Emerging Evidence Alert
August 2018

Good work is good for health and wellbeing

Comcare’s work is centred 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 WHS issues to keep people healthy and safe at work.

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

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

The future of work

The work environment is changing rapidly, and recent reports have looked at the potential disruptors and shifts in society, or megatrends, impacting on work into the future.

Safe Work Australia collaborated with CSIRO’s Data61 team to develop the Workplace Safety Futures report. This report identified six megatrends impacting on work health and safety and workers compensation over the next 20 years: the extending reach of automated systems and robotics; rising issue of workplace stress and mental health issues; rising screen time, sedentary behaviour and chronic illness; blurring the boundaries between work and home; the gig and entrepreneurial economy; and an ageing workforce.

Some of these issues are already playing out, with mental health and sedentary behaviours attracting significant attention. The Mental Health Australia report Investing to Save as a priority recommendation of ‘Support individuals with mental health issues to gain and maintain reemployment, and maintain mental health and wellbeing in the workforce’. They list the evidence base for some key workplace mental health and wellbeing interventions.

Emerging research into using smart offices to predict occupational stress has identified ways to harness technology to develop early stress detection systems to enable implementation of prevention strategies. Meanwhile, the emergence of wearable technology can help reduce fatigue in workers, particularly older workers.

EY has released What's after what's next? The upside of disruption The upside of disruption paper which looks at three primary forces - human augmentation (technology), populism (globalization) and aging (demographics). They identified seven megatrends: industry redefined, future of work, super consumer, behavioural design, adaptive regulation adaptive regulation, human geography, innovating communities, health reimagined, food by design and molecular economy. They’ve predicted three future working worlds: next global system, renewed social contracts and superfluid markets. This builds on their previous report investigating the future of health and safety.

Comcare is focussing on the future of work at our upcoming conference - Fit for the future: Collaborate, Innovate, Achieve. Our opening session on Tuesday features four high profile presenters giving their perspective on the future.
Emerging Evidence Topics

- Absenteeism and presenteeism
- Ageing workers
- Asbestos and mesothelioma
- Disability
- Ergonomics
- Health and wellbeing
- Management and leadership
- Musculoskeletal issues
- Occupational issues
- Psychosocial issues
- Public sector
- Rehabilitation
- Return to work
- Workers compensation
- Work health and safety
- Websites

ABSENTEEISM AND PRESENTEEISM

Title
The contextual role of subjective age in the chronological age/absenteeism relationship in blue and white-collar teams.

Author/s
Goecke, Felicitas Elisabeth et al

Source
European journal of work & organizational psychology August 2018 27 4 520-534 15 DOI: 10.1080/1359432X.2018

Abstract
Organizations in the twenty-first century face the challenges of an increasingly ageing workforce, which have an effect on organizational health and productivity. As chronological age has shown to be an insufficient indicator of employees’ health and, in particular, absenteeism, we apply the subjective age concept (i.e., how old an employee feels) at the team-level to explain the average chronological age/average short-term absenteeism relationship. We develop a theoretical framework for underlying processes, combining the subjective age research with the socioemotional selectivity theory and team contagion processes. We test our predictions in a time-lagged team-level sample of 1,015 teams with 12,926 employees to find a significant interactive effect of average chronological age and average subjective age on average short-term absenteeism in teams. The relationship is negative and significant when average subjective age is low. Under high-average subjective age, the relationship is non-significant. Furthermore, this interactive effect (average chronological age/average subjective age) is moderated by job type (white versus blue collar) in the form of a three-way interaction, indicating that the effect is only significant among white collar teams. We hope to enrich the theoretical debate on age and absenteeism and provide organizations with a new perspective on ageing work teams.

Weblink

Return to top

AGEING WORKERS
Title: Older workers’ education and earnings among OECD countries.

Author/s: Doo Hun, L et al

Source: European journal of training & development 2018 42 3/4 170-190 21
DOI 10.1108/EJTD-08-2017-0069

Abstract: Purpose The purpose of this study is to identify to what extent individual-level factors (age, gender, participation in formal and non-formal education and levels of skills use at work) and country-level factors (social capital factors, national competitiveness and gross domestic product [GDP]) have contributed to older generations’ earnings in developed countries.

Design/methodology/approach Utilizing the data from the Organizational Economic Cooperation and Development Skills Outlook 2013 survey, GDP and the World Economic Forum’s annual Global Competitiveness Report, this study adopted a multilevel path analysis method to measure cross-country-level effect of the study variables on older workers’ earnings.

Findings Study results indicated that age, gender, non-formal education, use of influencing and task discretion skills at work at the individual level, and GDP, social trust, and higher education and training at the country level were identified as influential factors for older workers’ monthly earnings.

Originality/value With more aging societies worldwide, the traditional view of the aging workforce has been affected by the desires and needs of the elderly. This study contributes to the literature by identifying what individual- and country-level factors should be considered for policymakers to improve the economic benefits of older generations living in developed countries.

Weblink

Return to top

ASBESTOS AND MESOTHELIOMA

Title: The economic burden of asbestos-related disease: 21 June 2018 Research Report

Source: The Centre for International Economics Asbestos Safety and Eradication Agency

Abstract: This report, commissioned by the Asbestos Safety and Eradication Agency, measures the medical and economic opportunity costs associated with asbestos-related disease. The report looks at the direct health care costs, as well as the cost of productivity and other losses resulting from time out of the workforce due to an asbestos-related disease in one year (2015)

Weblink

Return to top

DISABILITY

Title: Do older SSDI applicants denied benefits on the basis of their work capacity return to work after denial?

Source: Center for Studying Disability Policy, Mathematica Policy Research
DRC Brief Number: 2018-01

Abstract: In this issue brief, we document the post-denial employment and benefit experiences of older applicants who are initially denied Social Security Disability Insurance (SSDI) for “work capacity” reasons. Specifically, a disability examiner determined that these applicants had a severe impairment, but denied benefits because the applicants’ residual functional capacity allowed them to perform past work or other work. For simplicity, we use “work capacity” denials for these cases, though that is not SSA’s official nomenclature. We follow the experience of older SSDI applicants from the time they receive an initial denial for SSDI benefits through full retirement age (FRA; age 65 or 66, depending on their birth year). The
information in this brief highlights findings from a longer manuscript (Schimmel Hyde et al. 2018). Our findings shed light on the types of policies that might be most beneficial to older workers who experience disability onset to remain working and therefore delay claiming Social Security benefits.

**Title**
Worth the wait? improving predictions of prolonged work disability
DRC Brief 2018-02

**Source**
Center for Studying Disability Policy, Mathematica Policy Research

**Abstract**
Prompt services and supports can help short-term disability insurance (STDI) claimants return to work after the onset of a medical condition that did not develop on the job. To efficiently target these early interventions to the right people, it is important to identify the claimants who would, without intervention, exhaust their STDI benefits and transition to longer-term support. We use a large database of STDI claims to estimate models that predict who will exhaust STDI and transfer to long-term disability insurance (LTDI). We first assess the potential advantages of waiting for some claims to resolve on their own as a way to narrow the set of claims used to predict who will exhaust STDI benefits or transition to LTDI. We then estimate predictive models four times: first on the full set of claims (as benefits begin), then on those claims that remained after two, four, and six weeks. We estimate the predictive models using half of our data, then generate predictions for the other half to assess the models’ performance. Even without modeling, waiting just a few weeks for some claims to resolve on their own can substantially increase targeting accuracy. Modeling after the waiting period narrows the target population even further, thereby improving efficiency. Before adopting a waiting strategy, however, it is important to consider the trade-offs involved in delaying the delivery of special services to claimants who could benefit from early interventions.
Title Use and physiological responses of portable dynamic office workstations in an occupational setting – a field study

Author/s Schellewald, V; Kleinert, J; Ellegast, R


Abstract Objective The aim of this study was to investigate the use of two types of dynamic workstations (Deskbike, activeLife Trainer) and their effects on physiological activation in an occupational setting.

Methods 30 employees were given access to the devices for 28 days. Frequency and duration of borrowing and use was recorded by a Chipcard-system. Physiological activation (energy expenditure, heart rate) while working in a seated position and using the workstations was measured with the activity tracker Fitbit Charge HR.

Results Participants used dynamic workstations on 40% of their working days for an average of 54.3 ± 23.9 min per day. Energy expenditure and heart rate increased significantly while using the workstations compared to working seated. The Deskbike was used more frequently and resulted in greater heart rate elevation.

Conclusion Both types of dynamic workstations were used by the employees and had positive effects on physiological activation. The implementation of either type can be recommended.

HEALTH AND WELLBEING

Title Adverse effect of long work hours on incident diabetes in 7065 Ontario workers followed for 12 years

Author/s Ouimet, M-G et al

Source BMJ open diabetes research & care 2018 6 1 e000496 doi: 10.1136/bmjdrca-2017-000496

Abstract Objective According to the International Diabetes Federation, the most important challenge for prevention is now to identify social and environmental modifiable risk factors of diabetes. In this regard, long work hours have recently been linked with diabetes, but more high-quality prospective studies are needed. We evaluated the relationship between long work hours and the incidence of diabetes among 7065 workers over a 12-year period in Ontario, Canada.

Research design and methods Data from Ontario respondents (35–74 years of age) to the 2003 Canadian Community Health Survey were prospectively linked to the Ontario Health Insurance Plan database for physician services and the Canadian Institute for Health Information Discharge Abstract Database for hospital admissions. Our sample consisted of actively employed participants with no previous diagnoses of diabetes. Cox proportional hazard regression models were then performed to evaluate the relationship between long work hours (>45 hours per week) and the incidence of diabetes.

Results Long work hours did not increase the risk of developing diabetes among men. However, among women, those usually working 45 hours or more per week had a significantly higher risk of diabetes than women working between 35 and 40 hours per week (HR: 1.63 (95% CI 1.04 to 2.57)). The effect was slightly attenuated when adjusted for the potentially mediating factors which are smoking, leisure time physical activity, alcohol consumption and body mass index.

Conclusion Working 45 hours or more per week was associated with an increased incidence of diabetes among women, but not men. Identifying modifiable risk factors such as long work hours is of major importance to improve prevention strategies and orient policy making.

Weblink
Findings of the 2018 HILDA statistical report July 2018

Gilfillan, G

Parliamentary Library: The results of the 2018 Household, Income and labour dynamics in Australia (HILDA) statistical report were released on 31 July 2018

The survey enables analysis of a range of social and economic issues but perhaps its most distinctive feature is its longitudinal nature. Questions are asked of the same individuals and households every year which allows researchers to examine how aspects of their lives change and transition over time. This report provides statistical information on 16 waves of the study—from 2001 to 2016.

HILDA is a nationally representative longitudinal study of over 17,000 Australian individuals residing in approximately 9,500 households. The survey is funded by the Australian Government Department of Social Services and managed by the Melbourne Institute at the University of Melbourne.

The longitudinal nature of HILDA data enables analysis of the dynamics of the health and education of individuals, their labour market experiences, and the income they receive. In particular it allows researchers and policy makers to observe whether some individuals experience persistent disadvantage such as relative income poverty and reliance on welfare payments.


Xia, T et al

Insurance Work and Health Group Faculty of Medicine and Health Sciences Monash University 2018

The Australian transport and logistics industry is a diverse industry encompassing drivers, logistics, storage and warehousing workers, managers and executives. Transport workers are subject to a unique set of health risks in their working environment, including sedentary jobs, long working hours and shift work, isolation, fatigue and sleep deprivation among others. This report, the first in a series from the study, presents findings from analysis of national workers’ compensation claims data.

Coding of medically unexplained symptoms and somatoform disorders by general practitioners – an exploratory focus group study

Pohontsch, NJ et al


Background Medically unexplained symptoms (MUS) and somatoform disorders are common in general practices, but there is evidence that general practitioners (GPs) rarely use these codes. Assuming that correct classification and coding of symptoms and diseases are important for adequate management and treatment, insights into these processes could reveal problematic areas and possible solutions. Our study aims at exploring general practitioners’ views on coding and reasons for not coding MUS/somatoform disorder.

Methods We invited GPs to participate in six focus groups (N = 42). Patient vignettes and a semi-structured guideline were used by two moderators to facilitate the discussions. Recordings were transcribed verbatim. Two researchers analyzed the data using structuring content analysis with deductive and inductive category building.

Results Three main categories turned out to be most relevant. For category a) “benefits of coding” GPs described that coding is seen as being done for reimbursement purposes and is
not necessarily linked to the content of their reference files for a specific patient. Others reported to code specific diagnoses only if longer consultations to explore psychosomatic symptoms or psychotherapy are intended to be billed. Reasons for b) “restrained coding” were attempting to protect the patient from stigma through certain diagnoses and the preference for tentative diagnoses and functional coding. Some GPs admitted to c) “code inaccurately” attributing this to insufficient knowledge of ICD-10-criteria, time constraints or using “rules of thumb” for coding.

Conclusions There seem to be challenges in the process of coding of MUS and somatoform disorders, but GPs appear not to contest the patients’ suffering and accept uncertainty (about diagnoses) as an elementary part of their work. From GPs’ points of view ICD-10-coding does not appear to be a necessary requirement for treating patients and coding might be avoided to protect the patients from stigma and other negative consequences. Our findings supply a possible explanation for the commonly seen difference between routine and epidemiological data. The recent developments in the DSM-5 and the upcoming ICD-11 will supposedly change acceptance and handling of these diagnoses for GPs and patients. Either way consequences for GPs’ diagnosing and coding behavior are not yet foreseeable.

MANAGEMENT AND LEADERSHIP

Title Manager psychopathy, trait activation, and job performance: a multi-source study.

Author/s Blickle, Gerhard et al

Source European journal of work & organizational psychology August 2018 27 4 450-461 12 DOI: 10.1080/1359432X.2018.1475354

Abstract Individuals high in psychopathy are often portrayed as more likely to display antisocial behaviour in the workplace and to demonstrate lower job performance. Current research on the impact of trait psychopathy in the workplace is characterized by divergent findings of moderate versus weak effects. We aim to address two potential causes for these discrepant results: mono-source bias and the failure to consider the situational factors that can activate psychopathy. In addition, we used the triarchic model of psychopathy, which incorporates the meanness dimension, a conceptualization of predatory orientation. Our multi-source design disconfirmed concerns that the effects of psychopathy are merely based on mono-source bias. More specifically, we found that the predatory orientation of managers high in psychopathy and especially high in the trait of meanness was behaviourally activated by high levels of ascendency prospects and prospects for income increases. High psychopathy, mediated by consideration towards subordinates and moderated by high ascendency prospects and high prospects for income increases, was associated with low supervisory job performance ratings. Implications and limitations of our findings and directions for future research are discussed.

Title The role of supervisor support on employees’ training and job performance: an empirical study.

Author/s Park, Sunyoung et al

Source European journal of training & development 2018 42 1/2 57-74 18 https://doi.org/10.1108/EJTD-06-2017-0054

Abstract Purpose The purpose of this study was to examine the relationships among supervisor support, awareness of employees’ developmental needs, motivation to learn, training readiness, motivation to transfer and job performance. Design/methodology/approach A total of 216 responses from educational organizations in the USA were analyzed using the structural equation modeling method. Findings The findings indicate that supervisor support for training directly affected motivation to learn; both developmental needs awareness and motivation to learn had direct and
significant effects on training readiness, motivation to transfer and job performance; developmental needs awareness directly affected motivation to learn; training readiness directly affected motivation to transfer.

Research limitations/implications This study investigated how supervisor support contributes to motivation, training and job performance. In addition, this study attempted to bridge the gap in the literature by investigating the relationships among supervisor support, developmental needs awareness, learning motivation, training readiness, transfer motivation and job performance.

Practical implications By conducting an initial needs assessment of participants, human resource development (HRD) practitioners can reflect on what participants want and need when designing and implementing professional development programs. HRD practitioners can also collaborate with participants’ supervisors to prepare for interventions to improve the quality and practicality of existing professional development programs.

Originality/value Although the extant literature suggests that organizational support, motivation and training transfer are distinct but highly interrelated constructs; little is known about the predictive properties of a supervisor’s role in the training literature. Supervisors play a crucial role in that they can influence their subordinates on whether to participate in training programs. The ability of supervisors to provide adequate support and engage in comfortable communication about training programs may lead to enhanced motivation to learn and to greater training transfer. These potentially desirable effects motivate the researchers to further explore the nature of this component and its relationship with other training outcome variables.

Title            The no. 1 quality that makes a manager great
Author/s        Gallup July 2018
Source           Workplace July 2018
Abstract         Managers are now often responsible for matrixed teams Employees in four European countries rarely get feedback from managers
                  The best managers coach their employees
Weblink

MUSCULOSKELETAL ISSUES

Title            Do patients with carpal tunnel syndrome benefit from low-level laser therapy? a systematic review of randomized controlled trials
Author/s        Franke, TP et al
Source           Archives of physical medical and rehabilitation August 2018 99 5 1650-1659 e15 doi: 10.1016/j.apmr.2017.06.002
Abstract         Objective To systematically review the literature on the effectiveness of low-level laser therapy for patients with carpal tunnel syndrome. Conclusions In the very short term, low-level laser therapy is more effective as a single intervention than placebo low-level laser therapy in patients with carpal tunnel syndrome, after which the positive effects of low-level laser therapy tend to subside. Evidence in the midterm and long term is sparse.
Weblink

Title            Effectiveness of conservative, surgical, and postsurgical interventions for trigger finger, dupuytren disease, and de quervain disease: a systematic review
Title: Effectiveness of oral pain medication and corticosteroid injections for carpal tunnel syndrome: a systematic review

Author/s: Huisstede, B et al

Source: Archives of physical medical and rehabilitation August 2018 99 5 1609-1622 e10
https://doi.org/10.1016/j.apmr.2018.03.003

Abstract: Objective To present an evidence-based overview of the effectiveness of oral pain medication and corticosteroid injections to treat carpal tunnel syndrome (CTS). Conclusions: The reviewed evidence supports that oral steroids and corticosteroid injections benefit patients with CTS particularly in the short term. Although a higher dose of steroid injections seems to be more effective in the midterm, the benefits of oral pain medication and corticosteroid injections were not maintained in the long term.

Title: Content and psychometric evaluations of questionnaires for assessing physical function in people with neck disorders: a systematic review of the literature

Author/s: Wiitavaara, B Heiden, M

Source: Disability and rehabilitation 2018 40 19 2227-2235
https://doi.org/10.1080/09638288.2017.1334096

Abstract: Purpose: The purpose was to investigate how physical function is assessed in people with musculoskeletal disorders (MSD) in the neck. Specifically, we aimed to determine: (1) Which questionnaires are used to assess physical function in people with MSD in the neck? (2) What do those questionnaires measure? (3) What are the measurement properties of the questionnaires? Conclusions: The questionnaires differed substantially in items and the extent to which their psychometric properties had been evaluated. Focus of measurement was on activities in daily life rather than physical function as such. Implications for Rehabilitation To provide early diagnostics and effective treatment for patients with neck disorders, valid and reliable instruments that measure relevant aspects of the disorders are needed. This paper presents an overview of content and quality of questionnaires used to assess physical function in neck disorders, which may facilitate informed decisions about which measurement instruments to use when evaluating the course of neck disorders. Most of the questionnaires need more testing to judge the quality, however the NDI was the most frequently tested questionnaire. The COnsensus-based Standards for the selection of health Measurement INstruments checklist is a useful tool in relation to psychometric testing of questionnaires, but clear definitions of interpretation of the quality criteria in each study would enhance comparability of results.
OCCUPATIONAL ISSUES

Title Dodging the double bind: the role of warmth and competence on the relationship between interview communication styles and perceptions of women's hirability.

Author/s Varghese, Lebena et al

Source European journal of work & organizational psychology August 2018 27 4 418-429 12 DOI: 10.1080/1359432X.2018.1463989

Abstract In two studies we examine how feminine, masculine and hybrid impression management tactics affect perceptions of job applicants in interview settings. Study 1 (N = 133) results indicated that a hybrid tactic was more effective than a feminine tactic to portray competence. Similarly, a hybrid tactic was more effective than a masculine tactic to portray warmth. Further, perceptions of competence and warmth predicted ratings of likability and hirability. Study 2 (N = 222) replicated Study 1 and showed that applicant gender did not affect the results. The results indicated that hybrid tactics enable members of both genders to appear competent and warm in an interview.

Title Home to work spillover and turnover intentions

Author/s Sok, Jenny et al


Abstract Purpose This paper aims to investigate the relationship between home-to-work spillover, measured as positive and negative home–work interference (HWI) and turnover intentions, as well as the mediating role of perceptions concerning training and development practices. Design/methodology/approach Data were collected among 418 respondents who were working at two business schools. A confirmative structural equation modeling analysis was conducted for the analysis. Findings As expected, positive HWI showed negative relationships with turnover intentions, while negative HWI related positively to turnover intentions. Training and development practices mediated the relationship between positive HWI and turnover intentions; the mediation effect was stronger for women than it was for men. Training and development practices did not mediate the relationship between negative HWI and turnover intentions, however. Practical implications The outcomes suggest that helping employees to balance their work and home lives can be beneficial for employees, as well as for employers in terms of reducing turnover intentions. Originality/value As contributions, additional insight into the relationship between positive and negative non-work factors and turnover intentions by examining the ways in which both positive as well as negative HWI are related to turnover intentions. Furthermore, the research considers the mediating role played by perceptions concerning human resource (HR) practices, and particularly training and development practices as perceived by the employee, in the relationship between positive and negative HWI and turnover intentions.

Title Job demands, job resources and innovative work behaviour: a European union study

Author/s Dediu, Vlad et al


Abstract This study aims to investigate the relationship between several job design variables and innovative work behaviour (IWB). Guided by the Job Demands Resources model, the aim was to evaluate the relationship between work demands (time constraints), resources (autonomy and social support), and other work factors (task monotony, complexity, and
dealing with unforeseen circumstances) with idea generation and idea implementation behaviours in a sample of 12,924 participants from the 27 European Union member states in 2010. We also wished to investigate if individual IWB, at the country level, is associated with country innovative performance (an aggregate of process/product and marketing/organizational innovation). We employed a multilevel generalized structural equation model to test our hypotheses. In our final model autonomy, manager encouragement and dealing with unforeseen problems showed the highest positive relationship with idea generation and idea implementation. Conversely, monotonous tasks and working at high speed were negatively related to IWB. Furthermore, we have found strong indications that country-level IWB positively relates to the odds of a country scoring higher on the aforementioned innovation indicators. Between-country unexplained variance in IWB was reduced from 17.1% in our initial model, to 1.9% in our final iteration. Limitations, implications and suggestions for future research are discussed.

Title
What can health systems do to encourage physicians to embrace virtual care? Deloitte 2018 survey of US physicians
Author/s
Abrams, Burrill, Ken Steve Elsner, Natasha
Source
Deloitte insights July 2018
Abstract
With changing health care reimbursement models, growing consumer demand, and advances in digital technologies, virtual care is a must-have for health systems. But how can hospitals and health systems gain physician buy-in? It might be easier than you think.

PSYCHOSOCIAL ISSUES

Title
The capacity to work puzzle: a qualitative study of physicians’ assessments for patients with common mental disorders
Author/s
Bertilsson, M et al
Source
Abstract
Background Entitlement to sickness benefits is a legal process requiring health-related reduced work capacity confirmed by a physician via a sickness certificate. However, there is a knowledge gap concerning physicians’ clinical practice of work capacity assessments for patients with common mental disorders (CMD). Physicians claim more knowledge and skills in how to actually do the assessments. The aim of this study was to explore physicians’ tacit knowledge of performing assessments of capacity to work and the need for sickness absence in patients with depression and anxiety disorders.
Methods We performed a qualitative study with open-ended interviews and a short video vignette of a physician and a patient with depression as stimuli. Participating physicians (n = 24) were specialized in general practice, occupational health or psychiatry and experienced in treating patients with depression and anxiety. Interviews were audio-recorded and transcribed verbatim. Inductive content analysis was used as the analytical tool.
Results Five categories were identified. Category 1 identified work capacity assessment as doing a jigsaw puzzle without any master model. The physicians both identified and created the pieces of the puzzle, mainly by facilitating strategies to make the patient a better supplier of essential information. The finished puzzle made up a highly individualized comprehensive picture required for adequate assessment. Categories 2–4 identified the particular essential pieces of information the participants used, relating to the patient’s disorder, capacity in the work place and contextual everyday life. For the sickness absence assessment, apart from decreased work capacity, the physicians also took particulars of the work place into account; e.g. could the work place handle an employee with reduced capacity.
Conclusions Physicians’ tacit knowledge of assessing work capacity and the need for sickness absence for patients with CMD was identified as doing a jigsaw puzzle. The
Weblink

Title
Comorbidity between pain and mental illness – evidence of a bidirectional relationship

Author/s
Bondesson, E

Source
European journal of pain August 2018 22 7 1304-1311 https://doi.org/10.1002/ejp.1218

Abstract
Background Pain from various locations in the body and mental illness are common and the comorbidity between the two is well-known although the temporal relationship remains to be determined. Our aim was to follow patients over time to study if pain (here dorsalgia/abdominal pain) or fibromyalgia lead to an increased risk of developing mental illness (here depression/anxiety) and/or the reverse, that is whether patients with mental illness have an increased risk to develop pain or fibromyalgia, compared to the rest of the population.

Conclusions This study shows a bidirectional influence of similar magnitude of pain and mental illness, respectively. In monitoring patients with pain or mental illness, a focus on both conditions is thus important to develop appropriate, targeted interventions and may increase the likelihood of improved outcomes.

Significance We followed a population-based cohort over a period of 10 years, including incident cases of both exposure and outcome and found a bidirectional relationship between pain and mental illness. Clinicians need to pay attention on both conditions, in patients seeking care due to mental illness or pain.

Weblink

Title
Individual, programmatic and systemic indicators of the quality of mental health care using a large health administrative database: an avenue for preventing suicide mortality

Author/s
Thibodeau, L et al

Source
Health promotion and chronic disease prevention in Canada: research, policy and practice July/August 2018 38 7/8 DOI: 10.24095/hpcdp.38.7/8.04

Abstract
Suicide is a major public health issue in Canada. The quality of health care services, in addition to other individual and population factors, has been shown to affect suicide rates. In publicly managed care systems, such as systems in Canada and the United Kingdom, the quality of health care is manifested at the individual, program and system levels. Suicide audits are used to assess health care services in relation to the deaths by suicide at individual level and when aggregated at the program and system levels. Large health administrative databases comprise another data source used to inform population-based decisions at the system, program and individual levels regarding mental health services that may affect the risk of suicide. This status report paper describes a project we are conducting at the Institut national de santé publique du Québec (INSPQ) with the Quebec Integrated Chronic Disease Surveillance System (QICDSS) in collaboration with colleagues from Wales (United Kingdom) and the Norwegian Institute of Public Health. This study describes the development of quality of care indicators at three levels and the corresponding statistical analysis strategies designed. We propose 13 quality of care indicators, including system-level and several population-level determinants, primary care treatment, specialist care, the balance between care sectors, emergency room utilization, and mental health and addiction budgets, that may be drawn from a chronic disease surveillance system.

Weblink

Title
Australia’s mental health and physical health tracker: technical paper: August 2018 technical report
This is the first Australian study to quantify the risks of physical health conditions contributing to a wide range of mental health conditions, including anxiety and depression. The latest national report card reveals the strong links between chronic physical ill health and mental ill health.

Can mental health legal representation and advocacy contribute to personal recovery?

Objective: Mental health legal advocacy services play a pivotal role in promoting the legal and social rights and increased participation in decision making for people diagnosed with a mental illness. Traditionally, recovery and mental health legal advocacy were not linked. The purpose of this study was to determine if elements of the CHIME (connectedness, hope, identity, meaning and empowerment) recovery framework can be reflected in activities such as legal representation and advocacy delivered by mental health law advocates.

Method: Secondary analysis was undertaken on data collected in an evaluation of a mental health law centre. Analysis involved deductive coding and thematic analysis. Data were compared and contrasted to the five elements of the CHIME framework.

Results: Four out of five CHIME elements were identified. This included connectedness with law centre staff, messages of hope from staff, experiences of empowerment and validation which informed a positive sense of identity.

Distrusting doctors’ evidence: a qualitative study of disability income support policy makers in Australia and Ontario, Canada.

Objective. The aim of the present study was to describe how policy makers (bureaucrats and politicians) in Australia and Ontario (Canada) perceive evidence provided by doctors to substantiate applications for disability income support (DIS) by their patients with mental illnesses. Because many mental illnesses (e.g. depression) lack diagnostic tests, their existence and effects are more difficult to demonstrate than most somatic illnesses.

Methods. Semi-structured interviews were conducted with 45 informants, all influential in the design of the assessment of DIS programs. The informants were subcategorised into advocates, legal representatives, doctors (general practitioners (GPs) and specialists (e.g. psychiatrists)), policy insiders and researchers. Informants were found through snowball sampling. Following the principles of grounded theory, data collection and analysis occurred in tandem.

Results. Informants expressed some scepticism about doctors’ evidence. Informants perceived that doctors could, due to lack of diagnostic certainty, ‘write these things [evidence] however [they] want to’. Psychiatrists, perceived as having more time and skills, were considered as providing more trustworthy evidence than GPs.

Conclusion. Doctors, providing evidence to support applications, play an important role in determining disability. However, policy makers perceive doctors’ evidence about mental illnesses as less trustworthy than evidence about somatic illnesses. This affects decisions by government adjudicators.
Title
Employers’ views of the impact of mental health problems on the ability to work.

Author/s
Jansson, Inger et al

Source
Work 2018 59 4 585-598 14 DOI: 10.3233/WOR-182700

Abstract
Background: Mental health problems (MHP) are common in working life and can be hard to respond to for employers. Therefore, knowledge of employers’ perceptions of employees with MHP is important to support coping efforts of persons and their work environments.

Objective: Identify and characterise employers’ perceptions of the impact of MHP on work ability.

Methods: Twelve employers with experience of employees with MHP were interviewed. Data were analysed with a phenomenographic method.

Results: The first main category, “Experiences of employees with MHP”, included experiences of diffuse and unexpressed signs of the onset of MHP and frustration among employers and work-mates which was difficult to verbalise. MHP could also be turned off, thus having no impact on work ability. The second main category, “Strategies to handle effects of MHP in the workplace”, included the importance of continual responsiveness and communication, and of fluctuating adaptations. The informants expressed diversity in the workplace as a strategy.

Conclusions: Employers have experiences of, as well as strategies for, how to handle MHP at times when they impact with the ability to work. However, neither experiences nor strategies were explicitly pronounced and verbalised which makes it a challenge to develop strategies and guidelines in workplaces.

---

Title
A protocol for the HeadCoach trial: the development and evaluation of an online mental health training program for workplace managers.

Author/s
Gayed, A Bryan et al

Source
BMC psychiatry 2018 18 1 25 DOI:10.1186/s12888-018-1603-4

Abstract
Background: Within high income countries, mental health is now the leading cause of long term sickness absence in the workplace. Managers are in a position to make changes and decisions that have a positive effect on the wellbeing of staff, the recovery of employees with mental ill health, and potentially prevent future mental health problems. However, managers’ report addressing workplace mental health issues as challenging. The aim of the HeadCoach trial is to evaluate the effectiveness of a newly developed online training intervention to determine whether it is able to build managers’ confidence to better support individuals within their teams who are experiencing mental ill health, and the confidence to promote manager behaviour likely to result in a more mentally healthy workplace.

Methods/Design: We will conduct a cluster randomised control trial (RCT) to evaluate the effect of HeadCoach, an online training intervention for managers with a focus on the mental health of their employees, compared to a waitlist control. The target sample is 168 managers, and their direct employees. Managers and employees will be assessed at baseline and at 4-month follow up. Managers will have an additional, intermediate assessment 6-weeks post-baseline. The primary outcome is change from baseline in managers' self-reported confidence when dealing with mental health issues within their team and promoting a mentally healthy workplace. The difference between the intervention and waitlist control groups will be assessed using linear mixed effects repeated measures (MMRM) analysis of variance (ANOVA). Secondary managerial outcomes include mental health literacy, attitudes towards mental health issues in the workplace and managerial behaviour in dealing with mental health matters with their staff. Employee outcomes will be perceived level of manager support, engagement, psychological distress, and rates of sickness absence and presenteeism.

Discussion: To our knowledge this will be the first RCT of a purely online training intervention developed specifically for managers that promotes confidence to both support staff experiencing mental ill health and create a mentally healthy work environment. If successful, this intervention has the potential to provide an effective and efficient method of training managers in workplace mental health and to enhance employee wellbeing.
Men's work, women's work, and mental health: a longitudinal investigation of the relationship between the gender composition of occupations and mental health

Milner, A et al

Social science & medicine 2018 2014 16-22 DOI:10.1016/j.socscimed.2018.03.020

This longitudinal investigation assesses the extent to which the gender composition of an occupation (e.g., the extent to which an occupation is comprised of males versus females) has an impact on mental health. We used 14 annual waves of the Household Income Labour Dynamics in Australia (HILDA) study to construct a measure representing the gender ratio of an occupation. The outcome measure was the Mental Health Inventory (MHI-5). A Mundlak model was used to compare within and between person effects, after controlling for possible confounders. Results suggest that males and females employed in occupations where their own gender was dominant had better mental health than those in gender-neutral occupations (between person effects). However, within-person results suggested that a movement from a gender-neutral to a male or female dominated occupation was associated with both a decline (females) and improvement (males) in mental health. These results highlight the need for more research on gender specific selection into and out of different occupations in order to progress understandings of gender as a social determinant of health in the work context.

Mental health in the workplace: a call to action

Goetzel, R Z et al

Journal of occupational environmental medicine April 2018 60 4 322-330 DOI:10.1097/JOM.0000000000001271

Objective: To declare a call to action to improve mental health in the workplace. Methods We convened a public health summit and assembled an Advisory Council consisting of experts in the field of occupational health and safety, workplace wellness, and public policy to offer recommendations for action steps to improve health and well-being of workers. Results The Advisory Council narrowed the list of ideas to four priority projects. Conclusions The recommendations for action include developing a Mental Health in the Workplace 1) “How to” Guide, 2) Scorecard, 3) Recognition Program, and 4) Executive Training.

The economic importance of public services in regional communities in NSW

Henderson, Troy

The Centre for Future for Work at The Australia Institute May 2018

Public sector austerity has become a “policy fad” in Australia, at all levels of government. Its hallmarks are unnecessary public-sector wage caps, outsourcing, downsizing, privatisation and the imposition of so-called “efficiency dividends” which allegedly drive productivity growth but in reality cut spending and reduce the quality of public services. These policies of austerity are not justified by economic theory, especially not in conditions of chronic macroeconomic weakness, unemployment, and underemployment (such as characterise most areas of Regional NSW). They may be politically convenient for political leaders positioning themselves as “tough on deficits,” but in reality they impose a wide range of harmful economic and social consequences. At best they represent lazy thinking in policy; at worst they
constitute deliberate attempts to erode the public sector and the critical services it provides. This report investigates this “policy fad” with a particular focus on the impacts of austerity in Regional NSW.

**REHABILITATION**

**Title**
Optimizing health system response to patient’s needs: an argument for the importance of functioning information

**Author/s**
Hopfe, Maren et al

**Source**
Disability and rehabilitation 2018 40 19 2325-2330 DOI: 10.1080/09638288.2017.1334234

**Abstract**
Background: Current health systems are increasingly challenged to meet the needs of a growing number of patients living with chronic and often multiple health conditions. The primary outcome of care, it is argued, is not merely curing disease but also optimizing functioning over a person’s life span. According to the World Health Organization, functioning can serve as foundation for a comprehensive picture of health and augment the biomedical perspective with a broader and more comprehensive picture of health as it plays out in people’s lives. The crucial importance of information about patient’s functioning for a well-performing health system, however, has yet to be sufficiently appreciated.

Methods: This paper argues that functioning information is fundamental in all components of health systems and enhances the capacity of health systems to optimize patients’ health and health-related needs.

Results and conclusion: Beyond making sense of biomedical disease patterns, health systems can profit from using functioning information to improve interprofessional collaboration and achieve cross-cutting disease treatment outcomes.

Implications for rehabilitation
Functioning is a key health outcome for rehabilitation within health systems. Information on restoring, maintaining, and optimizing human functioning can strengthen health system response to patients’ health and rehabilitative needs.

Functioning information guides health systems to achieve cross-cutting health outcomes that respond to the needs of the growing number of individuals living with chronic and multiple health conditions.

Accounting for individuals functioning helps to overcome fragmentation of care and to improve interprofessional collaboration across settings.

**RETURN TO WORK**

**Title**
A prospective cohort study of the impact of return-to-work coordinators in getting injured workers back on the job.

**Author/s**
Lane, Tyler J et al

**Source**
Journal of occupational rehabilitation June 2018 28 2 298-306 9 article - pictorial, research, tables/charts) http://dx.doi.org/10.1007/s10926-017-9719-9

**Abstract**
Purpose To assess the impact of workplace-based return-to-work (RTW) Coordinators’ interpersonal and functional activities on RTW outcomes.

Methods Multivariable logistic regression analyses of cross-sectional and longitudinal survey responses of 632 injured workers with at least 10 days of work absence in Victoria, Australia, adjusting for demographic and other workplace factors. Outcome was being back at work for at least 1 month, measured at both baseline and 6 month follow-up survey. Participant
responses to stressfulness of Coordinator interactions were dichotomised into good and poor and evaluated as a proxy for Coordinators’ interpersonal activities, while having a RTW plan was evaluated as a proxy for functional activities.

Results At baseline, RTW plans doubled the odds of RTW (OR 2.02; 95% CI 1.40-2.90) and attenuated the impact of good Coordinator interactions (1.14; 0.77-1.70). At 6-month follow-up, the opposite was observed: good interactions nearly doubled odds of RTW (1.90; 1.22-2.95) while RTW plans were non-significant (1.02; 0.68-1.54).

Conclusions Differences between when the two Coordinator activities were effective may be due to the nature of claimants who RTW in each survey period. Length of shorter-duration claims are influenced by injury related factors, while psychosocial factors tend to be more important for longer-duration claims. Such factors may determine whether a claimant is more likely to respond to Coordinators’ functional or interpersonal activities. The findings have important implications for increasing Coordinator effectiveness.

**Title**
Return-to-work barriers among manual workers after hand injuries: one-year follow-up cohort study

**Author/s**
Marom, B et al

**Source**
Archives of physical medicine and rehabilitation August 2018 99 8 DOI:
https://doi.org/10.1016/j.apmr.2018.07.429

**Abstract**
Objective To determine time of return to work (TRTW) in relation to multivariable predictors among male manual workers after hand injury (HI) over a 12-month follow-up.

Design A cohort study with baseline medical information, functional evaluation, and three-, six-, nine-, and 12-month follow-up telephone interviews.

Setting Seven physical rehabilitation community occupational therapy clinics.

Participants 178 subjects with acute HI aged 22 to 65. Two participants were lost to follow-up.

Intervention not applicable. Main Outcome measure.

The dependent variable was TTRW. The independent variables originated from four domains: personal factors, environmental factors, body function and structure, and activity limitation and participation restriction. The proportion of RTW at each time point was calculated.

Multiple Cox regressions established a predictive model for TTRW.

Results At the end of the study, 75.3% participants returned to work. The median TTRW was 94 days. In the final model, only compensation factors and education contributed significantly to overall RTW, but when separate analyses were performed, decreased level of self-efficacy, higher workplace demands, level of pain, level of emotional response to trauma, reduced physical capability of the hand, and higher level of disability were significantly associated with delayed TTRW.

Conclusions TTRW was determined by the physical capability of the hand, pain, and psychosocial factors, but it was also affected by legal factors. Subjects who did not RTW during the first nine months are at risk for long-term disability. Developing trea.
Methods: Using 71,607 claims lodged 2007 to 2012, logistic regression determined associations between time to claim filing, adjudication, and payment and (1) socio-demographic/economic, occupational, and injury-related factors; and (2) 52 weeks of wage replacement (WR). Results: Prolonged times for all processing steps were associated with increased odds of reaching 52 weeks of WR. Prolonged times in more than one step increased the odds of a long-term claim. Being female was the only variable consistently associated with each prolonged processing time. Conclusions: The predictive ability of prolonged times in claim lodgement and processing and compensation payments demonstrate that shorter claims management and adjudication times could improve RTW outcomes.

Title: Beyond determining compliance: how can workers’ compensation insurers’ exposure data be improved and used?
Author/s: Shockey, MPH Wurzelbacher, SJ Moore, LL
Source: Centers for Disease Control and Prevention
Abstract: The workers’ compensation system can be used for more than processing work-related illness or injury claims. The data collected through this system provide valuable information to identify how these injuries and illnesses happen, so that they can be prevented.

Title: Characteristics of construction firms at risk for future workers’ compensation claims using administrative data systems, Washington State
Author/s: Marcum, Jennifer L. et al
Source: Journal of safety research June 2018 65 53-58 DOI: 10.1016/j.jsr.2018.02.005
Abstract: Construction is a high-hazard industry, and continually ranks among those with the highest workers’ compensation (WC) claim rates in Washington State (WA). However, not all construction firms are at equal risk. We tested the ability to identify those construction firms most at risk for future claims using only administrative WC and unemployment insurance data. Methods: We collected information on construction firms with 10–50 average full time equivalent (FTE) employees from the WA unemployment insurance and WC data systems (n = 1228). Negative binomial regression was used to test the ability of firm characteristics measured during 2011–2013 to predict time-loss claim rates in the following year, 2014. Results: Claim rates in 2014 varied by construction industry groups, ranging from 0.7 (Land Subdivision) to 4.6 (Foundation, Structure, and Building Construction) claims per 100 FTE. Construction firms with higher average WC premium rates, a history of WC claims, increasing number of quarterly FTE, and lower average wage rates during 2011–2013 were predicted to have higher WC claim rates in 2014. Conclusions: We demonstrate the ability to leverage administrative data to identify construction firms predicted to have future WC claims. This study should be repeated to determine if these results are applicable to other high-hazard industries. Practical Applications: This study identified characteristics that may be used to further refine targeted outreach and prevention to construction firms at risk.

Title: Claims experience in injured workers: overview and association with return to work
Source: COMPARE Project Team April 2018
Abstract: Claims management is a critical component of Australia’s workers’ compensation systems. It is a primary mechanism for supporting RTW and recovery from injury and illness. The National RTW survey provides an opportunity to examine associations between claims
**Title**
Isolation-based conditional anomaly detection on mixed-attribute data to uncover workers’ compensation fraud.

**Author/s**
Stripling, Eugen et al

**Source**
*Decision support systems* July 2018 111 13-26 14

**Abstract**
The development of new data analytical methods remains a crucial factor in the combat against insurance fraud. Methods rooted in the research field of anomaly detection are considered as promising candidates for this purpose. Commonly, a fraud data set contains both numeric and nominal attributes, where, due to the ease of expressiveness, the latter often encodes valuable expert knowledge. For this reason, an anomaly detection method should be able to handle a mixture of different data types, returning an anomaly score meaningful in the context of the business application. We propose the i Forest CAD approach that computes conditional anomaly scores, useful for fraud detection. More specifically, anomaly detection is performed conditionally on well-defined data partitions that are created on the basis of selected numeric attributes and distinct combinations of values of selected nominal attributes. In this way, the resulting anomaly scores are computed with respect to a reference group of interest, thus representing a meaningful score for domain experts. Given that anomaly detection is performed conditionally, this approach allows detecting anomalies that would otherwise remain undiscovered in unconditional anomaly detection. Moreover, we present a case study in which we demonstrate the usefulness of our proposed approach on real-world workers’ compensation claims received from a large European insurance organization. As a result, the i Forest CAD approach is greatly accepted by domain experts for its effective detection of fraudulent claims.

---

**Title**
Taking a digital approach to claims processing.

**Author/s**
Brown, Jeffrey

**Source**
*W claims* August 2018 66 8 32-34 3

**Abstract**
The article reports that the insurance companies are experiencing shifts in the market from innovation to changing consumer expectations. It states the innovations including the use of drones to speed insurance inspections, robotics to make low-risk claims and telematics to improve first notice of loss (FNOL) capabilities with the ability to improve the quality and efficiency of the processing of claims.

---

**Title**
Development of a coding and crosswalk tool for occupations and industries

**Author/s**
Remen, T et al

**Source**
*Annals of work exposures & health* August 2018 62 7 796-807 12 1 4 1 DOI: 10.1093/annweh/wxy052

**Abstract**
Introduction Job coding into a standard occupation or industry classification is commonly performed in occupational epidemiology and occupational health. Sometimes, it is necessary to code jobs into multiple classifications or to convert job codes from one classification to
We developed a generic tool, called CAPS-Canada (http://www.caps-canada.ca/), that combines a computer-assisted coding tool covering seven International, Canadian and US occupation and industry classifications and an assistant facilitating crosswalks from one classification to another. The objectives of this paper are to present the different functions of the CAPS-Canada tool and to assess their contribution through an inter-rater reliability study.

Method The crosswalk assistant was built based on a database of >30,000 jobs coded during a previous project. We evaluated to what extent it would allow automatic translation between pairs of classifications. The influence of CAPS-Canada on agreement between coders was assessed through an inter-rater reliability study comparing three approaches: manual coding, coding with CAPS-Canada without the crosswalk assistant, and coding with the complete tool. The material for this trial consisted of a random sample of 1000 jobs extracted from a case–control study and divided into three subgroups of equivalent size.

Results Across the classification systems, the crosswalk assistant would provide useful information for 83–99% of jobs (median 95%) in a population similar to ours. Eighteen to eighty-one percent of jobs (median 56%) could be entirely automatically recoded. Based on our sample of 1000 jobs, inter-rater reliability in occupation coding ranged from 35.7 to 66.5% (median 53.7%) depending on the combination of classification/resolution. Compared with manual coding, the use of CAPS-Canada substantially improved inter-rater reliability.

Conclusion CAPS-Canada is an attractive alternative to manual coding and is particularly relevant for coding a job into multiple classifications or for recoding jobs into other classifications.
billion or 4.1% of GDP. Time lost from work due to injury or illness can impact the financial security of individuals and the productivity of organisations. National estimates suggest that Australian workplaces are getting safer. The incidence of injuries, illnesses and workers compensation claims have been steadily reducing for more than a decade. However these lagging indicators of work health and safety (WHS) performance are not able to measure exposure to WHS risk factors at the worker or workplace level. This study sought to (1) determine the associations between employee, workplace and job characteristics on these three WHS leading indicator measures; and (2) assess the degree of overlap and complementarity of WHS leading indicator measures.

**Title**
A systematic review of full-shift, noise exposure levels among construction workers: are we improving?

**Source**
*Annals of work exposures & health* August 2018 62 7 771-782 12 4 3 DOI: 10.1093/annweh/wxy051

**Abstract**
Context Construction industry workers are at high risk of occupational noise exposure. Although regulations and guidelines for this industry specify the use of noise controls, workers continue to be exposed to hazardous noise levels. Objectives The objectives of this study were (i) to collate and describe full-shift noise exposure experienced by construction workers; (ii) to review trends in full-shift exposure over time and between countries; and (iii) to identify any occupational categories within the construction industries that have higher levels of exposure. Results Of the 1171 studies found using key terms, 25 contained noise exposure measurements that met our inclusion criteria. Sample populations were predominantly from large construction sites and primarily comprised occupations known to engage in noisy workplace activities. Studies spanned over 36 years with all having average full-shift noise exposure over 85 A-weighted decibels (dBA). No time trend in full-shift noise exposure levels for construction workers was observed. Construction workers in the subgroup occupations of mason, sheet metal workers, carpenters, concrete workers, and operating engineers consistently had mean LAeq,8h over the 85-dBA limit. Conclusion Studies spanning 36 years in 10 countries consistently show construction workers have been exposed to hazardous noise levels. There has been no significant change over time of the average full-shift exposure levels of construction workers, including in all occupational subgroups except iron-workers. Some variability in full-shift measures is due to sampling methods and population characteristics and to a lesser extent, methods used to derive exposure levels.

**Title**
Work-related psychological health and safety: a systematic approach to meeting your duties

**Source**
Safe Work Australia 2018

**Abstract**
This Guide describes a systematic practical approach to managing work-related psychological health and safety. Most elements of this systematic approach are required under work health and safety (WHS) or workers’ compensation laws in all Australian jurisdictions. This Guide recognises poor psychological work health and safety can lead to both psychological and physical injuries

**Return to top**

**WEBSITES**

**Title**
BC Centre for Employment Excellence – Knowledge Clearinghouse

**Weblink**

**Title**
Canadian Centre for Occupational Health and Safety
Weblink

Title Worker health charts --NIOSH

Weblink

Title The real future or work

Weblink