

IWH Research Alert
February 2, 2018

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***Biswas A, Smith PM, and Gignac MAM. Access to showers and change rooms at work associated with active commuting among older workers: findings from a national population survey. *Journal of Applied Gerontology*. 2018;[epub ahead of print].**
<http://dx.doi.org/10.1177/0733464818755313>

Abstract: Access to workplace showers and change rooms (WS/CR) has been found to be associated with active commuting (AC). Yet it is unclear whether this extends to older workers. We examined the association between WS/CR and AC (walking, cycling) comparing older and younger workers. Data came from 53,294 respondents to the 2007-2008 Canadian Community Health Survey. Associations between WS/CR and walking and cycling were analyzed for main effects and by age and sex using logistic regression. Compared with younger ages, workers 50 to 75 years old were more likely to cycle to work if WS/CR were available (odds ratio [OR] = 1.71, 95% confidence interval [CI] = [1.13, 2.58]), though the overall and sex-related associations between WS/CR and AC were nonsignificant. WS/CR may be a promising strategy to promote AC particularly among older workers. With large numbers of middle- and older-aged adults working longer, the implications of AC for sustaining good health may be considerable

Athanasou JA. A vocational rehabilitation index and return to work after compensable occupational injuries in Australia. *The Australian Journal of Rehabilitation Counselling*. 2017; 23(2):69-78.
<http://dx.doi.org/10.1017/jrc.2017.8>

Audhoe SS, Nieuwenhuijsen K, Hoving JL, Sluiter JK, and Frings-Dresen MHW. Perspectives of unemployed workers with mental health problems:

barriers to and solutions for return to work. Disability and Rehabilitation. 2018; 40(1):28-34.

<http://dx.doi.org/10.1080/09638288.2016.1242170>

Abstract: PURPOSE: To evaluate the barriers to and solutions for return to work (RTW) from the perspective of unemployed workers who were sick-listed due to mental health problems. METHODS: We conducted semi-structured interviews with 25 sick-listed unemployed workers with mental health problems. Qualitative data analysis was performed, using a process of identifying, coding, and categorising the patterns in data. RESULTS: All workers experienced multiple problems in different domains of life related to their disease, personal circumstances (e.g., divorced, debts) and their environment (e.g., labour market problems, issues with the Social Security Agency). Workers differed in the way they perceived their RTW process and in the extent to which they were able to envision and implement the solutions for RTW, thus resulting in three types of workers' attitudes towards their own RTW process: (1) "frozen"; (2) "insightful though passive"; and (3) "action mode". CONCLUSIONS: We conclude that the sick-listed unemployed workers with mental health problems have to deal with multiple problems, of which medical problems are only a part. These workers need help aimed at their coping methods according to one of the three types of workers' characteristics. Moreover, they need specific help organising and structuring their problems, getting their life back on track, and finding employment. Implications for Rehabilitation Unemployed workers with mental health problems face considerable challenges which impede their return to work. Evaluating the workers' attitude may provide useful information on their own return-to-work process. In many cases, workers indicate a need for coaching to help them with problem-solving, planning, gaining structure, getting their life back on track, and finding employment. Rehabilitation professionals should tailor RTW interventions to the needs of these workers, aimed at their specific problems and taking into account the workers' coping methods according to one of three types of workers' attitudes towards their own RTW process

Demou E, Smith S, Bhaskar A, Mackay DF, Brown J, Hunt K, Vargas-Prada S, and Macdonald EB. Evaluating sickness absence duration by musculoskeletal and mental health issues: a retrospective cohort study of Scottish healthcare workers. BMJ Open. 2018; 8(1):e018085.

<http://dx.doi.org/10.1136/bmjopen-2017-018085> [open access]

Abstract: OBJECTIVES: Sickness absence (SA) among healthcare workers is associated with occupational and non-occupational risk factors and impacts employee health, healthcare delivery and patient health. At the same time, healthcare is one of the employment sectors with the highest rates of work-related ill health in the UK. Musculoskeletal (MSK) and mental health (MH) issues are leading causes of SA, but there is a lack of research on how certain MSK/MH conditions impact on SA duration. The study aim is to determine

differences in SA duration by MH and MSK disorders in healthcare employees. METHODS: Survival analyses were used to estimate SA duration due to MSK and MH problems over 6 years, and Cox's proportional hazards models to determine the HRs of returning to work, using a bespoke Scottish health board database with over 53 000 SA events. SA duration and time to return-to-work (RTW) were estimated for employees by age, gender, job and health conditions. RESULTS: MSK and MH conditions accounted for 27% and 6% of all SA events and 23.7% and 19.5% of all days lost, respectively. Average SA duration was 43.5 days for MSK and 53.9 days for MH conditions. For MSK conditions, employees with low back or neck pain had the fastest RTW (median P50: 7 days), whereas employees absent due to depression took the longest (P50: 54 days). The most influential sociodemographic variables affecting RTW were age, gender and job category. CONCLUSIONS: Using a unique and rich database, we found significant differences in SA duration by presenting condition in healthcare workers. MH conditions, and depression specifically, accounted for the most working days' absence. Significant variations in duration were also observed for MSK conditions. Our findings can inform public health practitioners and healthcare managers of the most significant factors impacting MSK-related and MH-related SA to develop and implement tailored and targeted workplace interventions

Frier A, Barnett F, Devine S, and Barker R. Understanding disability and the 'social determinants of health': how does disability affect peoples' social determinants of health? *Disability and Rehabilitation*. 2018; 40(5):538-547. <http://dx.doi.org/10.1080/09638288.2016.1258090>

Abstract: PURPOSE: The purpose of this study was to investigate how an individual's social determinants of health are affected by the acquisition of physical disability in adulthood. The secondary aim was to report the described facilitators and barriers to living with a disability. METHOD: This qualitative study used an exploratory, descriptive approach. Nine individuals with a neurologically derived disability were purposively recruited from a rehabilitation center in northern Queensland. Participation in the study involved semi-structured interviews. QSR NVivo was used for the data analysis process. RESULTS: Changes to social determinants of health resulting from the acquisition of disability had substantial flow-on consequences in all aspects of life for the individual and those close to them. Income had the greatest influence over the other social determinant of health. Following the acquisition of disability, the reduced inflow and increased outflow of finances had subsequent negative effects on housing, transport and social interactions, and also personal relationships. CONCLUSIONS: When considering changes to the social determinants of health resulting from disability acquisition, it is impractical to view these changes and those affected in isolation. Consideration of this multidimensional effect on life associated with the acquisition of disability will be useful in disability research, advocacy and support services. Implications for Rehabilitation Social determinants of health are known to have a direct influence

on health status. As social determinants of health decrease, morbidity and mortality rates increase. Following the acquisition of disability, there is a decline in social determinants of health. This decline affects quality of life for individuals with a disability, and those closest to them. The effects of declining social determinants of health may inhibit the rehabilitation process. Thus, it is important to acknowledge the multifaceted impact the acquisition of disability has on peoples' lives, and the consequences this may have for their rehabilitation

Holland P and Collins AM. "Whenever I can I push myself to go to work": a qualitative study of experiences of sickness presenteeism among workers with rheumatoid arthritis. *Disability and Rehabilitation*. 2018; 40(4):404-413. <http://dx.doi.org/10.1080/09638288.2016.1258436>

Abstract: PURPOSE: UK government policy emphasizes the importance of continuing to work for recovery from poor health, yet sickness presenteeism (going to work whilst ill) is commonly regarded as having negative consequences for organizations and individuals. Our study explores experiences of working after onset of rheumatoid arthritis (RA), a chronic musculoskeletal disorder characterized by high rates of work disability. MATERIALS AND METHODS: An exploratory qualitative study consisting of in-depth interviews and six-month follow-up with 11 men and women with RA employed at disease onset. RESULTS: We expand upon previous models of sickness presenteeism by distinguishing between presenteeism that occurs voluntarily (wanting to work despite illness) and involuntarily (feeling pressured to work when ill). RA onset affected participants' ability to work, yet motivation to remain working remained high. The implementation of workplace adjustments enabled participants to stay working and restore their work capacity. Conversely, managers' misinterpretation of organizational sickness absence policies could lead to involuntary presenteeism or delayed return to work, conflicting with the notion of work as an aid to recovery. CONCLUSION: Workplace adjustments can facilitate voluntary sickness presenteeism. To reduce work disability and sickness absence, organizational policies should be sufficiently flexible to accommodate the needs of workers with fluctuating conditions. Implications for rehabilitation Individuals with rheumatoid arthritis (RA) are at high risk of work disability. Individuals' motivation to remain in work following onset of RA remains high, yet sickness presenteeism (working while ill) has received largely negative attention. It is important to distinguish between voluntary and involuntary forms of sickness presenteeism. Workplace adjustments facilitate voluntary sickness presenteeism (wanting to work despite illness) and improve job retention and productivity among workers with RA. Involuntary presenteeism (feeling pressured to work while ill) may occur if organizational policies are not sufficiently flexible to accommodate the needs of workers with RA

Jull J, Giles A, and Graham ID. Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. *Implementation Science*. 2017; 12(1):150.

<http://dx.doi.org/10.1186/s13012-017-0696-3> [open access]

Abstract: BACKGROUND: Better use of research evidence (one form of "knowledge") in health systems requires partnerships between researchers and those who contend with the real-world needs and constraints of health systems. Community-based participatory research (CBPR) and integrated knowledge translation (IKT) are research approaches that emphasize the importance of creating partnerships between researchers and the people for whom the research is ultimately meant to be of use ("knowledge users"). There exist poor understandings of the ways in which these approaches converge and diverge. Better understanding of the similarities and differences between CBPR and IKT will enable researchers to use these approaches appropriately and to leverage best practices and knowledge from each. The co-creation of knowledge conveys promise of significant social impacts, and further understandings of how to engage and involve knowledge users in research are needed. MAIN TEXT: We examine the histories and traditions of CBPR and IKT, as well as their points of convergence and divergence. We critically evaluate the ways in which both have the potential to contribute to the development and integration of knowledge in health systems. As distinct research traditions, the underlying drivers and rationale for CBPR and IKT have similarities and differences across the areas of motivation, social location, and ethics; nevertheless, the practices of CBPR and IKT converge upon a common aim: the co-creation of knowledge that is the result of knowledge user and researcher expertise. We argue that while CBPR and IKT both have the potential to contribute evidence to implementation science and practices for collaborative research, clarity for the purpose of the research-social change or application-is a critical feature in the selection of an appropriate collaborative approach to build knowledge. CONCLUSION: CBPR and IKT bring distinct strengths to a common aim: to foster democratic processes in the co-creation of knowledge. As research approaches, they create opportunities to challenge assumptions about for whom, how, and what is defined as knowledge, and to develop and integrate research findings into health systems. When used appropriately, CBPR and IKT both have the potential to contribute to and advance implementation science about the conduct of collaborative health systems research

Laditka JN and Laditka SB. Work disability in the United States, 1968-2015: prevalence, duration, recovery, and trends. SSM - Population Health. 2018; 4:126-134.

<http://dx.doi.org/10.1016/j.ssmph.2017.12.006> [open access]

Abstract: The United States workforce is aging. At the same time more people have chronic conditions, for longer periods. Given these trends the importance of work disability, physical or nervous problems that limit a person's type or amount of work, is increasing. No research has examined transitions among multiple levels of work disability, recovery from work disability, or trends. Limited research has focused on work disability among African Americans and Hispanics, or separately for women and men. We examined these areas using data from

30,563 adults in the 1968-2015 Panel Study of Income Dynamics. We estimated annual probabilities of work disability, recovery, and death with multinomial logistic Markov models. Microsimulations accounting for age and education estimated outcomes for African American, Hispanic, and non-Hispanic white women and men. Results from these nationally representative data suggested that the majority of Americans experience work disability during working life. Most spells ended with recovery or reduced severity. Among women, African Americans and Hispanics had less moderate and severe work disability than whites. Among men, African Americans became severely work disabled more often than whites, recovered from severe spells more often and had shorter severe spells, yet had more severe work disability at age 65. Hispanic men were more likely to report at least one spell of severe work disability than whites; they also had substantially more recovery from severe work disability, and a lower percentage of working years with work disability. Among African Americans and Hispanics, men were considerably more likely than women to have severe work disability at age 65. Work disability declined significantly across the study period for all groups. Although work disability has declined over several decades, it remains common. Results suggest that the majority of work disability spells end with recovery, underscoring the importance of rehabilitation and workplace accommodation

Lewin S, Booth A, Glenton C, Munthe-Kaas H, Rashidian A, Wainwright M, Bohren MA, Tuncalp O, Colvin CJ, Garside R, Carlsen B, Langlois EV, and Noyes J. Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. *Implementation Science*. 2018; 13(Suppl 1):2.

<http://dx.doi.org/10.1186/s13012-017-0688-3> [open access]

Abstract: The GRADE-CERQual ('Confidence in the Evidence from Reviews of Qualitative research') approach provides guidance for assessing how much confidence to place in findings from systematic reviews of qualitative research (or qualitative evidence syntheses). The approach has been developed to support the use of findings from qualitative evidence syntheses in decision-making, including guideline development and policy formulation. Confidence in the evidence from qualitative evidence syntheses is an assessment of the extent to which a review finding is a reasonable representation of the phenomenon of interest. CERQual provides a systematic and transparent framework for assessing confidence in individual review findings, based on consideration of four components: (1) methodological limitations, (2) coherence, (3) adequacy of data, and (4) relevance. A fifth component, dissemination (or publication) bias, may also be important and is being explored. As with the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) approach for effectiveness evidence, CERQual suggests summarising evidence in succinct, transparent, and informative Summary of Qualitative Findings tables. These tables are designed to communicate the review findings and the CERQual assessment of confidence in each finding. This article is the first of a seven-part

series providing guidance on how to apply the CERQual approach. In this paper, we describe the rationale and conceptual basis for CERQual, the aims of the approach, how the approach was developed, and its main components. We also outline the purpose and structure of this series and discuss the growing role for qualitative evidence in decision-making. Papers 3, 4, 5, 6, and 7 in this series discuss each CERQual component, including the rationale for including the component in the approach, how the component is conceptualised, and how it should be assessed. Paper 2 discusses how to make an overall assessment of confidence in a review finding and how to create a Summary of Qualitative Findings table. The series is intended primarily for those undertaking qualitative evidence syntheses or using their findings in decision-making processes but is also relevant to guideline development agencies, primary qualitative researchers, and implementation scientists and practitioners

Related Articles

Lewin S, Bohren M, Rashidian A, Munthe-Kaas H, Glenton C, Colvin CJ, Garside R, Noyes J, Booth A, Tunçalp O, Wainwright M, Flottorp S, Tucker JD, and Carlsen B. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 2: how to make an overall CERQual assessment of confidence and create a Summary of Qualitative Findings table. Implementation Science. 2018; 13(Suppl 1):10.

<http://dx.doi.org/10.1186/s13012-017-0689-2> [open access]

Abstract: BACKGROUND: The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group. The approach has been developed to support the use of findings from qualitative evidence syntheses in decision making, including guideline development and policy formulation. CERQual includes four components for assessing how much confidence to place in findings from reviews of qualitative research (also referred to as qualitative evidence syntheses): (1) methodological limitations, (2) coherence, (3) adequacy of data and (4) relevance. This paper is part of a series providing guidance on how to apply CERQual and focuses on making an overall assessment of confidence in a review finding and creating a CERQual Evidence Profile and a CERQual Summary of Qualitative Findings table. **METHODS:** We developed this guidance by examining the methods used by other GRADE approaches, gathering feedback from relevant research communities and developing consensus through project group meetings. We then piloted the guidance on several qualitative evidence syntheses before agreeing on the approach. **RESULTS:** Confidence in the evidence is an assessment of the extent to which a review finding is a reasonable representation of the phenomenon of interest. Creating a summary of each review finding and

deciding whether or not CERQual should be used are important steps prior to assessing confidence. Confidence should be assessed for each review finding individually, based on the judgements made for each of the four CERQual components. Four levels are used to describe the overall assessment of confidence: high, moderate, low or very low. The overall CERQual assessment for each review finding should be explained in a CERQual Evidence Profile and Summary of Qualitative Findings table. CONCLUSIONS: Structuring and summarising review findings, assessing confidence in those findings using CERQual and creating a CERQual Evidence Profile and Summary of Qualitative Findings table should be essential components of undertaking qualitative evidence syntheses. This paper describes the end point of a CERQual assessment and should be read in conjunction with the other papers in the series that provide information on assessing individual CERQual components

Munthe-Kaas H, Bohren MA, Glenton C, Lewin S, Noyes J, Tuncalp O, Booth A, Garside R, Colvin CJ, Wainwright M, Rashidian A, Flottorp S, and Carlsen B. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 3: how to assess methodological limitations. *Implementation Science*. 2018; 13(Suppl 1):9.

<http://dx.doi.org/10.1186/s13012-017-0690-9> [open access]

Abstract: BACKGROUND: The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group. The approach has been developed to support the use of findings from qualitative evidence syntheses in decision-making, including guideline development and policy formulation. CERQual includes four components for assessing how much confidence to place in findings from reviews of qualitative research (also referred to as qualitative evidence syntheses): (1) methodological limitations, (2) coherence, (3) adequacy of data and (4) relevance. This paper is part of a series providing guidance on how to apply CERQual and focuses on CERQual's methodological limitations component. METHODS: We developed the methodological limitations component by searching the literature for definitions, gathering feedback from relevant research communities and developing consensus through project group meetings. We tested the CERQual methodological limitations component within several qualitative evidence syntheses before agreeing on the current definition and principles for application. RESULTS: When applying CERQual, we define methodological limitations as the extent to which there are concerns about the design or conduct of the primary studies that contributed evidence to an individual review finding. In this paper, we describe the methodological limitations component and its rationale and offer guidance on how to assess methodological limitations of a review finding as part of the CERQual approach. This guidance outlines the



information required to assess methodological limitations component, the steps that need to be taken to assess methodological limitations of data contributing to a review finding and examples of methodological limitation assessments. CONCLUSIONS: This paper provides guidance for review authors and others on undertaking an assessment of methodological limitations in the context of the CERQual approach. More work is needed to determine which criteria critical appraisal tools should include when assessing methodological limitations. We currently recommend that whichever tool is used, review authors provide a transparent description of their assessments of methodological limitations in a review finding. We expect the CERQual approach and its individual components to develop further as our experiences with the practical implementation of the approach increase

Colvin CJ, Garside R, Wainwright M, Munthe-Kaas H, Glenton C, Bohren MA, Carlsen B, Tuncalp O, Noyes J, Booth A, Rashidian A, Flottorp S, and Lewin S. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 4: how to assess coherence. Implementation Science. 2018; 13(Suppl 1):13.

<http://dx.doi.org/10.1186/s13012-017-0691-8> [open access]

Abstract: BACKGROUND: The GRADE-CERQual (Grading of Recommendations Assessment, Development and Evaluation-Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE working group. The approach has been developed to support the use of findings from qualitative evidence syntheses in decision-making, including guideline development and policy formulation. CERQual includes four components for assessing how much confidence to place in findings from reviews of qualitative research (also referred to as qualitative evidence syntheses): (1) methodological limitations, (2) relevance, (3) coherence and (4) adequacy of data. This paper is part of a series providing guidance on how to apply CERQual and focuses on CERQual's coherence component. METHODS: We developed the coherence component by searching the literature for definitions, gathering feedback from relevant research communities and developing consensus through project group meetings. We tested the CERQual coherence component within several qualitative evidence syntheses before agreeing on the current definition and principles for application. RESULTS: When applying CERQual, we define coherence as how clear and cogent the fit is between the data from the primary studies and a review finding that synthesises that data. In this paper, we describe the coherence component and its rationale and offer guidance on how to assess coherence in the context of a review finding as part of the CERQual approach. This guidance outlines the information required to assess coherence, the steps that need to be taken to assess coherence and examples of coherence assessments. CONCLUSIONS: This paper

provides guidance for review authors and others on undertaking an assessment of coherence in the context of the CERQual approach. We suggest that threats to coherence may arise when the data supporting a review finding are contradictory, ambiguous or incomplete or where competing theories exist that could be used to synthesise the data. We expect the CERQual approach, and its individual components, to develop further as our experiences with the practical implementation of the approach increase

Glenton C, Carlsen B, Lewin S, Munthe-Kaas H, Colvin CJ, Tuncalp O, Bohren MA, Noyes J, Booth A, Garside R, Rashidian A, Flottorp S, and Wainwright M. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 5: how to assess adequacy of data. Implementation Science. 2018; 13(Suppl 1):14.

<http://dx.doi.org/10.1186/s13012-017-0692-7> [open access]

Abstract: BACKGROUND: The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) working group. The approach has been developed to support the use of findings from qualitative evidence syntheses in decision-making, including guideline development and policy formulation. CERQual includes four components for assessing how much confidence to place in findings from reviews of qualitative research (also referred to as qualitative evidence syntheses): (1) methodological limitations; (2) coherence; (3) adequacy of data; and (4) relevance. This paper is part of a series providing guidance on how to apply CERQual and focuses on CERQual's adequacy of data component. METHODS: We developed the adequacy of data component by searching the literature for definitions, gathering feedback from relevant research communities and developing consensus through project group meetings. We tested the CERQual adequacy of data component within several qualitative evidence syntheses before agreeing on the current definition and principles for application. RESULTS: When applying CERQual, we define adequacy of data as an overall determination of the degree of richness and the quantity of data supporting a review finding. In this paper, we describe the adequacy component and its rationale and offer guidance on how to assess data adequacy in the context of a review finding as part of the CERQual approach. This guidance outlines the information required to assess data adequacy, the steps that need to be taken to assess data adequacy, and examples of adequacy assessments. CONCLUSIONS: This paper provides guidance for review authors and others on undertaking an assessment of adequacy in the context of the CERQual approach. We approach assessments of data adequacy in terms of the richness and quantity of the data supporting each review finding, but do not offer fixed rules regarding what constitutes sufficiently rich data or an



adequate quantity of data. Instead, we recommend that this assessment is made in relation to the nature of the finding. We expect the CERQual approach, and its individual components, to develop further as our experiences with the practical implementation of the approach increase

Noyes J, Booth A, Lewin S, Carlsen B, Glenton C, Colvin CJ, Garside R, Bohren MA, Rashidian A, Wainwright M, Tunvarsigmaalp O, Chandler J, Flottorp S, Pantoja T, Tucker JD, and Munthe-Kaas H. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 6: how to assess relevance of the data. Implementation Science. 2018; 13(Suppl 1):4.

<http://dx.doi.org/10.1186/s13012-017-0693-6> [open access]

Abstract: BACKGROUND: The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group. The approach has been developed to support the use of findings from qualitative evidence syntheses in decision-making, including guideline development and policy formulation. CERQual includes four components for assessing how much confidence to place in findings from reviews of qualitative research (also referred to as qualitative evidence syntheses): (1) methodological limitations, (2) coherence, (3) adequacy of data and (4) relevance. This paper is part of a series providing guidance on how to apply CERQual and focuses on CERQual's relevance component. METHODS: We developed the relevance component by searching the literature for definitions, gathering feedback from relevant research communities and developing consensus through project group meetings. We tested the CERQual relevance component within several qualitative evidence syntheses before agreeing on the current definition and principles for application. RESULTS: When applying CERQual, we define relevance as the extent to which the body of data from the primary studies supporting a review finding is applicable to the context (perspective or population, phenomenon of interest, setting) specified in the review question. In this paper, we describe the relevance component and its rationale and offer guidance on how to assess relevance in the context of a review finding. This guidance outlines the information required to assess relevance, the steps that need to be taken to assess relevance and examples of relevance assessments. CONCLUSIONS: This paper provides guidance for review authors and others on undertaking an assessment of relevance in the context of the CERQual approach. Assessing the relevance component requires consideration of potentially important contextual factors at an early stage in the review process. We expect the CERQual approach, and its individual components, to develop further as our experiences with the practical implementation of the approach increase



Booth A, Lewin S, Glenton C, Munthe-Kaas H, Toews I, Noyes J, Rashidian A, Berg RC, Nyakang'o B, and Meerpohl JJ. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 7: understanding the potential impacts of dissemination bias. Implementation Science. 2018; 13(Suppl 1):12.

<http://dx.doi.org/10.1186/s13012-017-0694-5> [open access]

Abstract: BACKGROUND: The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group. The approach has been developed to support the use of findings from qualitative evidence syntheses in decision-making, including guideline development and policy formulation. CERQual includes four components for assessing how much confidence to place in findings from reviews of qualitative research (also referred to as qualitative evidence syntheses): (1) methodological limitations, (2) coherence, (3) adequacy of data and (4) relevance. This paper is part of a series providing guidance on how to apply CERQual and focuses on a probable fifth component, dissemination bias. Given its exploratory nature, we are not yet able to provide guidance on applying this potential component of the CERQual approach. Instead, we focus on how dissemination bias might be conceptualised in the context of qualitative research and the potential impact dissemination bias might have on an overall assessment of confidence in a review finding. We also set out a proposed research agenda in this area. METHODS: We developed this paper by gathering feedback from relevant research communities, searching MEDLINE and Web of Science to identify and characterise the existing literature discussing or assessing dissemination bias in qualitative research and its wider implications, developing consensus through project group meetings, and conducting an online survey of the extent, awareness and perceptions of dissemination bias in qualitative research. RESULTS: We have defined dissemination bias in qualitative research as a systematic distortion of the phenomenon of interest due to selective dissemination of studies or individual study findings. Dissemination bias is important for qualitative evidence syntheses as the selective dissemination of qualitative studies and/or study findings may distort our understanding of the phenomena that these syntheses aim to explore and thereby undermine our confidence in these findings. Dissemination bias has been extensively examined in the context of randomised controlled trials and systematic reviews of such studies. The effects of potential dissemination bias are formally considered, as publication bias, within the GRADE approach. However, the issue has received almost no attention in the context of qualitative research. Because of very limited understanding of dissemination bias and its potential impact on review findings in the context of qualitative evidence syntheses, this component is currently not included in the GRADE-



CERQual approach. **CONCLUSIONS:** Further research is needed to establish the extent and impacts of dissemination bias in qualitative research and the extent to which dissemination bias needs to be taken into account when we assess how much confidence we have in findings from qualitative evidence syntheses

Padek M, Mir N, Jacob RR, Chambers DA, Dobbins M, Emmons KM, Kerner J, Kumanyika S, Pfund C, Proctor EK, Stange KC, and Brownson RC. Training scholars in dissemination and implementation research for cancer prevention and control: a mentored approach. Implementation Science. 2018; 13(1):18.

<http://dx.doi.org/10.1186/s13012-018-0711-3> [open access]

Abstract: **BACKGROUND:** As the field of D&I (dissemination and implementation) science grows to meet the need for more effective and timely applications of research findings in routine practice, the demand for formalized training programs has increased concurrently. The Mentored Training for Dissemination and Implementation Research in Cancer (MT-DIRC) Program aims to build capacity in the cancer control D&I research workforce, especially among early career researchers. This paper outlines the various components of the program and reports results of systematic evaluations to ascertain its effectiveness. **METHODS:** Essential features of the program include selection of early career fellows or more experienced investigators with a focus relevant to cancer control transitioning to a D&I research focus, a 5-day intensive training institute, ongoing peer and senior mentoring, mentored planning and work on a D&I research proposal or project, limited pilot funding, and training and ongoing improvement activities for mentors. The core faculty and staff members of the MT-DIRC program gathered baseline and ongoing evaluation data regarding D&I skill acquisition and mentoring competency through participant surveys and analyzed it by iterative collective reflection. **RESULTS:** A majority (79%) of fellows are female, assistant professors (55%); 59% are in allied health disciplines, and 48% focus on cancer prevention research. Forty-three D&I research competencies were assessed; all improved from baseline to 6 and 18 months. These effects were apparent across beginner, intermediate, and advanced initial D&I competency levels and across the competency domains. Mentoring competency was rated very highly by the fellows--higher than rated by the mentors themselves. The importance of different mentoring activities, as rated by the fellows, was generally congruent with their satisfaction with the activities, with the exception of relatively greater satisfaction with the degree of emotional support and relatively lower satisfaction for skill building and opportunity initially. **CONCLUSIONS:** These first years of MT-DIRC demonstrated the program's ability to attract, engage, and improve fellows' competencies and skills and implement a multicomponent mentoring program that was well received. This account of the program can serve as a basis for potential replication and evolution of this model in training future D&I science researchers

Prokopenko E and Hou F. How temporary were Canada's temporary foreign workers? Analytical Studies Branch research paper series. [Statistics Canada, Catalogue no. 11F0019M - No. 402]. Ottawa, ON: Statistics Canada; 2018.

<http://www.statcan.gc.ca/pub/11f0019m/11f0019m2018402-eng.pdf>

Roelen C, Thorsen S, Heymans M, Twisk J, Bultmann U, and Bjorner J. Development and validation of a prediction model for long-term sickness absence based on occupational health survey variables. Disability and Rehabilitation. 2018; 40(2):168-175.

<http://dx.doi.org/10.1080/09638288.2016.1247471>

Abstract: **PURPOSE:** The purpose of this study is to develop and validate a prediction model for identifying employees at increased risk of long-term sickness absence (LTSA), by using variables commonly measured in occupational health surveys. **MATERIALS AND METHODS:** Based on the literature, 15 predictor variables were retrieved from the DANish National working Environment Survey (DANES) and included in a model predicting incident LTSA (≥ 4 consecutive weeks) during 1-year follow-up in a sample of 4000 DANES participants. The 15-predictor model was reduced by backward stepwise statistical techniques and then validated in a sample of 2524 DANES participants, not included in the development sample. Identification of employees at increased LTSA risk was investigated by receiver operating characteristic (ROC) analysis; the area-under-the-ROC-curve (AUC) reflected discrimination between employees with and without LTSA during follow-up. **RESULTS:** The 15-predictor model was reduced to a 9-predictor model including age, gender, education, self-rated health, mental health, prior LTSA, work ability, emotional job demands, and recognition by the management. Discrimination by the 9-predictor model was significant (AUC = 0.68; 95% CI 0.61-0.76), but not practically useful. **CONCLUSIONS:** A prediction model based on occupational health survey variables identified employees with an increased LTSA risk, but should be further developed into a practically useful tool to predict the risk of LTSA in the general working population. Implications for rehabilitation Long-term sickness absence risk predictions would enable healthcare providers to refer high-risk employees to rehabilitation programs aimed at preventing or reducing work disability. A prediction model based on health survey variables discriminates between employees at high and low risk of long-term sickness absence, but discrimination was not practically useful. Health survey variables provide insufficient information to determine long-term sickness absence risk profiles. There is a need for new variables, based on the knowledge and experience of rehabilitation professionals, to improve long-term sickness absence risk profiles

Stander J, Grimmer K, and Brink Y. Training programmes to improve evidence uptake and utilisation by physiotherapists: a systematic scoping review. BMC Medical Education. 2018; 18(1):14.

<http://dx.doi.org/10.1186/s12909-018-1121-6> [open access]

Abstract: **BACKGROUND:** Research training programmes are a knowledge translation (KT) intervention which aim to improve research evidence uptake by clinicians. Whilst KT training programmes have been reported to significantly improve evidence uptake by physiotherapists, it is unclear which aspects of training optimally assist KT into physiotherapy practice. The purpose of the review was to establish the body of evidence regarding KT training programmes to improve physiotherapists' use of evidence-based practice (EBP) and clinical practice guidelines (CPG). **METHODS:** A systematic scoping review was undertaken in line with the adapted Arksey and O'Malley framework. Nine electronic databases (CINAHL, BIOMED CENTRAL, Cochrane, Web of Science, PROQUEST, PUBMED, OTseeker, Scopus, ERIC) were searched. Targeted keywords identified primary research articles of any hierarchy, that described the nature and impact of KT training programmes for physiotherapists. Where systematic reviews were identified, the component primary studies were considered individually for relevance. Critical appraisal was not undertaken due to the nature of a scoping review, and data was reported descriptively. **RESULTS:** Ten systematic reviews were identified (yielding four relevant primary studies). Five additional primary studies were identified (two randomised controlled trials, two non-randomised controlled trials and one pre-post study) which were not included in the original systematic reviews. This provided nine eligible primary research studies for review. The KT strategies were all multi-faceted. Interactive sessions, didactic sessions, printed material and discussion and feedback were consistently associated with effective outcomes. When KT strategies addressed local barriers to EBP utilisation, there were better success rates for EBP and CPG uptake, irrespective of the outcome measures used. There were no consistent ways of measuring outcome. **CONCLUSION:** Multi-faceted KT strategies designed to address local barriers to knowledge translation were most effective in improving EBP/ CPG uptake among physiotherapists

Winkler MR, Mason S, Laska MN, Christoph MJ, and Neumark-Sztainer D. Does non-standard work mean non-standard health? Exploring links between non-standard work schedules, health behavior, and well-being. SSM - Population Health. 2018; 4:135-143.

<http://dx.doi.org/10.1016/j.ssmph.2017.12.003> [open access]

Abstract: The last century has seen dramatic shifts in population work circumstances, leading to an increasing normalization of non-standard work schedules (NSWSs), defined as non-daytime, irregular hours. An ever-growing body of evidence links NSWSs to a host of non-communicable chronic conditions; yet, these associations primarily concentrate on the physiologic mechanisms created by circadian disruption and insufficient sleep. While important, not all NSWSs create such chronobiologic disruption, and other aspects of working time and synchronization could be important to the relationships between work schedules and chronic disease. Leveraging survey data from Project EAT, a population-based study with health-related behavioral and psychological data from U.S. adults aged 25-36 years, this study explored

the risks for a broad range of less healthful behavioral and well-being outcomes among NSWs workers compared to standard schedule workers (n = 1402). Variations across different NSWs (evening, night/rotating, and irregular schedules) were also explored. Results indicated that, relative to standard schedule workers, workers with NSWs are at increased risk for non-optimal sleep, substance use, greater recreational screen time, worse dietary practices, obesity, and depression. There was minimal evidence to support differences in relative risks across workers with different types of NSWs. The findings provide insight into the potential links between NSWs and chronic disease and indicate the relevancy social disruption and daily health practices may play in the production of health and well-being outcomes among working populations

Young AE, Besen E, and Willetts J. Expectations for return to work after workplace injuries: the relationship between estimated time to return to work and estimate accuracy. Journal of Occupational Rehabilitation. 2018; [Epub ahead of print].

<http://dx.doi.org/10.1007/s10926-018-9754-1>

Abstract: Purpose Worker's expectations for return to working have been found to relate to return-to-work (RTW) outcomes; however, it is unclear if this varies depending upon the expected time to RTW. To advance the understanding of the relationship between expectations and RTW, we set out to answer the following research questions: Are shorter estimated times to RTW more accurate than estimates that are longer of duration? In addition, we sought to determine if there was a point in time that coincides with RTW estimates no longer being reliably related to time to RTW. Methods We utilized workers' compensation data from a large, United States-based insurance company. Injured workers' (N = 15,221) expectations for returning to work were compared with the termination of their total temporary indemnity payments. A linear regression model was used to determine if shorter lengths of expected time to RTW were more accurate. Quantile regression modelling was used to determine if there was point at which the expected time to RTW no longer reliably relates to the actual time to RTW. Results Findings indicated a positive relationship such that as the number of expected days to RTW increased, the number of days of difference (estimate error) between the actual time to RTW and the expected time to RTW also increased (beta = 0.34, P < .001). The results of the quantile regression modelling indicated that for all quantiles estimated, with the exception of the quantile for estimates of 360 days, the relationship between the actual time to RTW and the expected time to RTW were statistically significant (P < .05). However, for RTW estimates of more than 14 days the relationship began decreasing in strength. Conclusion Results indicate that injured workers' expectations for RTW can be used for RTW forecasting purposes. However, it is the case that RTW events in the near future can be forecasted with higher accuracy than those that are more distant, and that in general, injured workers will underestimate how long it will take them to RTW

*IWH authored publication.