupational therapy”, “therapeutic alliance”, and “musculoskeletal” to identify relevant studies. All searches were performed between December 2014 and July 2015 with an updated search on January 2017. Two investigators screened article title, abstract and full text review for articles meeting the inclusion criteria and extracted therapeutic alliance data and details of each study.

Results One hundred and thirty articles met the inclusion criteria including quantitative (33%), qualitative (39%), mixed methods (7%) and reviews and discussions (23%) and most data came from the USA (23%). Randomized trials and systematic reviews were 4.6 and 2.3% respectively. Low back pain condition (22%) and primary care (30.7%) were the most reported condition and setting respectively. One theory, 9 frameworks, 26 models, 8 themes and 42 subthemes of therapeutic alliance were identified. Twenty-six measures were identified; the Working Alliance Inventory (WAI) was the most utilized measure (13%). Most of the therapeutic alliance themes extracted were from patient perspectives. The relationship between adherence and therapeutic alliance was examined by 26 articles of which 57% showed some correlation between therapeutic alliance and adherence. Age moderated the relationship between therapeutic alliance and adherence with younger individuals and an autonomy support environment reporting improved adherence. Prioritized goals, autonomy support and motivation were facilitators of therapeutic alliance.

Conclusion Therapeutic Alliance has been studied in a limited extent in the rehabilitation literature with conflicting frameworks and findings. Potential benefits described for enhancing therapeutic alliance might include better exercise adherence. Several knowledge gaps have been identified with a potential for generating future research priorities for therapeutic alliance in musculoskeletal rehabilitation.

Title
Country differences of psychosocial working conditions in Europe: the role of health and safety management practices

Author/s
Lunaum T Dragano, Nsiegist, J Wahrendorf, M

Source
International archives of occupational and environmental health DOI: 10.1007/s00420-017-1225-z

Abstract
Background In times of demographic change, maintaining health and employability of older employees is important. In this context, studies show that stressful working conditions differ by
countries. Yet, it is unclear if specific national management practices to deal with these conditions contribute towards explaining country differences.

Methods This study combines two different data sources. The first one provides detailed information on psychosocial working conditions in 17 European countries, based on 12,284 employees from the Survey of Health, Ageing and Retirement in Europe (SHARE) and the English Longitudinal Study of Ageing (ELSA). We link this information to the second data source that provides information on health and safety management practices in each of the countries under study (collected among 17,477 managers at the level of companies in the Enterprise survey on new and emerging risks (ESENER)). We distinguish six different types of risk management procedures in the analysis.

Results show that levels of psychosocial risks are generally lower in countries with more developed management practices, in particular if national management practices are marked by (1) procedures to deal with work stress, (2) information about whom to address in case of work-related psychosocial problems, and (3) health and safety services provided by psychologists.

Conclusion The findings underline the importance of a comprehensive psychosocial risk management approach in reducing work-related stress, as lower levels of psychosocial risks are linked to specific psychosocial risk management practices within companies, in particular those pointing to clear responsibilities and coordinated procedures in dealing with psychosocial risks.

Title: Psychosocial factors at work and sleep problems: a longitudinal study of the general working population in Norway

Author/s: Johannessen, HA Sterud, T

Source: International archives of occupational and environmental health
DOI: 10.1007/s00420-017-1222-2

Abstract: Purpose A growing number of longitudinal studies report associations between adverse psychosocial factors at work and sleep problems. However, the evidence regarding the direction of these associations and the effects of changes in exposure across time is limited. This study examined the plausibility of normal, reverse, and reciprocal associations between ten psychosocial factors at work and sleep problems. In addition, we analyzed if reduced exposure across time had the anticipated result of reducing the risk of sleep problems.

Methods Randomly drawn from the general working-age population, the cohort comprised respondents with an active employee relationship in 2009 and 2013 (N = 5760). Exposures and outcome were measured on two occasions separated by 4 years. We computed several sex-stratified logistic regression models with adjustments for various plausible confounders.

Results We found support for the commonly hypothesized unidirectional forward associations between psychosocial factors at work and sleep problems among women only. Among men, psychosocial stressors at work and sleep problems were reciprocally and reversely related. Nevertheless, reduced exposure levels across time pertaining to effort–reward imbalance (OR = 0.36; 95% CI = 0.19–0.69) and lack of social support (OR = 0.55; 95% CI = 0.32–0.93) among men, and work–family imbalance (OR = 0.26; 95% CI = 0.15–0.46) among women were associated with a robust significant lower risk of sleep problems compared to those in the stable high exposure groups.

Conclusions The study results suggest that preventive measures targeting effort–reward imbalance and lack of social support among men, and work–family imbalance among women, might contribute to reduce the risk of troubled sleep among employees.

Weblink

Title: Review into the suicide and self-harm prevention services available to current and former serving ASDF members and their families

Source: National Mental Health Commission March 2017

Abstract: This literature review serves to introduce the reader to the phenomenon of suicide more broadly, and present a comprehensive knowledge base of suicide, self-harm and prevention within
Title: Work & mental health: capturing natural experiments from large longitudinal datasets
Author/s: Montagne, T et al
Abstract: Presentation on needs for furthering research on work and mental health.

Title: Workplace mental health: an international review of guidelines.
Author/s: Superfriend
Abstract: The aim of this systematic review was to determine the quality and comprehensiveness of guidelines developed for employers to detect, prevent, and manage mental health problems in the workplace. An integrated approach that combined expertise from medicine, psychology, public health, management, and occupational health and safety was identified as a best practice framework to assess guideline comprehensiveness. An iterative search strategy of the grey literature was used plus consultation with experts in psychology, public health, and mental health promotion. Inclusion criteria were documents published in English and developed specifically for employers to detect, prevent, and manage mental health problems in the workplace. A total of 20 guidelines met these criteria and were reviewed. Development documents were included to inform quality assessment. This was performed using the AGREE II rating system. Our results indicated that low scores were often due to a lack of focus on prevention and rather a focus on the detection and treatment of mental health problems in the workplace. When prevention recommendations were included they were often individually focused and did not include practical tools or advice to implement. An inconsistency in language, lack of consultation with relevant population groups in the development process and a failure to outline and differentiate between the legal/minimum requirements of a region were also observed. The findings from this systematic review will inform translation of scientific evidence into practical recommendations to prevent mental health problems within the workplace. It will also direct employers, clinicians, and policy-makers towards examples of best-practice guidelines.

Title: Associations between common diseases and work ability and sick leave among health care workers
Author/s: Van den Berg, S Burdof, A Robroek, SJW
Source: International archives of occupational and environmental health 2017 1-9 DOI: 10.1007/s00420-017-1231-1
Abstract: Purpose This study investigates whether common diseases, i.e., musculoskeletal diseases (MSD), cardiovascular diseases (CVD), mental disorders (MD), and respiratory diseases (RD), influence work ability and sick leave and whether lifestyle-related factors, and psychosocial and physical work-related factors are associated with low work ability and sick leave.
Methods In a cross-sectional study among 8364 Dutch health care employees, self-reported...
information was acquired concerning common diseases, lifestyle-related factors, psychosocial and physical work-related factors, work ability, and sick leave. Logistic regression analyses were performed to describe the associations between common diseases with low work ability and sick leave, and to evaluate differences in associations between lifestyle-related and work-related factors with low work ability and sick leave among healthy employees and employees with common diseases.

Results Employees with MD (OR 6.35), CVD (OR 2.63), MSD (OR 2.62), and RD (OR 2.11) had a higher risk of low work ability compared to healthy employees. Workers with common diseases also reported more often sick leave (ORs > 1.60), in particular long-term sick leave (>25 days). Multimorbidity increased both the occurrence of low work ability and sick leave. Unfavourable psychosocial work-related factors were associated with low work ability and sick leave regardless of health status. Physical work-related factors and lifestyle factors were less consistently associated with low work ability and sick leave.

Conclusions Common diseases, and foremost mental disorders, were related to both low work ability and sick leave. To maintain or improve work ability and prevent sick leave, interventions that promote a healthy psychosocial work environment are needed.

Title Leading on mental wellbeing: transforming the role of line managers: a blueprint for unlocking employee mental wellbeing and productivity
Source Business in the Community 2016
Abstract Mental ill-health is one of the biggest public health challenges facing society. It is one of the leading causes of sickness absence in the workplace and can cause immense suffering to those experiencing it – as well as those closest to them. There is an overwhelming business and moral case for employers to address this challenge.

Title Mental health at work
Source Business in the Community 2016
Abstract A national survey was undertaken to understand the reality of how mental health is experienced at work. The survey results tell us that progress is being made but there is a need for greater organisational awareness of the support required for better mental health at work. Significant and potentially damaging disconnects exist that demand an urgent response from business. Employers need to recognise the scale of poor mental health in the workplace and take significant steps to reduce the risk of their workplace being a contributor. Employers have a duty of care to their employees to respond to mental ill health just as they would to a physical illness. Organisations should equip their managers with the tools, support and organisational culture they need to do their job well, which must include managing employees with mental health issues. It makes good business sense to foster a culture of openness that supports employees with a mental health issue to work and stay in work.

Title Work and mental complaints: are response outcome expectancies more important than work conditions and number of subjective health complaints?
Author/s Johnsen, T.L et al
Abstract Purpose Investigate the relative effect of response outcome expectancies, work conditions, and number of subjective health complaints (SHC) on anxiety and depression in Norwegian
employees. Learned response outcome expectancies are important contributors to health. Individual differences in the expectancy to cope with workplace and general life demands may be important for how work conditions influence health.

Method A survey was conducted among 1746 municipal employees (mean age 44.1, SD = 11.5, 81.5 % female), as part of a randomized controlled trial. This cross-sectional study used baseline data. Multiple logistic regression analysis was performed. Outcome variables were anxiety and depression; response outcome expectancies, work conditions, and number of SHC were independent variables.

Results A high number of SHC was a significant factor in explaining anxiety (OR 1.26), depression (OR 1.22) and comorbid anxiety and depression (OR 1.31). A high degree of no and/or negative response outcome expectancies was a significant factor in explaining depression (OR 1.19) and comorbid anxiety and depression (OR 1.28). The variance accounted for in the full models was 14 % for anxiety, 23 % for depression, and 41 % for comorbid anxiety and depression.

Conclusion A high number of SHC, and a high degree of no and/or negative response outcome expectancies were associated with anxiety and depression. The strongest association was found for number of SHC. However, previous studies indicate that it may not be possible to prevent the occurrence of SHC. We suggest that workplace interventions targeting anxiety and depression could focus on influencing and altering employees’ response outcome expectancies.

Title Common psychosocial factors predicting return to work after common mental disorders, cardiovascular diseases, and cancers: a review of reviews supporting a cross-disease approach

Author/s Gragnano, A., Negrini, A., Miglioretti, M

Source Journal occupational rehabilitation 2017 doi: 10.1007/s10926-017-9714-1

Abstract Purpose This systematic review aimed at identifying the common psychosocial factors that facilitate or hinder the return to work (RTW) after a sick leave due to common mental disorders (CMDs), cardiovascular diseases (CVDs), or cancers (CAs). Methods We conducted a review of reviews searching 13 databases from 1994 to 2016 for peer-reviewed, quantitative, cohort studies investigating factors influencing RTW after a CMD, CVD, or CA. Then, for each disease we identified additional cohort studies published after the date of the latest review included. Data were extracted following a three steps best-evidence synthesis method: the extraction of results about each predictor from studies within each single review and in the additional papers; the synthesis of results across the reviews and additional papers investigating the same disease; and the synthesis of results across the diseases. Results The search strategy identified 1029 unique records from which 27 reviews and 75 additional studies underwent comprehensive review. 14 reviews and 32 additional cohort studies met eligibility criteria. Specific predictors of RTW with different levels of evidence are provided for each disease. We found four common facilitators of RTW (job control, work ability, perceived good health and high socioeconomic status), and six barriers of RTW (job strain, anxiety, depression, comorbidity, older age and low education). Conclusion This is the first review to systematically analyze commonalities in RTW after CMDs, CVDs, or CAs. The common factors identified indicate that the RTW process presents many similarities across various diseases, thus supporting the validity of a cross-disease approach.

Title Is the prevalence of mental illness increasing in Australia? evidence from national health surveys and administrative data, 2001–2014

Author/s Harvey, SB


Abstract Objectives: To assess changes in the prevalence rates of probable common mental disorders (CMDs) and in rates of disability support pensions (DSPs) for people with psychiatric disorders in Australia between 2001 and 2014. Contrary to popular belief, the prevalence of probable CMDs in Australia was stable between 2001 and 2014. However, the proportion of the working age population receiving DSPs for psychiatric conditions increased dramatically over the same period. This conundrum is a major public health problem that should be further examined.
Weblink

Title Surviving or thriving? the state of the UK’s mental health
Source Mental Health Foundation 2017
Abstract We all have mental health. Good mental health is an asset that helps us to thrive. This is not just the absence of a mental health problem, but having the ability to think, feel and act in a way that allows us to enjoy life and deal with the challenges it presents. Yet it can be easy to assume that ongoing stress is the price we have to pay to keep our lives on track. It is time to challenge that assumption.

PUBLIC HEALTH

Title A decision-support tool to inform Australian strategies for preventing suicide and suicidal behavior
Author/s Page, A et al
Source Public health research practice 2017;27(2):e2721717
doi: http://dx.doi.org/10.17061/phrp2721717
Abstract Dynamic simulation modelling is increasingly being recognised as a valuable decision-support tool to help guide investments and actions to address complex public health issues such as suicide. In particular, participatory system dynamics (SD) modelling provides a useful tool for asking high-level ‘what if’ questions, and testing the likely impacts of different combinations of policies and interventions at an aggregate level before they are implemented in the real world. We developed an SD model for suicide prevention in Australia, and investigated the hypothesised impacts over the next 10 years (2015–2025) of a combination of current intervention strategies proposed for population interventions in Australia: 1) general practitioner (GP) training, 2) coordinated aftercare in those who have attempted suicide, 3) school-based mental health literacy programs, 4) brief-contact interventions in hospital settings, and 5) psychosocial treatment approaches. Findings suggest that the largest reductions in suicide were associated with GP training (6%) and coordinated aftercare approaches (4%), with total reductions of 12% for all interventions combined. This paper highlights the value of dynamic modelling methods for managing complexity and uncertainty, and demonstrates their potential use as a decision-support tool for policy makers and program planners for community suicide prevention actions.

Title Challenges of integrating evidence into health policy and planning: linking multiple disciplinary approaches
Author/s Huckel Schneider C, Blyth F
Source Public health research practice 2017 27 2 2721719.doi: http://dx.doi.org/10.17061/phrp2721719
Abstract Objectives: To explore the challenges that arise through the multidisciplinary nature of evidence informed policy making (EIPM). Methods: This article summarises and compares four disciplinary approaches to EIPM with highly contrasting starting points: behavioural science, policy science, critical theory and intervention research. Key insights and theories are highlighted to provide a gateway into each, and to complement what is already known about the evidence needs of policy makers in terms
of high-quality, timely and well-communicated research evidence. Lessons learnt: The extension of the evidence based medicine approach to EIPM has created interest in the processes of use of evidence in health policy and planning. Research in this field has spanned multiple disciplines; however, the disciplines use very different research methods and begin with different basic assumptions. Thus, despite the multidisciplinary nature of EIPM, true interdisciplinary research and action remain a challenge. We conclude with a set of key questions that can be used as a gateway to interdisciplinary EIPM in the future.

Weblink

**Title**
Disability income support design and mental illnesses: a review of Australia and Ontario

**Author/s**
McAllister, A Hackett, ML Leeder, SR

**Source**
Public health research practice 2017 27 2 2721715 doi: http://dx.doi.org/10.17061/phrp2721715

**Abstract**
Aim: Mental illnesses have many distinctive features that make determining eligibility for disability income support challenging – for example, their fluctuating nature, invisibility and lack of diagnostic clarity. How do policy makers deal with these features when designing disability income support? More specifically, how do mental illnesses come to be considered eligible disabilities, what tools are used to assess mental illnesses for eligibility, what challenges exist in this process, and what approaches are used to address these challenges? We aimed to determine what evidence is available to policy makers in Australia and Ontario, Canada, to answer these questions.

Methods: Ten electronic databases and grey literature in both jurisdictions were searched using key words, including disability income support, disability pension, mental illness, mental disability, addiction, depression and schizophrenia, for articles published between 1991 and June 2013. This yielded 1341 articles, of which 20 met the inclusion criteria and were critically appraised.

Results: Limited evidence is available on disability income support design and mental illnesses in the Australian and Ontarian settings. Most of the evidence is from the grey literature and draws on case law. Many documents reviewed argued that current policy in Australia and Ontario is frequently based on negative assumptions about mental illnesses rather than evidence (either peer reviewed or in the grey literature). Problems relating to mental illnesses largely relate to interpretation of the definition of mental illness rather than the definition itself.

Conclusions: The review confirmed that mental illnesses present many challenges when designing disability income support and that academic as well as grey literature, especially case law, provides insight into these challenges. More research is needed to address these challenges, and more evidence could lead to policies for those with mental illnesses that are well informed and do not reinforce societal prejudices.

Weblink

**Title**
A ‘systems’ approach to suicide prevention: radical change or doing the same things better?

**Author/s**
Fitzpatrick SJ, Hooker C

**Source**
Public health research practice 2017 27 2 2721713 doi: http://dx.doi.org/10.17061/phrp2721713

**Abstract**
Suicide is a significant public health concern. Continued high suicide rates, coupled with emerging international evidence, have led to the development of a ‘systems’ approach to suicide prevention, which is now being trialled as part of a proposed Suicide Prevention Framework for NSW (New South Wales, Australia). The Framework replicates successful international approaches. It is organised around nine components, ranging from individual to population-level approaches, to improve coordination and integration of existing services. If implemented fully, the Framework may lead to a significant reduction in suicide. However, to ensure its long-term success, we must attend to underlying structures within the system and their interrelationships. Such an approach will also ensure that policy makers and local suicide prevention action groups, particularly in rural areas, are able to respond to local challenges and incorporate multiple perspectives into their practice, including evidence for the broader social determinants

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Weblink

Title Transdiagnostic stepped care in mental health
Author/s Cross SPM, Hickie I.
Source Public health research practice 2017 27 2 2721712 doi: http://dx.doi.org/10.17061/phrp2721712
Abstract A component of Australia’s recent national reform agenda for mental health services is the directive to the Primary Health Networks to develop and implement stepped-care models of service delivery. The current guidance proposes that interventions are aligned to mild, moderate and severe illness categories. Other models in operation are tied to single disorders, such as depression. Both approaches have a number of limitations when applied to real-world, complex clinical practice, especially in primary care. This article outlines some limitations of these models and argues for the development of a transdiagnostic model, based on developments in our work in primary care youth services, which can be generalised to adult populations. Such models aim to ensure that consumers receive the right intensity of care at the right time. The adjunct use of technology within services could also improve service accessibility and outcomes monitoring, and help to improve the efficiency of resource allocation based on consumer need.

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REHABILITATION

Title Building work engagement: a systematic review and meta-analysis investigating the effectiveness of work engagement interventions
Author/s Knight, C Patterson, M Dawson, J
Source Journal of organizational behaviour DOI: 10.1002/job.2167
Abstract Low work engagement may contribute towards decreased well-being and work performance. Evaluating, boosting and sustaining work engagement are therefore of interest to many organisations. However, the evidence on which to base interventions has not yet been synthesised. A systematic review with meta-analysis was conducted to assess the evidence for the effectiveness of work engagement interventions. A systematic literature search identified controlled workplace interventions employing a validated measure of work engagement. Most used the Utrecht Work Engagement Scale (UWES). Studies containing the relevant quantitative data underwent random-effects meta-analyses. Results were assessed for homogeneity, systematic sampling error, publication bias and quality. Twenty studies met the inclusion criteria and were categorised into four types of interventions: (i) personal resource building; (ii) job resource building; (iii) leadership training; and (iv) health promotion. The overall effect on work engagement was small, but positive, \( k = 14, Hedges' g = 0.29, 95\%-CI = 0.12–0.46 \). Moderator analyses revealed a significant result for intervention style, with a medium to large effect for group interventions. Heterogeneity between the studies was high, and the success of implementation varied. More studies are needed, and researchers are encouraged to collaborate closely with organisations to design interventions appropriate to individual contexts and settings, and include evaluations of intervention implementation.

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Title Health care professionals and the employment-related needs of cancer survivors
Introduction Individuals diagnosed with cancer look to health care professionals as primary sources of information. This positions staff in oncology settings in an ideal role to inform patients, who continue workforce participation in increasing numbers, about resources that might help them to handle work-related issues related to their oncological symptoms. This article reports on findings from a survey of staff that provides nonmedical services to cancer patients in two Houston area hospital systems. The impetus for this survey was two-fold: the trend in recent years for increasing numbers of cancer survivors to stay in the workforce after or even during treatment, and low levels of awareness that these employees are eligible for protection under the Americans with Disabilities Act of 1990 and its 2008 amendments (ADA Amendments Act of 2008, Pub. L. 110–325, 122 Stat. 3553, 2008; Americans with Disabilities Act, 42 U.S.C. § 12111-17, 2006). The survey assesses perceptions of the effects of cancer on patients’ employment status, levels of knowledge about supports to address these employment-related needs, and respondents’ preferred modes for information receipt. The latter topic serves the purpose of tailoring training activities to the respondents’ informational needs and learning preferences.

Methods Data were collected via an online survey administered in two Houston-area hospital systems. This article reports on the findings from 86 respondents.

Results Tenure as measured by years in oncology is related positively to level of knowledge about disability-related benefits, legislation and programs ($r = .32, P < .01$). Respondents with more years in their profession worked with patients whom they reported had a higher number of cancer side effects that “created work difficulties for patients” ($r = .24, P < .05$). The number of side effects was in turn positively associated with negative effects of the diagnosis at work ($r = .27, P < .05$). A higher score of negative effects of the cancer diagnosis at work in turn correlated with unwanted consequences of disclosing the cancer at work ($r = .36, P < .01$). No statistically significant correlations were observed among the variables measuring respondents’ reported knowledge of disability-related benefits, laws and programs, their perception of patients’ level of understanding of these topics, and reports of patients’ receipt of reasonable accommodation.

Conclusions Health care professionals who treat cancer patients could benefit from training resources about how survivors might address their employment-related needs, including how to convey that knowledge to their patients. Mentoring programs might also have positive outcomes, since respondents with greater tenure in oncology-related settings reported higher levels of knowledge about disability-related topics.

Title Randomized controlled trial of adding telephone follow-up to an occupational rehabilitation program to increase work participation

Author/s Hara, K.W et al.

Source Journal of occupational rehabilitation June 2017 doi:10.1007/s10926-017-9711-4

Abstract Purpose Transfer from on-site rehabilitation to the participant’s daily environment is considered a weak link in the rehabilitation chain. The main objective of this study is to see if adding boosted telephone follow-up directly after completing occupational rehabilitation program effects work participation.

Methods A randomized controlled study included participants with chronic pain, chronic fatigue or common mental disorders on long-term sick leave. After completing 3½ weeks of acceptance and commitment therapy based occupational rehabilitation, participants were randomized to boosted follow-up or a control group before returning to their daily environment. The intervention was delivered over 6 months by on-site RTW coordinators mainly via telephone. Primary outcome was RTW categorized as participation in competitive work ≥1 day per week on average over 8 weeks. Results There were 213 participants of mean age 42 years old. Main diagnoses of sick leave certification were mental disorders (38%) and musculoskeletal disorders (30%). One year after discharge the intervention group had 87% increased odds (OR 1.87, 95% confidence interval 1.06–3.31, p = 0.031), of (re)entry to competitive work ≥1 day per week compared with the controls, with similar positive results for sensitivity analysis of participation half time (≥2.5 days per week). The cost of boosted follow-up was 390.5 EUR per participant.

Conclusion Participants receiving boosted RTW follow-up had higher (re)entry to competitive work participation.
work ≥1 day per week at 1 year when compared to the control group. Adding low-cost boosted follow-up by telephone after completing an occupational rehabilitation program augmented the effect on return-to-work.

**RETURN TO WORK**

**Title**
Return to work after work-related stress: a randomized controlled trial of a work-focused cognitive behavioral intervention

**Author/s**
Dalgaard, VL

**Source**
Scandinavian journal of work environment health June 2017 doi:10.5271/sjweh.3655

**Abstract**
Objectives this study aimed to evaluate the effect of a stress management intervention (SMI) on lasting return to work (RTW) among patients with work-related stress complaints.

Methods Sickness benefit departments from three local municipalities referred patients on sick leave with work-related adjustment disorders or mild depression to the Department of Occupational Medicine, Regional Hospital West Jutland. A 2× randomization procedure allocated patients into one of three groups: intervention (N=58), control A (which received a clinical assessment; N=56), or control B (no assessment; N=49). Treatment comprised individual work-focused cognitive behavioral therapy (CBT) with an optional workplace intervention. The outcome was time until lasting RTW (16 and 44 weeks follow-up) using register data.

Results Median number of weeks until lasting RTW was 15, 19, and 32 for the intervention group, control A, and control B respectively. However, for group B, clinical assessment was not part of the inclusion process, which may have introduced selection bias. In the fully-adjusted Cox regression model, the intervention group exhibited significantly faster lasting RTW at 44 weeks; hazard ratio (HR) 1.57 [95% confidence interval (95% CI) 1.01–2.44] relative to control group A, with a non-significant trend evident at 16 weeks; HR 1.70 (95% CI 0.94–3.10), when controlling for age, gender, occupation, sick leave during previous year, full or partial sick leave, and diagnosis. Unadjusted analyses remained directionally consistent but were reduced to marginal significance.

Conclusions there were a tendency towards faster lasting RTW in the intervention group compared to control A, which received clinical assessment, in all analyses. The intervention group returned to work about 4 weeks earlier than control A, which could translate into substantial financial gains.

**Title**
Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions: an update of the evidence and messages for practitioners

**Author/s**
Cullen,K et al

**Source**

**Abstract**
Purpose The objective of this systematic review was to synthesize evidence on the effectiveness of workplace-based return-to-work (RTW) interventions and work disability management (DM) interventions that assist workers with musculoskeletal (MSK) and pain-related conditions and mental health (MH) conditions with RTW.

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

Results Seven electronic databases were searched from January 1990 until April 2015, yielding 8898 non-duplicate references. Evidence from 36 medium and high quality studies were synthesized on 12 different intervention categories across three broad domains: health-focused, service coordination, and work modification interventions. There was strong evidence that duration away from work from both MSK or pain-related conditions and MH conditions were
significantly reduced by multi-domain interventions encompassing at least two of the three domains. There was moderate evidence that these multi-domain interventions had a positive impact on cost outcomes. There was strong evidence that cognitive behavioural therapy interventions that do not also include workplace modifications or service coordination components are not effective in helping workers with MH conditions in RTW. Evidence for the effectiveness of other single-domain interventions was mixed, with some studies reporting positive effects and others reporting no effects on lost time and work functioning.

Conclusions While there is substantial research literature focused on RTW, there are only a small number of quality workplace-based RTW intervention studies that involve workers with MSK or pain-related conditions and MH conditions. We recommend implementing multi-domain interventions (i.e. with healthcare provision, service coordination, and work accommodation components) to help reduce lost time for MSK or pain-related conditions and MH conditions. Practitioners should also consider implementing these programs to help improve work functioning and reduce costs associated with work disability.

Title Effective workplace return-to-work interventions are multi-faceted: IWH review: New systematic review finds evidence for return-to-work programs that incorporate some combination of health services, case coordination and work modification

Source At work 87 winter 2017
Institute for Work & Health, Toronto, Canada

Weblink

Title Process evaluation of a blended web-based intervention on return to work for sick-listed employees with common mental health problems in the occupational health setting.

Author/s Volker, D et al


Abstract Purpose A blended web-based intervention, “eHealth module embedded in collaborative occupational health care” (ECO), aimed at return to work, was developed and found effective in sick-listed employees with common mental disorders. In order to establish the feasibility of ECO, a process evaluation was conducted.

Methods Seven process components were investigated: recruitment, reach, dose delivered, dose received, fidelity, satisfaction and context. Quantitative and qualitative methods were used to collect data: an online questionnaire for the employees, website data, telephonic interviews with occupational physicians (OPs) and observations of the researchers.

Results Recruitment was uncomplicated for the employees, but required several steps for the OPs. Reach was 100 % at the OP level and 76.3 % at the employee level. Dose delivered and received for OPs: 91.6 % received minimally one email message. Dose delivered and received for the employees: finishing of the different modules of ECO varied between 13 and 90 %. Fidelity: the support of the OP to the employee in ECO was lower than anticipated. Satisfaction: both employees and OPs were satisfied with the intervention. However, employees reported a need for more support in ECO. The context showed that OPs had limited time to support the employees and it was impossible for the employee to contact the OP outside their regular contacts.

Conclusion Feasibility of ECO and satisfaction of employees and OPs with ECO were good. Fidelity of OPs was limited. For further implementation in the occupational health setting, especially contextual barriers regarding time limitation and accessibility of OPs for employees should be addressed.

Title Process evaluation of a participatory supportive return to work program for workers without a permanent employment contract, sick-listed due to a common mental disorder.

Author/s Lammerts, L et al
**Source**


**Abstract**

**Purpose**

This study aimed to perform a process evaluation of a participatory supportive return to work program for workers without a (permanent) employment contract, sick-listed due to a common mental disorder. The program consisted of a participatory approach, integrated care and direct placement in a competitive job. Our main questions were: were these components realized in practice and in accordance with the protocol? The evaluation took place alongside a randomized controlled trial.

**Methods**

The study population consisted of workers who filed a sickness benefit claim at the Dutch Social Security Agency, professionals of this agency and of vocational rehabilitation agencies. We focused on sick-listed workers and professionals who had actually participated in the intervention. Data was collected mainly by questionnaires.

**Results**

Only 36 out of 94 intervention group participants started with the program. In half of these cases application of integrated care was reported. Most other steps in the program were completed. However, fidelity to the protocol was low to reasonable. Much delay was observed in the execution of the program and only two sick-listed workers were placed in a competitive job. Still, satisfaction with the participatory approach was good.

**Conclusions**

Despite the positive evaluation of the participatory approach, the full program was executed less successfully compared to similar programs evaluated in earlier studies. This will probably affect the outcomes of our trial. Findings from this study will help to interpret these outcomes. Nevertheless, more knowledge is needed about experiences of stakeholders who participated in the program.

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**Title**

Return to work after traumatic injury: increased work-related disability in injured persons receiving financial compensation is mediated by perceived injustice.

**Author/s**

Giummara, MJ et al

**Source**

*Journal of occupational rehabilitation* June 2017 27 2 173-185

**Abstract**

**Purpose**

Traumatic injury is a leading cause of work disability. Receiving compensation post-injury has been consistently found to be associated with poorer return to work. This study investigated whether the relationship between receiving compensation and return to work was associated with elevated symptoms of psychological distress (i.e., anxiety, depression, and posttraumatic stress disorder) and perceived injustice.

**Methods**

Injured persons, who were employed at the time of injury (*n* = 364), were recruited from the Victorian State Trauma Registry, and Victorian Orthopaedic Trauma Outcomes Registry. Participants completed the Hospital Anxiety and Depression Scale, Posttraumatic Stress Disorder Checklist, Injustice Experience Questionnaire, and appraisals of pain and work status 12-months following traumatic injury.

**Results**

Greater financial worry and indicators of actual/perceived injustice (e.g., consulting a lawyer, attributing fault to another, perceived injustice, sustaining compensable injury), trauma severity (e.g., days in hospital and intensive care, discharge to rehabilitation), and distress symptoms (i.e., anxiety, depression, PTSD) led to a twofold to sevenfold increase in the risk of failing to return to work. Anxiety, post-traumatic stress and perceived injustice were elevated following compensable injury compared with non-compensable injury. Perceived injustice uniquely mediated the association between compensation and return to work after adjusting for age at injury, trauma severity (length of hospital, admission to intensive, and discharge location) and pain severity.

**Conclusions**

Given that perceived injustice is associated with poor return to work after compensable injury, we recommend greater attention be given to appropriately addressing psychological distress and perceived injustice in injured workers to facilitate a smoother transition of return to work.

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**Title**

Factors affecting return to work after injury or illness: best evidence synthesis of systematic reviews

**Author/s**

Cancelliere, C et al

**Source**

Abstract
To identify common prognostic factors for return-to-work across different health and injury conditions and to describe their association with return-to-work outcomes.

Methods Medline, Embase, PsychINFO, Cinahl, and Cochrane Database of Systematic Reviews and the grey literature were searched from January 1, 2004 to September 1, 2013. Systematic reviews addressing return-to-work in various conditions and injuries were selected. Eligible studies were critically appraised using the Scottish Intercollegiate Guidelines Network criteria to identify low risk of bias reviews.

Results Of the 36,193 titles screened and the 94 eligible studies reviewed, 56 systematic reviews were accepted as low risk of bias. Over half of these focused on musculoskeletal disorders, which were primarily spine related (e.g., neck and low back pain). The other half of studies assessed workers with mental health or cardiovascular conditions, stroke, cancer, multiple sclerosis or other non-specified health conditions. Many factors have been assessed, but few consistently across conditions. Common factors associated with positive return-to-work outcomes were higher education and socioeconomic status, higher self-efficacy and optimistic expectations for recovery and return-to-work, lower severity of the injury/illness, return-to-work coordination, and multidisciplinary interventions that include the workplace and stakeholders. Common factors associated with negative return-to-work outcomes were older age, being female, higher pain or disability, depression, higher physical work demands, previous sick leave and unemployment, and activity limitations.

Conclusions Expectations of recovery and return-to-work, pain and disability levels, depression, workplace factors, and access to multidisciplinary resources are important modifiable factors in progressing return-to-work across health and injury conditions. Employers, healthcare providers and other stakeholders can use this information to facilitate return-to-work for injured/ill workers regardless of the specific injury or illness. Future studies should investigate novel interventions, and other factors that may be common across health conditions.

Weblink
Title Preventing needless work disability by helping people stay employed
Source American College of Occupational and Environmental Medicine 2016
Abstract This report focuses on the large number of people who due to a medical condition that should normally result in only a few days of work absence, end up withdrawing from work either permanently or for prolonged periods. For many of these workers, their conditions began as a common problem (e.g., a sprain, strain, depression, or anxiety), but escalated resulting in short-term, long-term, or permanent disability. This potentially preventable disability absence has unfortunate consequences for both the employer and the employee.

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SHIFT WORK

Title Shift work and colorectal cancer risk in the MCC-Spain case–control study
Author/s Papantoniou K
Abstract Objectives Shift work that involves circadian disruption has been associated with a higher cancer risk. Most epidemiological studies to date have focused on breast cancer risk and evidence for other common tumors is limited. We evaluated the risk for colorectal cancer (CRC) in relation to shift work history in a population-based case–control study in Spain. Methods This analysis included 1626 incident CRC cases and 3378 randomly selected population controls of both sexes, enrolled in 11 regions of Spain. Sociodemographic and lifestyle information was assessed in face-to-face interviews. Shift work was assessed in detail
throughout lifetime occupational history. We estimated the risk of colon and rectal cancer associated with rotating and permanent shift work (ever, cumulative duration, age of first exposure) using unconditional logistic regression analysis adjusting for potential confounders. Results Having ever performed rotating shift work (morning, evening and/or night) was associated with an increased risk for CRC [odds ratio (OR) 1.22, 95% confidence interval (95% CI) 1.04–1.43], as compared to day workers. Having ever worked permanent night shifts (≥3 nights/month) was not associated with CRC risk (OR 0.79, 95% CI 0.62–1.00). OR increased with increasing lifetime cumulative duration of rotating shift work (P-value for trend 0.005) and were highest among subjects in the top quartiles of exposure (3rd quartile, 20–34 years, OR 1.38, 95% CI 1.06–1.81; 4th quartile, ≥35 years, OR 1.36, 95% CI 1.02–1.79). Conclusions These data suggest that rotating shift work may increase the risk of CRC especially after long-term exposures.

**Weblink**

**Title** Night-shift work is associated with increased pain perception

**Author/s** Matre, D Knardahl, S Nilsen, KB

**Source** Scandinavian journal of work and environmental health 2017 43 3 260-268 doi:10.5271/sjweh.3627

**Abstract** Objectives The aim of the present study was to determine whether shift workers exhibit increased perception of experimentally induced pain after working night shifts. Methods The study was a paired cross-over design with two sleep conditions, after at least two nights of habitual sleep and after two consecutive night shifts at work. Fifty-three nurses in rotating shift work participated. The sensitivity to electrically induced pain, heat pain, cold pain, pressure pain and pain inhibition was determined experimentally in each sleep condition. Sleepiness and vigilance were also assessed. Results Night-shift work (NSW) increased the sensitivity to electrically induced pain and heat pain (P≤0.001). Relative to habitual sleep, electrically induced pain increased by 22.3% and heat pain increased by 26.5%. The sensitivity to cold and pressure pain did not change, changes relative to habitual sleep was <5% (P>0.5). Pain inhibition was 66.9% stronger after NSW versus after habitual sleep (P<0.001). Sleepiness (measured with the Karolinska Sleepiness Scale) increased from 4.1 after habitual sleep to 6.9 after NSW (P<0.001). Vigilance decreased after NSW, measured as a 0.03-second decrease in reaction time (P<0.005). Conclusions Changes in pain sensitivity after NSW is measurable with clinically relevant effect sizes and may be an important marker for studies comparing the physiological effects of different shift work schedules. Explanations for the differential effect on different pain modalities should be a focus for future studies.

**Weblink**

**Title** Effect of shift work on hypertension: cross sectional study

**Author/s** Yeom, JH


**Abstract** The need of efficient resource management and full-time accessibility to resources has increased with the development of industry, resulting in the increase of shift workers. Previous researches of past decade.
**The Konekt market report**

**Source** Konekt 2017 Market report 4 2017

**Abstract** The Konekt Market Report is the most comprehensive review of return-to-work cases in Australia, incorporating both workers compensation and non-compensable (those not covered by compensation) interventions. This year’s report provides new insights from preliminary analysis of biopsychosocial risk factors highlighting the significance of psychological factors and the threat to financial security and career facing injured employees.

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**VOCATIONAL REHABILITATION**

**Title** Different states, common issues: moving mountains one service at a time

**Author/s** Freeze, S et al

**Source** Journal of vocational rehabilitation 2017 46 3 265-271 DOI: 10.3233/JVR-170861

**Abstract** Background: In an ever-evolving landscape, states are working to achieve new levels of integrated employment outcomes. While states have been building supports for more than five decades to meet the needs of their constituents, a different playing field has emerged in recent years. This is a result of new regulations, requests from advocates and families, shifting expectations and fluctuating state budgets.

Objective: How are states managing the range of large and small changes needed to update the employment and employment-related service definitions that are offered? How can we ensure connection between employment and other full life outcomes? …And most importantly, how can stakeholders establish individual integrated employment as a priority goal?

Conclusion: This article describes states’ efforts towards employment first goals and outlines more changes that need to be made.

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**WORKERS’ COMPENSATION**

**Title** The relationship between work-disability duration and claimant’s expected time to return to work as recorded by workers’ compensation claims managers

**Author/s** Young, A.E., Besen, E. & Willetts, J.


**Abstract** Purpose This research sought to determine whether there is a relationship between claimants’ expected time to return to work (RTW) as recorded by claims managers and compensated days of work disability.

Methods We utilized workers’ compensation data from a large, United States-based insurance company. RTW expectations were collected within 30 days of the claim being reported and these were compared with the termination of total temporary indemnity payments. Bivariate and hierarchical regression analyses were conducted.

Results A significant relationship between expected time to RTW and compensated disability duration was observed. The unadjusted correlation between work-disability duration and expected time to RTW was .25 ($p < .001$). Our multivariate model explained 29.8 % of the variance, with expected time to RTW explaining an additional 9.5 % of the variance in work-disability duration beyond what was explained by the covariates.

Conclusion The current study’s findings support the hypothesis that claimant RTW estimates as
recorded by claims managers are significantly related to compensated-disability duration, and the relationship is maintained after controlling for variance that can be explained by other variables available within workers’ compensation databases.

WORK DESIGN

Title          Organizational neuroscience

Author/s      Ward, MK Parker, SK

Source        Society for industrial and organization psychology (SIOP) TIP Spring 2017 54 4

WORK HEALTH AND SAFETY

Title          Cardiorespiratory fitness is associated with gait changes among firefighters after a live burn training evolution

Author/s      Colburn, D et al

Source        Safety and health at work June 2017 8 2 183-188 https://doi.org/10.1016/j.shaw.2016.11.001

Abstract       Background Recommendations have been proposed for minimum aerobic fitness among firefighters but it is unclear if those criteria relate to performance on the fireground. Less fit individuals fatigue more quickly than fit individuals when working at comparable intensity and may have gait changes, increasing risk of falls. We evaluated the effect of fatigue during a live burn evolution on gait parameters and functional balance comparing them to aerobic fitness levels.

Methods A total of 24 firefighters had gait and balance tested before and after a live burn evolution. Data were stratified by aerobic fitness of greater/less than 14 metabolic equivalents (METs).

Results Analysis of gait cycles measurements before and after the live burn evolution revealed that single leg stance, cycle, and swing time decreased (p < 0.05) but there were no differences in the other measures. There were no differences in time to complete the functional balance test, or errors committed before or after a live burn evolution. When firefighters were sorted by fitness level of 14 METs, there were no differences for errors or time before or after the live burn evolution. Balance data were analyzed using a linea regression. Individuals with lower fitness levels required more time to complete the test.

Conclusion A 14-MET criterion failed to distinguish gait or balance characteristics in this group. However, less fit firefighters did require more time to complete the balance test (p = 0.003). Aerobic fitness alone does not predict gait changes among firefighters following a live burn evolution but does appear to influence functional balance.

Title          A cross-sectional study of factors influencing occupational health and safety management practices in companies
Companies need to ensure a functioning occupational health and safety management (OHSM) system to protect human health and safety during work, but generally there are differences in how successful they are in this endeavor. Earlier research has indicated that factors like company size, safety culture, and different measures of financial performance may be related to the quality of OHSM practices in companies. Therefore, the aim of this study was to investigate whether these factors are associated with OHSM practices in companies. A postal questionnaire was used to collect data from a sample of Swedish manufacturing companies, and complementary data regarding the companies were retrieved from a credit bureau database. The statistical analysis was performed with ordinal regression analysis using generalized estimating equations. Different predictor variables were modeled with OHSM practices as the outcome variable, in order to calculate p-values and to estimate odds ratios. Company size, safety culture, and creditworthiness were found to be associated with better, as well as worse, OHSM practices in companies (depending on directionality). Practical implications for industry and future research are discussed.

Evaluation of the quality of occupational health and safety management systems based on key performance indicators in certified organizations

Background Occupational Health and Safety Management Systems are becoming more widespread in organizations. Consequently, their effectiveness has become a core topic for researchers. This paper evaluates the performance of the Occupational Health and Safety Assessment Series 18001 specification in certified companies in Iran.

Methods The evaluation is based on a comparison of specific criteria and indicators related to occupational health and safety management practices in three certified and three noncertified companies.

Results Findings indicate that the performance of certified companies with respect to occupational health and safety management practices is significantly better than that of noncertified companies.

Conclusion Occupational Health and Safety Assessment Series 18001-certified companies have a better level of occupational health and safety; this supports the argument that Occupational Health and Safety Management Systems play an important strategic role in health and safety in the workplace.

Occupational asthma caused by acrylic compounds from SHIELD surveillance (1989–2014)

Background Acrylic monomers (acrylates), methacrylates and cyanoacrylates all cause asthma by respiratory sensitization. Occupational inhalation exposures occur across a variety of industries including health care and dental work, beauty, laboratory science, assembly and plastic moulding.

Aims To examine notifications of occupational asthma caused by acrylic compounds from a UK-based regional surveillance scheme, in order to highlight prevalent exposures and trends in presentation.

Methods Retrospective review of all cases reported to the SHIELD surveillance scheme for
Weblink

Title Predictive validity of the work ability index and its individual items in the general population
Author/s Lundin, A et al
Source Scandinavian journal of public health June 2017 45 4 DOI:10.1177/1403494817702759
Abstract Aim: This study assesses the predictive ability of the full Work Ability Index (WAI) as well as its individual items in the general population. Methods: The Work, Health and Retirement Study (WHRS) is a stratified random national sample of 25–75-year-olds living in Sweden in 2000 that received a postal questionnaire (n = 6637, response rate = 53%). Current and subsequent sickness absence was obtained from registers. The ability of the WAI to predict long-term sickness absence (LTSA; ≥ 90 consecutive days) during a period of four years was analysed by logistic regression, from which the Area Under the Receiver Operating Characteristic curve (AUC) was computed. Results: There were 313 incident LTSA cases among 1786 employed individuals. The full WAI had acceptable ability to predict LTSA during the 4-year follow-up (AUC = 0.79; 95% CI 0.76 to 0.82). Individual items were less stable in their predictive ability. However, three of the individual items: current work ability compared with lifetime best, estimated work impairment due to diseases, and number of diagnosed current diseases, exceeded AUC > 0.70. Excluding the WAI item on number of days on sickness absence did not result in an inferior predictive ability of the WAI. Conclusions: The full WAI has acceptable predictive validity, and is superior to its individual items. For public health surveys, three items may be suitable proxies of the full WAI; current work ability compared with lifetime best, estimated work impairment due to diseases, and number of current diseases diagnosed by a physician.

Title Preventive behaviour at work – a concept analysis
Author/s Lecours, A Therriault, P_Y
Source Scandinavian journal of occupational therapy 207 24 4 http://dx.doi.org/10.1080/11038128.2016.1242649
Abstract Background: Preventive behaviour is a significant intervention target in order to promote health at work, but has never been discussed in an occupational perspective. Aim: To clarify the concept of preventive behaviour at work. Methods: The Walker and Avant (2011) method was used to conduct the study. Results: The attributes of the concept are: (1) compliance with safety rules and procedures, (2) proactivity, participation, engagement and initiatives related to prevention, (3) maintenance of physical environment, (4) concern for social environment and (5) reflexivity and analytical skills.
of work situations. The analysis also identified the antecedents and the consequences of the concept that are all related to either the person, the environment or the occupation. Conclusion: Preventive behaviour occurs when a worker shows an active involvement to comply with safety rules and procedures of his trade, takes initiatives to improve prevention, preserves his physical environment, communicates with his peers and analyses work situations before committing to it. Significance: Occupational therapists have a central role in primary prevention of work injuries and have the expertise to help develop each of the five attributes of the concept of preventive behaviour.

Title Reproductive toxic chemicals at work and efforts to protect workers' health: a literature review
Author/s Kyung-Taek, R
Source Safety and health at work June 2017 8 2 143-150 https://doi.org/10.1016/j.shaw.2017.04.003
Abstract A huge number of chemicals are produced and used in the world, and some of them can have negative effects on the reproductive health of workers. To date, most chemicals and work environments have not been studied for their potential to have damaging effects on the workers' reproductive system. Because of the lack of information, many workers may not be aware that such problems can be related to occupational exposures. Newly industrialized countries such as Republic of Korea have rapidly amassed chemicals and other toxicants that pose health hazards, especially to the reproductive systems of workers. This literature review provides an overview of peer-reviewed literature regarding the teratogenic impact and need for safe handling of chemicals. Literature searches were performed using PubMed, Google Scholar, and ScienceDirect. Search strategies were narrowed based on author expertise and 100 articles were chosen for detailed analysis. A total of 47 articles met prespecified inclusion criteria. The majority of papers contained studies that were descriptive in nature with respect to the Medical Subject Headings (MeSH) terms and keywords: “reproductive and health or hazard and/or workplace or workers or occupations.” In the absence of complete information about the safe occupational handling of chemicals in Republic of Korea (other than a material safety data sheet), this review serves as a valuable reference for identifying and remedying potential gaps in relevant regulations. The review also proposes other public health actions including hazard surveillance and primary prevention activities such as reduction, substitution, ventilation, as well as protective equipment.

Title Safety leadership at construction sites: the importance of rule-oriented and participative leadership
Author/s Grill, M et al
Source Scandinavian journal of work and environmental health June 2017 doi:10.5271/sjweh.3650
Abstract Objectives The construction industry accounted for >20% of all fatal occupational accidents in Europe in 2014. Leadership is an essential antecedent to occupational safety. The aim of the present study was to assess the influence of transformational, active transactional, rule-oriented, participative, and laissez-faire leadership on safety climate, safety behavior, and accidents in the Swedish and Danish construction industry. Sweden and Denmark are similar countries but have a large difference in occupational accidents rates. Methods A questionnaire study was conducted among a random sample of construction workers in both countries: 811 construction workers from 85 sites responded, resulting in site and individual response rates of 73% and 64%, respectively. Results The results indicated that transformational, active transactional, rule-oriented and participative leadership predict positive safety outcomes, and laissez-faire leadership predict negative safety outcomes. For example, rule-oriented leadership predicts a superior safety climate (β=0.40, P<0.001), enhanced safety behavior (β=0.15, P<0.001), and fewer accidents [odds ratio (OR) 0.78, 95% confidence interval (95% CI) 0.62–0.98]. The effect of rule-oriented
leadership on workers’ safety behavior was moderated by the level of participative leadership ($\beta=0.10$, $P<0.001$), suggesting that when rules and plans are established in a collaborative manner, workers’ motivation to comply with safety regulations and participate in proactive safety activities is elevated. The influence of leadership behaviors on safety outcomes was largely similar in Sweden and Denmark. Rule-oriented and participative leadership were more common in the Swedish than Danish construction industry, which may partly explain the difference in occupational accident rates.

Conclusions Applying less laissez-faire leadership and more transformational, active transactional, participative and rule-oriented leadership appears to be an effective way for construction site managers to improve occupational safety in the industry.

Weblink

Title Work organization, sleep and metabolic syndrome among long-haul truck drivers

Author/s Lemke, MK et al

Source Occupational medicine June 2017 67 4 274-281 DOI: https://doi.org/10.1093/occmed/kqx029

Abstract Background The work organization of long-haul truck drivers in the USA contains factors that have been shown to degrade sleep. In combination, these factors generate elevated cardio metabolic risk by inducing components of the metabolic syndrome (MetS). However, the prevalence and severity of MetS and the degree to which such factors differentially influence MetS among these drivers are unknown.

Aims To determine the prevalence and severity of MetS among US long-haul truck drivers and to determine the predictive value of demographic, work organization and sleep variables in MetS diagnosis and severity.

Methods A non-experimental, descriptive, cross-sectional study, designed to collect survey, anthropometric and biometric data from US long-haul truck drivers. Descriptive analyses were performed for demographic, work organization, sleep and MetS measures. Logistic and linear regression analyses examined potential predictive relationships between demographic, work organization and sleep variables and MetS diagnosis and severity.

Results The study population was 262. Nearly 60% of drivers met MetS diagnosis criteria. Over 80% had a waist circumference >102 cm, 50% had triglyceride levels of ≥150 mg/dl, 66% had a high-density lipoprotein of <40 mg/dl, 28% had a blood pressure of ≥135/80 mm Hg and 17% had a fasting glucose of ≥110 mg/dl. Driving experience and work day sleep quality were associated with MetS prevalence and severity.

Conclusions The prevalence and severity of MetS among this sample of US long-haul truck drivers were high. Preventive efforts should focus on experienced drivers and work day sleep quality.

Weblink

Title Cardiorespiratory fitness is associated with gait changes among firefighters after a live burn training evolution.

Author/s Colburn, D et al

Source Safety and health at work June 2017 8 2 183-188 https://doi.org/10.1016/j.shaw.2016.11.001

Abstract Background Recommendations have been proposed for minimum aerobic fitness among firefighters but it is unclear if those criteria relate to performance on the fireground. Less fit individuals fatigue more quickly than fit individuals when working at comparable intensity and may have gait changes, increasing risk of falls. We evaluated the effect of fatigue during a live burn evolution on gait parameters and functional balance comparing them to aerobic fitness levels.

Methods A total of 24 firefighters had gait and balance tested before and after a live burn evolution. Data were stratified by aerobic fitness of greater/less than 14 metabolic equivalents (METs).
Results Analysis of gait cycles measurements before and after the live burn evolution revealed that single leg stance, cycle, and swing time decreased (p < 0.05) but there were no differences in the other measures. There were no differences in time to complete the functional balance test, or errors committed before or after a live burn evolution. When firefighters were sorted by fitness level of 14 METs, there were no differences for errors or time before or after the live burn evolution. Balance data were analyzed using a linear regression. Individuals with lower fitness levels required more time to complete the test. Conclusion A 14-MET criterion failed to distinguish gait or balance characteristics in this group. However, less fit firefighters did require more time to complete the balance test (p = 0.003). Aerobic fitness alone does not predict gait changes among firefighters following a live burn evolution but does appear to influence functional balance.

Title Neck muscle activity during simulated in-flight static neck postures and helmet mounted equipment

Author/s McKinnon, CD et al

Source Occupational ergonomics 2017 13-14 119-130 DOI: 10.3233/OER-170245

Abstract Background: Static postures and heavy helmets elicit neck pain in many aircraft personnel during or after flight. Helmet-mounted equipment can further increase neck loading and injury risk. Objective: To quantify neck muscle activity changes as a function of helmet configuration and static neck postures. Methods: Eight male participants participated. Neck surface EMG was measured bilaterally in each combination of 7 neck postures (neutral, flexed, extended, twisted, laterally flexed, and two combination postures) and 5 helmet-mounted equipment configurations (combinations of a helicopter helmet, night-vision goggles (NVG), and a 600 g counterweight (CW)). Results: Helmet configuration alone did not influence activity for any muscle. Peak muscle activity was less than 5% of maximum voluntary exertion for most trials. The highest neck extensor activity occurred when wearing the helmet with CW and NVG engaged, while the lowest activity occurred in the same setup but NVG in a disengaged position, and helmet configuration effects varied by target posture. Muscle activity tended to be greatest in extension and combination movements for the lateral muscles and in flexion and flexion with rotation for the neck extensors. Conclusion: Neck posture influenced neck muscular demands more than the configuration of helmet-mounted equipment. As such, cockpit layout may play a primary role in mitigating neck injury risk factors.
characteristics during the stance and swing phases, with the potential to alter landing strategies adopted during occupational specific activities, all of which place firefighters at an increased risk of lower body and lumbar injuries.

Conclusions: As a majority of the research was conducted with firefighters wearing personal protective equipment in conjunction with standard issue boots, to date, it remains unclear as to how protective firefighting boots in isolation or design differences influence lower body movement and injury.

**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  9 2

DOI: 10.1007/s00420-016-1170-2

**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.

**Title**

How posture influences venous blood flow in the lower limbs: results of a study using photoplethysmography

**Author/s**

Lastowiecka-Moras, E

**Source**

*International journal of occupational safety and ergonomics*  2017 23 2  147 151

DOI:10.1080/10803548.2016.1256938

**Abstract**

Prolonged standing or sitting is one of the factors for chronic venous insufficiency. The aim of the study was to determine the impact of static load of the lower limbs on the functioning of the venous system. The study included 10 healthy young participants, with no peripheral venous disease. All participants took part in examinations in two variants: variant 1, sitting for 20 min with the lower limbs bent in the knee joints at 90°; variant 2, standing for 20 min with no additional load. Before and after each test, the venous refilling time (VRT) was determined using photo plethysmography. Statistical analysis demonstrated that the VRT was significantly shortened only after application of variant 2. Furthermore, even variants with small loads applied to healthy young participants can...
induce in them effects on the parameters describing the peripheral circulation.

Title
"Working is out of the question": a qualitative text analysis of medical certificates of disability

Author/s
Aarseth, Guri et al

Source
Family practice April 2017 18 1-12 12 2 DOI: 10.1186/s12875-017-0627-z.

Abstract
Background: Medical certificates influence the distribution of economic benefits in welfare states; however, the qualitative aspects of these texts remain largely unexplored. The present study is the first systematic investigation done of these texts. Our aim was to investigate how GPs select and mediate information about their patients' health and how they support their conclusions about illness, functioning and fitness for work in medical certificates.

Methods: We performed a textual analysis of thirty-three medical certificates produced by general practitioners (GP) in Norway at the request of the Norwegian Labour and Welfare Administration (NAV). The certificates were subjected to critical reading using the combined analytic methods of narratology and linguistics.

Results: Some of the medical information was unclear, ambiguous, and possibly misleading. Evaluations of functioning related to illness were scarce or absent, regardless of diagnosis, and, hence, the basis of working incapacity was unclear. Voices in the text frequently conflated, obscuring the source of speaker. In some documents, the expert's subtle use of language implied doubts about the claimant's credibility, but explicit advocacy also occurred. GPs show little insight into their patients' working lives, but rather than express uncertainty and incompetence, they may resort to making too absolute and too general statements about patients' working capacity, and fail to report thorough assessments.

Conclusions: A number of the texts in our material may not function as sufficient or reliable sources for making decisions regarding social benefits. Certificates as these may be deficient for several reasons, and textual incompetence may be one of them. Physicians in Norway receive no systematic training in professional writing. High-quality medical certificates, we believe, might be economical in the long term: it might increase the efficiency with which NAV processes cases and save costs by eliminating the need for unnecessary and expensive specialist reports. Moreover, correct and coherent medical certificates can strengthen legal protection for claimants. Eventually, reducing advocacy in these documents may contribute to a fairer evaluation of whether claimants are eligible for disability benefits or not. Therefore, we believe that professional writing skills should be validated as an important part of medical practice and should be integrated in medical schools and in further education as a discipline in its own right, preferably involving humanities professors.

Title
Best practice review of workplace health and safety Queensland: discussion paper

Author/s
Lyons, Tim

Source
Workplace Health and Safety Queensland (WHSQ)

Abstract
The Queensland Government has announced it will introduce a new criminal work health and safety (WHS) offence of ‘negligence causing death’, following a recommendation from independent reviewer for the Best Practice Review of WHS, Tim Lyons. Under the terms of reference for the review, the reviewer is asked to consider WHSQ’s effectiveness in light of contemporary regulatory practice. This includes reviewing all WHSQ’s functions including inspections, investigations, prosecutions, enforceable undertakings, research, strategy and policy development, information and education and awareness campaigns. The review will also consider specific issues such as whether an offence of ‘gross negligence causing death’ should be introduced and whether current penalty levels under the...
Weblink

Title
Inguinal hernia repair among men in relation to occupational mechanical exposures and lifestyle factors: a longitudinal study.

Author/s
Vad, Marie Vestergaard et al
Objectives To evaluate exposure–response relationships between occupational mechanical exposures and first-time lateral and medial inguinal hernia repair and effects of lifestyle factors. To estimate if occupational mechanical exposures advance the repairs.

Methods This longitudinal study was based on a cohort of men aged 18–65 years with questionnaire data from the Musculoskeletal Research Database at the Danish Ramazzini Centre. We estimated occupational mechanical exposures using a job exposure matrix. First-time inguinal hernia repairs from 1998 to 2014 were identified in the Danish Hernia Database. We used Cox regression analyses and calculated excess fractions among the exposed and rate advancement periods (RAPs).

Results Among 17,967 men, we identified 382 lateral and 314 medial repairs. The risk of lateral repairs increased with time spent standing/walking with an HR of 1.45 (95% CI 1.12 to 1.88) for ≥6 hours/day versus <4 hours/day, corresponding to an excess fraction of cases of 31% in the group with ≥6 hours/day. This group had a RAP of 6.7 (95% CI 2.6 to 10.8) years. Medial repairs were not associated with occupational mechanical exposures. A body mass index ≥30 kg/m² showed lower HRs for both repair types. Leisure-time physical activity and smoking status were not related to any of the outcomes.

Conclusions Assuming a causal relationship, the results suggest that around 30% of all first-time lateral inguinal hernia repairs in the highest exposure category would be preventable if the time spent standing/walking could be reduced from ≥6 to <4 hours/day. The repairs might even be postponed by 6–7 years.
The objectives of this survey-based study project were primarily to identify if the fitment of OPDs caused harm to riders in a rollover crash in the workplace environment (farming, forestry, etc.), and to what extent OPDs provide protection in rollover incidents involving quad bikes. The survey was carried out for SafeWork NSW in response to the NSW Deputy State Coroner’s recommendation that such a survey study be undertaken.

WORK STRESS

**Title**
Temporal relationships between job strain and low-back pain

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

**Source**
Scandinavian journal of work and environmental health June 2017 doi:10.5271/sjweh.3654

**Abstract**
Objectives Psychosocial working conditions are suggested risk factors for low-back pain, but it is unclear whether these associations are causal. The present study examined whether there is lagged and bidirectional associations between job strain and low-back pain and further controlled for unmeasured time-invariant confounding.

Methods The study was based on four biennial waves of data from the Swedish Longitudinal Occupational Survey of Health (SLOSH), including 3084 men and women. Cross-lagged analyses using structural equation modeling (SEM) were conducted on job strain, a combination of high job demands and low control, and any as well as low-back pain severity (how much any problems affected the respondents life). Analogous SEM (dynamic panel) models with fixed effects were also fitted to remove confounding from time-invariant factors (such as non-observed individual and environmental factors, eg, genetics, childhood conditions, personality).

Results The SEM models indicated bidirectional associations between job strain and any back pain over a 2-year time lag ($\beta=0.21$ and $0.19$, $P<0.05$), when adjusting for a range of covariates. Job strain was also associated with an increase in low-back pain severity and vice versa. However, the SEM models with fixed-effects showed no statistically significant lagged relationships between job strain and any or low-back pain severity ($\beta=-0.05$ and $\beta=0.00$, respectively).

Conclusions This study suggests that associations between job strain and low-back pain with a lag of years may be due to residual confounding by time invariant characteristics. Further studies are, however, needed to elucidate short-term relationships.

**Title**
Two Swedish screening instruments for exhaustion disorder: cross-sectional associations with burnout, work stress, private life stress, and personality traits.

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

**Source**
Scandinavian journal of public health 2017 45 4 DOI:10.1177/1403494817696182

**Abstract**
Aims: To examine the relationships of two screening instruments recently developed for assessment of exhaustion disorder (ED) with some other well-known inventories intended to assess ED-related concepts and self-reports of job demands, job control, job support, private life stressors, and personality factors.

Methods: A cross-sectional population sample ($n = 1355$) completed: the Karolinska Exhaustion Disorder Scale (KEDS), Self-reported Exhaustion Disorder Scale (s-ED), Shiroma–Melamed Burnout Questionnaire (SMBQ), Utrecht Work Engagement Scale (UWES-9), Job Content Questionnaire (JCQ), Big Five Inventory (BFI), and items concerning family-to-work interference.
and stress in private life. Results: Compared to participants without any indication of ED, participants classified as having ED on KEDS or s-ED had higher scores on all four SMBQ subscales, lower scores on the UWES-9 subscales vigor and dedication, higher JCQ job demands scores, lower JCQ job support scores, higher degrees of family-to-work interference and stress in private life, and higher BFI neuroticism and openness scores. In addition, participants classified as having ED on KEDS had lower scores on the UWES-9 absorption subscale, the JCQ job control scale, and lower BFI extraversion, agreeableness and conscientiousness scores, compared to the subgroup not classified as having ED. Conclusions: As expected, we observed an overall pattern of associations between the ED screening inventories KEDS and s-ED and measures of burnout, work engagement, job demands-control-support, stress in private life, family-to-work interference, and personality factors. The results suggest that instruments designed to assess burnout, work engagement, and ED share common ground, despite their conceptual differences.

Title
Bringing work stress home: the impact of role conflict and role overload on spousal marital satisfaction

Author/s
Abegglen, S et al

Source

Abstract
Purpose Unintentional injuries occur frequently and many of the accident survivors suffer from temporary or permanent disabilities. Although most accident victims recover quickly, a significant fraction of them shows a complicated recovery process and accounts for the majority of disability costs. Thus, early identification of vulnerable persons may be beneficial for compensation schemes, government bodies, as well as for the worker themselves. Here we present the Work and Health Questionnaire (WHQ), a screening tool that is already implemented in the case management process of the Swiss Accident Insurance Fund (Suva). Moreover, we demonstrate its prognostic value for identifying workers at risk of a complicated recovery process.

Methods A total of 1963 injured workers answered the WHQ within the first 3 months after their accident. All of them had minor to moderate accidental injuries; severely injured workers were excluded from the analyses. The anonymized individual-level data were extracted from insurance databases. We examined construct validity by factorial analyses, and prognostic validity by hierarchical multiple regression analyses on days of work disability. Further, we evaluated well-being and job satisfaction 18 months post-injury in a subsample of 192 injured workers (9.8 %) Results Factor analyses supported five underlying factors (Job Design, Work Support, Job Strain, Somatic Condition/Pain, and Anxiety/Worries). These subscales were moderately correlated, thus indicating that different subscales measured different aspects of work and health-related risk factors of injured workers. Item analysis and reliability analysis showed accurate psychometric properties. Each subscale was predictive at least for one of the evaluated outcomes 18 months post-injury.

Conclusion The WHQ shows good psychometric qualities with high clinical utility to identify injured persons with multiple psychosocial risk factors. Thus, the questionnaire appears to be suitable for exploring different rehabilitation needs among minor to moderate injured workers.

Title
Bringing work stress home: the impact of role conflict and role overload on spousal marital satisfaction

Author/s
Carnes, AM

Source
Journal of occupational and organizational psychology June 2017 90 2 153-176 DOI: 10.1111/joop.12163

Abstract
Many previous studies have explored the possibility that work stressors negatively impact the well-being of an individual's spouse with little success. This study aimed to extend the existing literature by exploring boundary conditions of the relationship including the possibility that political skill and gender modify the relationship between role conflict, role overload, and spousal marital satisfaction. It also suggests that men and women differ in their propensity to cope with different types of stressors. Using a sample of 139 matched marital dyads, analytical results generally support these hypotheses. Political skill was a significant moderator of the role
conflict—marital satisfaction relationship for the husband-to-wife transaction, but not the wife-to-
husband transaction. In addition, political skill was a significant moderator of the role overload—
marital satisfaction relationship for the wife-to-husband transaction but not the husband-to-wife 
transaction. These findings are important to both research and practice in that they highlight the
issue of stress crossover and the importance of coping in the workplace.

Title Web-based interventions for the management of stress in the workplace: focus, form, and 
efficacy
Author/s Ryan, C Bergin, M Chalder, T Wells, JG
Source Journal of occupational health 2017 59 3 215-236 DOI: 10.1539/joh.16-0227-RA
Abstract Objectives: This review sought to determine what is currently known about the focus, form, and 
efficacy of web-based interventions that aim to support the well-being of workers and enable 
them to manage their work-related stress.
Method: A scoping review of the literature as this relates to web-based interventions for the 
management of work-related stress and supporting the psychological well-being of workers was 
conducted.
Results: Forty-eight web-based interventions were identified and reviewed, the majority of which 
(n = 37) were "individual"-focused and utilized cognitive-behavioral techniques, relaxation 
exercises, mindfulness, or cognitive behavior therapy. Most interventions identified were 
provided via a website (n = 34) and were atheoretical in nature.
Conclusions: There is some low-to-moderate quality evidence that "individual"-focused 
terventions are effective for supporting employee well-being and managing their work-related 
stress. There are few web-based interventions that target "organizational" or 
"individual/organization" interface factors, and there is limited support for their efficacy. A clear 
gap appears to exist between work-stress theory and its application in the design and 
development of web-based interventions for the management of work-related stress.

WORKPLACE VIOLENCE

Title I see so I feel: Coping with workplace violence among victims and witnesses
Author/s Zhou, B et al
Source Work 57 1 125-135, 2017 DOI: 10.3233/WOR-172538
Abstract Background: Workplace violence is a serious concern for workers’ mental health and well-being 
in high risk work sectors.
Objective: This study examined victims' and witnesses' experiences after exposure to workplace 
violence, and the types of help they used to cope with the violent event.
Methods: Workers (n=211) from five different work sectors participated in our study. Multiple 
mediation analysis was used to investigate the indirect effects through psychological and work 
consequences on victims' versus witnesses' differential likelihood of using formal, paraformal 
and informal helping.
Results: Results showed that workplace violence has detrimental effects on both victims and 
witnesses. Direct victims were more negatively affected psychologically and at work than 
witnesses. The indirect effect through psychological difficulty after experiencing workplace 
violence was significant in predicting formal helping. The indirect effect through reduced work 
functioning in predicting paraformal helping was also significant. No significant indirect effect 
was found in predicting informal helping.
Conclusions: Both victims and witnesses used multiple types of helping to cope with the violent
event. This study has practical implications on management and clinical practices for better organizations of resources in helping victims and witnesses to cope with workplace violence.

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