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

The emerging evidence alert
This Emerging Evidence Alert includes the latest news and evidence on the health benefits of work, recovery at and return to work, as well as a WHS issues to keep people healthy and safe in work.
We encourage employers to share their approaches and good practice in the emerging evidence alert.

Peer Support
Each month we also highlight an area of interest for employers – this month we focus on Peer Support. The Australian Broadcasting Company (ABC) has shared their Peer Support Approach.
See the latest evidence on Peer support and read about the ABC’s approach.
Next month’s Emerging Evidence Alert will look at flexibility in the workplace. Please contact your account manager if you have a flexible workplace program that you would like to share.

Emerging Evidence Topics
- Absenteeism and presenteeism
- Ageing workforce
- Asbestosis
- Bullying
- Chronic health issues
- Disability
- Employment & unemployment
- Health promotion
- Management and leadership
- Musculoskeletal issues
- Occupational issues
- Psychosocial issues
- Public health
- Rehabilitation
- Resilience
- Return to work
- Shift work
- Work ability
- Work Health and Safety
- Work injuries
- Work stress
- Websites

Where possible, links to the full text of the articles have been included.
For further information, please contact the Comcare Library or your Employer Account Manager.
PEER SUPPORT
This month’s Emerging Evidence Alert looks at the role of peer support in helping people manage and recover from ill health.

Peer support is often used to support people who are at risk of Post-Traumatic Stress Disorder such as defence personnel, veterans and emergency workers. There are examples of formal and informal peer support programs including Buddy programs for military personnel, Fire and Rescue NSW’s volunteer peer support program, and QLD Fire and Emergency Services Peer Support Officers.

Peer support is also used to help people manage their health and wellbeing, return to work and rehabilitation.

There is a wealth of information about peer support. A UK organisation, NESTA, has compiled information from more than 1000 case studies on peer support. In Australia, the Centre of Excellence in Peer Support provides resources, research, a Directory of peer support services and a Community of Practice. Anyone can access these resources.

The ABC has shared a summary of their ABC Trauma Awareness Program. The program aims to support staff whose work involves covering and dealing with potentially traumatic incidents. The program involves resources and training. Read more about the program here. Please contact Christina KingsfordSmith if you would like more information on ABC’s program KingsfordSmith.Christina@abc.net.au

Title Advice about work-related issues to peers and employers from head and neck cancer survivors
Author/s Dewa, Carolyn S.; Trojanowski, Lucy; Tamminga, Sietske J.; Ringash, Jolie; McQuestion, Maureen; Hoch, Jeffrey S.
Abstract Purpose: The purpose of this exploratory and descriptive study is to contribute to the sparse return-to-work literature on head and neck cancer (HNC) survivors. Interview participants were asked to reflect upon their work-related experience with cancer by answering two specific questions: (1) What advice would you give someone who has been newly diagnosed with head and neck cancer? (2) What advice would you give to employers of these people? Methods: Data were gathered through 10 individual semi-structured in-depth interviews with HNC clinic patients at a regional cancer center’s head and neck clinic in Ontario, Canada. A constant comparative method of theme development was used. Codes identified in and derived from the data were discussed by research team members until consensus was reached. Codes with similar characteristics were grouped together and used to develop overarching themes. Results: Work-related advice for peers focused on personal self-care and interactions within workplaces. Work-related advice to employers focused on demonstrating basic human values as well as the importance of communication. Discussion: The study results suggest HNC clinic patients should be proactive with employers and help to set reasonable expectations and provide a realistic plan for work to be successfully completed. HNC clinic patients should develop communication skills to effectively disclose their cancer and treatment to employers. Conclusions: In this exploratory study, HNC clinic patients’ advice was solution-focused underscoring the importance of self-care and pro-active communication and planning with employers. Employers were advised to demonstrate core human values throughout all phases of the work disability episode beginning at diagnosis.

Title Buddy-to-Buddy, a citizen soldier peer support program to counteract stigma, PTSD, depression, and suicide
Author/s Greden, J F et al
Abstract Citizen soldiers (National Guard and Reserves) represent approximately 40% of the two million armed forces deployed to Afghanistan and Iraq. Twenty-five to forty percent of them develop PTSD, clinical depression, sleep disturbances, or suicidal thoughts. Upon returning home, many
encounter additional stresses and hurdles to obtaining care: specifically, many civilian communities lack military medical/psychiatric facilities; financial, job, home, and relationship stresses have evolved or have been exacerbated during deployment; uncertainty has increased related to future deployment; there is loss of contact with military peers; and there is reluctance to recognize and acknowledge mental health needs that interfere with treatment entry and adherence. Approximately half of those needing help are not receiving it. To address this constellation of issues, a private-public partnership was formed under the auspices of the Welcome Back Veterans Initiative. In Michigan, the Army National Guard teamed with the University of Michigan and Michigan State University to develop innovative peer-to-peer programs for soldiers (Buddy-to-Buddy) and augmented programs for military families. Goals are to improve treatment entry, adherence, clinical outcomes, and to reduce suicides. This manuscript describes training approaches, preliminary results, and explores future national dissemination.

**Title**  
The charter of peer support: developed by men and women and their family members who have lived through a range of mental health issues

**Source**  
Mutual Support Self Help Network (MSSH)

**Abstract**  
The Charter articulates the intrinsic value of peer support to mental health and total wellbeing: “it is in the sharing of our wisdom and lived experience we continue to demonstrate that through adversity there is hope. That as we accept our vulnerabilities, our disabilities and our life circumstance we can discover and uncover our resilience and path forward”

**Title**  
Developing a mentally healthy workplace: a review of the literature

**Author/s**  
Harvey, SB et al

**Source**  
National Mental Health Commission, Mentally Healthy Workplace Alliance

**Abstract**  
The aim of this report is to provide a detailed review of the academic literature around what constitutes a mentally healthy workplace as well as to identify the practical means by which workplaces can enhance and support the mental health and wellbeing of employees

**Title**  
Experience of the implementation of a multi-stakeholder return-to-work programme

**Author/s**  
Tjulin A; Edvardsson Stiwne E; Ekberg K;

**Source**  
Journal of occupational rehabilitation, December 2009 19 4: 409-418 10p

**Abstract**  
Introduction: Employers can use several strategies to facilitate return-to-work for workers on sick leave, but there seems to be limited knowledge of how workplace-based interventions are actually implemented in organisations. One public Swedish employer initiated a return-to-work programme which incorporated interventions suggested by earlier research, e.g. multi-professional health assessment, case management, educational peer-support groups and adapted workplace training. The overall purpose of the study is to analyse how the programme was implemented and experienced in the organisation, from the perspective of involved stakeholders, i.e. supervisors, occupational health consultants and a project coordinator. The objective of this paper is to identify and analyse how these stakeholders perceived that the programme had been implemented in relation to its intentions.

Methods: A qualitative method was used, consisting of individual interviews with eight supervisors and the project leader. Two group interviews with five occupational health service consultants were also conducted.

Results: The study revealed barriers to the implementation of return-to-work interventions. Not all of the intended interventions had been implemented as expected in policy. One explanation is that the key stakeholders expressed a more biomedical, individual view of work ability, while the programme was based on a more holistic, biopsychosocial view.

Conclusion: Implementation of a return-to-work programme is an ongoing, long-term multi-level strategy, requiring time for reflection, stakeholder participation, openness to change of intervention activities, and continuous communication.
**Expert guidelines: diagnosis and treatment of post-traumatic stress disorder in emergency service workers**

**Author/s** Harvey, SB et al

**Abstract** The world’s first clinical guidelines about diagnosing and treating post-traumatic stress disorder in emergency service workers has been developed by a group of Australian clinicians and researchers. The guidelines presented in this report aim to utilise a combination of expert opinion and the best available research evidence to produce succinct, focused guidelines on the diagnosis and treatment of emergency workers with PTSD.

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**Fire & Rescue NSW - case study**

**Source** Headsup

**Abstract** Fire & Rescue NSW provides firefighting and rescue services across metropolitan, rural and regional New South Wales. The agency has a diverse workforce comprising 6,800 firefighters, 400 administrative staff and more than 6,000 community fire unit volunteers. For the past 23 years, Fire & Rescue NSW has run a volunteer peer support program. This initiative provides support following critical incidents and stress interventions, including over-the-phone and on-the-scene assistance for colleagues. Initially developed as a reactive program to respond to incidents, it has since embraced a more proactive approach. This includes highlighting mental health issues and stress in the workplace, providing information on how and where to get support, and creating a holistic approach to wellbeing.

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**Level-of-care criteria for peer support services: a best-practice guide.**

**Author/s** Daniels, AS et al

**Source** Psychiatric services December 2013 1 64 1190-2 doi: 10.1176/appi.ps.201300277.

**Abstract** Peer support services (PSS) are an expanding part of the continuum of care provided for behavioral health conditions. These services have been deemed an evidence-based reimbursable model of care by the Centers for Medicare and Medicaid Services. States, counties, employers, and health plans are increasingly covering PSS in benefit plans. Controlled and experimental studies are building the evidence base for these services. Medicaid and the states have not developed level-of-care or medical necessity criteria for PSS, even though these criteria are standards for determining coverage and reimbursement. This review of emerging level-of-care criteria for PSS provides a framework for the further development of these resources.

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**Peer support and outcome for veterans with posttraumatic stress disorder (PTSD) in a residential rehabilitation program**

**Author/s** Jain S et al

**Source** Community mental health journal February 2016 1-4

**Abstract** This observational study aims to determine the characteristics of peer support that change attitudes toward recovery and PTSD symptom severity. The study respondents were a sample of 55 VA patients who were residents at a residential rehabilitation program for PTSD where they were the recipients of peer support. Veterans perceived greater support from other veterans (mean = 4.04 on 1–5 scale, SD = 0.78) than from any other source. Greater perceived support from the peer support provider, other veterans and mental health staff was associated with improvements from intake to discharge in recovery attitudes. Greater perceived support from other veterans and mental health staff was associated with an improvement in PTSD symptoms. Results from this study suggest that positive perceptions of peer support favorably influences attitudes toward recovery, from PTSD, in veterans who are the recipients of such support.
<table>
<thead>
<tr>
<th>Title</th>
<th>Author/s</th>
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<tbody>
<tr>
<td><strong>Peer support: empowering effective workplace support</strong></td>
<td>Lehmann, Melissa</td>
<td>2007 Comcare National Conference</td>
<td>Provides an overview of the history and benefits of peer support, a model training, practical issues and how to incorporate into your workplace.</td>
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<td><strong>Peer support programs in the workplace</strong></td>
<td>Vitality 3 1 2013</td>
<td></td>
<td>Peer support programs are becoming an important and cost-effective risk management strategy that also enhances organizational health.</td>
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<tr>
<td><strong>Peer support: What is it and does it work?: summarising evidence from more than 1000 studies</strong></td>
<td>NESTA</td>
<td></td>
<td>People, families and communities can play a key role in managing their own health and wellbeing. Peer support involves people sharing knowledge, experience or practical help with each other. Many voluntary and community groups encourage peer support. Health and social care commissioners are beginning to recognise the potential benefits. We compiled information from more than 1000 studies to help organisations and commissioners make decisions about investing in peer support. We found that peer support can take many forms, such as informal telephone calls, group get-togethers, online forums or structured training offered by paid peers in partnership with professionals.</td>
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<tr>
<td><strong>The power and potential of peer support in workplace interventions</strong></td>
<td>Linnan, L Fisher, EB Hood, S</td>
<td><em>American journal of health promotion</em>  September-October 2013  28 1</td>
<td>This article reviews the scientific evidence regarding the effectiveness of social support in chronic condition and health management with a focus on how peer educators and wellness champions improve outcomes in worksite health promotion programs.</td>
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| **Pre-return-to-work medical consultation for low back pain workers. Good practice recommendations based on systematic review and expert consensus** | Petit, A.; Rozenberg, S.; Fassier, J.B.; Rousseau, S.; Mairiaux, P.; Roquelaure, Y. | *Annals of physical & rehabilitation medicine.*  October 2015 58 I5 298-304. 7p. | Objectives The pre-return-to-work medical consultation during sick leave for low back pain (LBP) aims at assessing the worker’s ability to resume working without risk for his/her health, and anticipating any difficulties inherent to returning to work and job retention. This article summarizes the good practices guidelines proposed by the French Society of Occupational Medicine (SFMT) and the French National Health Authority (HAS), and published in October 2013. Methods Good practices guidelines developed by a multidisciplinary and independent task force (24 experts) and peer review committee (50 experts) based on a literature review from 1990 to 2012, according to the HAS methodology. Results According to the labour regulations, workers can request a medical consultation with their occupational physician at any time. The pre-return-to-work consultation precedes the effective return-to-work and can be requested by the employee regardless of their sick leave
duration. It must be scheduled early enough to: (i) deliver reassuring information regarding risks to the lower back and managing LBP; (ii) evaluate prognostic factors of chronicity and prolonged disability in relations to LBP and its physical, social and occupational consequences in order to implement the necessary conditions for returning to work; (iii) support and promote staying at work by taking into account all medical, social and occupational aspects of the situation and ensure proper coordination between the different actors.

Conclusion A better understanding of the pre-return-to-work consultation would improve collaboration and coordination of actions to facilitate resuming work and job retention for patients with LBP.

Title The psychological and social aspects of a physical rehabilitation programme for fire service personnel
Author/s Dawson, L Deary, V Fielden, A
Source International journal of therapy & rehabilitation. May 2014 21 5 232-239. 8p
Abstract Aims: There is a demand for a more precise clarification of how and why complex interventions in rehabilitation settings work. This study uses clients' experiences to better understand the contextual factors of a residential rehabilitation programme, based on a biopsychosocial approach, for fire service personnel. Methods: This study used a qualitative approach and collected data from focus groups. Two focus groups using a creative technique were undertaken to derive themes for an interview guide for the two traditional focus groups that followed. The data were analysed using thematic analysis. Results: The focus groups showed that the shared fire service background was key in enabling clients to return to fire service 'banter', which was missing during their previous isolated rehabilitation. The focus groups also showed that sharing rehabilitation stories with others in a similar position was enabling and restorative. The dissonance between self as a capable firefighter and self with injury or illness caused the clients to have to manage an altered identity. Conclusions: The disruption of self-identity caused by illness or injury is a central feature in rehabilitees' personal experience and reducing identity dissonance appears to be a central feature of successful biopsychosocial rehabilitation. This study identified that psychosocial processes contribute to effective rehabilitation and include being with others you believe to be 'similar' with whom to verbalise and acknowledge personal experience and peer-to-peer support.

Title 2010 workers with mental illness: a practical guide for managers
Source Australian Human Rights Commission
Abstract With one in five Australian adults experiencing a mental illness every year, this publication will assist you find the best way to maximise productivity while reducing the incidence of illness in your workplace. As a manager or employer, Workers with Mental Illness: a Practical Guide for Managers provides you with information on how to appropriately support workers with mental illness. It also provides you with information about how to develop and promote a safe and healthy work environment for all workers. As well as supporting your workforce, this guide will help you to understand your obligations under occupational health and safety (OHS) and disability discrimination legislation and to understand mental illness and how to talk about mental illness. All Australians have a right to work and are entitled to a safe and healthy workplace. I believe to achieve this, there must be a commitment from everyone in the workplace – employers and workers.

Title What facilitates return to work? patients experiences 3 years after occupational rehabilitation
Author/s Haugli, Liv; Maeland, Silje; Magnussen, Liv;
Source Journal of occupational rehabilitation, December 2011 21 4 573-581.9p
Abstract Objective We have limited knowledge about the specific elements in an occupational rehabilitation programme that facilitate the process leading to return to work (RTW) as perceived
by the patients. The aim of the study was to explore individual experiences regarding contributing factors to a successful RTW, 3 years after a resident occupational rehabilitation programme.

Methods The study is based on interviews of 20 individuals who attended an occupational rehabilitation programme 3 years earlier. Ten informants had returned to work (RTW) and ten were receiving disability pension (DP). Data were analysed by systematic text condensation inspired by Giorgi's phenomenological analysis.

Results The core categories describing a successful RTW process included positive encounters, increased self-understanding and support from the surroundings. While the informants on DP emphasized being seen, heard and taken seriously by the professionals, the RTW group highlighted being challenged to increase self-understanding that promoted new acting in everyday life. Being challenged on self-understanding implied increased awareness of own identity, values and resources. Support from the surroundings included support from peer participants, employer and social welfare system.

Conclusion Successful RTW processes seem to comprise positive encounters, opportunities for increased self-understanding and support from significant others. An explicit focus on topics like identity, own values and resources might improve the outcome of the rehabilitation process.

Websites

**Centre of Excellence in Peer Support**

*Abstract* This website aims to support best practice in peer support by providing central point for information-sharing and exchange. It provides access to resources, research, a Directory of services and a community of practice.

**Mind Australia**

*Abstract* Informal peer support has always been provided by friends, family and peers. In recent years however, the sharing of lived experience has been increasingly recognised as an integral, complementary part of the recovery journey in mental health. While there is no one, universally accepted definition of peer support. Shery Mead offers the following:

"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships.” (Mead, 2001)

**Peer support groups**

*Source* PTSD: National Center for PTSD

*Abstract* Peer support groups are a place where you can discuss day-to-day problems with other people who have been through trauma. Support groups have not been shown to reduce PTSD symptoms, but they can help you feel better in other ways. Because they can give you a sense of connection to other people, a peer support group could be a great addition to your treatment, or something you do after you finish an evidence-based treatment (PDF) for PTSD. Support groups can also help family members or friends who are caring for someone with PTSD.

**Queensland Fire & Emergency Services Support Network**

*Abstract* The goal of the FireCare & SES Peer Support Networks is to promote staff well-being and act as a conduit to professional services if required. Peer Support is an integral part of the Fire & Emergency Services Support Network service.
• Peer Support Officers are selected staff specifically trained to assist and support fellow workers with either work related or personal difficulties.

• Peer Support Officers are carefully selected on the basis of trust, integrity and a genuine interest in the health and wellbeing of fellow workers

EMPLOYER APPROACHES

ABC Trauma Awareness Program

The ABC has developed the Trauma Awareness Program, working with DART Centre for Journalism and Trauma. It aims to support staff whose work involves covering and dealing with potentially traumatic incidents. It recognises the benefits of supporting staff to cope with exposure to trauma.

The program was developed to support staff when dealing with potentially traumatic events, including situations involving death of a colleague, verbal or online threats to your life, covering bushfires and other natural disasters and conflict and war reporting.

Whilst the majority of people are resilient and manage exposure to these types of events, exposure, especially on a repetitive basis, can have an impact on well being and ability to continue to do their job.

Potentially traumatic events in roles at the ABC may be:

• attending to a staff member who has had a heart attack/severely injured;
• preparing for, or covering stories involving sexual abuse, domestic violence, violent death, etc;
• taking calls from highly distressed audience members involved in disasters and threat of life;
• covering bush fires/floods/cyclones with threat of life, or in your own community;
• reporting on court cases;
• being trolled, harassed or publicly vilified with fear of threat; or
• working with vision that includes death, serious injury, sexual assault/abuse or extreme distress.

People often feel distressed, fearful, helpless, sad, guilty, ashamed (to name a few) when experiencing trauma – this is normal, but talking it through with a peer supporter can be extremely helpful.

The ABC has a number of support resources available for staff. These resources are specific to traumatic exposure.

To promote usage, the ABC Trauma Awareness program involves a three tier training approach:

• Peer Support Training
• Manager Awareness Sessions
• Staff Awareness Sessions

Peer Support People

The ABC Peer Support People (PSP) are a group of ABC staff who have undertaken special training in trauma awareness, Trauma and Resilience Support (TaRS), listening skills and referral options.

PSP are volunteers.

PSP are not counsellors, but they are ABC staff who have been trained to deal with trauma exposed colleagues.

The PSP names and contact details are listed on a link on the ABC Trauma Awareness program website

How to contact a PSP?

All staff need to do is call or send an email to a PSP on the list. The PSP will let staff know if they are currently available to offer you support. Sometimes, if they are extremely busy they may ask you to make contact with someone else on the list.

Sometimes staff may be contacted by a PSP who may just check in if they know that staff have been involved in work related trauma exposure. If staff want to chat with this person then go ahead.
When should a PSP be contacted?

Staff can contact a PSP before being confronted with a potentially traumatic event. It is often very helpful to speak to someone who has been through disasters or traumatic events to help prepare. This can be the case if staff are new to such events or even an ‘old’ hand.

Alternatively, contact can be made after experiencing a traumatic event. Staff may feel they want to talk to someone who has been through similar experiences. Often, staff will only need to speak with a colleague and that is enough.

PSP are not to be used for issues such as bullying, personal or work relationship issues or other personal problems. Non Trauma related issues should be taken to the ABC EAP service.

What will happen when contact is made with a PSP?

The PSP will make a time when you both can chat, either in person or on the phone. PSP may meet up with staff in a coffee shop or somewhere that is confidential. They will mainly listen and sometimes they may help with providing strategies to manage the stress that can come from trauma exposure. These will be things like relaxation techniques or exercise, and making sure staff stay in contact with family and friends.

A PSP will not been involved with staff on a ‘long term’ basis. In most cases, three or four contacts for any one traumatic event will be enough. They may check in on staff later on down the track to see how they are tracking.

Sometimes if a trauma response continues on and staff remain distressed a PSP will suggest that seeing a specialist trauma clinician or that other help should be considered.

Will PSP’s keep records and will the contact be confidential?

Anything said to a PSP will be kept in the strictest of confidence, unless request is made for it to be shared. All PSP are trained on the importance of confidentiality and ethics. PSP have a Code of Ethics they commit to around this issue.

Statistics will be kept to gauge the usage of the program. The only records that are kept will be a date and time of each meeting. Names are not submitted.

The only time a PSP would breach confidentiality is if they become concerned that a staff member is in danger of self harm or harming another person.

What other help is available if staff is really distressed and can’t manage trauma reactions?

There are a number of resources available to staff if they feel in need of more specialist assistance after trauma exposure:

- GP’s are an important source of help. They can make an assessment of specific needs and work to access the best possible support.
- Mindspot
- ABC trauma clinicians are specialist trauma clinicians that have experience working with media professionals. The ABC will pay for you to attend six sessions with this service. Attendance will be kept confidential between staff and the clinician. Invoices have a confidential code known only to your clinician and this will suffice for payment purposes. This service is not an emergency service unless staff are already seeing one of these clinicians and is only for work related trauma exposure issues.
- Staff can access the ABC Injury Management team for any long-term residual trauma effects. They will assist with a ‘Stay at Work’ or ‘Return to Work’ plan if needed.

Manager Awareness training sessions promote:

- Principal for using the Peer Support Program for PTE
- Assume that the majority of individuals (staff) are resilient.
- Some staff may be impacted by some events and not other events.
- Repeated trauma exposure can be corrosive.
- Being trauma effected does not mean a person cannot continue to work effectively longer term.
- There must be no stigma for staff speaking up about trauma effects.

www.comcare.gov.au Ph: 1300 366 979
• Research shows that management support before staff exposure to potentially traumatic events, and follow-up afterwards enhances resilience.
• Support from others (peers/colleagues/family and friends) following a PTE is imperative.
• If trauma reactions persist in staff for longer than three weeks refer to a specialist trauma clinician.
• If a staff member is highly distressed and expresses harm to self or others, stay with them and call 000.
• If staff have general stress that is not trauma related, refer them to the EAP.

✓ Responsibilities – ABC Peer Support Program
• Familiarise managers with the list of peer supporters for their State.
• Remind staff at every opportunity that the PSP are available to speak with staff regarding potentially traumatic events (PTE’s) before an event (to prepare) and post coverage of such events (to diffuse).
• If a staff member presents as somewhat distressed after a PTE suggest that they contact a peer supporter in their office / State.
• Managers may call a peer supporter to link a staff member with them if you gain the staff members permission to do so.
• PSP are not to be used in place of management follow up after a PTE, but it is to be understood they are a valuable resource that is an extension to management follow-up
• PSP should be given reasonable time to exercise their role in supporting trauma exposed staff on behalf of the ABC.

✓ Protocols for following up staff after PTE

Research shows that staff who receive management support following traumatic exposure fair much better than those who are not supported.

Such support includes:
• Managers should check-in following exposure to a traumatic event – asking, ‘how are you?’ or acknowledging the traumatic nature of the event.
• Manager to follow-up with the staff member the next day, and then the following week, and then two weeks on regarding the exposure and how they are going
• Limiting accumulative exposure to trauma as much as possible
• Minimising general workplace stressors when realistic
• Ensuring the staff member is connected to others and not withdrawing

✓ Protocols for referring to the specialist clinicians
• Manager can direct the staff member to the list of clinicians on Trauma Awareness website and encourage them to call, or with their permission manager may call one of the clinicians on their behalf.
• Manager are not to engage the Specialist Trauma clinicians for group work or training – they are for one-on-one staff work only.
ABSENTEEISM AND PRESENTEEISM

Title Expectation of sickness absence duration: a review on statements and methods used in guidelines in Europe and North America

Author/s De Boer, WE et al

Source *European journal of public health* 2016 306-311 DOI: [http://dx.doi.org/10.1093/eurpub/ckv222](http://dx.doi.org/10.1093/eurpub/ckv222)

Abstract Much of the economic cost of mental illness stems from workers’ reduced productivity. We analyze the links between mental health and two alternative workplace productivity measures—absenteeism and presenteeism (i.e., lower productivity while attending work)—explicitly allowing these relationships to be moderated by the nature of the job itself. We find that absence rates are approximately five percent higher among workers who report being in poor mental health. Moreover, job conditions are related to both presenteeism and absenteeism even after accounting for workers’ self-reported mental health status. Job conditions are relatively more important in understanding diminished productivity at work if workers are in good rather than poor mental health. The effects of job complexity and stress on absenteeism do not depend on workers’ mental health, while job security and control moderate the effect of mental illness on absence days.

Title Physical workload and risk of long-term sickness absence in the general working population and among blue-collar workers: prospective cohort study with register follow-up

Author/s Anderson Lars Louis et al

Source *Occupational and environmental medicine* April 2016 73 4

Abstract Objective To determine the prospective association between physical workload—in terms of specific physical exposures and the number of exposures—and long-term sickness absence (LTSA).

Methods Using cox-regression analyses, we estimated the risk of register-based incident LTSA (at least 3 consecutive weeks) from self-reported exposure to different physical workloads among 11,908 wage earners from the general working population (Danish Work Environment Cohort Study year 2000 and 2005).

Results The incidence of LTSA was 8.9% during two-year follow-up. Spending 25% or more of the total work time with a bent or twisted back (HR 1.59 (95% CI 1.39 to 1.83)), arms above shoulder height (HR 1.35 (95% CI 1.14 to 1.59)), squatting or kneeling (HR 1.30 (95% CI 1.09 to 1.54)), pushing/pulling or lifting/carrying (HR 1.40 (95% CI 1.22 to 1.62)) and standing in the same place for 50% or more of total work time (HR 1.19 (95% CI 1.00 to 1.42), were risk factors for LTSA when adjusted for baseline age, gender, psychosocial work environment, lifestyle, musculoskeletal and mental disorders, and socioeconomic status. HR increased from 1.25 (95% CI 1.04 to 1.51) for one to 1.94 (95% CI 1.56 to 2.41) for four combined physical workloads. Results largely remained stable in subgroup analyses including only blue-collar workers (n=5055). Population attributable risks for LTSA from one or more physical workloads were 26% and 40% in the general working population and among blue-collar workers, respectively.

Conclusions Several of the investigated types of physical workload were risk factors for LTSA when exceeding 25% of the work time. A higher number of combined physical workloads was associated with progressively increased risk. Our study underscores the importance of physical workload as risk factors for LTSA in the general working population as well as among blue-collar workers.

Title Workplace social capital and risk of long-term sickness absence. Are associations modified by occupational grade?

Author/s Rugulies Reiner et al

Source *European journal of public health* 2016 26 328-333

Abstract Background: Workplace social capital (WSC) is an emerging topic among both work environment professionals and researchers. We examined (i) whether high WSC protected against risk of long-term sickness absence (LTSA) in a random sample of the Danish
workforce during a 1-year follow-up and (ii) whether the association of WSC with sickness absence was modified by occupational grade.

Methods: We measured WSC by self-report in a cohort of 3075 employees and linked responses to a national register of sickness absence. We calculated hazard ratios (HRs) and 95% confidence intervals (CIs) of onset of LTSA (≥21 days), adjusted for covariates. We stratified analyses by occupational grade and examined if there was an interaction effect of WSC and occupational grade.

Results: A one standard deviation higher WSC score predicted a reduced risk of sickness absence after adjustment for sociodemographic variables, prevalent health problems and health behaviours (HR = 0.85, 95% CI = 0.74–0.99). The HR was attenuated and lost statistical significance after further adjustment for occupational grade (HR = 0.90, 95% CI = 0.78–1.04). When stratified by occupational grade, high WSC predicted a decreased risk of sickness absence among higher grade workers (HR = 0.61, 95% CI = 0.44–0.84) but not among lower grade workers (HR = 0.98, 95% CI = 0.83–1.15). The interaction effect of WSC and occupational grade was statistically significant (HR = 0.97, 95% CI = 0.95–0.99).

Conclusion: High WSC might reduce risk of LTSA. However, the protective effect appears to be limited to workers of higher occupational grade.

Title | Work-related factors of presenteeism: the mediating role of mental and physical health.

Author/s | Pohling Rico Buruck Gabriele Jungbauer Kevin-Lim Leiter Michael P

Source | Journal of occupational health psychology Apr 2016 21 2 220-234 http://dx.doi.org/10.1037/a0039670

Abstract | Even though work-related factors have been found to play a crucial role in predicting presenteeism, studies investigating established theoretical frameworks of job design features and, in particular, underlying mechanisms are still very scarce. The objective of this study was to investigate the influence of the areas of work life according to the Areas of Worklife Scale (AWS; Leiter & Maslach, 2004) on presenteeism. We examined mental and physical health as the underlying process of this relationship and assessed 2 presenteeism outcome measures and their relationship to each other—that is, the frequency of acts of presenteeism and work productivity. Using a cross-sectional design, the study was conducted in a sample of 885 employees from German public service. Results showed that the influence of some, but not all, areas of work life (workload, control, reward, and values) on both acts of presenteeism and health-related lost productivity was mediated by health indicators (well-being and musculoskeletal complaints). Moreover, we found a relationship between health-related lost productivity and acts of presenteeism. The present research clarifies the importance of work-related factors as antecedents of sickness presenteeism. The findings of our study also emphasize the necessity to include both acts of presenteeism and health-related lost productivity in presenteeism research and prevention. Presenteeism should be included as a measure in health prevention interventions because it reflects a crucial part of employee health that is not covered by other measures.

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AGEING WORKFORCE

Title | Age-related effects of job characteristics on burnout and work engagement

Author/s | Ramos R J Rauer C G


Abstract | Background In light of an ageing and age-diverse workforce, it is imperative to understand how psychosocial aspects of work might influence health throughout working life. Recently, there has been an implicit call to differentiate job characteristics beyond the two factors of job demands and job resources. As needs, abilities and motivation fluctuate with age, different job characteristics might yield differential benefits. Additionally, markers beyond chronological age should be considered.

Aims To explore systematically interactions between different job characteristics, age and age
covariates (i.e. job tenure and position type) and their relationship with work-related health outcomes.

Conclusions Age and its covariates, such as job tenure and position type, should be considered in developing age-sensitive occupational health models.

**ASBESTOSIS**

**Title**  The comparison of high-resolution computed tomography findings in asbestosis and idiopathic pulmonary fibrosis

**Author/s**  Morinaga Akira M K

**Source**  American journal of industrial medicine  April 2016  59  4  301-306 DOI: 10.1002/ajim.22573

**Abstract**  Background: To determine whether the HRCT findings are useful to differentiate asbestosis from idiopathic pulmonary fibrosis (IPF).
Methods: We assessed HRCT scans from patients with asbestosis (n = 96) and IPF (n = 65). The frequencies and extent of parenchymal abnormalities and the frequencies of pleural changes were evaluated by consensus of two chest radiologists.
Results: There was a significant difference between IPF and asbestosis in pleural changes. In addition, there were significant differences between IPF and asbestosis in several parenchymal abnormalities on CT, especially in the less advanced stage of both diseases. On multivariate analysis, HRCT features that distinguished asbestosis from IPF were subpleural lines at a distance of less than 5 mm from the inner chest wall, subpleural dots and parenchymal bands.
Conclusions: There are significant differences between IPF and asbestosis in the parenchymal and pleural abnormalities

**BULLYING**

**Title**  An exploration of bullying behaviours in nursing: a review of the literature

**Author/s**  Wilson JL

**Source**  British journal of nursing  2016  25  6  303-306 http://dx.doi.org/10.12968/bjon.2016.25.6.303

**Abstract**  This article explores bullying behaviours in nursing in the UK and other countries, why bullying happens, and suggests actions to prevent or combat it. Bullying involves intentional and repeated psychological violence, humiliating and isolating staff from colleagues. Current literature reports that 20-25% of nursing staff experience bullying behaviour. The main perpetrators are nurses in a senior position to those being bullied and colleagues who are established staff members. Those likely to be bullied are students and new staff members. Bullying can cause distress and depression, with up to 25% of those bullied leaving their jobs or the profession, and have an impact on patient care. Factors contributing to bullying are hierarchical management and employees not feeling empowered. Silence and inaction by managers and colleagues allows this behaviour to continue. A zero-tolerance policy and the addressing of this behaviour clearly and promptly by managers should be instigated. Staff being bullied should be supported by colleagues.

**Title**  Health correlates of workplace bullying: a 3-wave prospective follow-up study

**Author/s**  Bonde JP et al

**Source**  Scandinavian journal of work, environment & health  2016  42  1  7-25 doi:10.5271/sjweh.3539

**Abstract**  Objective This study aimed to examine the course of workplace bullying and health correlates among Danish employees across a four-year period.
Methods In total, 7502 public service and private sector employees participated in a 3-wave study from 2006 through 2011. Workplace bullying over the past 6–12 months and data on
health characteristics were obtained by self-reports. We identified major depression using Schedules for Clinical Assessment in Neuropsychiatry interviews and the Major Depression Inventory. We performed cross-sectional and longitudinal analyses of outcomes according to self-labelled bullying at baseline using logistic regression.

Results Reports of bullying were persistent across four years in 22.2% (57/257) of employees who initially reported bullying. Baseline associations between self-labelled bullying and sick-listing, poor self-rated health, poor sleep, and depressive symptoms were significant with adjusted odds ratios (OR) ranging from 1.8 [95% confidence interval (95% CI) 1.5–2.4] for poor sleep quality among those bullied “now and then” to 6.9 (95% CI 3.9–12.3) for depression among those reporting being bullied on a daily to monthly basis. In longitudinal analyses adjusting for bullying during follow-up, all health correlates except poor sleep quality persisted up to four years.

Conclusion Self-reported health correlates of workplace bullying including sick-listing, poor self-rated health, depressive symptoms, and a diagnosis of depression tend to persist for several years regardless of whether bullying is discontinued or not. Independent measures of bullying and outcomes are needed to learn whether these findings reflect long lasting health consequences of workplace bullying or whether self-labelled workplace bullying and health complaints are correlated because of common underlying factors.

Title  Workplace bullying, sleep problems and leisure-time physical activity: a prospective cohort study

Author/s  Hansen AM et al

Source  Scandinavian journal of work environment & health 2016 42 1 26-33

Abstract  Objectives Workplace bullying is a potent stressor that may increase sleep problems. Since physical fitness improves resilience to stress, it seems plausible that recreational physical activities may moderate the association between bullying and sleep. The study aimed to examine prospectively whether (i) bullying increases the risk of sleep problems, and (ii) the association between bullying and sleep problems is moderated by leisure-time physical activity (LTPA).

Methods The study sample comprised a cohort of public and private sector employees, who were enrolled into the Work Bullying and Harassment (WBH) cohort (N=3278) or the Psychosocial Risk Factors for Stress and Mental Disease (PRISME) cohort (N=4455). We measured workplace bullying using one question that was preceded by a definition of bullying. We used the Karolinska sleep questionnaire to assess sleep problems. The number of hours per week spent on LTPA estimated the degree of physical activity.

Results Workplace bullying at baseline (T1) was associated with awakening problems and lack of restful sleep at follow-up (T2) but not with overall sleep problems and disturbed sleep. T1-LTPA did not moderate the association between T1-workplace bullying and T2-sleep problems. Conclusion We found support that workplace bullying is related to development of T2-sleep problems, but this association seems not to be modified by LTPA.
**Title**  
*A customizable model for chronic disease coordination: lessons learned from the coordinated chronic disease program*

**Author/s**  
Voetsch K  Sequeira S Holmes A

**Source**  
*Preventing chronic disease* 2016 3 150509 DOI: [http://dx.doi.org/10.5888/pcd13.150509](http://dx.doi.org/10.5888/pcd13.150509)

**Abstract**  
In 2012, the Centers for Disease Control and Prevention provided funding and technical assistance to all states and territories to implement the Coordinated Chronic Disease Program, marking the first time that all state health departments had federal resources to coordinate chronic disease prevention and control programs. This article describes lessons learned from this initiative and identifies key elements of a coordinated approach. We analyzed 80 programmatic documents from 21 states and conducted semistructured interviews with 7 chronic disease directors. Six overarching themes emerged: 1) focused agenda, 2) identification of functions, 3) comprehensive planning, 4) collaborative leadership and expertise, 5) managed resources, and 6) relationship building. These elements supported 4 essential activities: 1) evidence-based interventions, 2) strategic use of staff, 3) consistent communication, and 4) strong program infrastructure. On the basis of these elements and activities, we propose a conceptual model that frames overarching concepts, skills, and strategies needed to coordinate state chronic disease prevention and control programs.

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**Title**  
*Better outcomes for people with chronic and complex health conditions*

**Source**  
*Primary health care advisory group* 2016

**Abstract**  
This report details the evidence for change and recommends broad adoption of a new model of care and supporting reforms to better meet the needs of Australians with chronic and complex conditions into the future. Given the time constraints it has not been possible to cost the model, however the implementation section of the report outlines a staged approach to progressing the model that will include an assessment of affordability.

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**Title**  
*Effectiveness of psychological interventions for chronic pain on health care use and work absence: systematic review and meta-analysis*

**Author/s**  
Pike Andrew Hearn Leslie de C Williams Amanda C.

**Source**  
*Pain* April 2016 157 4 777-785

**Abstract**  
Psychological interventions for chronic pain and its consequences have been shown to improve mood, disability, pain, and catastrophic thinking, but there has been no systematic review specifically of their effects on health care use or time lost from work as treatment outcomes in mixed chronic pain. We conducted a systematic review and meta-analysis to evaluate the effectiveness of psychological therapies for chronic pain (excluding headache) in adults for these outcomes. We used searches from 2 previous systematic reviews and updated them. Eighteen randomized controlled trials were found that reported health care use (15 studies) and work loss (9 studies) as outcomes. Fourteen studies provided data for meta-analysis. There were moderate effects for psychological interventions compared with active controls, treatment as usual and waiting list controls in reducing health care use, with confidence in the findings. No benefits were found for medication reduction, but with less confidence in this result. Analysis of work loss showed no significant effects of psychological interventions over comparisons, but the use of many different metrics necessitated fragmenting the planned analyses, making summary difficult. The results are encouraging for the potential of routine psychological intervention to reduce posttreatment health care use, with associated cost savings, but it is likely that the range and complexity of problems affecting work necessitate additional intervention over standard group psychological intervention.

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**Title**  
*Hope and fatigue in chronic illness The role of perceived stress*

**Author/s**  
Hirsch J K Sirois F

**Source**  
Abstract

Fatigue is a debilitating symptom of chronic illness that is deleteriously affected by perceived stress, a process particularly relevant to inflammatory disease. Hopefulness, a goal-based motivational construct, may beneficially influence stress and fatigue, yet little research has examined these associations. We assessed the relation between hope and fatigue, and the mediating effect of stress, in individuals with fibromyalgia, arthritis, and inflammatory bowel disease. Covarying age, sex, and pain, stress partially mediated the association between hope and fatigue; those with greater hope reported less stress and consequent fatigue. Therapeutically, bolstering hope may allow proactive management of stressors, resulting in less fatigue.

Title

Impact of pain on motivation: should I stay or should I go.

Source

Bodyinmind.org

Abstract

Contemporary biopsychosocial models of chronic pain argue that the experience of pain emerges, and is influenced by, an interaction and integration of biological, psychosocial, and social factors.[1] However, among scientists who study biopsychosocial models, the “bio” part of the model is often underdeveloped. A greater understanding of how biological factors interact with psychological and social factors in the experience of chronic pain may improve our ability to integrate biological with psychosocial interventions and contribute to the development of more effective treatments.

DISABILITY

Title

Client, contextual and program elements influencing supported employment: a literature review

Author/s

Kirsh Bonnie

Source

Community mental health 2016 1-12

Abstract

Supported employment is an evidence-based practice with a well-established research base. Most studies track such outcomes as employment rates, time to employment and wages earned. Few studies address client and contextual factors that impact outcomes or consider program elements beyond those that comprise the individual placement and support model. This paper reviews existing literature to shed light on the following questions: (1) What impact do labour market trends have on the effectiveness of SE? (2) How lasting are the effects of SE and what factors influence longevity of SE effects? (3) What levels and types of employment are targeted by SE? (4) What are the characteristics of people who benefit from SE? (5) What is the role of peer support in SE? and (6) What are the barriers to effective SE implementation? Research findings are synthesized and suggestions for service enhancements are offered so that the model can continue to evolve.
EMPLOYMENT AND UNEMPLOYMENT

Title  Educational differences in disability retirement among young employees in Helsinki Finland
Author/s  Sumanen H et al
Source  European journal of public health 2016 318-322 DOI: http://dx.doi.org/10.1093/eurpub/ckv226
Abstract  Background: Disability retirement (DR) among young employees is an increasing problem affecting work life and public health, given the potential major loss of working time. Little is known about educational differences in the risk of DR among young employees, despite the need for such knowledge in targeting preventive measures. We examined the association between education and DR due to any cause and to mental and non-mental causes among young employees.
Methods: Personnel register data of the City of Helsinki from the years 2002–2013 for 25-to-34-year-old employees (n = 41225) were linked to register data from the Finnish Centre for Pensions on DR (n = 381), and from Statistics Finland on education. Education was categorised into four hierarchical groups. The mean follow-up time was 5.7 years. Cox regression analysis was used.
Results: There were 381 DR events and of the events, over 70% were due to mental disorders and 72% were temporary. A consistent educational gradient was found. Those with a basic education were at the highest risk of DR due to any cause (HR 4.64, 95% CI 3.07, 7.02), and to mental (HR 4.79, 95% CI 2.89, 7.94) and non-mental causes (HR 4.32, 95% CI 2.10, 8.91).
Conclusions: DR due to any cause, and to mental and non-mental causes, followed a clear educational gradient. Early intervention, treatment and rehabilitation with a view to maintaining work ability are needed among young employees, especially those with low education. Adapting working conditions to their health and work ability may also help to avoid premature exit from work.

Title  Health and unemployment 14 years of follow-up on job loss in the Norwegian HUNT study
Author/s  Kaspersen SL et
Source  Eur j public health 2016 26 312-317
Abstract  Background: Many studies have investigated how unemployment influences health, less attention has been paid to the reverse causal direction; how health may influence the risk of becoming unemployed. We prospectively investigated a wide range of health measures and subsequent risk of unemployment during 14 years of follow-up.
Methods: Self-reported health data from 36 249 participants in the Norwegian HUNT2 Study (1995-1997) was linked by a personal identification number to the National Insurance Database (1992-2008). Exact dates of unemployment were available. Cox's proportional hazard models were used to estimate hazard ratios (HR) for the association of unemployment with several health measures. Adjustment variables were age, gender, education, marital status, occupation, lifestyle and previous unemployment.
Results: Compared to reporting no conditions/symptoms, having ≥3 chronic somatic conditions (HR 1.78, 95% CI 1.46-2.17) or high symptom levels of anxiety and depression (HR 1.57, 95% CI 1.35-1.83) increased the risk of subsequent unemployment substantially. Poor self-rated health (HR 1.36, 95% CI 1.24-1.51), insomnia (HR 1.19, 95% CI 1.09-1.32), gastrointestinal symptoms (HR 1.17, 95% CI 1.08-1.26), high alcohol consumption (HR 1.17, 95% CI 0.95-1.44) and problematic use of alcohol measured by the CAGE questionnaire (HR 1.32, 95% CI 1.17-1.48) were also associated with increased risk of unemployment.
Conclusion: People with poor mental and physical health are at increased risk of job loss. This contributes to poor health amongst the unemployed and highlights the need for policy focus on the health and welfare of out of work individuals, including support preparing them for re-employment.

Title  Youth employment in Australia: a comparative analysis of labour force participation by age group.
Author/s  Denny L Churchill B
In the aftermath of the Global Financial Crisis (GFC), concern regarding youth unemployment in Australia and in many other countries has been escalating, and justifiably so. However, the proposed policy solutions – where they exist – may not be the most effective. This paper undertakes a comparative analysis of Australian labour-force engagement by age group over the past two decades, specifically by levels of labour force participation and unemployment rates. It finds that policy levers to address the challenges of population ageing, as identified in four Australian government Intergenerational Reports, by increasing female and mature labour-force participation and increasing immigration, combined with a lack of employment demand post the GFC, may have been detrimental, at least in recent history, to youth engagement in the labour force.

Title: Educational differences in disability retirement among young employees in Helsinki Finland

Author/s: Sumanen, Hilla Rahkonen Ossi Pietiläinen Olli Lahelma Eero Roos Eira and Lahti Jouni

Source: European journal of public health 2016 26 318-322

Abstract: Background: Disability retirement (DR) among young employees is an increasing problem affecting work life and public health, given the potential major loss of working time. Little is known about educational differences in the risk of DR among young employees, despite the need for such knowledge in targeting preventive measures. We examined the association between education and DR due to any cause and to mental and non-mental causes among young employees.

Methods: Personnel register data of the City of Helsinki from the years 2002–2013 for 25-to-34-year-old employees (n = 41225) were linked to register data from the Finnish Centre for Pensions on DR (n = 381), and from Statistics Finland on education. Education was categorised into four hierarchical groups. The mean follow-up time was 5.7 years. Cox regression analysis was used.

Results: There were 381 DR events and of the events, over 70% were due to mental disorders and 72% were temporary. A consistent educational gradient was found. Those with a basic education were at the highest risk of DR due to any cause (HR 4.64, 95% CI 3.07, 7.02), and to mental (HR 4.79, 95% CI 2.89, 7.94) and non-mental causes (HR 4.32, 95% CI 2.10, 8.91). Conclusions: DR due to any cause, and to mental and non-mental causes, followed a clear educational gradient. Early intervention, treatment and rehabilitation with a view to maintaining work ability are needed among young employees, especially those with low education. Adapting working conditions to their health and work ability may also help to avoid premature exit from work.

Title: A cross-sectional survey of occupational history as a wildland firefighter and health

Author/s: Semmens E O et al

Source: American journal of industrial medicine April 2016 59 4 330-335

Abstract: Background: Little is known regarding the impact of long-term wildland firefighting on health. Our objective was to investigate associations between duration of wildland firefighting experience and the prevalence of self-reported health outcomes.

Methods: We ascertained employment, health, and demographic information on 499 current wildland firefighters (WLFFs) via questionnaire.

Results: Relative to those with less than 10 years of experience as a WLFF, those with 10–19 years of experience had significantly greater odds of having ever been diagnosed with hypertension, as did those with 20 or more years of experience. Significant associations were observed for report of physician-diagnosed heart arrhythmia and previous knee surgery.

Conclusions: We observed significant links between a greater number of years as a WLFF and self-report of two subclinical cardiovascular risk factors as well as markers of musculoskeletal health. Additional studies are needed to determine if findings can be generalized to all WLFFs.
HEALTH & WELLBEING

Title
Improving well-being at work a randomized controlled intervention based on selection, optimization, and compensation.

Author/s
Müller Andreas Heiden Barbara Herbig Britta Poppe Franziska Angerer Peter

Source
Journal of occupational health psychology Apr 2016 21 2 169-181
http://dx.doi.org/10.1037/a0039676

Abstract
This study aimed to develop, implement, and evaluate an occupational health intervention that is based on the theoretical model of selection, optimization, and compensation (SOC). We conducted a stratified randomized controlled intervention with 70 nurses of a community hospital in Germany (94% women; mean age 43.7 years). Altogether, the training consisted of 6 sessions (16.5 hours) over a period of 9 months. The training took place in groups of 6–8 employees. Participants were familiarized with the SOC model and developed and implemented a personal project based on SOC to cope effectively with 1 important job demand or to activate a job resource. Consistent with our hypotheses, we observed a meaningful trend that the proposed SOC training enhanced mental well-being, particularly in employees with a strong commitment to the intervention. While highly committed training participants reported higher levels of job control at follow-up, the effects were not statistical significant. Additional analyses of moderation effects showed that the training is particularly effective to enhance mental well-being when job control is low. Contrary to our assumptions, perceived work ability was not improved by the training. Our study provides first indications that SOC training might be a promising approach to occupational health and stress prevention. Moreover, it identifies critical success factors of occupational interventions based on SOC. However, additional studies are needed to corroborate the effectiveness of SOC trainings in the occupational contexts.

Title
Objectively measured daily steps and subsequent long term all-cause mortality: the tasped prospective cohort study.

Author/s
Dwyer T Pezic A Sun C Cochrane J Venn A Srikanth V et al. 2015

Source
Plos one 10 11e0141274 doi:10.1371/journal.pone.0141274

Abstract
Background Self–reported physical activity has been inversely associated with mortality but the effect of objectively measured step activity on mortality has never been evaluated. The objective is to determine the prospective association of daily step activity on mortality among free-living adults.

Methods and Findings Cohort study of free-living adults residing in Tasmania, Australia between 2000 and 2005 who participated in one of three cohort studies (n = 2 576 total participants). Daily step activity by pedometer at baseline at a mean of 58.8 years of age, and for a subset, repeated monitoring was available 3.7 (SD 1.3) years later (n = 1 679). All-cause mortality (n = 219 deaths) was ascertained by record-linkage to the Australian National Death Index; 90% of participants were followed-up over ten years, until June 2011. Higher daily step count at baseline was linearly associated with lower all-cause mortality (adjusted hazard ratio AHR, 0.94; 95% CI, 0.90 to 0.98 per 1 000 steps; P = 0.004). Risk was altered little by removing deaths occurring in the first two years. Increasing baseline daily steps from sedentary to 10 000 steps a day was associated with a 46% (95% CI, 18% to 65%; P = 0.004) lower risk of mortality in the decade of follow-up. In addition, those who increased their daily steps over the monitoring period had a substantial reduction in mortality risk, after adjusting for baseline daily step count (AHR, 0.39; 95% CI, 0.22 to 0.72; P = 0.002), or other factors (AHR, 0.38; 95% CI, 0.21–0.70; P = 0.002).

Conclusions Higher daily step count was linearly associated with subsequent long term mortality among free living adults. These data are the first to quantify mortality reductions using an objective measure of physical activity in a free living population. They strongly underscore the importance of physical inactivity as a major public health problem.
HEALTH PROMOTION

Title  The case of national health promotion policy in Australia: where to now?

Author/s  Smih J A Crawford Signal G L

Source  Health promotion journal of Australia 27 1  61-65 61-65 http://dx.doi.org/10.1071/HE15055

Abstract  Issue addressed over the last three decades there has been an incremental investment in health promotion and prevention across Australia; yet, the Commonwealth Government and some state/territory governments have more recently instigated funding cuts in health promotion and prevention. This paper argues that the role of health promotion is critical in contemporary Australia and discusses strategies needed to move forward within the context of recent disinvestments.

Discussion  Key areas of concern relating to recent health promotion and prevention disinvestment in Australia include the abolishment of the Australian National Preventive Health Agency, the cessation of the National Partnership Agreement on Preventive Health and significant cuts to Indigenous programs. These changes pose a significant threat to the health, economic and social well being of Australians and the region, particularly those that are most vulnerable.

Conclusions: Future health promotion and prevention efforts will require strategic leadership and action to enhance the promotion of health equity in Australia over the coming decades. We call on governments to (re)invest in health promotion and prevention both in and outside the health sector so that health promotion professionals can continue their advocacy efforts aimed at articulating their professional place in improving population health.

So what?: Recent changes to national health promotion and prevention policy are detrimental to the health and well being of the Australian population, particularly those most vulnerable. Sound planning to revitalise and refocus health promotion action in Australia is urgently required.

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MANAGEMENT AND LEADERSHIP

Title  UK GDS Executive Director identifies barriers to digital transformation.

Abstract  “Fear of change” biggest barrier to digital transformation. The digital team must ensure Whitehall embraces the change rather than trying to avoid it. Civil service inertia is the “biggest challenge” facing the Government Digital Service as it presses ahead with plans to improve Whitehall's digital efforts.

Title  Into the purple zone deconstructing the politics/ration distinction

Author/s  Alford J Hartley J Yates S Hughes O


Abstract  We add new data to the long-standing debate about the interface between politics and administration, deploying theory and evidence indicating that it varies. It can be either a “purple zone” of interaction between the red of politics and the blue of administration, or a clear line. We use survey responses from 1,012 mostly senior public managers in the United Kingdom, Australia, and New Zealand, along with semi-structured interviews with 42 of them, to examine the extent to which public managers perceive that they “cross” the line or go into a zone, and the ways in which they do so. Our inclusion of a zone as well as a line recasts how roles and relationships between politicians and administrators can be conceived. Moreover, it raises questions about how particular contingencies affect whether public managers perceive and work with a line or a zone.
Mind tools newsletter

Hofstede's cultural dimensions
Cultural intelligence
Avoiding cross-cultural faux pas
cross cultural business etiquette

Managing across cultures successfully is also a matter of showing emotional intelligence. You can learn how to increase your cross-cultural EI, with our article, Cultural Intelligence.

MUSCULOSKELETAL ISSUES

Effect of mindfulness-based stress reduction vs cognitive behavioural therapy or usual care on back pain and functional limitation in adults with chronic low back pain

Cherkin DC et al

Objective: To evaluate the effectiveness for chronic low back pain of MBSR vs cognitive behavioral therapy (CBT) or usual care.

Conclusions and relevance: Among adults with chronic low back pain, treatment with MBSR or CBT, compared with usual care, resulted in greater improvement in back pain and functional limitations at 26 weeks, with no significant differences in outcomes between MBSR and CBT. These findings suggest that MBSR may be an effective treatment option for patients with chronic low back pain.

Exploration of the associations of touch-screen tablet computer usage and musculoskeletal discomfort

Chiang H-y Liu CH
Work 2016 53 4 917-925 DOI: 10.3233/WOR-162274

Background Tablet users may be at high risk of developing physical discomfort because of their usage behaviors and tablet design. Tablet users may be at high risk of developing physical discomfort because of their usage behaviors and tablet design.

Objective Investigate the usage of tablets, variations in head and neck posture associated with different tablet tilt angles, and the association of tablet use with users’ musculoskeletal discomfort. Investigate the usage of tablets, variations in head and neck posture associated with different tablet tilt angles, and the association of tablet use with users’ musculoskeletal discomfort.

Methods A survey of users’ subjective perceptions conducted by questionnaire and measurements of users’ postures by a 3D Motion analysis system was used to explore the effects of tablet use. A survey of users’ subjective perceptions conducted by questionnaire and measurements of users’ postures by a 3D Motion analysis system was used to explore the effects of tablet use.

Results: The questionnaire results indicated that over half of the participants reported physical discomfort after using tablets, with the most prevalent discomfort in the neck and shoulders, and more intensity of discomfort for the back although only few participants experienced it. Chi-squared tests indicated that significantly more participants who tended to use tablet computers to play games reported having musculoskeletal discomfort after using a tablet. In addition, preferences for tablet tilt angles varied across tasks (reading and game playing). The results from the 3D motion analysis revealed that head and neck flexion angles were significantly reduced when the tablets were positioned at relatively steep tilt angles. Neck flexion angle was
significantly higher in game playing. The questionnaire results indicated that over half of the participants reported physical discomfort after using tablets, with the most prevalent discomfort in the neck and shoulders, and more intensity of discomfort for the back although only few participants experienced it. Chi-squared tests indicated that significantly more participants who tended to use tablet computers to play games reported having musculoskeletal discomfort after using a tablet. In addition, preferences for tablet tilt angles varied across tasks (reading and game playing). The results from the 3D motion analysis revealed that head and neck flexion angles were significantly reduced when the tablets were positioned at relatively steep tilt angles. Neck flexion angle was significantly higher in game playing.

Conclusions: These data add information regarding to the usage of tablet and its associations with physical discomfort (significantly more participants who tended to use tablet computers to play games reported having musculoskeletal discomfort after using a tablet). Steep tilt angles (such as 60°) may cause tablet users to decrease their head and neck flexion angles, which could lead to a more neutral, effortless, and ergonomically correct posture. Maintaining proper neck posture during active activities such as game playing is recommended to avoid neck discomfort. These data add information regarding to the usage of tablet and its associations with physical discomfort (significantly more participants who tended to use tablet computers to play games reported having musculoskeletal discomfort after using a tablet). Steep tilt angles (such as 60°) may cause tablet users to decrease their head and neck flexion angles, which could lead to a more neutral, effortless, and ergonomically correct posture. Maintaining proper neck posture during active activities such as game playing is recommended to avoid neck discomfort.

Title Musculoskeletal disorders and their influence on the quality of life of the dockworker: A cross-sectional study

Author/s De Carvalho MP et al

Source Work 2016 53 4 805-812 2016 DOI: 10.3233/WOR-162249

Abstract Background Dockworkers are subjected to intense physical labor which leads to frequent occurrence of musculoskeletal disorders. Dockworkers are subjected to intense physical labor which leads to frequent occurrence of musculoskeletal disorders.

Objective: This study aims to measure the prevalence of work-related musculoskeletal disorders (WMSD) of temporary dockworkers and its influence on their quality of life. This study aims to measure the prevalence of work-related musculoskeletal disorders (WMSD) of temporary dockworkers and its influence on their quality of life.

Methods This was a cross-sectional study developed with temporary dockworkers in Brazil. Recruitment was done by inviting workers when they presented themselves for work at the trade union. The Nordic Musculoskeletal Questionnaire and the Short-Form Health Survey were used. The association between the outcome and the different investigated factors was analyzed through Poisson Regression with robust variance. The Mann-Whitney test was used to compare the data from the Short-Form Health Survey scale among the groups both with and without work-related musculoskeletal disorders. This was a cross-sectional study developed with temporary dockworkers in Brazil. Recruitment was done by inviting workers when they presented themselves for work at the trade union. The Nordic Musculoskeletal Questionnaire and the Short-Form Health Survey were used. The association between the outcome and the different investigated factors was analyzed through Poisson Regression with robust variance. The Mann-Whitney test was used to compare the data from the Short-Form Health Survey scale among the groups both with and without work-related musculoskeletal disorders.

Results: The sample was composed of 318 temporary dockworkers with a mean age of 48 years. WMSD prevalence was 37.4%. WMSD was associated with not practicing physical activity (PR=2.03; p =0.005), participation in housework (PR=1.86; p =0.029), taking care of preschool children (PR=1.65; p < 0.000) and handling heavy objects (PR=1.83; p =0.007). The lumbar spine was the most frequently mentioned area of the body (22.5%) in the WMSD analysis. Workers without WMSD had higher (p < 0.00) quality of life scale scores in relation to functional capacity, physical and social aspects, pain and vitality. The sample was composed of 318 temporary dockworkers with a mean age of 48 years. WMSD prevalence was 37.4%. WMSD was associated with not practicing physical activity (PR=2.03; p =0.005), participation in housework (PR=1.86; p =0.029), taking care of preschool children (PR=1.65; p < 0.000) and
handling heavy objects (PR=1.83; p =0.007). The lumbar spine was the most frequently mentioned area of the body (22.5%) in the WMSD analysis. Workers without WMSD had higher (p < 0.00) quality of life scale scores in relation to functional capacity, physical and social aspects, pain and vitality.

Conclusions: The results highlight the relevance of developing action plans regarding the needs of this specific population of workers, especially concerning the reduction of risk factors. The results highlight the relevance of developing action plans regarding the needs of this specific population of workers, especially concerning the reduction of risk factors.

Title: Prevention of low back pain a systematic review and meta-analysis.
Author/s: Steffens D Maher CG Pereira LS Stevens ML Oliveira VC et al Chapple M
Source: JAMA internal medicine journal of the American medical association 176 2 199-208
Abstract: Importance Existing guidelines and systematic reviews lack clear recommendations for prevention of low back pain (LBP).
Objective To investigate the effectiveness of interventions for prevention of LBP. DATA SOURCES: MEDLINE, EMBASE, Physiotherapy Evidence Database Scale, and Cochrane Central Register of Controlled Trials from inception to November 22, 2014.
Study selection Randomized clinical trials of prevention strategies for nonspecific LBP.
Data extraction and synthesis Two independent reviewers extracted data and assessed the risk of bias. The Physiotherapy Evidence Database Scale was used to evaluate the risk-of-bias. The Grading of Recommendations Assessment, Development, and Evaluation system was used to describe the quality of evidence.
Main outcomes and measures The primary outcome measure was an episode of LBP, and the secondary outcome measure was an episode of sick leave associated with LBP. We calculated relative risks (RRs) and 95% CIs using random-effects models.
Results The literature search identified 6133 potentially eligible studies; of these, 23 published reports (on 21 different randomized clinical trials including 30850 unique participants) met the inclusion criteria. With results presented as RRs (95% CIs), there was moderate-quality evidence that exercise combined with education reduces the risk of an episode of LBP (0.55 [0.41-0.74]) and low-quality evidence of no effect on sick leave (0.74 [0.44-1.26]). Low- to very low-quality evidence suggested that exercise alone may reduce the risk of both an LBP episode (0.65 [0.50-0.86]) and use of sick leave (0.22 [0.06-0.76]). For education alone, there was moderate- to very low-quality evidence of no effect on LBP (1.03 [0.83-1.27]) or sick leave (0.87 [0.47-1.60]). There was low- to very low-quality evidence that back belts do not reduce the risk of LBP episodes (1.01 [0.71-1.44]) or sick leave (0.87 [0.47-1.60]). There was low-quality evidence of no protective effect of shoe insoles on LBP (1.01 [0.74-1.40]).
Conclusion and relevance the current evidence suggests that exercise alone or in combination with education is effective for preventing LBP. Other interventions, including education alone, back belts, and shoe insoles, do not appear to prevent LBP. Whether education, training, or ergonomic adjustments prevent sick leave is uncertain because the quality of evidence is low.

Title: Motor control exercise for chronic non-specific low-back pain
Author/s: Saragiotto BT et al
Source: Cochrane database of systematic reviews back and neck group January 2016
DOI: 10.1002/14651858.CD012004
Abstract: Author’s conclusions There are very low to moderate quality evidence that MCE has a clinically important effect compared with a minimal intervention for chronic low back pain. There is very low to low quality evidence that MCE has a clinically important effect compared with exercise plus EPA. There is moderate to high quality evidence that MCE provides similar outcomes to manual therapies and low to moderate quality evidence that it provides similar outcomes to other forms of exercises. Given the evidence that MCE is not superior to other forms of exercise, the choice of exercise for chronic LBP should probably depend on patient or therapist preferences, therapist training, costs and safety

Title: Putting physical activity while experiencing low back pain in context: balancing the risks
Objective To analyze attitudes and beliefs about movement and physical activity in people with low back pain (LBP) and compare these beliefs between people with acute and chronic LBP. Participants with acute and chronic LBP made judgments about physical activity and rest using the same conceptual model. Concerns about creating more pain, tissue damage, or impairment influenced the physical activity judgments of most participants with acute and chronic LBP. These perceived risks were balanced against the perceived benefits, the most important of which were psychological or social rather than physical. Judgments made by those with acute and chronic LBP were context dependent and influenced by the nature and duration of pain, the type of physical activity, the importance of the activity, and the participant's previous experience. Participants with acute pain who had not experienced back pain previously often expressed more uncertainty, whereas those with chronic LBP appeared to have developed cognitive rules that determined physical activity decisions.

Conclusions: Exploring the perceived risks, benefits, and contextual factors that influence decisions about physical activity and rest may help clinicians to understand the behavior of patients with acute and chronic LBP. Clinicians may best support their patients to engage in physical activity by providing an informed assessment of risks and an explanation about the range of potential benefits.

OCCUPATIONAL ISSUES

Comparison of body mass index with waist circumference and skinfold-based percent body fat in firefighters: adiposity classification and associations with cardiovascular disease risk factors

Author/s Choi, BK et al

Source International archives of occupational and environmental health April 2016 89 3 435-448

Abstract Purpose This study aims to examine whether body mass index (BMI) overestimates the prevalence of overweight or obese firefighters when compared to waist circumference (WC) and skinfold-based percent body fat (PBF) and to investigate differential relationships of the three adiposity measures with other biological cardiovascular disease (CVD) risk factors. Methods The adiposity of 355 (347 males and eight females) California firefighters was assessed using three different measures. Other CVD risk factors (high blood pressure, high lipid profiles, high glucose, and low VO2 max) of the firefighters were also clinically assessed. Results The prevalence of total overweight and obesity was significantly (p < 0.01) higher by BMI (80.4 %) than by WC (48.7 %) and by PBF (55.6 %) in male firefighters. In particular, the prevalence of overweight firefighters was much higher (p < 0.01) by BMI (57.3 %) than by WC (24.5 %) and PBF (38.3 %). 60–64 % of male firefighters who were assessed as normal weight by WC and PBF were misclassified as overweight by BMI. When overweight by BMI was defined narrowly, overweight firefighters had substantially higher CVD risk profiles. Obesity and overweight were less prevalent in female and Asian male firefighters. Conclusions BMI overestimated the prevalence of total overweight and obesity among male firefighters, compared to WC and skinfold-based PBF. Overweight by BMI needs to be more narrowly defined, or the prevalence of BMI-based overweight (27.5–29.9 kg/m2) should be reported additionally for prevention of CVD among male firefighters.

Multidisciplinary biopsychosocial rehabilitation for chronic low back pain: Cochrane systematic review and meta-analysis
Author/s Kamper SJ et al
Abstract Objective To assess the long term effects of multidisciplinary biopsychosocial rehabilitation for patients with chronic low back pain.

Design Systematic review and random effects meta-analysis of randomised controlled trials.
Data sources Electronic searches of Cochrane Back Review Group Trials Register, CENTRAL, Medline, Embase, PsycINFO, and CINAHL databases up to February 2014, supplemented by hand searching of reference lists and forward citation tracking of included trials.
Study selection criteria Trials published in full; participants with low back pain for more than three months; multidisciplinary rehabilitation involved a physical component and one or both of a psychological component or a social or work targeted component; multidisciplinary rehabilitation was delivered by healthcare professionals from at least two different professional backgrounds; multidisciplinary rehabilitation was compared with a non-multidisciplinary intervention.
Results Forty one trials included a total of 6858 participants with a mean duration of pain of more than one year who often had failed previous treatment. Sixteen trials provided moderate quality evidence that multidisciplinary rehabilitation decreased pain (standardised mean difference 0.21, 95% confidence interval 0.04 to 0.37; equivalent to 0.5 points in a 10 point pain scale) and disability (0.23, 0.06 to 0.40; equivalent to 1.5 points in a 24 point Roland-Morris index) compared with usual care. Nineteen trials provided low quality evidence that multidisciplinary rehabilitation decreased pain (standardised mean difference 0.51, -0.01 to 1.04) and disability (0.68, 0.16 to 1.19) compared with physical treatments, but significant statistical heterogeneity across trials was present. Eight trials provided moderate quality evidence that multidisciplinary rehabilitation improves the odds of being at work one year after intervention (odds ratio 1.87, 95% confidence interval 1.39 to 2.53) compared with physical treatments. Seven trials provided moderate quality evidence that multidisciplinary rehabilitation does not improve the odds of being at work (odds ratio 1.04, 0.73 to 1.47) compared with usual care. Two trials that compared multidisciplinary rehabilitation with surgery found little difference in outcomes and an increased risk of adverse events with surgery.
Conclusions Multidisciplinary biopsychosocial rehabilitation interventions were more effective than usual care (moderate quality evidence) and physical treatments (low quality evidence) in decreasing pain and disability in people with chronic low back pain. For work outcomes, multidisciplinary rehabilitation seems to be more effective than physical treatment but not more effective than usual care.

Title Multi-wave cohort study of sedentary work and risk of ischemic heart disease
Author/s Moller SV et al
Source Scandinavian journal of work & environmental health 2016 1 43-51 doi:10.5271/sjweh.3540
Abstract Objectives This study aimed to investigate whether sedentary work is a distinct risk factor for ischemic heart disease (IHD) when the effect of occupational sitting is disentangled from that of occupational physical activity.

Methods Data on occupational sitting time and several covariates were derived from the Danish Work Environment Cohort Study (DWECS) conducted every five years from 1990–2005 among the active Danish population. This study was designed as a multi-wave longitudinal study including participants employed at entry. Respondents were followed in national registers, first for death or hospital treatment due to IHD and second for purchase of medication that may prevent IHD from (re)occurring serving as a proxy for IHD.

Results During 145 850 person-years of follow-up, 510 cases of fatal and non-fatal IHD occurred. After adjustment for age, sex, body mass index (BMI), and socioeconomic status, no difference in risk of IHD was observed between sedentary and non-sedentary employees [hazard ratio (HR) 0.95, 95% confidence interval (95% CI) 0.78–1.16]. During 44 949 and 42 456 person-years of follow-up among men and and women, respectively, 1263 men and 1364 women purchased IHD-related medication. No differences in risk were observed between sedentary and non-sedentary participants, either for men or women. A dose–response relationship between occupational sitting time and the risk of IHD was also not detected.

Conclusions This study could not confirm the hypothesis that sedentary work is a distinct risk factor for IHD. Future studies may further investigate the association with objective measures of occupational sitting time.
**OECD gender equality**

The OECD Gender Initiative examines existing barriers to gender equality in education, employment, and entrepreneurship. This website monitors the progress made by governments to promote gender equality in both OECD and non-OECD countries and provides good practices based on analytical tools and reliable data. Access the OECD gender data portal for selected indicators shedding light on gender inequalities in education, employment, entrepreneurship, health and development, showing how far we are from achieving gender equality and where actions are most needed.

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**The labour market impacts of obesity, smoking, alcohol use and related chronic diseases**

This paper examines the labour market impacts of lifestyle risk factors and associated chronic diseases, in terms of employment opportunities, wages, productivity, sick leave, early retirement and receipt of disability benefits. It provides a review of the evidence of the labour market outcomes of key risk factors (obesity, smoking and hazardous drinking) and of a number of related chronic diseases, along with findings from new analyses conducted on data from a selection of OECD countries. Overall, the evidence suggests that chronic diseases and associated risk factors have potentially large detrimental labour market impacts, but with mixed findings in some areas. Obesity and smoking clearly impair employment prospects, wages and labour productivity. Cardiovascular diseases and diabetes have negative impacts on employment prospects and wages, and diabetes, cancer and arthritis lower labour productivity. Alcohol use, cancer, high blood pressure and arthritis have mixed effects on employment and wages, and are not always linked with increased sickness absence (e.g. cardiovascular diseases and high blood pressure). Finally, this paper stresses the importance of these findings for the economy at large, and supports the use of carefully designed chronic disease prevention strategies targeting people at higher risk of adverse labour market outcomes, which may lead to substantial gains in economic production through a healthier and more productive workforce.

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**Increasing illness among people out of labor market a Danish register based study**

In spite of decades of very active labor market policies, 25% of Denmark’s population in the working ages are still out-of-work. The aim of this study was to investigate whether that is due to consistent or even increasing prevalence of ill health. For the period of 2002-2011, we investigated if i) the prevalence of four chronic diseases (cardiovascular disease, diabetes, cancer and mental disorders) among those out-of-work had changed, ii) the occurrence of new cases of those diseases were higher among those who were already out-of-work, or iii) if non-health-related benefits were disproportionately given to individuals recently diagnosed with a disease compared to those without disease. The study was register-based and comprised all Danish residents aged 20-60. During the study period, the prevalence of cardiovascular diseases and mental disorders increased among both employed and non-employed people. The increased prevalence for mental disorder was particularly high among people receiving means-tested benefits. Disease incidence was higher among people outside rather than inside the labor market, especially for mental disorders. Employed people with incident diseases had an unsurprisingly increased risk of leaving the labor market. However, a high proportion of people with incident mental disorders received low level means-tested benefits in the three years following this diagnosis, which is concerning. Men treated for mental disorders in 2006 had high excess probability of receiving a cash-benefit, OR = 4.83 (4.53-5.14) for the period 2007-2010. The estimates were similar for women.

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**Workplace interventions or reducing sitting at work**


Author/s: Shrestha N et al
Source: Cochrane March 2016 10 1002/14651858 CD010912 pub3
Abstract: Author’s conclusions: At present there is very low to low quality evidence that sit-stand desks may decrease workplace sitting between thirty minutes to two hours per day without having adverse effects at the short or medium term. There is no evidence on the effects in the long term. There were no considerable or inconsistent effects of other interventions such as changing work organisation or information and counselling. There is a need for cluster-randomised trials with a sufficient sample size and long term follow-up to determine the effectiveness of different types of interventions to reduce objectively measured sitting time at work.

Title: EU-OSHA launches the Health Workplaces for All Ages campaign
Source: European Agency for Safety and Health at Work (EU-OSHA)
Abstract: This new campaign focuses on sustainable work and healthy ageing from the beginning of working life and highlights the importance of risk prevention throughout a person’s career. Based on the European Parliament project ‘Safer and healthier work at any age’ conducted by EU-OSHA, the campaign highlights the benefits of good occupational safety and health for workers, companies and society as a whole.

Title: The future of work: robotics
Abstract: The use of machines in the workplace is nothing new. But, whereas robots were initially built to carry out simple tasks, nowadays artificial intelligence means they can also ‘think’. This article describes the present use of robots and intelligent machines, makes future projections of the extent of use of robotics and discusses the occupational safety and health implications of this field. History has shown that new technologies present new benefits, costs, possibilities and threats, and European co-operation can help manage these changes.

Title: Interventions with potential to reduce sedentary time in adults: What’s the evidence?
Author/s: Martin A et al
Source: British journal of sports medicine April 2016 doi:10.1136/bjsports-2014-094524
Abstract: Abstract Context Time spent in sedentary behaviours (SB) is associated with poor health, irrespective of the level of physical activity. The aim of this study was to evaluate the effect of interventions which included SB as an outcome measure in adults. Methods Thirteen databases, including The Cochrane Library, MEDLINE and SPORTDiscus, trial registers and reference lists, were searched for randomised controlled trials until January 2014. Study selection, data extraction and quality assessment were performed independently. Primary outcomes included SB, proxy measures of SB and patterns of accumulation of SB. Secondary outcomes were cardiometabolic health, mental health and body composition. Intervention types were categorised as SB only, physical activity (PA) only, PA and SB or lifestyle interventions (PA/SB and diet). Results Of 8087 records, 51 studies met the inclusion criteria. Meta-analysis of 34/51 studies showed a reduction of 22 min/day in sedentary time in favour of the intervention group (95% CI −35 to −9 min/day, n=5868). Lifestyle interventions reduced SB by 24 min/day (95% CI −41 to −8 min/day, n=3981, moderate quality) and interventions focusing on SB only by 42 min/day (95% CI −79 to −8 min/day, n=62, low quality). There was no evidence of an effect of PA and combined PA/SB interventions on reducing sedentary time. Conclusions There was evidence that it is possible to intervene to reduce SB in adults. Lifestyle and SB only interventions may be promising approaches. More high quality research is needed to determine if SB interventions are sufficient to produce clinically meaningful and sustainable reductions in sedentary time.

Title: Measuring the quality of jobs in OECD countries
Author/s: Scarpetta Stefano, Cazes Sandrine, Andrea Gamero
Source: Vox-cepr's policy portal 20 April 2016

**Abstract**

Job quality plays a significant role in individuals’ well-being as well as promoting labour force participation, productivity, and economic performance. But it can be an elusive concept if not grounded in hard data. This column presents a new OECD framework to measure and assess the quality of jobs based on three measurable dimensions – earnings quality, labour market security, and quality of the working environment. The data reveal a great deal of heterogeneity in job quality across OECD countries and also across socioeconomic groups. Furthermore, the relationship between the quantity and quality of jobs is more complex in the short term, especially in the aftermath of the Global Crisis.

Title: A qualitative and quantitative examination of the antecedents of customer incivility

Author/s: Sliter Michael, Jones Morgan

Source: Journal of occupational health psychology 21 2 Apr 2016 208-219

**Abstract**

Customer incivility is known to have a negative impact on employees working in service jobs. Despite an understanding of the negative outcomes of customer incivility (e.g., burnout, disengagement, absenteeism), little research has investigated antecedents of this low-intensity deviant behavior. This is a clear oversight, given that understanding antecedents of customer incivility is essential for determining methods for reducing this stressor. As such, we conducted 2 studies examining these antecedents. For Study 1, we used a qualitative approach, assessing customer incivility from the perspective of the customer. Three overall themes (with 13 subthemes) emerged that could potentially lead to customer incivility: characteristics of the customer, characteristics of the organization/environment, and characteristics of the service employee. In Study 2, we conducted a quantitative study to investigate—from the perspective of the service employee—customer incivility antecedents that could be potentially controlled by the organization, either through changing the work environment or the employee (through training and selection). The results of a 2 time-point survey study showed that the service environment, service rep incivility, service orientation, agreeableness, and neuroticism served as antecedents to customer incivility. Practical implications are discussed, identifying options for organizational leaders interested in reducing customer incivility, and advice is provided for researchers seeking to further examine the antecedents of customer incivility.

Title: A review of occupational physical activity and sedentary behaviour correlates

Author/s: Smith L

Source: Occupational medicine April 2016 66 3 185-192

**Abstract**

Background: Physical activity reduces the risk of morbidity and high sedentary time may be associated with negative health outcomes. The workplace offers an arena to promote physical activity and reduce sedentary time, but existing workplace-based interventions have typically yielded small effects.

Aims: To collate the literature on correlates of occupational physical activity and sedentary behaviour and to inform future novel approaches to workplace-based intervention or policy.

Conclusions: Intervention efforts to increase occupational physical activity and reduce sedentary time may be most effective when targeted at white-collar workers. Research is needed to identify additional modifiable correlates of occupational physical activity and sedentary behaviour, in white-collar workers.

Title: Sense of coherence and the motivational process of the job-demands–resources model

Author/s: Vogt Katharina, Hakanen Jari, Gregor Jenny J, Bauer Georg F
This longitudinal study systematically examines the various roles played by the personal resource “sense of coherence” (SoC) in the motivational process described by the job-demands–resources model. SoC captures the extent to which people perceive their life as comprehensible, manageable and meaningful, and there is evidence of its influence in many health-related outcomes. The first aim here was to establish whether a resourceful working environment builds up SoC and whether SoC leads to work engagement. A second aim was to test reverse relationships: how work engagement leads to SoC and how SoC in turn relates to job resources. A third aim was to assess whether SoC boosts the relationship between job resources and work engagement. The study utilized a 3-wave, 3-month panel design, involving 940 employees working in a broad range of occupations and economic sectors. The results of longitudinal structural equation modeling show that job resources predict SoC and SoC predicts work engagement, suggesting a mediating role of SoC. In addition, SoC predicts job resources, suggesting reciprocal relationships between job resources and SoC. No boosting effect of SoC was found. Overall, the present findings support the view that providing employees with a resourceful working environment will help to build their SoC. The effects of SoC on perceptual, appraisal, and behavioral processes may in turn lead to enhanced job resources and positive outcomes such as greater work engagement.

Objectives The aim of this paper is to propose a new model of sustainable employability based on the capability approach, encompassing the complexity of contemporary work, and placing particular emphasis on work-related values.

Results We developed a model of sustainable employability based on the CA. This model can be used as starting point for developing an assessment tool to investigate sustainable employability. Conclusions A fundamental premise of the CA is that work should create value for the organization as well as for the worker. This approach challenges researchers, policy-makers, and practitioners to investigate what people find important and valuable – what they would like to achieve in a given (work) context – and moreover to ascertain whether people are able and enabled to do so. According to this approach, it is not only the individual who is responsible for achieving this; the work context is also important. Rather than merely describing relationships between variables, as existing descriptive models often do, the CA depicts a valuable goal: a set of capabilities that constitute valuable work. Moreover, the CA fits well with recent conceptions of health and modern insights into work, in which the individual works towards his or her own goals that s/he has to achieve within the broader goals of the organization.

We investigated the relationship between workplace supervisory social interactions and blood pressure outcomes using hourly diary entries and ambulatory blood pressure data from an experience sampling study of 55 long-term care employees. After accounting for relevant cardiovascular controls, significant effects of supervisory interactions on cardiovascular reactivity and recovery were found. Multilevel analyses revealed that negatively perceived
supervisory interactions predicted higher systolic blood pressure at work (B = −1.59, p < .05, N observations = 422). Using time-lagged hierarchical regression analyses, the average perceived valence of supervisory interactions at work predicted average systolic blood pressure recovery after work (B = −14.52, p < .05, N = 33). Specifically, negatively perceived supervisory interactions at work predicted poorer cardiovascular recovery after work. Suggestions for improving practices in organizations and in experience sampling research are discussed.

Title  Workplace social capital and risk of long-term sickness absence. Are associations modified by occupational grade?

Author/s  Rugulies R et al

Source  European journal of public health 2016 26 2 328-333  DOI: http://dx.doi.org/10.1093/eurpub/ckv244

Abstract  Background  Workplace social capital (WSC) is an emerging topic among both work environment professionals and researchers. We examined (i) whether high WSC protected against risk of long-term sickness absence (LTSA) in a random sample of the Danish workforce during a 1-year follow-up and (ii) whether the association of WSC with sickness absence was modified by occupational grade.

Methods  We measured WSC by self-report in a cohort of 3075 employees and linked responses to a national register of sickness absence. We calculated hazard ratios (HRs) and 95% confidence intervals (CIs) of onset of LTSA (≥21 days), adjusted for covariates. We stratified analyses by occupational grade and examined if there was an interaction effect of WSC and occupational grade.

Results  A one standard deviation higher WSC score predicted a reduced risk of sickness absence after adjustment for sociodemographic variables, prevalent health problems and health behaviours (HR = 0.85, 95% CI = 0.74–0.99). The HR was attenuated and lost statistical significance after further adjustment for occupational grade (HR = 0.90, 95% CI = 0.78–1.04). When stratified by occupational grade, high WSC predicted a decreased risk of sickness absence among higher grade workers (HR = 0.61, 95% CI = 0.44–0.84) but not among lower grade workers (HR = 0.98, 95% CI = 0.83–1.15). The interaction effect of WSC and occupational grade was statistically significant (HR = 0.97, 95% CI = 0.95–0.99).

PSYCHOSOCIAL ISSUES

Title  Firefighting and mental health: experiences of repeated exposure to trauma

Author/s  Jahnke SA et al

Source  Work 2016 53 4 737-744  DOI: 10.3233/WOR-162255

Abstract  Background  Firefighters must be ready to respond to a broad range of emergencies every duty day. In the course of many of these emergencies, firefighters witness events which have the potential to induce emotional trauma, such as badly injured people, deceased children, and individuals who are highly distraught. Previous research suggests that repeated exposure to these traumas (RET) may have negative impacts on the emotional and mental health of fire service personnel. Research on the mental health of firefighters has been limited to small surveys reporting the prevalence of specific mental health problems such as depression and post-traumatic stress disorder among firefighters. Firefighters must be ready to respond to a broad range of emergencies every duty day. In the course of many of these emergencies, firefighters witness events which have the potential to induce emotional trauma, such as badly injured people, deceased children, and individuals who are highly distraught. Previous research suggests that repeated exposure to these traumas (RET) may have negative impacts on the emotional and mental health of fire service personnel. Research on the mental health of firefighters has been limited to small surveys reporting the prevalence of specific mental health problems such as depression and post-traumatic stress disorder among firefighters. Objective  Despite the likelihood that RET leads to negative outcomes in firefighters, data is lacking on how exposure impacts fire service personnel. The current study examines the experiences of firefighters related to RET. Despite the likelihood that RET leads to negative outcomes in
firefighters, data is lacking on how exposure impacts fire service personnel. The current study examines the experiences of firefighters related to RET.

Methods Using formative research methods, we examined the beliefs and experiences of firefighters and administrators from across the United States regarding the impact of RET on firefighter health. Using formative research methods, we examined the beliefs and experiences of firefighters and administrators from across the United States regarding the impact of RET on firefighter health.

Results Study findings highlight the cumulative psychological toll of repeated exposure to traumatic events including desensitization, flashbacks, and irritability. Study findings highlight the cumulative psychological toll of repeated exposure to traumatic events including desensitization, flashbacks, and irritability.

Conclusion Results of the current study suggest that RET is a significant concern for emergency responders that warrants additional research and attention. It is likely that the long term consequences of RET are closely intertwined with other mental health outcomes and general well-being of this important occupational group. Results of the current study suggest that RET is a significant concern for emergency responders that warrants additional research and attention. It is likely that the long term consequences of RET are closely intertwined with other mental health outcomes and general well-being of this important occupational group.

Title Internal audits of psychosocial risks at workplaces with certified OHS management systems

Author/s Jespersen AH Hohnen P Hasle P

Source Safety science April 2016 84 201-209

Abstract Psychosocial risks are widely recognized as a major challenge at work, a challenge that most organizations find difficult to manage in practice. The OHSAS 18001 standard provides a framework for the management of occupational health and safety risks, including psychosocial risks. However, such occupational health and safety management (OHSM) systems tend to have difficulties in adequately addressing psychosocial risks at work. A crucial element in the OHSM system is internal audits. We have investigated how two Danish municipalities have transformed the general audit guidelines into internal audit practices capable of targeting the psychosocial risks. The results show that the municipalities experienced difficulties in transforming the general audit guidelines into practical models, and we found that this led to significant variations in audit practices. The explanation for these difficulties can be found both in the nature of the psychosocial risks and in implementation constraints. Compared to traditional safety audits, auditing psychosocial risks appears to require different methods and auditor competencies, a factor that the OHSAS 18001 standard does not explicitly take into account. On the basis of our study, we reach two major conclusions: first, that the standard provides little help in auditing the management of psychosocial risks in relation to OHSM systems; and second, that the full potential for management of psychosocial risks cannot be achieved without developing additional methods and auditor competencies for audits of psychosocial risks.

Title Medically unexplained physical symptoms and work functioning over 2 years: their association and the influence of depressive and anxiety disorders and job characteristics

Author/s Den Boeft M et al


Abstract Background Medically unexplained physical symptoms (MUPS) are highly prevalent and may affect work functioning. In this study we aimed to assess the longitudinal association between MUPS and work functioning over 2 years and the influence of job characteristics and depressive and anxiety disorders on this association.

Methods We assessed the longitudinal association between MUPS and work functioning, operationalized in terms of absenteeism and disability at work, in 1887 working participants from the Netherlands Study of Depression and Anxiety (NESDA). The NESDA study population included participants with a current depressive and/or anxiety disorder, participants with a lifetime risk and/or subthreshold symptoms and healthy controls. Absenteeism was assessed with the Health and Labour Questionnaire Short Form and disability with the World Health Organization Disability Assessment Schedule II. MUPS were measured with the Four...
Dimensional Symptom Questionnaire. Measurements were taken at baseline and at 2 years follow-up. We used mixed model analyses to correct for the dependency of observations within participants.

Results MUPS were positively associated with disability (regression coefficient 0.304; 95% CI 0.281–0.327) and with short and long-term absenteeism over 2 years (OR 1.030, 95% CI 1.016–1.045; OR 1.099, 95% CI 1.085–1.114). After adjusting for depressive disorders, anxiety disorders and job characteristics, associations weakened but remained significant.

Conclusion Our results show that MUPS were positively associated with disability and absenteeism over 2 years, even after adjusting for depressive and anxiety disorders and job characteristics. This suggests that early identification of MUPS and adequate management is important.

Title Personal experiences of people with serious mental illness when seeking, obtaining and maintaining competitive employment in Queensland, Australia

Author/s Gladman B Waghorn G

Source Work 2016 53 4 835-843 DOI: 10.3233/WOR-162252

Abstract Background High non-participation in the labour force and unemployment remain challenging for adults with serious mental illness. High non-participation in the labour force and unemployment remain challenging for adults with serious mental illness. OBJECTIVES: This study examined the personal experiences of people with serious mental illness when seeking, obtaining and maintaining competitive employment. The aim was to increase understanding of personal experiences of employment and how these experiences can be used to inform the assistance provided in support of clients’ competitive employment goals. This study examined the personal experiences of people with serious mental illness when seeking, obtaining and maintaining competitive employment. The aim was to increase understanding of personal experiences of employment and how these experiences can be used to inform the assistance provided in support of clients’ competitive employment goals.

Methods Qualitative data from a two-year period were thematically analysed from one participating site in a multi-site trial of employment services integrated with public funded community mental health treatment and care. Qualitative data from a two-year period were thematically analysed from one participating site in a multi-site trial of employment services integrated with public funded community mental health treatment and care.

Results Both positive and negative themes arose. Positive themes included: Aspirations for a better life, receiving feedback on good job performance, employment displacing preoccupation with illness, and employment improving self-esteem and reducing financial stress. Negative themes included stigma experiences, stress, and health difficulties. Both positive and negative experiences did not depend on type of employment service assistance nor key client characteristics such as age, sex, and diagnostic category. Both positive and negative themes arose. Positive themes included: Aspirations for a better life, receiving feedback on good job performance, employment displacing preoccupation with illness, and employment improving self-esteem and reducing financial stress. Negative themes included stigma experiences, stress, and health difficulties. Both positive and negative experiences did not depend on type of employment service assistance nor key client characteristics such as age, sex, and diagnostic category.

Conclusions Despite its many benefits, employment can also increase the risk of negative personal experiences. These findings suggest that employment service providers could do more to assist people who commence employment, to reduce the risk of negative personal experiences and to enhance the benefits of competitive employment.

Title VPyschosocial work factors and sleep problems: findings from the French national SIP survey

Author/s Chastang Chazelle E Niedhammer JF
Objectives This study aimed at exploring the cross-sectional and prospective associations between psychosocial work factors and sleep problems.

Methods The study population consisted of a national representative sample of the French working population (SIP survey). The sample sizes were 7506 and 3555 for the cross-sectional and prospective analyses. Sleep problems were defined by either sleep disturbances or insufficient sleep duration at least several times a week. Psychosocial work factors included classical (job strain model factors) and emergent factors (recognition, insecurity, role/ethical conflict, emotional demands, work–life imbalance, etc.). Occupational factors related to working time/hours and physical work environment were also included as well as covariates related to factors outside work. Statistical analyses were performed using weighted Poisson regression analysis.

Results In the cross-sectional analyses, psychological demands, low social support, low recognition, emotional demands, perception of danger, work–life imbalance and night work were found to be associated with sleep problems. In the prospective analyses, psychological demands and night work were predictive of sleep problems. Using a less conservative method, more factors were found to be associated with sleep problems. Dose–response associations were observed, showing that the more frequent the exposure to these factors, the higher the risk of sleep problems. No effect of repeated exposure was found on sleep problems.

Conclusion Classical and emergent psychosocial work factors were associated with sleep problems. More prospective studies and prevention policies may be needed.
to-face or online MHFA training and pre- and post-course surveys measuring MHFA intentions, mental health literacy and stigmatising attitudes. Results showed that MHFA training improved first aid intentions, mental health literacy and confidence in providing help, and reduced stigmatising attitudes. The findings suggest that financial counsellors are in a good position to support clients with mental health problems to get appropriate care and moreover, that MHFA is an appropriate form of training for them.

Title  Negative acts at work as potential bullying behavior and depression: examining the direction of the association in a 2-year follow-up study

Author/s  Hogh A et al

Source  Journal of occupational and environmental medicine 2016 58 3 e72-e79

Abstract  Objective This study investigates the 2-year prospective association between exposure to negative acts at work and depression. Methods A questionnaire study was carried out among 3363 employees and followed up 2 years later. Negative acts as potential bullying behavior were assessed by the Revised Negative Acts Questionnaire and depression by The Major Depression Inventory or Schedule for Clinical Assessment in Neuropsychiatry interviews. Logistic regression analyses tested potential associations between depression and negative acts. Results Exposure to negative acts was associated with depression 2 years later; however, when adjusting for Sense of Coherence and depressive symptoms at baseline the association was no longer significant. Conversely, depression at baseline predicted self-reported exposure to negative acts at follow-up. Conclusions Depression predicts exposure to negative acts at a 2-year follow-up, whereas negative acts do not predict depression after adjustment for Sense of Coherence and baseline depressive symptoms.

Title  Psychosocial work factors and sleep problems: findings from the French national SIP survey

Author/s  Chazwllw E Chastang I Niedhammer I

Source  International archives of occupational and environmental health April 2016 89 3 485-495

Abstract  This study aimed at exploring the cross-sectional and prospective associations between psychosocial work factors and sleep problems. Methods: The study population consisted of a national representative sample of the French working population (SIP survey). The sample sizes were 7506 and 3555 for the cross-sectional and prospective analyses. Sleep problems were defined by either sleep disturbances or insufficient sleep duration at least several times a week. Psychosocial work factors included classical (job strain model factors) and emergent factors (recognition, insecurity, role/ethical conflict, emotional demands, work–life imbalance, etc.). Occupational factors related to working time/hours and physical work environment were also included as well as covariates related to factors outside work. Statistical analyses were performed using weighted Poisson regression analysis. Results: In the cross-sectional analyses, psychological demands, low social support, low recognition, emotional demands, perception of danger, work–life imbalance and night work were found to be associated with sleep problems. In the prospective analyses, psychological demands and night work were predictive of sleep problems. Using a less conservative method, more factors were found to be associated with sleep problems. Dose–response associations were observed, showing that the more frequent the exposure to these factors, the higher the risk of sleep problems. No effect of repeated exposure was found on sleep problems. Conclusion: Classical and emergent psychosocial work factors were associated with sleep problems. More prospective studies and prevention policies may be needed.
The Australian health system is a complex mix of federal and state government funding and responsibility, making it difficult for patients to navigate. Despite its complexity, Australia’s universal health system achieves good results relatively efficiently. Health expenditure in Australia is about the same as the OECD average, at 8.8% of GDP. Life expectancy at birth is the sixth highest in the OECD, at 82.2 years. To meet the challenge of rising chronic disease, Australia should reduce health system fragmentation to improve the co-ordination of patient care.

Title: Australia's health: Being accountable for prevention
Authors: Moodie R Tolhurst P Martin J
Source: Medical journal of Australia April 2016 204 6 223-225

Abstract: The global action plan of the World Health Organization (WHO) for preventing and controlling non-communicable diseases aims to substantially reduce the burden of premature mortality caused by cancer, diabetes, cardiovascular disease and chronic lung disease by 2025, through action on nine targets measured by 25 indicators of performance. As a member state of the WHO, Australia is committed to the global action plan. However, we argue that the Australian government devotes insufficient attention to health policy, funding and program implementation for effective prevention. In this article, we review Australia’s progress against national non-communicable disease (NCD) targets set in 2009, and suggest that a more comprehensive approach is required.

Title: Toward an evidence-based patient-provider communication in rehabilitation: linking communication elements to better rehabilitation outcomes
Authors: Jesus TS Silva IL

Abstract: Background: There is a growing interest in linking aspects of patient-provider communication to rehabilitation outcomes. However, the field lacks a conceptual understanding on: (a) ‘how’ rehabilitation outcomes can be improved by communication; and (b) through ‘which’ elements in particular. This article elaborates on the conceptual developments toward informing further practice and research.

Methods: Existing models of communication in healthcare were adapted to rehabilitation, and its outcomes through a comprehensive literature review.

Results: After depicting mediating mechanisms and variables (e.g. therapeutic engagement, adjustment toward disability), this article presents the ‘4 Rehab Communication Elements’ deemed likely to underpin rehabilitation outcomes. The four elements are: (a) knowing the person and building a supportive relationship; (b) effective information exchange and education; (c) shared goal-setting and action planning; and (d) fostering a more positive, yet realistic, cognitive and self-reframing.

Discussion: This article describes an unprecedented, outcomes-oriented approach toward the design of rehabilitation communication, which has resulted in the development of a new intervention model: the ‘4 Rehab Communication Elements’. Further trials are needed to evaluate the impact of this whole intervention model on rehabilitation outcomes.

Title: Cochrane physical and rehabilitation medicine: current state of development and next steps.
Authors: Kiekens C Negrini S Thomson D Frontera W
Source: American journal of physical and medical rehabilitation April 2016 95 4 235-8 doi:
**Mindfulness Interventions in Physical Rehabilitation A Scoping Review**

**Author/s** Hardison M Roll S

**Source** *American journal of occupational therapy* April 2016 70 7003290030p1-7003290030p9.
doi:10.5014/ajot.2016.018069

**Abstract** A scoping review was conducted to describe how mindfulness is used in physical rehabilitation, identify implications for occupational therapy practice, and guide future research on clinical mindfulness interventions. A systematic search of four literature databases produced 1,524 original abstracts, of which 16 articles were included. Although only 3 Level I or II studies were identified, the literature included suggests that mindfulness interventions are helpful for patients with musculoskeletal and chronic pain disorders and demonstrate trends toward outcome improvements for patients with neurocognitive and neuromotor disorders. Only 2 studies included an occupational therapist as the primary mindfulness provider, but all mindfulness interventions in the selected studies fit within the occupational therapy scope of practice according to the American Occupational Therapy Association’s *Occupational Therapy Practice Framework: Domain and Process*. Higher-level research is needed to evaluate the effects of mindfulness interventions in physical rehabilitation and to determine best practices for the use of mindfulness by occupational therapy practitioners.

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**RESILIENCE**

**Title** A randomized controlled pilot trial investigating the impact of a workplace resilience program during a time of significant organizational change

**Author/s** Rogerson S et al

**Source** *Journal of occupational & environmental medicine (JOEM)* April 2016 58 4 329-334

**Abstract** Objective The aim of this study was to investigate the effectiveness of a short-term resilience intervention as measured by the Resilience at Work (RAW) scale. Methods A 5-week resilience program was implemented with 28 volunteers and assessed by the 20-item RAW scale. The scale was administered electronically and participants were match paired into either a treatment or control group. Statistical analysis was conducted using a $2 \times 2$ group (Treatment, control) $\times$ time (pre, post) analysis of variance with repeated measures. Results: Postintervention time point RAW total score was significantly greater in the treatment group ($P<0.01$) and statistical significance was also achieved for four of the seven subscales. Conclusion: Employee resilience can be improved via specific educational and skills training requiring a total time commitment of just 5 hours, making this intervention feasible for most working environments.

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**RETURN TO WORK**

**Title** Patient-reported factors influencing return to work after joint replacement

**Author/s** Bardgett M et al

**Source** *UK occupational medicine* April 2016 66 3

**Abstract** Background: An increasing number of patients in the working population are undergoing total hip and knee replacement for osteoarthritis and the timing and success of return to work (RTW) is becoming increasingly important as a measure of success for these patients. There is limited understanding of the patient variables that determine the ability to RTW. Methods: A cross-sectional population-based postal survey carried out with patients of working age after hip and knee replacement surgery in a UK teaching hospital. Free text comments were
collected regarding the experiences of patients returning to work following hip and knee replacement. Qualitative thematic analysis was undertaken to identify the factors influencing RTW from the patient's perspective.

Results: From the patients' perspective three key factors were identified that influenced RTW. Patients reported an improved physical and psychological performance at work after surgery in comparison to pre-operative functioning, although there was a lack of informed advice regarding RTW after surgery. Workplace support and adaptation of the job role enhanced the experience of RTW.

Conclusions: Return to work is influenced by a combination of patient, clinician and occupational factors. The relationship between each of these needs to be explored in greater depth through further qualitative work to gain a wider understanding of the variables influencing patients' RTW following hip and knee replacement.

Title A practical tool to improve outcomes in Work Injury Management
Author/s Garton P Murphy G O'Halloran P
Source Work 53 4 927-937 2016 DOI: 10.3233/WOR-162276
Abstract Background Psychosocial factors have the greatest influence on work rehabilitation outcomes yet effective and efficient systems to manage these factors are not widely utilized in Work Injury Management.
Objective To report on the development and validation of a comprehensive assessment tool with practical utility in identifying and measuring the biopsychosocial factors which are barriers to return to work and community.
Methods: Literature search identified many instruments designed to identify the presence of psychosocial factors impacting recovery and return to work following musculoskeletal injury. This research aimed to match assessment with intervention. In clinical practice over a 5 year period, this led to development of a composite questionnaire, the Abilita Rehabilitation Index, which was trialed with 43 adults participating in Occupational Rehabilitation. The validation data are based on the results of 957 case records of Occupational Rehabilitation participants.
Results: Examination of Cronbach coefficient alpha of the instrument indicates strong internal consistency (0.90) and factor analysis supports satisfactory construct validity of the domains (subscales) with factor loading scores ranging from 0.73 to 0.90.
Conclusion: There is evidence that the proprietary Abilita Rehabilitation Index is a valid and reliable instrument to identify and measure the influence of psychosocial factors impacting an individual's recovery and return to work. Automated reports generated from this tool provide an evidence-based resource to identify risk and support rehabilitation planning in Work Injury Management.

Title Return to work outcomes for workers with mental health conditions: A retrospective cohort study
Author/s Prang KH Bohensky M Smith P Collie A
Source Injury international journal of care of the injured
Abstract Objectives The aims of this study were to describe predictors of sustained return to work (RTW) among a cohort of workers with compensated work-related mental health conditions (MHCs); and to examine predictors of subsequent absences due to the same condition.
Methods: This study was a retrospective analysis of compensation claims data in Victoria, Australia. We selected workers with an accepted wage replacement claim due to a work-related MHC from 1 January 2002 to 31 December 2009, with two years of follow-up data.
Results: We identified 8358 workers meeting our inclusion criteria. The median age of workers was 44 years (Interquartile range (IQR): 36–51) and 56% were female. In a multivariable Cox regression analysis, older age, being from a small organisation, working in some specific industry segments, consulting a psychiatrist or psychologist, using medications, and having a previous claim were all associated with a delayed RTW. Workers experiencing work pressure, assault/workplace violence or other mental stress factors, working in the public administration and safety industry and having a medical incapacity certification between 3–4 days and 5–7 days had a higher rate of multiple RTW attempts.
Conclusion: This study identified a number of risk factors associated with a delayed RTW and multiple attempts at RTW. Predictors may help identify high-risk groups and facilitate the RTW process of workers with MHCs.

SHIFT WORK

**Title**  
*Increased errors and decreased performance at night: A systematic review of the evidence concerning shift work and quality*

**Author/s**  
De Cordova, P Bradford, MA Stone, PW

**Source**  
*Work*, 53 4 825-834 2016 DOI:10.3233/WOR-162250

**Abstract**  
Background Shift workers have worse health outcomes than employees who work standard business hours. However, it is unclear how this poorer health shift may be related to employee work productivity. Shift workers have worse health outcomes than employees who work standard business hours. However, it is unclear how this poorer health shift may be related to employee work productivity.

Objective The purpose of this systematic review is to assess the relationship between shift work and errors and performance. The purpose of this systematic review is to assess the relationship between shift work and errors and performance.

Methods: Searches of MEDLINE/PubMed, EBSCOhost, and CINAHL were conducted to identify articles that examined the relationship between shift work, errors, quality, productivity, and performance. All articles were assessed for study quality. Searches of MEDLINE/PubMed, EBSCOhost, and CINAHL were conducted to identify articles that examined the relationship between shift work, errors, quality, productivity, and performance. All articles were assessed for study quality. Results: A total of 435 abstracts were screened with 13 meeting inclusion criteria. Eight studies were rated to be of strong, methodological quality. Nine studies demonstrated a positive relationship that night shift workers committed more errors and had decreased performance. A total of 435 abstracts were screened with 13 meeting inclusion criteria. Eight studies were rated to be of strong, methodological quality. Nine studies demonstrated a positive relationship that night shift workers committed more errors and had decreased performance.

Conclusions Night shift workers have worse health that may contribute to errors and decreased performance in the workplace. Night shift workers have worse health that may contribute to errors and decreased performance in the workplace.

**Title**  
*Oxidative stress and insulin resistance in policeman working shifts*

**Author/s**  
Demir I et al

**Source**  
*International archives of occupational and environmental health* April 2016 89 3 407-412

**Abstract**  
Purpose Shift work is a work schedule involving irregular or unusual hours, compared to those of a normal daytime work schedule. In developed countries, night shift work is very common. In several cities of our country, 12/24 shift system is implemented in police organization. While night shift work composes half of the 20 shift in a month, in ergonomic shift system, an alternative shift schedule, shift work can be performed in three shifts in a day. In this study, we aimed to investigate the effects of 12/24 shift work system on insulin resistance and oxidative stress and systemic inflammation.

Methods Two hundred and four 12/24 shift workers (age 44.3 ± 5.6 years) and 193 ergonomic shift workers (age 42.6 ± 5.5 years) were included to study. Serum oxidized LDL (ox-LDL), neutrophil gelatinase lipocalin-2 (NGAL) as oxidative stress markers, glucose, insulin, ferritin, high-sensitive C-reactive protein (hsCRP) and erythrocyte sedimentation rate values were measured. Homeostasis model assessment for insulin resistance (HOMA-IR) was calculated to evaluate insulin resistance.

Results Serum ox-LDL, HOMA-IR, hsCRP and NGAL levels in 12/24 shift system were found to be significantly higher compared with ergonomic shift workers (p < 0.0001, p = 0.02, p = 0.03, p = 0.02, respectively). When evaluated all subjects, weak but significant correlation was found between HOMA-IR with ox-LDL (r = 0.12, p = 0.01), hsCRP (r = 0.17, p = 0.001) and ferritin (r = 0.15, r = 0.003). Also in 12/24 shift work group, there were significant correlations between HOMA-IR with hsCRP (r = 0.17, p = 0.01) and ferritin (r = 0.25, p = 0.0001).
Conclusion It may be concluded that 12/24 shift system might give rise to insulin resistance and oxidative stress. Additionally, workers in this system may under risk of systemic inflammatory response. Working hours must be arranged in accordance with the physiological rhythm.

WORK ABILITY

Title  The capability set for work: development and validation of a new questionnaire
Author/s  Abma FI et al
Abstract  Objectives The aim of this study was to develop a questionnaire to measure work capabilities based on Amartya Sen’s capability approach and evaluate its validity.
Methods The development of the questionnaire was based on a combination of qualitative and quantitative methods: interviews, literature study, and an expert meeting. Additionally, in a survey, the validity was evaluated by means of hypotheses testing (using correlations and regression analyses).
Results The questionnaire consists of a set of seven capability aspects for work. For each aspect, it is determined whether it is part of a worker’s capability set, ie, when the aspect is considered valuable, is enabled in work, and is realized. The capability set was significantly correlated with work role functioning-flexibility demands (-0.187), work ability (-0.304), work performance (-0.282), worked hours (-0.073), sickness absence (yes/no) (0.098), and sickness absence days (0.105). The capability set and the overall capability item are significantly associated with all work outcomes (P<0.010).
Conclusions The new capability set for work questionnaire appears to be a valid instrument to measure work capabilities. The questionnaire is unique because the items include the valued aspects of work and incorporate whether a worker is able to achieve what (s)he values in his/her work. The questionnaire can be used to evaluate the capability set of workers in organizations to identify aspects that need to be addressed in interventions.

Title  Shortened version of the work ability index to identify workers at risk of long-term sickness absence
Author/s  Schouten Lianne S Bültmann Ute W Martijn Heymans, Catelijne Joling I Twisk Jos W R and Roelen Corné A M
Source  European journal of public health 2016 26 301-305
Abstract  Background The Work Ability Index (WAI) identifies non-sicklisted workers at risk of future long-term sickness absence (LTSA). The WAI is a complicated instrument and inconvenient for use in large-scale surveys. We investigated whether shortened versions of the WAI identify non-sicklisted workers at risk of LTSA.
Methods Prospective study including two samples of non-sicklisted workers participating in occupational health checks between 2010 and 2012. A heterogeneous development sample (N = 2899) was used to estimate logistic regression coefficients for the complete WAI, a shortened WAI version without the list of diseases, and single-item Work Ability Score (WAS). These three instruments were calibrated for predictions of different (≥2, ≥4 and ≥6 weeks) LTSA durations in a validation sample of non-sicklisted workers (N = 3049) employed at a steel mill, differentiating between manual (N = 1710) and non-manual (N = 1339) workers. The discriminative ability was investigated by receiver operating characteristic analysis.
Results All three instruments under-predicted the LTSA risks in both manual and non-manual workers. The complete WAI discriminated between individuals at high and low risk of LTSA ≥2, ≥4 and ≥6 weeks in manual and non-manual workers. Risk predictions and discrimination by the shortened WAI without the list of diseases were as good as the complete WAI. The WAS showed poorer discrimination in manual and non-manual workers.
Conclusions The WAI without the list of diseases is a good alternative to the complete WAI to identify non-sicklisted workers at risk of future LTSA durations ≥2, ≥4 and ≥6 weeks.
Work ability among Finnish workers with type 1 diabetes.

Hakkarainen P et al

Occupational medicine April 2016

Background Work ability represents the balance between individual resources, health status and job demands. As far as we are aware, these issues have not been examined in working people with type 1 diabetes (T1D).

Aims: To examine how work-related and diabetes-related factors are associated with work ability among male and female workers.

Methods: Questionnaires were mailed to a random sample of 2500 people with T1D from the Medication Reimbursement Register of The Social Insurance Institution of Finland. The associations of the predictors of poor work ability were examined in a logistic regression analysis.

Results: The final sample comprised 767 working people aged 18-64 with T1D; overall response rate 49%. One in every three working men and women with T1D had poor work ability. High job demands and low job control were associated with poor work ability in both genders. Physical work and low worktime control were significantly associated with poor work ability in men but not in women with T1D. A self-reported high value of glycosylated haemoglobin was the only diabetes-related variable associated with poor work ability in both men and women.

Conclusions Work-related factors and poor glycaemic control were associated with poor work ability in individuals with T1D. Thus, job control and worktime control should be taken into account in supporting the work ability of workers with T1D.

Shortened version of the work ability index to identify workers at risk of long-term sickness absence

Schouten L S et al

European journal of public health 2016 301-305 DOI: http://dx.doi.org/10.1093/eurpub/ckv198

Background The Work Ability Index (WAI) identifies non-sicklisted workers at risk of future long-term sickness absence (LTSA). The WAI is a complicated instrument and inconvenient for use in large-scale surveys. We investigated whether shortened versions of the WAI identify non-sicklisted workers at risk of LTSA.

Methods Prospective study including two samples of non-sicklisted workers participating in occupational health checks between 2010 and 2012. A heterogeneous development sample (N = 2899) was used to estimate logistic regression coefficients for the complete WAI, a shortened WAI version without the list of diseases, and single-item Work Ability Score (WAS). These three instruments were calibrated for predictions of different (≥2, ≥4 and ≥6 weeks) LTSA durations in a validation sample of non-sicklisted workers (N = 3049) employed at a steel mill, differentiating between manual (N = 1710) and non-manual (N = 1339) workers. The discriminative ability was investigated by receiver operating characteristic analysis.

Results All three instruments under-predicted the LTSA risks in both manual and non-manual workers. The complete WAI discriminated between individuals at high and low risk of LTSA ≥2, ≥4 and ≥6 weeks in manual and non-manual workers. Risk predictions and discrimination by the shortened WAI without the list of diseases were as good as the complete WAI. The WAS showed poorer discrimination in manual and non-manual workers

Conclusions The WAI without the list of diseases is a good alternative to the complete WAI to identify non-sicklisted workers at risk of future LTSA durations ≥2, ≥4 and ≥6 weeks.
Abstract

Background The relaxing effect of music has been shown to reduce stress induced subjective anxiety and improve the performance of stressful cognitive tasks. The relaxing effect of music has been shown to reduce stress induced subjective anxiety and improve the performance of stressful cognitive tasks.

Objective This experimental study evaluated the effect of music and induced mental load in a word processing task in terms of correct strokes and accuracy, typing force, variability of typing force and EMG (electromyography) of extensor digitorum muscle. This experimental study evaluated the effect of music and induced mental load in a word processing task in terms of correct strokes and accuracy, typing force, variability of typing force and EMG (electromyography) of extensor digitorum muscle. Methods Eight subjects participated in the study. A 2 × 2 repeated measure design was adopted, with or without background music, and with or without induced mental load. A computer algorithm detected the shift, drift and fidget patterns of finger and hand movements, which caused the variation of the typing force. Eight subjects participated in the study. A 2 × 2 repeated measure design was adopted, with or without background music, and with or without induced mental load. A computer algorithm detected the shift, drift and fidget patterns of finger and hand movements, which caused the variation of the typing force.

Results Although the overall typing productivity was compromised by music by 3.1%, the beneficial effect of music was the reduction of standard deviation of typing force by 23.2%, indicating a smoother or less erratic hand movement during typing. Although the overall typing productivity was compromised by music by 3.1%, the beneficial effect of music was the reduction of standard deviation of typing force by 23.2%, indicating a smoother or less erratic hand movement during typing.

Conclusions The behavior change by music resulted in reduction in hand motions during typing may reduce the risk of musculoskeletal disorder related to typing task. The behavior change by music resulted in reduction in hand motions during typing may reduce the risk of musculoskeletal disorder related to typing task.
**Title**
French good practice guidelines for management of the risk of low back pain among workers exposed to manual material handling: Hierarchical strategy of risk assessment of work situations

**Author/s**
Petit A et al

**Source**
Work, 2016 53 4 845-850 DOI: 10.3233/WOR-162258

**Abstract**
Background Manual material handling remains a major cause of occupational accidents and diseases in various sectors and occupations. Manual material handling remains a major cause of occupational accidents and diseases in various sectors and occupations.

Objective This paper summarizes the main recommendations of the good practice guidelines of the French Society of Occupational Medicine for the risk assessment for back disorders in workers exposed to manual handling of loads. This paper summarizes the main recommendations of the good practice guidelines of the French Society of Occupational Medicine for the risk assessment for back disorders in workers exposed to manual handling of loads.

Methods The guidelines were written by a multidisciplinary working group of 24 experts, according to the Clinical Practice Guidelines method proposed by French National Health Authority, and reviewed by a multidisciplinary peer review committee of 50 experts.

Recommendations were based on a large systematic review of the international literature carried out from 1990 to March 2012 and classified (Grade A, B, C or expert consensus) according to their level of evidence. The guidelines were written by a multidisciplinary working group of 24 experts, according to the Clinical Practice Guidelines method proposed by French National Health Authority, and reviewed by a multidisciplinary peer review committee of 50 experts.

Recommendations were based on a large systematic review of the international literature carried out from 1990 to March 2012 and classified (Grade A, B, C or expert consensus) according to their level of evidence.

Results The main recommendations are a three-level hierarchical method of risk assessment based on participatory ergonomics and suggested assessment tools that can be used routinely by professionals of occupational health, workers themselves and their supervisors. The main recommendations are a three-level hierarchical method of risk assessment based on participatory ergonomics and suggested assessment tools that can be used routinely by professionals of occupational health, workers themselves and their supervisors.

Conclusion These French guidelines are intended for professionals of occupational health in charge of the prevention of low back disorders. The recommended methods are applicable to other countries than France. These French guidelines are intended for professionals of occupational health in charge of the prevention of low back disorders. The recommended methods are applicable to other countries than France.

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**Title**
The new EU occupational safety and health strategic framework 2014–2020: objectives and challenges

**Author/s**
Iavicoli Sergio

**Source**
Occupational medicine April 2016 66 3 180-182

**Abstract**
New technologies, globalization and continuous demographic shifts have produced far-reaching changes in the world of work and new challenges for the health and safety of workers. The European Agency for Safety and Health at Work has reviewed the evolution of new work models and emerging risks in order to adapt the corpus of law and European strategic actions [1]. The resulting European Union (EU) occupational safety and health (OSH) strategic framework for 2014–2020 takes full account of these requirements [2]. As the strategic framework has been in situ for a year, it is timely to look at how it has developed and what contribution it has made to the process of policy modernization currently in progress in OSH.

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**Title**
A critical review of OSHA heat enforcement cases lessons learned

**Author/s**
Arbury S Linsley M Hodgson M

**Source**
Journal of occupational & environmental medicine April 2016 584 359-363
doi: 10.1097/JOM.0000000000000640
Abstract

Objectives The aim of the study was to review the Occupational Safety and Health Administration's (OSHA) 2012 to 2013 heat enforcement cases, using identified essential elements of heat illness prevention to evaluate employers' programs and make recommendations to better protect workers from heat illness.

Methods (1) Identify essential elements of heat illness prevention; (2) develop data collection tool; and (3) analyze OSHA 2012 to 2013 heat enforcement cases.

Results OSHA's database contains 84 heat enforcement cases in 2012 to 2013. Employer heat illness prevention programs were lacking in essential elements such as providing water and shade; adjusting the work/rest proportion to allow for workload and effective temperature; and acclimatizing and training workers.

Conclusions In this set of investigations, most employers failed to implement common elements of illness prevention programs. Over 80% clearly did not rely on national standard approaches to heat illness prevention.

Title

Designing an accident prevention approach for small enterprises

Author/s
Laine P Malenfer M

Source
Institut National de Recherche et de Securite

Abstract

98% of firms coming under the French general social security scheme employ fewer than 50 employees. Although small enterprises do not see risk prevention as a priority, the statistics show without doubt that the majority of occupational accidents occur in such small businesses in many sectors of activity. How can we raise their awareness and encourage them to prevent occupational risks? By implementing appropriate approaches based on a better knowledge of SMEs and by collecting their needs, their interest for OSH issue becomes stronger. These approaches, usually used in marketing, reduce the gap between the weaknesses of the OSH competences of SMEs and the requirements for occupational risk prevention.

Title

A guide to the globally harmonized system of classification and labelling of chemicals (GHS)

Source
United Nations

Abstract

The purpose of this document is to describe the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS), why it was developed, and how it relates to the sound management of chemicals. The full official text of the system is available on the web at: http://www.unece.org/trans/danger/publi/ghs/ghs_rev00/00files_e.html

Title

Hearing difficulty and tinnitus among U.S. workers and non-workers in 2007

Author/s
Masterson E A et al

Source
American journal of industrial medicine April 2016 59 4 290-300 DOI: 10.1002/ajim.22565

Abstract

Background Hearing loss and tinnitus are two potentially debilitating physical conditions affecting many people in the United States. The purpose of this study was to estimate the prevalence of hearing difficulty, tinnitus, and their co-occurrence within U.S. populations.

Methods Data from the 2007 National Health Interview Survey (NHIS) were examined. Weighted prevalence and adjusted prevalence ratios for self-reported hearing difficulty, tinnitus, and their co-occurrence were estimated and compared by demographic, among workers with and without occupational noise exposure, and across industries and occupations.

Results Seven percent of U.S. workers never exposed to occupational noise had hearing difficulty, 5% had tinnitus and 2% had both conditions. However, among workers who had ever been exposed to occupational noise, the prevalence was 23%, 15%, and 9%, respectively ($P < 0.0001$).

Conclusions Hearing difficulty and tinnitus are prevalent in the U.S.; especially among noise-exposed workers. Improved strategies for hearing conservation or better implementation are needed.

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Ph: 1300 366 979
Learning from major accidents to improve system design

Moura R et al

Safety science April 2016 84 37-45

Despite the massive developments in new technologies, materials and industrial systems, notably supported by advanced structural and risk control assessments, recent major accidents are challenging the practicality and effectiveness of risk control measures designed to improve reliability and reduce the likelihood of losses. Contemporary investigations of accidents occurred in high-technology systems highlighted the connection between human-related issues and major events, which led to catastrophic consequences. Consequently, the understanding of human behavioural characteristics interlaced with current technology aspects and organisational context seems to be of paramount importance for the safety & reliability field. First, significant drawbacks related to the human performance data collection will be minimised by the development of a novel industrial accidents dataset, the Multi-attribute Technological Accidents Dataset (MATA-D), which groups 238 major accidents from different industrial backgrounds and classifies them under a common framework (the Contextual Control Model used as basis for the Cognitive Reliability and Error Analysis Method). The accidents collection and the detailed interpretation will provide a rich data source, enabling the usage of integrated information to generate input to design improvement schemes. Then, implications to improve robustness of system design and tackle the surrounding factors and tendencies that could lead to the manifestation of human errors will be effectively addressed.

Mere overrepresentation? Using cross-occupational injury and job analysis data to explain men's risk for workplace fatalities

Bauerle TJ

Safety science 2016 83 102-113

Historically, male workers have comprised a large proportion of occupational fatalities in the US. A common explanation for this has been that men are overrepresented in more physically hazardous occupations. Yet another potential explanation is that prescribed gender roles and norms contribute to higher rates of male worker fatalities compared with female workers. The purpose of this study was to test the assumption of the overrepresentation explanation, first, by testing the degree to which overrepresentation adequately accounts for men and women's differing fatality frequencies across various occupations, and second, by exploring gendered worker, occupation, and organizational attributes which may explain variance in the severity of men's fatality disparity between occupational titles. We used data from the Bureau of Labor Statistics and Occupational Information Network (O*NET). Results indicate that more than 25% of the total occupational fatalities in 2012 occurred outside of what would be expected for equivalent fatality ratios for men and women working in the same occupation. Further, gendered job and worker characteristics significantly predicted variance in men's relative risk for workplace fatalities across occupations (these characteristics, combined with sex representation, explained 10% of the total variance in men's relative fatality risk). The results suggest that men may be at increased risk for occupational fatalities when compared to women in the same occupations, and advocate for investigating the role of gender for future research on injury and fatality discrepancies between male and female workers.

Occupational noise exposure and hearing: a systematic review

Lie Arve et al

International archives of occupational and environmental health April 2016 89 3 351-372

To give a systematic review of the development of noise-induced hearing loss (NIHL) in working life.

Methods A literature search in MEDLINE, Embase, Web of Science, Scopus, and Health and Safety Abstracts, with appropriate keywords on noise in the workplace and health, revealed 22,413 articles which were screened by six researchers. A total of 698 articles were reviewed in full text and scored with a checklist, and 187 articles were found to be relevant and of sufficient quality for further analysis.
Results Occupational noise exposure causes between 7 and 21% of the hearing loss among workers, lowest in the industrialized countries, where the incidence is going down, and highest in the developing countries. It is difficult to distinguish between NIHL and age-related hearing loss at an individual level. Most of the hearing loss is age related. Men lose hearing more than women do. Heredity also plays a part. Socioeconomic position, ethnicity and other factors, such as smoking, high blood pressure, diabetes, vibration and chemical substances, may also affect hearing. The use of firearms may be harmful to hearing, whereas most other sources of leisure-time noise seem to be less important. Impulse noise seems to be more deleterious to hearing than continuous noise. Occupational groups at high risk of NIHL are the military, construction workers, agriculture and others with high noise exposure.

Conclusion The prevalence of NIHL is declining in most industrialized countries, probably due to preventive measures. Hearing loss is mainly related to increasing age.

Title OPM follow up questions now available to help firms act on leading indicator scores
Source At Work 2016 84
Abstract In 2008, a team of partners within Ontario's occupational health and safety (OHS) system set out to answer this question: Can a simple tool be developed to predict a firm's workplace injury experience based on its OHS policies and practices? The team developed an eight-item questionnaire that was then administered in 2009 to over 600 workplaces. Studies were conducted to make sure that the questionnaire is not overly repetitive, and that it reliably produces the same scores over repeated measures if nothing has changed. Research was then conducted to find out if questionnaire scores are linked to past and future injury claim rates. (The answer: a tentative “yes.”)
Now, to help employers determine how to act on their IWH-OPM scores, a project team has developed a series of follow-up questions for each of the eight items. The development of these questions was informed by a mix of evidence emerging from the IWH's leading indicators research and field experience offered by the health and safety associations (HSAs) involved. The follow-up questions are available to all at: www.iwh.on.ca. In addition, firms using the OPM can compare their scores against benchmarks for 16 sectors.

Title Plan, Do, Check, Act. The need for independent audit of the internal responsibility system in occupational health and safety
Author/s Arntz-Gray Jules
Source Safety science April 2016 84 12-23 doi:10.1016/j.ssci.2015.11.019
Abstract This research explores the use of regulatory non-compliance as an additional measure of the health of the internal responsibility system. Using an analysis of orders issued pursuant to the Occupational Health and Safety Act in the Ontario mining sector over a 10 year period this paper argues that observed non-compliance shows that even with sophisticated sectors in developed jurisdictions third party audit with sanction powers is needed. Additionally, this analysis provides a leading indicator approach that can be used by regulators or those who are regulated to improve health and safety outcomes by complementing other techniques to gauge the strength or success of internal responsibility systems that are based on workplace questionnaires.

Title Predicting safety behavior in the construction industry: Development and test of an integrative model
Author/s Guo B HW Yiu TW Gonzalez V A
Source Safety science April 2016 84 1-11
Abstract This study develops and tests an integrative model of construction workers' safety behavior with an attempt to better understand the mechanisms by which key safety climate factors (i.e., management safety commitment, social support, and production pressure) and individual factors (i.e., safety knowledge and safety motivation) influence workers' safety behavior. Data were collected from 215 construction workers in New Zealand using a questionnaire. Eight competing
models were tested using structural equation modeling (SEM). The results showed that management safety commitment was significantly related to social support and production pressure. Production pressure was identified as a critical factor that has direct and significant effects on safety motivation, safety knowledge, safety participation and safety compliance. Furthermore, social support was found to have the same paths to influence safety behavior as production pressure, except that the effect on safety participation was insignificant. Safety knowledge and safety motivation were significantly and positively related to safety participation. The integrative model suggests a combination of "a safe organization", "safe groups" and "safe workers" strategies to reduce unsafe behavior on sites.

Title  A program in safety management for the occupational driver: conceptual development and implementation case study
Author/s  Newnam S Oxley J
Source  Safety science 2016 84 238-244 DOI: 10.1016/j.ssci.2015.12.020
Abstract  Road traffic injury is the leading cause of work-related death and serious injury in Australia. Despite this, limited attention has been given to the development and implementation of effective preventive strategies within the workplace setting. A safe driving environment at work not only depends on individual compliance with safe driving practices but on all individuals understanding risks, anticipating threats to safety, showing concern for the safety of others, and contributing to safety improvements in the organisation. In particular, workgroup supervisors play a pivotal role in creating a safe work environment. This paper describes a new and innovative conceptual framework for a program designed to improve work-related driver safety. The focus of this program is on developing the skills of supervisors in identifying situations in which their drivers may be at risk on the road (e.g., drivers are tired, stressed, under pressure to meet deadlines) and to managing these situations through effective safety leadership. This paper describes development of the Safety Management for the Occupational Driver (SMOD) program and an implementation case study.

Title  Second European Survey of Enterprises on New and Emerging Risks (ESENER-2)
Source  Overview report managing safety and health at work March 2016
Abstract  A major European report has identified the most common psychosocial risk factors in workplaces, and barriers to controlling them.
The European Agency for Safety and Health at Work (EU-OSHA) report, which gives an overview of the second European Survey of Enterprises on New and Emerging Risks, found that dealing with difficult customers, patients or pupils, as well as time pressure, were the most reported psychosocial risk factors, reflecting Europe's growing service industry.

Title  Systematic review of qualitative literature on occupational health and safety legislation and regulatory enforcement planning and implementation
Author/s  MacEachen E et al
Source  Scandinavian journal of work environment & health 2016 42 1 3-16 doi:10.5271/sjweh.3529
Abstract  Objective The ability of occupational health and safety (OHS) legislation and regulatory enforcement to prevent workplace injuries and illnesses is contingent on political, economic, and organizational conditions. This systematic review of qualitative research articles considers how OHS legislation and regulatory enforcement are planned and implemented. Methods A comprehensive search of peer-reviewed, English-language articles published between 1990 and 2013 yielded 11 947 articles. We identified 34 qualitative articles as relevant, 18 of which passed our quality assessment and proceeded to meta-ethnographic synthesis. Results The synthesis yielded four main themes: OHS regulation formation, regulatory challenges, inspector organization, and worker representation in OHS. It illuminates how OHS legislation can be based on normative suppositions about worker and employer behavior and
shaped by economic and political resources of parties. It also shows how implementation of OHS legislation is affected by “general duty” law, agency coordination, resourcing of inspectorates, and ability of workers to participate in the system.

Conclusions The review identifies methodological gaps and identifies promising areas for further research in “grey” zones of legislation implementation.

WORK INJURIES

Title Work-related injuries and health-related quality of life among US workers a longitudinal study of a population-based sample

Author/s Baragaba B Alghnam S Bernacki E

Source Journal of occupational & environmental medicine April 2016 58 4 385-390

Abstract Objective The aim of this study is to examine health-related quality of life (HRQOL) among U.S. injured workers using a longitudinal study of a nationally representative sample. Methods Employed adults with and without occupational injuries from the 2000 to 2011 Medical Expenditure Panel Survey (MEPS) were included. Outcomes were the physical and mental components of the SF-12. A within-person change using paired tests and a between-person change using multivariable regression were performed. Results We estimate over 1.6 million injured workers per year. Sprains were the most common injury. Relative to noninjured workers, injured workers reported 3.0 and 1.0 points lower physical and mental component scores, respectively. Conclusions These results confirm that occupational injuries cause significant deficits in the physical component of HRQOL. This highlights the importance of preventing occupational injuries to reduce associated disabilities in the U.S.

WORK STRESS

Title Effective and ineffective coping strategies in a low-autonomy work environment

Author/s Britt, Thomas W; Crane, Monique; Hodson, Stephanie E; Adler, Amy B

Source Journal of occupational health psychology Apr 2016 21 2 154-168 http://dx.doi.org/10.1037/a0039898

Abstract The authors examined the effectiveness of different coping strategies in buffering the negative effects of uncontrollable stressors and predicting mental health symptoms in a low-autonomy work environment using a longitudinal design. Soldiers in training indicated the extent to which they engaged in various coping strategies to deal with stressors related to the training environment at 4 different points in time. Factor analyses of soldiers in 2 different countries (i.e., United States and Australia) yielded 5 coping dimensions: active coping, acceptance of demands, seeking social support, humor, and denial/self-criticism. Among U.S. soldiers in basic training, acceptance of demands and denial/self-criticism interacted with the magnitude of basic-training stressors to predict mental health symptoms (depression and anxiety) at 3 different points during training while controlling for symptoms at the immediate prior time period. Acceptance buffered soldiers from the negative effects of the stressors, whereas denial/self-criticism exacerbated the effects of the stressors. The results of LGC models also indicated that the slopes of acceptance and active coping were negatively related to the slope of mental health symptoms across training, whereas the slope for denial/self-criticism was positively related to the slope of symptoms. Active coping was less predictive of functioning in the face of stressors and in the prediction of symptoms over time. The results demonstrated that in a low-autonomy occupational setting, acceptance coping was more effective in facilitating good mental health outcomes compared with other coping strategies considered important in prior research (e.g., active coping).
Effects of an expressive writing intervention on a group of public employees subjected to work relocation

Effects of an expressive writing intervention on a group of public employees subjected to work relocation

**Title**

Effects of an expressive writing intervention on a group of public employees subjected to work relocation

**Author/s**

Tarquini Matteo, Di Trani Michela, Solano Luigi

**Source**

Work 2016 53 4 793-804 DOI: 10.3233/WOR-162259

**Abstract**

Abstract

Background Pennebaker’s writing technique has yielded good results on health, psychological and performance dimensions. In spite of the positive outcomes, the technique has rarely been applied directly within the workplace and its effects on burnout have never been tested. Pennebaker's writing technique has yielded good results on health, psychological and performance dimensions. In spite of the positive outcomes, the technique has rarely been applied directly within the workplace and its effects on burnout have never been tested.

Method 18 public employees subjected to work relocation were asked to write about their present work situation or another difficult event of their life (Writing Group), while another 17 were not assigned any writing task (Control Group). 18 public employees subjected to work relocation were asked to write about their present work situation or another difficult event of their life (Writing Group), while another 17 were not assigned any writing task (Control Group).

Objective To assess whether there was an improvement in burnout, alexithymia and psychological well-being in the Writing Group compared with the baseline measurement and the Control Group. To assess whether there was an improvement in burnout, alexithymia and psychological well-being in the Writing Group compared with the baseline measurement and the Control Group.

Results While the baseline levels in the Writing and Control Groups in the 3 dimensions considered were similar, scores in the Writing Group at both a second (1 month after the end of the procedure) and third measurement (7 months after the end) improved when compared with the baseline, whereas those in the Control Group worsened. While the baseline levels in the Writing and Control Groups in the 3 dimensions considered were similar, scores in the Writing Group at both a second (1 month after the end of the procedure) and third measurement (7 months after the end) improved when compared with the baseline, whereas those in the Control Group worsened.

Conclusions Pennebaker’s writing technique appears to promote adaptive coping strategies in stressful situations, and to increase occupational and psychological well-being as well as the ability to process emotions. It also appears to buffer the negative effects of work-related stress. Pennebaker’s writing technique appears to promote adaptive coping strategies in stressful situations, and to increase occupational and psychological well-being as well as the ability to process emotions. It also appears to buffer the negative effects of work-related stress.

The impact of sleep restriction while performing simulated physical firefighting work on cortisol and heart rate responses

The impact of sleep restriction while performing simulated physical firefighting work on cortisol and heart rate responses

**Title**

The impact of sleep restriction while performing simulated physical firefighting work on cortisol and heart rate responses

**Author/s**

Wolkow A et al

**Source**

International archives of occupational and environmental health 2016 89 3 461-475

**Abstract**

Abstract

Purpose Physical work and sleep restriction are two stressors faced by firefighters, yet the combined impact these demands have on firefighters’ acute stress responses is poorly understood. The purpose of the present study was to assess the effect firefighting work and sleep restriction have on firefighters’ acute cortisol and heart rate (HR) responses during a simulated 3-day and 2-night fire-ground deployment.

Methods Firefighters completed multiple days of simulated physical work separated by either an 8-h (control condition; n = 18) or 4-h sleep opportunity (sleep restriction condition; n = 17). Salivary cortisol was sampled every 2 h, and HR was measured continuously each day.

Results On day 2 and day 3 of the deployment, the sleep restriction condition exhibited a significantly higher daily area under the curve cortisol level and an elevated cortisol profile in the afternoon and evening when compared with the control condition. Firefighters’ HR decreased across the simulation, but there were no significant differences found between conditions.

Conclusion Findings highlight the protective role an 8-h sleep opportunity between shifts of firefighting work has on preserving normal cortisol levels when compared to a 4-h sleep opportunity which resulted in elevated afternoon and evening cortisol. Given the adverse health outcomes associated with chronically high cortisol, especially later in the day, future research should examine how prolonged exposure to firefighting work (including restricted sleep) affects firefighters’ cortisol levels long term. Furthermore, monitoring cortisol levels post-deployment will...
determine the minimum recovery time firefighters need to safely return to the fire-ground.

WORKERS COMPENSATION

Title Pain coping profiles in workers’ compensation clients with chronic musculoskeletal pain: a cluster analysis
Author/s Sanchez J et al
Abstract This study investigated pain coping profiles using the Coping Strategies Questionnaire-24 (CSQ-24) in a sample of 171 workers’ compensation clients with chronic musculoskeletal pain from Canada. Cluster analysis identified three distinct coping profiles: mixed coping, catastrophising, and positive coping. Multivariate analysis of variance (MANOVA) results revealed that the positive coping group had lower levels of activity interference and depression as well as higher levels of quality of life than the mixed coping and catastrophising groups. Study findings indicate clients with chronic musculoskeletal pain can be categorised according to pain coping strategies, and pain coping strategies used are related to rehabilitation outcomes. The implications of these pain coping profiles for rehabilitation counselling practice are discussed.

Title Unreported workers’ compensation claims to the BLS Survey of Occupational Injuries and Illnesses: establishment factors
Author/s Wueliner SE Adams DA Bonauto DK
Source American journal of industrial medicine April 2016 59 4 274–289 DOI: 10.1002/ajim.22563
Abstract Abstract Background Studies suggest employers underreport injuries to the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (SOII); less is known about reporting differences by establishment characteristics.
Methods We linked SOII data to Washington State workers’ compensation claims data, using unemployment insurance data to improve linking accuracy. We used multivariable regression models to estimate incidence ratios (IR) of unreported workers’ compensation claims for establishment characteristics.
Results An estimated 70% of workers’ compensation claims were reported in SOII. Claims among state and local government establishments were most likely to be reported. Compared to large manufacturing establishments, unreported claims were most common among small educational services establishments (IR = 2.47, 95%CI: 1.52–4.01) and large construction establishments (IR = 2.05, 95%CI: 1.77–2.37).
Conclusions Underreporting of workers’ compensation claims to SOII varies by establishment characteristics, obscuring true differences in work injury incidence. Findings may differ from previous research due to differences in study methods.

Title Occupational noise exposure and hearing: a systematic review
Author/s Lie A et al
Source International archives of occupational and environmental health April 2016 89 3 351-372
Abstract Purpose To give a systematic review of the development of noise-induced hearing loss (NIHL) in working life.
Methods A literature search in MEDLINE, Embase, Web of Science, Scopus, and Health and Safety Abstracts, with appropriate keywords on noise in the workplace and health, revealed 22,413 articles which were screened by six researchers. A total of 698 articles were reviewed in full text and scored with a checklist, and 187 articles were found to be relevant and of sufficient quality for further analysis.
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WEBSITES

At ease
Posttraumatic stress disorder information
Department of Veterans’ Affairs

Healthy workplaces for all ages
European Agency for Safety and Health at Work

MindTools newsletter 423 March 29 2016
The leadership motivation assessment
Transformational leadership
Leadership styles

Ready4
Ready4 is a project of information and resources for disability services operating in the ACT that is funded by the ACT and Commonwealth Governments to help preparation for the NDIS. On this site disability service providers in the ACT can register to attend ready4 workshops, seminars and communities of interest – concerned with transition to the NDIS and collaboration and partnerships. Newly added resources and general information on NDIS transition are here. You can submit your own event and register for the ready4 newsletter – both only for the ACT.

Queensland Health - Qld tackles healthcare violence
Queensland has launched a graphic advertising campaign - Assault isn't part of the job - aimed at raising awareness of and reducing violence faced by healthcare workers.
"Sadly, being punched, bitten, slapped, kicked and even spat on is a reality for healthcare workers," State Health Minister Cameron Dick said.
"Last financial year more than 3300 healthcare workers were physically assaulted, and let's be clear, it's just not on. Any person found guilty of assaulting a healthcare worker can receive up to 14 years in prison," he said.

RTW Matters Newsletter

Safe Work Australia
New resources on government initiatives

Sane
Busting the myths about bipolar
The SANE guide to reducing stigma
Mindful Employer podcast: Early intervention and workplace mental health

Social media for people with a disability
This site was developed in response to the 2012 results of the research on the Sociability: social media for people with a disability. The latest updated details on social media tools, their accessibility issues and how best to overcome accessibility challenges are provided.

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