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at work

IN THIS ISSUE

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Co-workers play an important, but sometimes "invisible" role in RTW

If you're trying to bring an injured worker back to work, you may want to talk to his or her co-workers. A new study suggests they may have some important insights about how best to help the injured worker get back to, and stay on, the job.

"Co-workers can play a positive role in the return-to-work (RTW) process, yet their efforts are sometimes 'invisible' to supervisors," notes doctoral candidate Åsa Tjulin. She spent time in 2009 at the Institute for Work & Health (IWH) as a student in the Work Disability Prevention CIHR Strategic Training Program (see box on page 8).

The role of co-workers becomes especially prominent, Tjulin says, once an injured worker comes back to work. That's the point at which the day-to-day responsibility for ensuring that the worker's return goes smoothly may shift from the supervisor to co-workers. "A lot of effort is made by co-workers behind the scenes, and their efforts are not always noted by supervisors."

Tjulin designed and carried out a qualitative study involving three public-sector workplaces in Sweden. She analyzed the data with IWH Scientist Dr. Ellen MacEachen (her mentor in the training program). Open-ended interviews were conducted with seven returning workers, two or three of their co-workers, and the supervisor and/or human resources manager responsible for the return. The workers had been off work due to such conditions as musculoskeletal injuries, mental health disorders and cancer.

Although the study took place in Sweden, MacEachen says the findings may be applied elsewhere. "Return to work tends to focus on relations between the worker and the supervisor or employer," she says. "We suggest that the broader social environment – including co-worker relations – plays a critical role in return to work, regardless of jurisdiction or organizational differences."

Three phases in RTW

In this study, the researchers identified three distinct phases in the return-to-work process: off work, back to work and sustained

continued on back page

IWH researchers win award

Three IWH researchers received the Carolyn Thomas Award for best scientific abstract at the Canadian Rheumatology Association's meeting in February. IWH researchers Carol Kennedy, Dr. Dorcas Beaton and Dr. Sheilah Hogg-Johnson evaluated the effectiveness of an education program for adults with arthritis using a wait-listed control group design. The study found that the education program improved arthritis self-efficacy and other secondary outcomes such as arthritis knowledge and coping skills.

Journal has special section for IWH reviews

The *Journal of Occupational Rehabilitation* is publishing a special section with five IWH systematic reviews in its upcoming issue (vol. 20, no.2). Co-edited by IWH's Scientific Director Dr. Ben Amick and Director of Research Operations Emma Irvin, the section will include results from the following reviews: reducing upper extremity musculoskeletal disorders (MSDs), ergonomic interventions with economic evaluations, two on health and safety in small businesses and preventing MSDs in the health-care sector. Although past IWH reviews have been published in peer-reviewed journals, this marks the first time a journal has had a dedicated section to multiple reviews, including an introduction by Irvin and concluding recommendations from Amick.

Deadline approaching for fellowship applicants

The Institute for Work & Health (IWH) is now accepting applications for S. Leonard Syme Training Fellowships in Work & Health. The fellowships are for master's or doctoral students who intend to study work and health. IWH is particularly interested in applicants who show a commitment to research that aims to reduce work-related injury, illness and disability in Ontario. The deadline for applying is Friday, May 28, 2010.

For more information, visit: www.iwh.on.ca/syme

WHAT RESEARCHERS MEAN BY...

Data Linkage

Have you ever wondered how a financial institution determines whether you qualify for a loan or mortgage? One piece of information the financial institution may look at is your credit report. This is a report that lists your personal income and debts (such as loans, mortgages and credit cards). Based on this report plus other factors, the financial institution makes a decision.

So how does the financial institution get all of these pieces for your credit report?

They link data – or information – from many sources and bring the information together to get a better sense of a person's whole financial picture. In the example above, the financial institution may get information from your credit card company, your mortgage broker and your bank, among others.

Connecting an individual person's information from at least two sources together for a specific purpose is called **data linkage**.

Many organizations collect data (or information) to do their business. For instance, the Workplace Safety and Insurance Board (WSIB) gathers information while managing compensation claims and collecting employer insurance premiums.

This data – sometimes called secondary or administrative data – is useful for research.

But when you have one source of data (such as from the WSIB) and you can link it to another source of data, the linkage can become more fruitful in answering questions. The data linkage can potentially generate new knowledge about work and health issues.

Data linkage is not new to the Institute for Work & Health (IWH). Researchers have used data linkage for specific research projects. One such project linked WSIB claims for motor vehicle collisions with motor vehicle accident reports maintained by the Ontario Ministry of Transportation. The linkage was based on the drivers' gender, date of birth, and the accident date. The WSIB claims included information on the drivers' occupation and the type of injury. The Ministry's records included information on the collision including the location, number and type of vehicles involved, weather and road conditions and speed. This linkage allowed researchers to describe the context of work-related injuries due to motor vehicle collisions.

In another project, staff from Statistics Canada – with the participation of IWH researchers – linked a 15 per cent sample of Canadians who completed the long form of the 1991 Canadian Census to the Canadian Mortality Database for the years 1991 to 2001. The Census provides self-reported information on income, education, occupation, industry, labour force participation and disability. The Canadian Mortality Database contains copies of death registrations documented by provincial vital statistics registrars and includes information on the date and cause of death. This linkage allowed researchers to describe which causes of death were more or less common among specific occupations in Canada and to address questions about the interplay of disability, labour market participation and mortality. Without this data linkage, this important work could not have been possible.

Privacy and confidentiality issues

Ideally, researchers should obtain individual consent from people whose information is being used in research. However, it may not always be feasible to obtain consent from people whose information is recorded in large administrative databases. Privacy protection legislation accommodates the use of administrative data and data linkage for research purposes without individual consent if it would be impractical to obtain consent, if the potential benefits outweigh the potential harms and if the research could not be conducted in any other way.

When the Institute is planning a study using a data linkage, IWH researchers submit the study protocol for ethical review to a Research Ethics Board at an organization such as the University of Toronto. The submission includes the benefits of conducting the research, the risks involved and the safeguards that are in place to protect the data and the confidentiality of the subjects.

In all cases, individual-level data would never be presented in any report or paper – only aggregate-level data summaries would be reported.

Data linkage is a useful and valuable resource for researchers. However, data linkage must be done in a manner that adheres to privacy, confidentiality and ethical rules.

To read the Institute's privacy policies, visit: www.iwh.on.ca/privacy-policies

Shift work and health:
What is the research telling us?

The Institute for Work & Health has scanned the research and called on experts to get the latest word on what we know – and don't know – about the effects of shift work on employee health. There are certainly areas for concern, so more research on ways to protect shift workers is the logical next step.

We live in a 24/7 world. From around-the-clock patient care in hospitals to overnight services in hotels and restaurants, there's work to be done from sundown to sunrise. For more than a quarter of Canada's employees, that means working shifts.

Shift work may be a social and economic necessity, but it is not necessarily a benign one. "Research on the effects of shift work on health goes back for decades," says Dr. Ron Saunders, a senior scientist at the Institute for Work & Health (IWH). "However, some research generated in the last few years – and the International Agency for Research on Cancer (IARC) finding that long-term shift work probably increases the risk of cancer – is really getting people's attention."

This heightened attention spurred IWH and the Occupational Cancer Research Centre to co-host a symposium in mid-April on the possible health effects of shift work. The invitation-only event brought together experts from Canada, the United States and Europe to review the research evidence linking shift work to illness and injury (see box at right).

The symposium coincided with an upcoming *Issue Briefing* from IWH. Penned by Saunders, the briefing provides an overview of research findings on shift work as a cause of cancer, cardiovascular disease, gastrointestinal disorders, workplace injuries, sleep disorders and more.

Shift work tied to range of health effects

Shift work – essentially anything other than a regular daytime work schedule – is a reality for 26 per cent of full-time workers aged 19-64, according to Statistics Canada. About two-thirds of protective service workers (police officers, firefighters, security guards), 45 per cent of health workers, 40 per cent of sales and service workers, and 42 per cent of primary industry workers (farm workers, miners, forestry workers, etc.) are engaged in shift work.

As outlined in the *Issue Briefing*, the latest research points to the following about the health effects of shift work:

- Long-term night shift workers probably have an elevated risk of breast cancer, and a potentially elevated risk of colorectal cancer. The IARC expert working group concluded that "shift work that involves circadian disruption is probably carcinogenic to humans."
- Elevated risks of gastrointestinal disorders, mental health problems (including depression) and preterm delivery during pregnancy are indicated among shift workers.
- Shift workers, particularly those working nights, face a higher risk of getting hurt on the job than regular day workers. The risk is particularly high in the second hour of a night shift.
- The association between shift work and heart disease is inconsistent. Although previous studies found a link between the two, a more recent systematic review found only limited evidence.
- People who work night shifts are likely to sleep less and/or more poorly than regular day workers.

As for ways to reduce these health risks among shift workers, Saunders says the research on such strategies is scant. However, based on what is available, he says promising approaches include restricting the number of evening or night shifts in a row to three, limiting weekend work, moving from backward to forward shift rotations, and using a participatory approach to the design of shift schedules.

THE EXPERTS WEIGH IN

About 100 invited guests gathered together in Toronto in mid-April to hear leading experts discuss what we do and do not know about the effects of shift work on employee health. The symposium, co-hosted by the Institute for Work & Health (IWH) and the Occupational Cancer Research Centre (OCRC), was designed to "assess how strong the evidence is with respect to shift work as the causal factor for various disorders," says IWH's Dr. Ron Saunders.

In particular, the symposium addressed the strength of the research evidence with respect to the role of shift work in cancer, cardiovascular disease, sleep disturbances, work injuries and pregnancy outcomes. Saunders says another symposium focusing on policy implications and strategies to minimize the risks of shift work may follow.

"Shift work won't go away. It's part of our economy," he says. "Therefore, the next step is to determine what we can do to lessen its potential health effects."

The symposium was held just as this newsletter was going to press, so its key findings cannot be presented here. However, symposium proceedings are in the works. Watch for information about them at: www.iwh.on.ca.

"We need more research on ways to mitigate the harmful effects of shift work on health," says Saunders. "That will require partnerships between workplaces and researchers in testing the potential benefits associated with different interventions."

To download the full *Issue Briefing* on shift work and health, go to: www.iwh.on.ca/issue-briefings.

Leading work-health researchers to attend Toronto conference

This year's Canadian Association for Research on Work and Health (CARWH) conference is gearing up to be an exciting event with an impressive range of speakers from the work and health research arena from across Canada.

Hosted by the Institute for Work & Health (IWH), the CARWH conference will be held in Toronto on May 28-29, 2010. The theme for the conference is, "Worker Health in a Changing World of Work."

The keynote speakers are:

- Katherine Lippel, Canada Research Chair in Occupational Health and Safety Law, University of Ottawa. She will address the invisibility of the health consequences of precarious employment.

Katherine Lippel

- Kristan Aronson, Professor, Community Health and Epidemiology, Queen's University. She will discuss the challenges in research on the hypothesis that work at night is associated with an elevated risk of breast cancer.

Kristan Aronson

As in previous years, stakeholders and researchers from many disciplines will discuss findings and exchange ideas about research and its application to policy and practice to improve the health and safety of Canadian workers. The conference is a biennial event.

This year's program will include more than 75 oral presentations, 46 posters and seven symposia, as well as a closing panel of national experts in workers' compensation, occupational disease, return to work and disability prevention.

A student day, to be held on May 27, is geared at students conducting work-health research. It will feature presentations on research ethics and funding opportunities, as well as breakout groups discussing studies and developing research ideas.

New pre-conference workshops announced

Two new pre-conference workshops have just been added to the CARWH program. The half-day workshops will be held on May 27 at IWH, which is near the conference centre. The topics are:

- Systematic reviews – participants will learn how to plan, conduct and communicate the results from a systematic review. The format combines a series of short lectures and exercises. Handout material will be provided.
- Knowledge transfer and exchange (KTE) – find out what KTE is and how it is used in research. Facilitators will discuss real-world examples of successful KTE and how to evaluate its impact.

In addition to the pre-conference workshops, topic sessions at the CARWH conference will include:

- Protecting vulnerable workers
- Work-related musculoskeletal disorders
- Return to work
- Knowledge exchange in occupational health and safety
- Occupational disease
- Education, training and health promotion in occupational health.

The CARWH conference is supported by generous funding contributions from WorkSafeBC, the Ontario Ministry of Labour and the Canadian Institutes of Health Research.

Conference fees are $350 and $100 for students. The conference will be held at the 89 Chestnut Conference Centre in downtown Toronto.

For detailed information about the conference or to register, visit: http://carwh2010.iwh.on.ca

In Brief

A unique work-health conference that will bring together stakeholders and researchers will be held in Toronto on May 28 and 29.

What's new at www.iwh.on.ca

The IWH plenary program is up and running for the spring season. Don't forget to check the site regularly to find out about upcoming talks from scientists about their newest research findings.
Visit www.iwh.on.ca/plenaries

Also read new research highlights summarizing published IWH research on:

- Co-workers' role in return to work
- Grouping workers with low-back pain
- Orthopedic surgeons' views of chiropractors
- Heavy workloads linked to musculoskeletal disorder treatment
- Four tools to measure disability
- Workplace factors in return to work

See www.iwh.on.ca/research-highlights

PICTURE THIS:
Using visual symbols to identify MSD hazards

Institute for Work & Health (IWH) researchers are playing a role in developing novel pictograms that convey both musculoskeletal disorder (MSD) hazards and controls.

One look at the skull-and-crossbones on a container and most people know they are in the presence of poison. This speaks to the power of visual symbols to effectively and quickly convey hazard information to workers.

The Institute for Work & Health (IWH) is taking part in an exciting project led by Safe Workplace Promotion Services Ontario (SWPSO), one of four newly amalgamated health and safety associations. (The Ontario Service Safety Alliance [OSSA], the Industrial Accident Prevention Association [IAPA] and the Farm Safety Association joined together last year to form the SWPSO).

The project's aim is to broaden the use of such visual symbols — called pictograms — within the health and safety context. First up: pictograms to convey musculoskeletal injury hazards in the restaurant sector. And that's just the beginning.

Kim Grant is in research and product development at SWPSO. She explains that the project got its start when OSSA submitted a 2008 budget request to the Workplace Safety and Insurance Board (WSIB) to develop visual learning within the service sector. "The WSIB provided important financial support to develop pictograms throughout the Ontario health and safety prevention system," she says. With the funding, the scope of the project was extended.

A committee is overseeing the project, and includes representatives from SWPSO, WSIB, and the Ontario Ministry of Labour. It also includes IWH Scientific Director Dr. Ben Amick. "We're here to ensure the reliability of the research and evaluation components of pictogram development," says Amick.

Based on an IWH review team's search of the scientific literature on what makes pictograms effective, and adopting visual symbol standards set out by the Canadian Standards Association (CSA), the committee commissioned the development of pictograms to address five leading hazards in restaurant kitchens. Pictograms were commissioned to not only identify the hazards, but also show how to work safely in the face of each hazard.

Hazard pictogram:
Moving prepped food to the cooking area

Control pictogram:
Moving prepped food to the cooking area

"We are doing something that has not been done before in Ontario," says Grant. "We are linking hazard pictograms with control pictograms. This is ground-breaking."

Focus groups, designed and run with IWH assistance, were held to reach consensus on the most effective pictogram for each hazard. These versions are now being implemented and evaluated in real workplaces, again with the help of IWH.

Kinesiologist Trevor King, a research coordinator at IWH, is playing a key role in the onsite testing of the pictograms. "We are trying to reach 100 employees in about eight restaurant sites," he says. "The pilot testing includes employee and supervisor training, before-and-after assessments to see if the pictograms result in behavioural changes, and control and intervention groups to ensure other factors aren't responsible for any identified changes."

Guidelines will help others create pictograms

Much more is coming from this project. Pictograms are in the works for retail, farm, and slip, trip and fall hazards. Most important, two guidelines are being written, one on how to develop pictograms and another on how to evaluate them. "We are keeping track of our experiences and lessons learned," says Grant. "The resulting guidelines can be used by any part of the Ontario health and safety system to develop pictograms for workplaces."

Grant admits that developing and evaluating pictograms is not easy. "Like many other groups, we're finding out that it's really difficult," she says. "But we're going to stick with it so we are confident in the recommendations we make to others. We want to be best in class and create a platform from which other people can successfully launch."

For more information about the pictograms, contact Grant at pictograms@ossa.com.

In Brief

IWH researchers helped to develop visual symbols—called pictograms—to depict musculoskeletal disorder (MSD) hazards and controls.

AT ISSUE:

Comparing the costs of workers' compensation in California and Canada

Everyone has an opinion on health-care insurance, with well-publicized debates over the advantages and disadvantages of single-payer public systems versus competitive private insurance approaches.

A similar debate is present, at times, in workers' compensation schemes, which are the oldest social security systems in North America. A new *Issue Briefing* from the Institute for Work & Health examines workers' compensation costs in Canada and in the state of California. In California, benefits are provided mainly through private insurers, while in Canada, workers' compensation is mainly delivered through a single public agency in each province.

The briefing shows that the administrative costs of the workers' compensation system in California are much higher than in Canada.

"Workers and employers gain more benefit from the publicly-administered Canadian systems than from the competitive private insurance market for workers' compensation in California," says IWH President and Senior Scientist Dr. Cameron Mustard, the briefing's author.

Published in February, the briefing specifically examines wage replacement benefits, health-care treatment expenses and administrative costs. California and Canada have economies that are approximately similar in scale. In 2007, about 15 million workers were insured for workers' compensation in California. In Canada, 14 million workers were insured.

Comparing costs and benefits

The briefing – which draws from several statistical reports and published research on workers' compensation – shows that in 2007, $9.9 billion was paid in wage replacement to workers and health-care service reimbursements in California. In Canada, $7.3 billion was paid over the same time period. (Figures appear in each country's respective currency).

In California, health-care expenses for injured workers were much higher than in Canada. They accounted for about 55 per cent of total benefit costs, or about $350 per covered employee. In Canada, health-care costs were less than 30 per cent of the total benefit costs, or about $150 per employee. The higher prices and greater intensity of health-care treatment in California account for these differences.

COMPARISON OF COSTS AND BENEFITS, CALIFORNIA AND CANADA WORKERS' COMPENSATION, 2007 (1)

	California (2)	Canada (3)
Covered employees	15,250,000	13,980,000
Wage replacement benefits ($ million)	$4,532	$5,255
Medical care and vocational rehabilitation ($ million)	$5,385	$2,052
Sub-total: Benefits paid ($ million)	**$9,917**	**$7,307**
Insurer underwriting profit (loss) ($ million)	$1,976	$0
Administration expenses (4) ($ million)	$5,323	$1,306
Total cost ($ million)	**$17,601**	**$8,613**
Total premium revenue (5) ($ million)	$13,200	$8,998
Benefits paid per covered employee	$650	$523
Administrative expenses per covered employee	$478	$93

(1) U.S. and Canadian cost and benefit estimates are recorded in respective national currencies.

(2) 2008 Annual Report. California Commission on Health and Safety and Workers' Compensation (CHSWC). State of California, Department of Industrial Relations, December 2008. An estimate of amounts paid by self-insured employers and the State of California, representing $4.175B, are included in this system-wide cost and benefit summary.

(3) Key Statistical Measures, 2007. Association of Workers' Compensation Boards of Canada, June 2009. Estimate of the insured workforce is obtained from the Institute for Work & Health, http://www.iwh.on.ca/compensation-fact-sheets

(4) Expenses for the California system include: loss adjustment expenses ($2.59B), commissions and brokerage fees ($0.94B), other acquisition expenses ($0.44B), general expenses ($0.99B) and taxes ($0.35B). Expenses for the Canadian system include incurred expenses related to the administration and management of provincial workers' compensation boards.

(5) Total premium revenue for the Canadian schemes combines the amount reported by the Association of Workers' Compensation Boards of Canada (2) for all jurisdictions except Quebec with total employer assessment income ($2.277B) reported in the 2007 financial statements of the Quebec CSST.

Administrative costs in California, including profits, brokerage fees and overall system administration, totalled $5.3 billion; Canada's administrative expenses were about $1.3 billion. They included costs associated with managing the provincial workers' compensation boards as well as funding for occupational health and safety programs.

Systems are distinct

Although the systems follow broadly the same principles, there are differences that need to be acknowledged, the briefing points out. One factor to consider is the way that wage replacement benefits are structured. The benefit rate and maximum weekly benefit is lower in California than in Canada. The Canadian system provides a larger share of benefit expenditures directly to disabled workers as wage replacement benefits.

However, in California, more disability episodes – between 25 and 30 per cent – are awarded a permanent disability benefit. In Canadian systems, this figure is about 10 per cent, due to statutory differences in the definition of eligibility for permanent partial disability and the greater involvement of legal representation in California.

Given the renewed interest from workers' compensation policy decision-makers in examining the costs and benefits of compensation systems, the briefing concludes: "There is very little evidence that competitive insurance markets are more efficient in the provision of health-care services or in providing wage replacement benefits to injured workers."

The full *Issue Briefing* is available for download at: www.iwh.on.ca/briefings/comp-california-canada

IWH research noted at Legislative Assembly of Ontario

Why has there been an increase in compensation claims of long duration in Ontario?

This question was recently raised by the Ontario Legislature's Standing Committee on Public Accounts. This Committee on Public Accounts, comprised of eight members of the legislature, has a mandate to review the provincial Auditor General's annual report on public expenditures. A chapter in the Auditor General's 2009 Annual Report examined the status of the current unfunded liability with the accounts of the Ontario Workplace Safety and Insurance Board (WSIB). Long-duration compensation claims have potential implications for the WSIB's requirements for future compensation obligations.

"When we started to see the long-term claims go to the legislative lock-in point in higher numbers than had been the case in the previous legislation, we brought in the IWH to assist us in a study of those long-term cases to understand what the drivers were."
John Slinger, WSIB Chief Operations Officer, speaking to the Standing Committee on Public Accounts (February 24, 2010)

For several years, members of the scientific staff of the Institute for Work & Health (IWH) have provided technical assistance to a study team within the Workplace Safety and Insurance Board that has been examining potential explanations for the increase in long-duration claims. This trend appeared to begin following legislative changes in 1998.

At a standing committee session in February 2010, WSIB's Chief Operations Officer, John Slinger, made reference to this study when a committee member asked about the issue of claims duration at the WSIB.

"When we started to see the long-term claims go to the legislative lock-in point in higher numbers than had been the case in the previous legislation, we brought in the IWH to assist us in a study of those long-term cases to understand what the drivers were," said Slinger to the committee.

The WSIB study team has focused on three factors that appear to be related to the increase in long-duration compensation claims:

- changes in the case management of claims and labour market re-entry programs;
- the increase in prescriptions of narcotic medicines; and
- aspects of the incentive system in place for employers in cases of a recurring work injury after a return to work.

The full text of the committee session is available through the Official Report of Debates (Hansard) from February 24, 2010 at the Legislative Assembly of Ontario's website at www.ontla.on.ca.

AT WORK
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Institute for Work & Health
Director, KTE: Jane Gibson
Editor: Katherine Russo
Layout: Philip Kiff
Contributors: Anita Dubey, Sheilah Hogg-Johnson, Cindy Moser

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INSTITUTE FOR WORK & HEALTH
481 University Avenue, Suite 800
Toronto, Ontario M5G 2E9
Phone: 416.927.2027 Fax: 416.927.4167
E-mail: atwork@iwh.on.ca

MISSION
The Institute for Work & Health conducts and shares research that protects and improves the health of working people and is valued by policy-makers, workers and workplaces, clinicians, and health & safety professionals.

The Institute for Work & Health operates with the support of the Ontario Workplace Safety and Insurance Board.

WSIB Workplace Safety & Insurance Board
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Co-workers play an important, but sometimes "invisible" role... continued from front page

work. Workplace challenges and social issues were identified in each phase.

- **Off work:** The researchers noted that workplace social relations could become unbalanced during a worker's absence. Normal roles changed, and a returning worker could be uncertain about how to engage with the supervisor and co-workers. Although the workplaces had policies around "early" contact, the supervisor, co-workers and the injured worker were not certain about how to "do" early contact.
- **Back to work:** In each workplace, specific policies were in place to address an injured worker's return. However, the researchers found that those facilitating the return to work had a process of their own, regardless of formal policies.
- **Sustained work:** The researchers identified a gap in RTW policies around managing an injured worker's abilities after returning to work. Co-workers played an important role in supporting and, to an extent, helping to organize the day-to-day tasks of the injured worker.

Although each phase is important, workplaces should pay particular attention to work sustainability, the researchers say. "Workplaces need to consider the post-return phase. They should not think that everything is fine just because the injured worker has returned," says Tjulin. "The entire work group is affected by a worker's absence, and the return to work needs to be discussed and planned with all parties for optimal success."

The co-workers involved in this study largely described their interactions with returning injured workers in very supportive terms. They described the beginning of the RTW process, when the work colleague first falls ill, as "brotherly." They talked about their "helping hand" approach in helping coordinate the return. And they talked of the "goodwill" relationship that develops once the injured worker returns to the workplace and co-workers take on the "social responsibility" to ensure the return goes well.

However, co-workers also noted that the "goodwill" relationship could not go on for an extended period of time.

The study's findings were published online in the October 2009 issue of the *Journal of Occupational Rehabilitation* (e-pub ahead of print: DOI 10.1007/s10926-009-9209-9). ✚

TRAINING PROGRAM FOCUSES ON WORK DISABILITY PREVENTION

PhD student Åsa Tjulin is a trainee in the Work Disability Prevention CIHR Strategic Training Program, affiliated with the Dalla Lana School of Public Health at the University of Toronto. Funded by the Canadian Institutes of Health Research (CIHR), this program recently moved from the University of Sherbrooke to the University of Toronto.

This program helps new researchers develop and expand their knowledge and skills in work disability prevention. Led by more than 20 international mentors, the training program attracts researchers from diverse academic backgrounds including ergonomics, epidemiology, kinesiology, psychology, occupational therapy, public health, medicine and ethics.

Tjulin spent a winter placement at IWH. "I was interested in growing as a researcher in my field and having access to an international network of researchers with different academic backgrounds and disability prevention interests," she says.

The Institute is one of five international research centres in which trainees can complete their placement for the program.

For more information about this program, visit www.training.wdpcommunity.org

SYSTEMATIC REVIEW WORKSHOP COMING THIS NOVEMBER

The Institute's popular systematic review workshop, which has now been presented internationally, will be held in Toronto on November 24 and 25. The workshop will teach participants how to plan, conduct and communicate the results of a systematic review. It is designed for clinical trainees, clinicians, academics and researchers who have a general interest in the methodology of systematic reviews and for those planning to conduct a systematic review in the future. Its faculty has been invited to deliver the workshop to medical specialists in Belgium, Portugal and Brazil.

To express your interest in attending, please contact Shanti Raktoe at srworkshops@iwh.on.ca