

at work

Information on workplace research from the **Institute for Work & Health**

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Assisting return to work

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This Issue's Supplement

From public to private in 15 years. Ontario's rehabilitation services sector has undergone rapid change, shifting away from a hospital-based environment to a predominantly private sector industry.

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Research Excellence
Advancing Employee Health

The Challenge for Workplace Research

Every day in Ontario, one worker dies and two workers undergo amputations. "Is it better than it was? Yes. Is it acceptable? No," said Workplace Safety & Insurance Board (WSIB) Chair Glen Wright, guest speaker at the Institute's Annual General Meeting.

Wright said in a recent survey, 66 per cent of injured workers believed that injury was inevitable on certain jobs and 47 per cent of employers said the same thing.

"This is shocking."

The Institute has been successful in specific research areas, such as soft-tissue injury, but Wright added that it "...needs to step forward to take a broader role" in the workplace research community.

The Institute, which receives \$4.5 million of the WSIB's annual \$8 million research budget, is making positive strides with its research program. Wright said the amount of funding the WSIB spends annually on workplace health research may not be enough, but "...we must do a better job of maximizing the utility of the existing funds into usable products for workplaces."

He cited an ergonomics handbook produced with the participation of the Institute as an example of a valuable tool for employees in the needletrades and

textile industry. However, Wright added that producing tools is just one of the needs to be addressed to make workplace research more accessible for injured workers.



From left to right: Dr. Lorna Marsden, Chair, IWH Board of Directors; John Gardiner Member, Board of Directors, WSIB; Glen Wright, Chair, WSIB; Dr. Fraser Mustard, Chair Emeritus, IWH Board of Directors at the Annual General Meeting.

The upcoming Association of Workers' Compensation Boards of Canada's (AWCBC) Knowledge Transfer conference, will provide the Institute's Research Transfer staff an opportunity for networking with other organizations and creating partnerships.

"As a group of individuals, we owe it to the workforce to get our research knowledge to the workplace," Wright concluded.

More than 80 people attended this year's meeting which was held in September. The agenda also included an overview of Institute accomplishments given by Institute Chair Dr. Lorna Marsden

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The Institute for Work & Health is an independent, not-for-profit organization whose mission is to research and promote new ways to prevent workplace disability, improve treatment, and optimize recovery and safe return-to-work.

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and research highlights from Institute Scientific Director Dr. Cameron Mustard.

Interim President Jane Bartram concluded the meeting with a broad overview of the Institute's priorities over the next year. They include: the welcoming of a new president; the Institute's five-year review; and partnering with the WSIB to build research capacity in occupational health and safety.

WEB SITE UPDATE COCHRANE SITE GETS A FACELIFT

The Cochrane Back Review Group's (BRG) Web site has been redesigned to provide users with more information more efficiently.

As part of the redesign, a new domain name has also been assigned to the BRG, which is housed and administered at the Institute. The new Web site address is:

www.cochrane.iwh.on.ca



"The content on the site has increased significantly with the addition of sections solely dedicated to our resources, our contact information and how users can get involved in the BRG," says Chantelle Garritty, the Cochrane Back Review Group and Special Trials Registry Coordinator.

The new site has an expanded review and protocols section. Links to pop-up windows provide users with an immediate view of the abstracts, synopsis and news releases that are related to a particular review or protocol.

Under the Resources Section users can view a slide show which provides general facts about the BRG, as well as a detailed glossary of frequently used terms.

Another unique feature of the new site is a page dedicated to keeping users up to date on what's new. This includes a listing of recent reviews in the Cochrane Library, upcoming events and journal publications by the BRG.

The BRG coordinates international literature reviews of primary and secondary prevention of neck and back pain and other spinal disorders.

Questions or comments about the Cochrane site may be directed to [Chantelle Garritty](mailto:Chantelle.Garritty@iwh.on.ca) at cgarritty@iwh.on.ca.

IWH News

STAFF ANNOUNCEMENTS

Steve Oakley has taken up a secondment with the Research Transfer department of the Institute. Steve is a consultant with the Electrical & Utilities Safety Association and has been working in industrial safety management for more than 12 years. He will be acting as a liaison between Ontario's Health and Safety Associations and the Institute. The Institute is currently working with a group of the health and safety associations to deliver research knowledge to workplaces.

RECENT PUBLICATIONS

Reflections on the role of health services research in public policy making. Lavis et al., IWH Working Paper # 135.

With health comes work? People living with AIDS consider returning to work. S E Ferrier, J N Lavis, IWH Working Paper # 119.

The relationship between all-cause mortality and working life course psychosocial and physical exposures in the United States labor market from 1968-1992. B C Amick et al., IWH Working Paper # 124.

Sense of coherence and emotional distress: Extent and type of construct overlap. F C Breslin, S Ibrahim, G Hepburn, D Cole, IWH Working Paper # 155.

Working papers may be ordered by contacting **Greer Palloo** (416-927-2027 x2131, info@iwh.on.ca) or by visiting our Web site, www.iwh.on.ca.



Clinical

ASSISTING RETURN TO WORK

Since the early 1980s, there have been important changes in the provision of rehabilitation services to injured workers. Over this period, rehabilitation has moved out of hospitals into the community and, more recently, towards the workplace.

In Ontario, changes in legislation for private auto insurers and within the workers' compensation system have encouraged this transition. It is supported by research that demonstrates that rehabilitating and returning employees to productive work is most effective when done in close conjunction with the workplace - but this is easier said than done.

The Institute for Work & Health was part of a multi-province research group, partially funded by HEALNet, which set out to review the evidence on return-to-work (RTW) and to closely examine what the barriers and facilitators were.

To gain a "view from the field," they took their qualitative investigation to those directly involved in the return-to-work process, such as employers, injured workers, union representatives, occupational health professionals (nurses, doctors and physiotherapists), health and safety coordinators, family physicians and specialists. Using qualitative methods (in-depth interviews,

focus groups and questionnaires) they gathered extensive data which was systematically analyzed to extract the key themes and issues.

Two products from this work will be of interest to all involved in the RTW continuum. Research Associate Judy Clarke's paper: *Return to Work After a Soft Tissue Injury: A Qualitative Exploration and the Work-Ready Workshop Kit*. Clarke's paper describes the study's methods and findings which provide a view of return-to-work from a number of perspectives, furnishing a multifaceted view of what impedes RTW and what makes it work. The Work-Ready Workshop Kit, developed as a result of this research project, is a unique product that contains all the necessary instructions and materials to undertake a self-directed workshop. The workshop has been successfully tested with several groups and is designed to bring together diverse players, all of whom have some role in RTW. In fact, the workshop creates a "virtual team," allowing individuals who do not necessarily interact in their usual day-to-day routine, to spend a day together in facilitated discussion of the RTW evidence, and their own shared experience, with the ultimate objective of improving team work in return to work. 🧑‍🤝‍🧑

Those interested in either of these products can contact Greer Palloo (416-927-2027 x 2151, info@iwh.on.ca) or visit our Web site: www.iwh.on.ca

WHERE DO NECK AND LOW-BACK PATIENTS SEEK TREATMENT? CHIROPRACTOR, PHYSICIAN OR BOTH?

Patients who have overall poor health status are more likely to seek treatment from a physician rather than a chiropractor when they suffer from neck or low-back pain.

"Our research shows that individuals with neck or back pain and who also suffer from other ailments such as arthritis are more likely to seek treatment from a physician," says Institute Associate Scientist Pierre Côté, DC, the study's principal investigator. "However, those with severe and disabling neck or low-back pain are more likely to consult both a physician and a chiropractor during their episode of care."

The study looked at adults randomly selected from the Saskatchewan Health Insurance and Registration File. In this sample, 907 people reported neck, low-back pain or both in the previous six months of the study. Of those, 25 per

cent consulted a health-care provider four weeks before the survey—32 per cent visited a physician; 29 per cent went to a chiropractor; and about eight per cent sought treatment from both a medical doctor and chiropractor. The remaining individuals sought treatment from other health-care professionals such as massage therapists or physiotherapists.

This study provides information that may help to understand each health-care provider's patient population better. However, each health-care provider, whether they're medical doctors, chiropractors or physiotherapists, has his/her own approach to managing their patients, says Côté.

The results of this study were published in the September, 2001 edition of *Medical Care*. 🧑‍🤝‍🧑

PUBLIC FORUM

on

KNOWLEDGE TRANSFER

FOR WORKPLACE

HEALTH AND SAFETY

November 18-20, 2001

*Westin Harbour Castle Hotel,
Toronto*

This forum, presented by the Association of Workers' Compensation Boards of Canada (AWCBC), will bring together workplace partners, key researchers, practitioners, and decision-makers.

A number of issues will be addressed that include exploring knowledge-based research and best practices and focus on the integration of prevention and disability management to assist with reducing work-related injury and illness.

Visit the AWCBC's Web site at: **www.awcbc.org** for further information.



Workplace

MONITORING THE HEALTH OF CANADIAN NURSES

A two-year study focusing on the health of nurses is currently under way at the Institute. The study's researchers will interview approximately 75 health-care stakeholders across Canada regarding the major work-related health problems in the nursing profession, as well as their contributing factors. The researchers will also review existing data sources on the topic and then synthesize the collected information before working with key stakeholders to propose a system to monitor nurses' health.

Nurses are an important occupational group to study for several reasons. They have the highest number of lost workdays and the highest percentage of lost time attributable to illness and injury amongst the major occupational groups in Canada. A recent survey of nurses in the United States indicates health and safety issues may now be the leading recruitment and retention concern for nurses. There is also

the potential that deterioration in the health of the nursing workforce could ultimately affect the quality of care they can offer their patients.

Dr. Mickey Kerr from the Institute and Dr. Heather Laschinger from the University of Western Ontario, are the principal investigators on this study. It is being co-sponsored by the Canadian Health Services Research Foundation Nursing Research Fund, the Ontario Ministry of Health and Long-Term Care, and the Nursing Policy Office of the Policy and Consultation Branch of Health Canada. The project coordinator is Colette Severin, also from the Institute.

"We are learning a great deal from the interviews about the issues that nurses face on a day-to-day basis," says Severin, who is currently interviewing key stakeholders across the country. "Through these conversations, we are gaining a broader understanding of the nursing profession. Although we have not yet completed all of

our interviews, one important factor that has been consistently noted is concern over the high workload that nurses are currently facing."

Part of this study involves creating a national inventory of existing data sources on the health of nurses, assessing the quality and comprehensiveness of each source, and pinpointing the gaps in the existing information. "Our stakeholders have already highlighted significant limitations in these data sources and they have pointed out several other challenges to be faced when developing a system for monitoring the health of Canadian nurses.

"If we can get employers, unions and governments to buy into the notion of monitoring the health of nurses, we might eventually be able to implement evidence-based policies and strategies that promote healthy and supportive work environments for nurses and other health-care workers," says Severin. 🌟

WHEN STRESS IS MORE COMMON THAN RESPECT

Numerous quantitative studies examining workplace harassment and stress have found that control, social support and strains (demands) are important contributing factors.

According to these studies, mental or emotional problems arising from work are more frequent than injury or physical illness resulting from work. About 26 per cent of workers report work-related stress or mental problems while nine per cent report injury or physical illness.

Ann-Sylvia Brooker, a research associate at the Institute, is doing a qualitative study on workplace organizational stressors in the service sector with a focus on workers at the lowest levels of the workplace hierarchy. This work is being supervised by Institute Adjunct Scientist Dr. Joan Eakin. Brooker

is listening to the stories of people in administrative support, customer service, and receptionist roles. By carefully analyzing these workers' experiences, she hopes to learn about the consequences to employees' perceptions of well-being in different types of organizational structures and climates.

"The advantage of this research is that these concepts will be defined by the people I am talking to rather than by researchers," says Brooker. "These workers are sharing what being treated with respect means to them."

In interviews to date, Brooker has found that basic respect is often missing for these workers. Call-centre workers are reporting being monitored, having daily calls tallied and posted for comparison with co-workers, and incentive programs

that pit employees against each other. Workers in typing pools feel as if they are a "replaceable part" and thank-yous are rare. Brooker is also examining the detrimental emotional and health consequences of being harassed by supervisors because of race or sexual orientation.

Brooker holds a doctoral fellowship from the Social Science & Humanities Research Council of Canada, and has received the Connaught-Wilson entrance scholarship and the University of Toronto Open Fellowship. With extensive training in the social sciences and epidemiology, her research explores the social and economic determinants of health in the workplace context. She expects her research to be completed by the end of next year. 🌟



Workplace

SCORING THE HEALTHY WORKPLACE BALANCED SCORECARD

Now in its fifth year, the Institute's Healthy Workplace project has reached some major milestones. The research team has created a Healthy Workplace model and conducted interviews with labour and management representatives on important workplace performance measures.

They have proposed a working scorecard, called the Healthy Workplace Balanced Scorecard – a measurement tool that collects and balances data on a number of indicators that both predict and track outcomes of health and safety performance.

The Scorecard has four categories encompassing both leading and trailing indicators. They are: healthy workplace initiatives; workplace determinants of job conditions; job conditions; and health outcomes. The scorecard framework is being piloted at St. Michael's Hospital in Toronto.

In June, Institute Research Associate Dr. Lynda Robson invited 24 people from

across the country for a day-and-a-half workshop on the Healthy Workplace Balanced Scorecard. The aim of the forum was to provide a networking opportunity for those in the field, develop some consensus around indicators and identify potential partners for a future implementation and evaluation program.

Participants included academic researchers, hospital decision-makers, policy representatives and occupational health and safety specialists, including representatives from the Canadian Council on Health Services Accreditation, the National Quality Institute, and the Health Care Health & Safety Association of Ontario. In their discussion, participants stressed that the content of the scorecard will need to vary depending on whether it will be used in a region, facility or unit. It may need to incorporate discipline-specific indicators, as well as corporate indicators.

Buy-in from senior management was seen as essential. One way to achieve this would be through linking the healthy workplace scorecard to outcomes of interest, such as staff retention, patient satisfaction or cost.

"In my experience, CEOs are often still talking the talk, but limping the walk, although there are exceptions. However, I think over the next six to 12 months, because of resource availability, it will be prudent business to be addressing the work environment, whether or not they believe it," said Dr. Judith Shamian, Executive Director, Nursing Policy & Consulting Branch, Health Canada.

Workshop participants also highlighted the need for a trade-off between using data that is ideal from a measurement point of view and getting a project under way with data that is currently available. 🏔️

A summary of the workshop is available in Adobe's portable document format (PDF). Contact Greer Palloo at info@iwh.on.ca to arrange delivery.



Policy Makers

YOUNG WORKING TEENS AT HIGHER RISK FOR CIGARETTE USE

Working longer hours at a part-time job has been shown in the past to be linked to cigarette use among teenagers. However, a new study by Institute scientist, Dr. Curtis Breslin, shows that the link between the two occurs at a much younger age than previously thought.

Earlier studies suggested that older teens working a lot of part-time hours during the school year were more likely than non-working teens to be cigarette smokers. Breslin's study found that teens aged 13 to 16 years who worked in excess of 21 hours per week, were found to have the highest risk of cigarette use. Those working between 11 and 20 hours per week had up to three times the risk of being a smoker compared to non-workers. His analysis was derived from data collected from more than 4,000

Ontario junior and high school students who took part in the Ontario Student Drug Use Survey.

Why the intensity of part-time work and cigarette use are linked is unclear. "Working longer hours may lead to more stress and smoking might be a way of coping," says Breslin. "However, it may also be that certain teens, perhaps those not doing as well in school, are trying to make a quicker transition into adulthood and begin assuming what they feel are more 'adult' behaviours, such as smoking and working longer hours."

While there has been an emphasis on young people's risk of injuries on the job,



the study's findings also raise the possibility that working may affect teenager's health by influencing health behaviours such as smoking cigarettes. 🏔️



Research

PROFILE: RESEARCHER ADDS PLAY TO WORK AND HEALTH

While sport may be Vicki Kristman's first love, she's managed to find a way to bring it into research.

Kristman came to the Institute for Work & Health this year, after meeting the staff at the Institute's annual open house for students. She completed her Master's degree in epidemiology at Queen's University, where her work focused on baseball and softball injuries and their relationship to playing surfaces. Now, she is working with Pierre Côté on occupational injuries and research methodology.

However, Kristman is still interested in sports injury and is working on a PhD in epidemiology. That work, taking place at the University of Toronto, examines genetic susceptibility to concussion among varsity athletes. It's part of a larger concussion study taking place at the University.

Right now, she is in the data collection phase of

her research. "Each year, there are about 20 concussions among the varsity squads at U of T, so it may take some time for enough data to be collected."

Kristman is also actively involved in student organizations. She is currently the president of RATES (Research Association of Toronto Epidemiology Students) and the student representative of the Canadian Society for Epidemiology and Biostatistics (CSEB).

In her spare time, Kristman plays softball and hockey. A knee injury suffered while playing varsity hockey at Queen's was one of the reasons for her research focus. She's been playing softball at a national level since 1997. 🏐



Vicki Kristman
Student Researcher

NEW RESEARCH ASSOCIATION HOLDS FIRST ANNUAL SYMPOSIUM

The Canadian Association for Research on Work and Health (CARWH), a non-profit association of Canadian researchers, will host its First National Symposium at the Westin Harbour Castle Hotel, Toronto on November 18, 2001. The timing of the meeting allows researchers to attend the Association of Workers' Compensation Boards of Canada (AWCBC) public forum on knowledge transfer for workplace health and safety.

The Symposium aims to bring together researchers in the field of work and health; to exchange information on the scope of current research; and to discuss issues of common interest and research priorities. In addition, it will provide a venue for CARWH to hold its first General Meeting.

According to CARWH, at a time when funding

for health research in Canada has been increasing, the role of work and health research needs to be established and promoted. CARWH has been formed for this purpose, and this first gathering of the association will be an important forum for researchers in the field.

The Symposium is planned to be a seminal event in work and health research and will bring together researchers with a common interest in work and health issues. It has the support of the Institute for Work & Health, L'Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) in Quebec, the AWCBC, and several of the new Canadian Institutes for Health Research. 🏡

Visit CARWH's web site for more information on the organization and the Symposium: www.workhealth.ca

NEW RAC MEMBERS APPOINTED

The Institute's Research Advisory Committee (RAC) has two new members. The Board of Directors and Chair of the Research Advisory Committee recently approved the appointments of Professor John F. Burton Jr. and Dr. Barbara Silverstein to the committee.

Dr. Burton is a professor in the School of Management and Labour Relations at Rutgers University in New Jersey, and is a long-time collaborator with the Institute. He is also Editor of the Workers' Compensation Policy Review, a bimonthly journal, and Chair of the National Advisory Committee, Workers' Compensation Health Initiative in the United States.

Dr. Silverstein is the Research Director of the Safety & Health Assessment & Research for Prevention (SHARP) Program in the Department of Labour & Industries in the State of Washington. She has published widely on work-related musculoskeletal disorders.

The Research Advisory Committee provides stewardship to the Institute's research program. The thirteen-member committee consists of leading scientists and thinkers on work and health from around the world.



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