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**November 23, 2018**

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**Alomari KA, Gambatese JA, and Tymvios N. Risk perception comparison among construction safety professionals: Delphi perspective. *Journal of Construction Engineering and Management*. 2018; 144(12):04018107. [https://doi.org/10.1061/\(ASCE\)CO.1943-7862.0001565](https://doi.org/10.1061/(ASCE)CO.1943-7862.0001565)**

**Babapour M, Karlsson M, and Osvalder AL. Appropriation of an activity-based flexible office in daily work. *Nordic Journal of Working Life Studies*. 2018; 8(S3):71-94.**

**<https://doi.org/10.18291/njwls.v8iS3.105277> [open access]**

Abstract: In recent years, there has been growing interest in collaborative consumption of office environments and thereby implementation of Activity-based Flexible Offices (A-FOs). Relocating to an A-FO introduces a desk-sharing policy as well as a multitude of new workspaces with different speech policies into the employee's work context. This paper describes how employees appropriate desk-sharing and speech policies in an A-FO. The data were collected over a period of 6 months in a case organization by means of 18 shadowing sessions. The different ways in which employees appropriated the A-FO solution were (i) adopting, experimenting with, or rejecting the desk-sharing policy, and (ii) modes of interaction arising from spatial configuration and redefining speech policies. The discussion outlines the reasons behind appropriation or nonappropriation of the desk-sharing and emergent speech policies. The insights from this study provide support for organizations considering A-FOs to develop strategies for facilitating individuals' work in these settings.

**Bashir R, Surian D, and Dunn AG. Time-to-update of systematic reviews relative to the availability of new evidence. *Systematic Reviews*. 2018;**

7(1):195.

<https://doi.org/10.1186/s13643-018-0856-9> [open access]

Abstract: BACKGROUND: A number of methods for deciding when a systematic review should be updated have been proposed, yet little is known about whether systematic reviews are updated more quickly when new evidence becomes available. Our aim was to examine the timing of systematic review updates relative to the availability of new evidence. METHODS: We performed a retrospective analysis of the update timing of systematic reviews published in the Cochrane Database of Systematic Reviews in 2010 relative to the availability of new trial evidence. We compared the update timing of systematic reviews with and without signals defined by the completion or publication of studies that were included in the updates. RESULTS: We found 43% (293/682) systematic reviews were updated before June 2017, of which 204 included an updated primary outcome meta-analysis (median update time 35.4 months; IQR 25.5-54.0), 38% (77/204) added new trials, and 4% (8/204) reported a change in conclusion. In the 171 systematic reviews with reconcilable trial reporting information, we did not find a clear difference in update timing ( $p = 0.05$ ) between the 15 systematic reviews with a publication signal (median 25.3 months; IQR 15.3-43.5) and the 156 systematic reviews without a publication signal (median 34.4 months; IQR 25.1-52.2). In the 145 systematic reviews with reconcilable trial completion information, we did not find a difference in update timing ( $p = 0.33$ ) between the 15 systematic reviews with a trial completion signal (median 26.0 months; IQR 19.3-49.5) and the 130 systematic reviews without a trial completion signal (median 32.4 months; IQR 24.1 to 46.0). CONCLUSION: A minority of 2010 Cochrane reviews were updated before June 2017 to incorporate evidence from new primary studies, and very few updates led to a change in conclusion. We did not find clear evidence that updates were undertaken faster when new evidence was made available. New approaches for finding early signals that a systematic review conclusion is at risk of change may be useful in allocated resources to the updating of systematic reviews

**Blair A, Siddiqi A, and Frank J. Canadian report card on health equity across the life-course: analysis of time trends and cross-national comparisons with the United Kingdom. SSM-Population Health. 2018; 6:158-168.**

<https://doi.org/10.1016/j.ssmph.2018.09.009> [open access]

Abstract: Addressing social determinants of health (SDoH) has been acknowledged as an essential objective for the promotion of both population health and health equity. Extant literature has identified seven potential areas of investment to address SDoH: investments in sexual and reproductive health and family planning, early learning and child care, education, universal health care, as well as investments to reduce child poverty, ensure sustainable economic development, and control health hazards. The aim of this paper is to produce a 'report card' on Canada's success in reducing socioeconomic and health inequities pertaining to these seven policy domains, and to assess how Canadian

trends compare to those in the United Kingdom (UK), a country with a similar health and welfare system. Summarising evidence from published studies and national statistics, we found that Canada's best successes were in reducing socioeconomic inequalities in early learning and child care and reproductive health—specifically in improving equity in maternal employment and infant mortality. Comparative data suggest that Canada's outcomes in the latter areas were like those in the UK. In contrast, Canada's least promising equity outcomes were in relation to health hazard control (specifically, tobacco) and child poverty. Though Canada and the UK observed similar inequities in smoking, Canada's slow upward trend in child poverty prevalence is distinct from the UK's small but steady reduction of child poverty. This divergence from the UK's trends indicates that alternative investment types and levels may be needed in Canada to achieve similar outcomes to those in the UK

**Bondo Petersen S, Flachs EM, Prescott EIB, Tjonneland A, Osler M, Andersen I, et al. Job-exposure matrices addressing lifestyle to be applied in register-based occupational health studies. Occupational & Environmental Medicine. 2018; 75(12):890-897.**

<https://doi.org/10.1136/oemed-2018-104991> [open access]

Abstract: OBJECTIVES: Information about lifestyle factors in register-based occupational health studies is often not available. The objective of this study was therefore to develop gender, age and calendar-time specific job-exposure matrices (JEMs) addressing five selected lifestyle characteristics across job groups as a tool for lifestyle adjustment in register-based studies. METHODS: We combined and harmonised questionnaire and interview data on lifestyle from several Danish surveys in the time period 1981-2013 for 264 054 employees registered with a DISCO-88 code (the Danish version of International Standard Classification of Occupations (ISCO)-88) in a nationwide register-based Danish Occupational Cohort. We modelled the probability of specified lifestyles in mixed models for each level of the four-digit DISCO code with age and sex as fixed effects and assessed variation in terms of intraclass correlation coefficients (ICCs) and exposure-level percentile ratios across jobs for six different time periods from 1981 through 2013. RESULTS: The ICCs were overall low (0.26%-7.05%) as the within-job group variation was large relative to the between job group variation, but across jobs the calendar period-specific ratios between highest and lowest predicted levels were ranging from 1.2 to 6.9, and for the 95%/1% and the 75%/5% percentile ratios ranges were 1.1-2.8 and 1.1-1.6, respectively, thus indicating substantial contrast for some lifestyle exposures and some occupations. CONCLUSIONS: The lifestyle JEMs may prove a useful tool for control of lifestyle-related confounding in register-based occupational health studies where lacking information on individual lifestyle factors may compromise internal validity

**Bordi L, Okkonen J, Makiniemi JP, and Heikkila-Tammi K. Communication in the digital work environment: implications for wellbeing at work. Nordic**

**Journal of Working Life Studies. 2018; 8(S3):29-48.**

<https://doi.org/10.18291/njwls.v8iS3.105275> [open access]

Abstract: This article examines digital communication in the workplace and its association with wellbeing at work. The analysis is based mainly on workshop discussions and is complemented with log data (N = 36). Content analysis was applied to the workshop discussions, while the log data were analyzed by quantifying frequencies. Six themes were found to affect wellbeing at work: the volume of digital communication, expectations of constant connectivity, the quality of the messages, adaptation of new tools, technical problems, and flexibility in communication. In relation to wellbeing at work, digital communication was mostly perceived as demanding. However, some of the factors perceived as demanding could also provide flexibility, which was seen as enhancing wellbeing by increasing autonomy and control. Social factors, such as work habits, practices, and conventions in the workplace, seem to play an important role in the manifestation and management of the digital communication-induced load at work.

**Byrne JP. Denmark, Durkheim, and decentralization: the structures and capabilities of Danish working lives. Nordic Journal of Working Life Studies. 2018; 8(3):69-90.**

<https://tidsskrift.dk/njwls/article/view/109541> [open access]

Abstract: Abstract: Over the last two decades, a range of reports and cross-sectional surveys of European workers have highlighted Denmark as scoring exceptionally, and consistently, well across several dimensions shaping working life, for example, job quality, work-life balance, discretion and learning, and job satisfaction. This is despite a trend of increasing psychosocial risks of work across Europe. Providing a retrospective interpretation of this exceptionalism, the paper draws on data from 40 expert interviews in Denmark to theoretically map the advantageous institutional components shaping working life in Denmark. Aligning the theories of Émile Durkheim with the capabilities framework, the analysis highlights the role of interdependent collective agreements, which link macro and microwork contexts and generate resources that augment the experience of balance and control within working life

**Curkovic M and Kosec A. Bubble effect: including internet search engines in systematic reviews introduces selection bias and impedes scientific reproducibility. BMC Medical Research Methodology. 2018; 18(1):130.**

<https://doi.org/10.1186/s12874-018-0599-2> [open access]

Abstract: BACKGROUND: Using internet search engines (such as Google search) in systematic literature reviews is increasingly becoming a ubiquitous part of search methodology. In order to integrate the vast quantity of available knowledge, literature mostly focuses on systematic reviews, considered to be principal sources of scientific evidence at all practical levels. Any possible individual methodological flaws present in these systematic reviews have the potential to become systemic. MAIN TEXT: This particular bias, that could be

referred to as (re)search bubble effect, is introduced because of inherent, personalized nature of internet search engines that tailors results according to derived user preferences based on unreproducible criteria. In other words, internet search engines adjust their user's beliefs and attitudes, leading to the creation of a personalized (re)search bubble, including entries that have not been subjected to rigorous peer review process. The internet search engine algorithms are in a state of constant flux, producing differing results at any given moment, even if the query remains identical. There are many more subtle ways of introducing unwanted variations and synonyms of search queries that are used autonomously, detached from user insight and intent. Even the most well-known and respected systematic literature reviews do not seem immune to the negative implications of the search bubble effect, affecting reproducibility. **CONCLUSION:** Although immensely useful and justified by the need for encompassing the entirety of knowledge, the practice of including internet search engines in systematic literature reviews is fundamentally irreconcilable with recent emphasis on scientific reproducibility and rigor, having a profound impact on the discussion of the limits of scientific epistemology. Scientific research that is not reproducible, may still be called science, but represents one that should be avoided. Our recommendation is to use internet search engines as an additional literature source, primarily in order to validate initial search strategies centered on bibliographic databases

**Dong L, Eaton WW, Spira AP, Agnew J, Surkan PJ, and Mojtabai R. Job strain and cognitive change: the Baltimore Epidemiologic Catchment Area follow-up study. *Occupational & Environmental Medicine*. 2018; 75(12):856-862.**

<https://doi.org/10.1136/oemed-2018-105213>

**Abstract:** **OBJECTIVES:** To investigate the association between job strain and subsequent cognitive change over approximately 11 years, using data from the population-based Baltimore Epidemiologic Catchment Area follow-up study. **METHODS:** The sample ranged from 555 to 563 participants, depending on the outcome, who reported psychosocial characteristics corresponding to the full-time job they held at baseline (1993-1996). Overall cognitive performance was measured by the Mini-Mental State Examination (MMSE), and verbal memory was measured by the ImmediateWord Recall Task and Delayed Word Recall Task at baseline and follow-up (2004-2005). Multiple linear regression was used to examine the association between job strain and cognitive change, and inverse probability weighting was used to account for differential attrition. **RESULTS:** Participants with high job demands (psychological or physical demands) and/or low job control had greater decrease in the MMSE and memory scores than those with low job demands and high job control. After adjustment for baseline outcome scores, age and sex, the greatest decrease was observed in participants with high job demands and low job control (MMSE: -0.24, 95% CI -0.36 to -0.11; verbal memory scores: -0.26, 95% CI -0.44 to -0.07). The differences were partially explained by sociodemographic characteristics,

occupational prestige and health factors. CONCLUSIONS: Findings from this prospective study suggest that job strain is associated with and may be a potential modifiable risk factor for adverse cognitive outcomes

**Elser H, Falconi AM, Bass M, and Cullen MR. Blue-collar work and women's health: a systematic review of the evidence from 1990 to 2015. SSM-Population Health. 2018; 6:195-244.**

<https://doi.org/10.1016/j.ssmph.2018.08.002> [open access]

Abstract: Despite the implications of gender and sex differences for health risks associated with blue-collar work, adverse health outcomes among blue-collar workers has been most frequently studied among men. The present study provides a "state-of-the-field" systematic review of the empiric evidence published on blue-collar women's health. We systematically reviewed literature related to the health of blue-collar women published between January 1, 1990 and December 31, 2015. We limited our review to peer-reviewed studies published in the English language on the health or health behaviors of women who were presently working or had previously worked in a blue-collar job. Studies were eligible for inclusion regardless of the number, age, or geographic region of blue-collar women in the study sample. We retained 177 studies that considered a wide range of health outcomes in study populations from 40 different countries. Overall, these studies suggested inferior health among female blue-collar workers as compared with either blue-collar males or other women. However, we noted several methodological limitations in addition to heterogeneity in study context and design, which inhibited comparison of results across publications. Methodological limitations of the extant literature, alongside the rapidly changing nature of women in the workplace, motivate further study on the health of blue-collar women. Efforts to identify specific mechanisms by which blue-collar work predisposes women to adverse health may be particularly valuable in informing future workplace-based and policy-level interventions

**Gronlund A and Oun I. Beyond the mummy track? Part-time rights, gender, and career-family dilemmas. Nordic Journal of Working Life Studies. 2018; 8(3):177-198.**

<https://tidsskrift.dk/njwls/article/view/109546> [open access]

Abstract: Abstract: Statutory rights to part-time work are increasingly discussed and institutionalized, but have been little empirically investigated. On the basis of a survey of Swedish parents (n = 1900), the article explores the usage and usefulness of the right to work hour reductions in relation to career-family dilemmas. The results show that the gender composition of the workplace affects both mothers' and fathers' likelihood of reducing work hours. Mothers who reduce work hours experience lower work-family conflict but stronger fears of negative career repercussions. For fathers, the implications of work hour reductions vary with the gender composition of the workplace. Meanwhile, the division of housework is related both to the likelihood of reducing work hours and to its implications. The analysis suggests that even when a statutory right to part-time

is provided, workplace norms and men's participation in housework are crucial for changing gender patterns.

**Harvey G, McCormack B, Kitson A, Lynch E, and Titchen A. Designing and implementing two facilitation interventions within the 'Facilitating Implementation of Research Evidence (FIRE)' study: a qualitative analysis from an external facilitators' perspective. Implementation Science. 2018; 13(1):141.**

<https://doi.org/10.1186/s13012-018-0812-z> [open access]

**Abstract:** BACKGROUND: The 'Facilitating Implementation of Research Evidence' study found no significant differences between sites that received two types of facilitation support and those that did not on the primary outcome of documented compliance with guideline recommendations. Process evaluation highlighted factors that influenced local, internal facilitators' ability to enact the roles as envisaged. In this paper, the external facilitators responsible for designing and delivering the two types of facilitation intervention analyse why the interventions proved difficult to implement as expected, including the challenge of balancing fidelity and adaptation. **METHODS:** Qualitative data sources included notes from monthly internal-external facilitator teleconference meetings, from closing events for the two facilitation interventions and summary data analyses from repeated interviews with 16 internal facilitators. Deductive and inductive data analysis was led by an independent researcher to evaluate how facilitation in practice compared to the logic pathways designed to guide fidelity in the delivery of the interventions. **RESULTS:** The planned facilitation interventions did not work as predicted. Difficulties were encountered in each of the five elements of the logic pathway: recruitment and selection of appropriate internal facilitators, preparation for the role, ability to apply facilitation knowledge and skills at a local level, support and mentorship from external facilitators via monthly teleconferences, working collaboratively and enabling colleagues to implement guideline recommendations. Moreover, problems were cumulative and created tensions for the external facilitators in terms of balancing the logic pathway with a more real-world, flexible and iterative approach to facilitation. **CONCLUSION:** Evaluating an intervention that is fluid and dynamic within the methodology of a randomised controlled trial is complex and challenging. At a practical level, relational aspects of facilitation are critically important. It is essential to recruit and retain individuals with the appropriate set of skills and characteristics, explicit support from managerial leaders and accessible mentorship from more experienced facilitators. At a methodological level, there is a need for attention to the balance between fidelity and adaptation of interventions. For future studies, we suggest a theoretical approach to fidelity, with a focus on mechanisms, informed by prospective use of process evaluation data and more detailed investigation of the context-facilitation dynamic

**Kitterod RH and Teigen M. Bringing managers back in: support for gender-equality measures in the business sector. Nordic Journal of Working Life**

**Studies. 2018; 8(3):155-175.**

<https://tidsskrift.dk/njwls/article/view/109545> [open access]

Abstract: Abstract: The progression of gender balance in top positions at big corporations in Nordic countries has not lived up to the expectations. Inspired by studies emphasizing the crucial role of top management in gaining support for gender-quality measures to make changes happen, we set out to investigate what kind of policies top managers in Norway would prioritize to further gender balance in the executive ranks. We found that active recruitment policies receive the strongest support and quota and preferential-treatment policies the least support. We found clear similarities between men and women in the ranking of measures, although women generally indicated stronger support for most measures. We found no differences related to gender composition of the management group, but some differences across company types (subject to CBQ or not) were revealed. Although corporate-board quotas received the least support, there was no indication that these measures were strongly objected.

**MacEachen E, Varatharajan S, Du B, Bartel E, and Ekberg K. The uneven foci of work disability research across cause-based and comprehensive social security systems. International Journal of Health Services. 2018; [Epub ahead of print].**

<https://doi.org/10.1177/0020731418809857>

Abstract: This scoping review identified what kinds of work disability policy issues are critiqued in articles published in countries with cause-based versus comprehensive welfare systems. Drawing on a review of work disability policy research, we identified 74 English-language, peer-reviewed articles that focused on program adequacy and design. Articles on cause-based systems dwelled on system fairness and policies of proof of entitlement, while those on comprehensive systems focused more on system design complexities relating to worker inclusion and scope of medical certificates. Overall, we observed a clear difference in the nature of problems examined in the different systems. Gaps in work disability policy literature are identified, and challenges for comparative policy research are discussed

**McKetta S, Prins SJ, Platt J, Bates LM, and Keyes K. Social sequencing to determine patterns in health and work-family trajectories for U.S. women, 1968–2013. SSM-Population Health. 2018; 6:301-308.**

<https://doi.org/10.1016/j.ssmph.2018.10.003> [open access]

Abstract: Abstract Background Women's social roles (partnership, parenthood, and worker status) are associated with health, with more roles being associated with lower mortality rates. Few studies have examined social roles using a lifecourse perspective to understand how changing role dynamics affect health over time. Sequence analysis is one analytic technique for examining social trajectories. Methods Work-family trajectories were determined using social sequence analysis. We estimated mortality using age-standardized mortality rates and Poisson regression and examined the impact of personal income as a



mediator. Results We identified 5 trajectory types according to probability distributions of work/marriage/child-rearing status and descriptions in previous research: Non-working, married, later-mothers; working divorced mothers; working and non-working, never-married mothers; working, never-married non-mothers; and non-working, married earlier-mothers. Our reference group, non-working, married, later-mothers had the lowest mortality rates (1.47 per 1000 person-years). Adjusting for confounders, timing of childbearing did not impact mortality rates for married, non-working women. Working, never-married non-mothers and working and non-working, never-married mothers had the highest adjusted rates of mortality (RR = 1.81 and 1.57, respectively) these effects were attenuated slightly by the addition of household income in the model. Mortality rates for other trajectory groups were not significantly elevated in adjusted models. Conclusions Mortality rates vary by work-family trajectories, but timing of childbearing does not meaningfully impact risk among women in this population, likely because few of the women who were married and had children also worked full-time. Household income has some mediating effect among those at highest risk of early mortality.

**Merkus SL, Lunde LK, Koch M, Waersted M, Knardahl S, and Veiersted KB. Physical capacity, occupational physical demands, and relative physical strain of older employees in construction and healthcare. International Archives of Occupational & Environmental Health. 2018; [Epub ahead of print].**

<https://doi.org/10.1007/s00420-018-1377-5>

Abstract: PURPOSE: To assess age-related differences in physical capacity, occupational physical demands, and relative physical strain at a group level, and the balance between capacity and demands at an individual level, for construction and healthcare workers. METHODS: Shoulder strength, back strength, and aerobic capacity were assessed among construction (n = 62) and healthcare workers (n = 64). During a full working day, accelerometers estimated upper-arm elevation, trunk flexion, and occupational physical activity as indicators of occupational physical demands. Simultaneously, normalised surface electromyography (%sEMGmax) of the upper trapezius and erector spinae muscles, and normalised electrocardiography (percentage heart rate reserve (%HRR)) estimated relative physical strain. Differences between younger (<= 44 years) and older (>= 45 years) workers, as well as the moderating effect of age on the associations between capacity and demands, were analysed per sector. RESULTS: Compared to younger workers, older workers had similar strength and lower aerobic capacity; older construction workers had similar demands while older healthcare workers had higher demands. Compared to younger workers, older employees had unfavourable muscle activity patterns; %HRR had a tendency to be lower for older construction workers and higher for older healthcare workers. Among construction workers, age moderated the associations between shoulder strength and arm elevation (p = 0.021), and between aerobic capacity and occupational physical activity (p = 0.040). Age did

not moderate these associations among healthcare workers. **CONCLUSIONS:** In both sectors, the level of occupational physical demands and the higher relative physical strain in older employees require addressing to promote sustainable work participation among an aging population

**van der Molen HF, Omvlee L, Brand T, and Frings-Dresen MHW. Perceived barriers and facilitators in the assessment of occupational diseases. Occupational Medicine. 2018; 68(8):555-558.**

<https://doi.org/10.1093/occmed/kqy112>

**Abstract:** Background: Information is collected worldwide on the diagnosis and assessment of occupational diseases (ODs) by occupational physicians (OPs). However, information on perceived facilitators and barriers to assessment is scarce. Aims: To evaluate the perceived barriers and facilitators in the assessment of ODs by OPs. Methods: We conducted a qualitative study, using interviews and focus groups. We held 12 interviews and two focus groups with Dutch OPs, to identify barriers and facilitators in the assessment of ODs. Results: Case definition, exposure assessment, attribution to work, guidelines and decision tools, external expertise, individual motivation and consequences were identified as themes. Barriers and facilitators were mainly reported regarding assessing work attribution, e.g. how to assess multifactorial causes or the need for training, and individual motivation such as the perceived lack of usefulness or the need for monitoring suspected OD cases. Within the theme of consequences, only barriers to the assessment of ODs were reported, including the liability of employers. Conclusions: Perceived facilitators in the assessment of ODs were practical assessment tools, multifaceted education, ability to assess work exposures and professional independence. Perceived barriers were lack of usefulness, lack of urgency, complexity of assessment and concerns about liability issues

**Neupane S, Nygard CH, Prakash KC, von Bonsdorff MB, von Bonsdorff ME, Seitsamo J, et al. Multisite musculoskeletal pain trajectories from midlife to old age: a 28-year follow-up of municipal employees. Occupational & Environmental Medicine. 2018; 75(12):863-870.**

<https://doi.org/10.1136/oemed-2018-105235>

**Abstract:** OBJECTIVES: We studied the developmental trajectories of multisite musculoskeletal pain (MSP) to learn whether pain in midlife persists to old age, and whether pain trajectories associate with midlife work or lifestyle exposures or retirement from work. METHODS: Municipal employees aged 44-58 years were studied in 1981 (n=6257) with follow-ups in 1985, 1992, 1997 and 2009. Pain in the neck, low back, and upper and lower limbs was assessed in each survey. Trajectories of the number (0-4) of pain sites were defined using growth mixture modelling (n=3093). Workload, lifestyle and morbidity were elicited by questionnaire and retirement from registries. Associations of baseline factors with pain trajectories were assessed by multinomial logistic regression. Cumulative hazard curves for retirement by trajectory group were calculated. RESULTS:

Three trajectories of pain over 28 years emerged: low (25%), moderate (52%) and high-decreasing (23%). In the latter, the number of pain sites first decreased sharply, stabilising to a moderate level after most subjects had retired. The disability pension rate was highest in this trajectory, which associated with high baseline morbidity, particularly musculoskeletal disorder (OR 8.06; 95% CI 5.97 to 10.87). Also high biomechanical exposure (2.86; 95% CI 2.16 to 3.78), high job demands (1.79; 95% CI 1.39 to 2.30), high job control (OR 0.70; 95% CI 0.54 to 0.90), body mass index (BMI)  $\geq 25.0$  kg/m<sup>2</sup> (1.40; 95% CI 1.09 to 1.80) and low leisure-time physical activity (LTPA) (1.39; 95% CI 1.09 to 1.78) at baseline were associated with this trajectory. However, high LTPA and BMI in repeated surveys also associated with the high-decreasing trajectory. **CONCLUSION:** MSP in midlife often persists to old age. However, high widespreadness of pain may decrease with retirement from work

**Svalund J, Peixoto A, Dolvik JE, and Jesnes K. Hiring of flexible and fixed-term workers in five Norwegian and Swedish industries. *Nordic Journal of Working Life Studies*. 2018; 8(3):47-67.**

<https://tidsskrift.dk/njwls/article/view/109540> [open access]

**Abstract:** Analyzing how and why employers use fixed-term contracts or alternative forms of flexible, shortterm labor in five labor-intensive industries in Norway and Sweden, the main research question in this article is how employer hiring of temporary labor is affected by differences in national employment regulations and industries. Regarding employer motives, we find strong and similar inter-industry differences across the two countries, while the share of fixed-term employees is generally higher in Sweden than in Norway where regulations are stricter. Further, employers' hiring of fixed-term labor is contingent on their access to alternative sources of flexible labor when faced with shifting demand, need for substitutes, or complex shift plans. The mix of fixed-term labor, agency workers, and use of extra part-time work also varies across industries, depending on the pattern of production, work organization, and workforce gender profile.

**Yang F, Li X, Song Z, Li Y, and Zhu Y. Job burnout of construction project managers: considering the role of organizational justice. *Journal of Construction Engineering and Management*. 2018; 144(11):04018103.**

[https://doi.org/10.1061/\(ASCE\)CO.1943-7862.0001567](https://doi.org/10.1061/(ASCE)CO.1943-7862.0001567)