

IWH Research Alert
December 6, 2019

Missed an issue? Catch up on previous *Research Alerts* available on the IWH website <https://www.iwh.on.ca/journal-articles/research-alerts>

Research Alert is a service provided to you by the Institute for Work & Health (IWH) to help you keep abreast of recent literature in the areas of occupational health and safety, epidemiology, public health and others within the IWH mandate. Please note that these articles have not been reviewed by Institute scientists to assess the quality of the studies. *Research Alerts* should not be considered an endorsement of the findings. Readers are cautioned not to act on the results of single studies, but rather to seek bodies of evidence. It should also be noted that the Institute for Work & Health cannot provide full-text of articles listed in *Research Alerts* to individuals outside of the organization, as this violates copyright legislation.

***Cole DC, McLaughlin JE, Hennebry JL, and Tew MA. Precarious patients: health professionals' perspectives on providing care to Mexican and Jamaican migrants in Canada's Seasonal Agricultural Worker Program. *Rural and Remote Health*. 2019; 19(4):5313.**

<https://doi.org/10.22605/RRH5313>

Abstract: INTRODUCTION: The intersecting vulnerabilities of migrant agricultural workers (MAWs) impact both their health and their access to health care in rural areas, yet rural clinicians' voices are rarely documented. The purpose of this study was to explore health professionals' perspectives on health care for MAWs in sending countries and rural Ontario, Canada. METHODS: Qualitative research design occurred over three distinct projects, using a multi-methodological approach including semi-structured interviews in Mexico, Jamaica and rural Ontario (n=43), and session field notes and questionnaires administered to healthcare providers (n=65) during knowledge exchange sessions in rural Ontario. A systematic analysis of these data was done to identify common themes, using NVivo software initially and then Microsoft Excel for application of a framework approach. RESULTS: Structural challenges posed by migrant workers' context included difficulties preventing and managing work-related conditions, employers or supervisors

compromising confidentiality, and MAWs' fears of loss of employment and return to countries of origin prior to completing treatments. Structural challenges related to health services included lack of adequate translation/interpretation services and information about insurance coverage and MAWs' work and living situations; scheduling conflicts between clinic hours and MAWs' availability; and difficulties in arranging follow-up tests, treatments and examinations. Intercultural challenges included language/communication barriers; cultural barriers /perceptions; and limited professional knowledge of MAWs' migration and work contexts and MAWs' knowledge of the healthcare system. Transnational challenges arose around continuity of care, MAWs leaving Canada during/prior to receiving care, and dealing with health problems acquired in Canada. A range of responses were suggested, some in place and others requiring additional organization, testing and funding. **CONCLUSION:** Funding to strengthen responses to structural and intercultural challenges, including research assessing improved supports to rural health professionals serving MAWs, are needed in rural Canada and rural Mexico and Jamaica, in order to better address the structural and intersecting vulnerabilities and the care needs of this specific population

***Versteeg K, Bigelow P, Dale AM, and Chaurasia A. Utilizing construction safety leading and lagging indicators to measure project safety performance: a case study. Safety Science. 2019; 120:411-421.**

<https://doi.org/10.1016/j.ssci.2019.06.035>

Bao S, Howard N, and Lin JH. Are work-related musculoskeletal disorders claims related to risk factors in workplaces of the manufacturing industry? Annals of Work Exposures and Health. 2019; [Epub ahead of print].

<https://doi.org/10.1093/annweh/wxz084>

Abstract: **OBJECTIVES:** Varied work-related musculoskeletal disorders (WMSDs) claim rates were found between companies even when they were in the same sectors with similar sizes. This study aimed to (i) identify common risk factors for back, shoulder, hand/wrist, and knee WMSDs among manufacturing jobs, and (ii) characterize the biomechanical exposures in jobs and work

organizational practices between high and low WMSD claim rate companies so that more focused, industry-specific intervention strategies may be developed. METHODS: Using historical workers' compensation data, manufacturing companies were divided into two paired groups (low and high in the lower 25%ile and higher 75%ile, respectively). On-site job evaluations were conducted in 16 companies to determine job biomechanical risk levels. Management and workers' representatives in 32 paired companies were interviewed to identify possible differences between management strategies and management/worker relationships. A total of 39 injured workers were also interviewed to gather information of self-reported injury causes and suggested preventive measures. RESULTS: Analyses of 432 job evaluations showed that more jobs had higher risk levels of prolonged standing and heavy lifting in the high back WMSD claim rate companies than the low claim rate ones. No high biomechanical risk factors were found to be associated with jobs in high shoulder claim rate companies. High repetition, pinch force, and Strain Index were associated with high hand/wrist WMSD claim rate companies. High work pace and job stress were common among high knee WMSD claim rate companies. There were no statistically significant differences for the organizational factors between high and low WMSD claim rate companies. Heavy lifting, fast work pace, high hand/wrist repetition, high hand force, and awkward shoulder postures were identified as major contributing factors by the injured workers. CONCLUSIONS: High WMSD claim rate companies appeared to have more high biomechanical exposure jobs than low WMSD claim rate companies. Available job evaluation methods for the low back and hand/wrists are satisfactory in quantifying job risk levels in the manufacturing industry. Research into more sensitive job evaluation methods for the shoulder and knee are needed

Black ME, Matthews LR, and Millington MJ. Issues facing employability assessment in total and permanent disability insurance claims: a rehabilitation perspective. Work. 2019; 64(3):569-577.

<https://doi.org/10.3233/WOR-193018>

Abstract: BACKGROUND: Expert employment information helps life insurers to decide total and permanent disability claims. The employability assessment model was developed a decade ago by

rehabilitation counselors and has not been critically examined. **OBJECTIVE:** This exploratory descriptive study aims to elicit key issues of employability assessment within Australian life insurance. **METHODS:** Ten rehabilitation advisors with knowledge of employability assessment in the total and permanent disability sector participated in a single focus group. They each nominated issues of concern about employability assessment. These issues were collated then discussed within the group. Qualitative thematic analysis was used to identify key issues. **RESULTS:** The predominant theme was the forensic nature of employment evidence. There were three categories of key issues. First, assessment providers- their training, qualifications, experience, and role. Second, methodology- approaches that provide most realistic information about a claimant's likelihood of work. Third, policy definitions that illustrate reliance on legal interpretation of employability. **CONCLUSIONS:** To withstand legal scrutiny, the credentials of providers, assessment methodology, and quality of forensic reports are key issues which need to be addressed. This foundational study will contribute to broader research on this topic, with implications particularly for rehabilitation, life insurance, and claimants

Borgmann LS, Kroll LE, Muters S, Rattay P, and Lampert T. Work-family conflict, self-reported general health and work-family reconciliation policies in Europe: results from the European Working Conditions Survey 2015. SSM - Population Health. 2019; 9:100465.

<https://doi.org/10.1016/j.ssmph.2019.100465> [open access]

Abstract: The increasing labor market participation of women in Europe leads to many women and men having to reconcile paid work with family work and thus reporting work-family conflict (WFC). WFC is related to different dimensions of health. In the present article, we analyzed the role different reconciliation policies among European countries may play regarding WFC and its association with self-reported health. The analyses are based on data from Eurofound's European Working Conditions Survey 2015. The working populations from 23 European countries aged between 18 and 59 with at least one child up to 18 years of age are included (n=10,273). Weighted logistic regression was applied to estimate the association between WFC and self-reported general health (SRH). Using multilevel

models, country-level variations in the association of individual-level WFC and health were calculated. In a second step, the effect of country-level reconciliation policies on WFC was examined (adjusted for age, sociodemographic and occupational characteristics). The odds ratio for moderate to very poor SRH is 2.5 (95% CI: 1.92-3.34) for mothers with high WFC compared to mothers with low WFC. For fathers with high WFC, the adjusted odds ratio is also 2.5 (95% CI: 1.80-3.37). Between countries, the association between WFC and health is similar. Country-level parental leave policies, the use of formal childcare and mothers' labor market participation are associated with reduced WFC in Europe. In conclusion, the results reveal a strong association between WFC and SRH in Europe. The multilevel analyses show that certain reconciliation policies have an impact on the prevalence of WFC, with different results for mothers and fathers. Mothers in particular can be supported by sufficient maternal leave and formal care for children. These are tangible policy approaches for reducing WFC and may thus improve health in Europe

Candan SA, Sahin UK, and Akoglu S. The investigation of work-related musculoskeletal disorders among female workers in a hazelnut factory: prevalence, working posture, work-related and psychosocial factors. International Journal of Industrial Ergonomics. 2019; 74:102838.

<https://doi.org/10.1016/j.ergon.2019.102838>

Collie A, Beck D, Gray SE, and Lane TJ. Impact of legislative reform on benefit access and disability duration in workers' compensation: an interrupted time series study. Occupational and Environmental Medicine. 2019; [Epub ahead of print].

<https://doi.org/10.1136/oemed-2019-106063>

Abstract: OBJECTIVES: To determine the impact of legislative changes to the New South Wales (NSW) workers' compensation scheme on injured workers access to benefits, insurer claim processing and work disability duration. METHODS: Population-based interrupted time series study of workers' compensation claims made in NSW 2 years before and after legislative amendment in June 2012. Outcomes included incidence of accepted claims per 100 000 workers, the median and 75th percentile insurer decision time in

days, and the median and 75th percentile of work disability duration in weeks. Effects were assessed relative to a comparator of seven other Australian workers' compensation jurisdictions. RESULTS: n=1 069 231 accepted workers' compensation claims were analysed. Claiming in NSW fell 15.3% following legislative reform, equivalent to 46.6 fewer claims per 100 000 covered workers per month. This effect was greater in time loss claims (17.3%) than medical-only claims (10.3%). Across models, there were consistent trend increases in insurer decision time. Median work disability duration increased following the legislative reform. CONCLUSIONS: The observed reduction in access to benefits was consistent with the policy objective of improving the financial sustainability of the compensation scheme. However, this was accompanied by changes in other markers of performance that were unintended, and are suggestive of adverse health consequences of the reform. This study demonstrates the need for care in reform of workers' compensation scheme policy

Domingues L, Pimentel-Santos FM, Cruz EB, Sousa AC, Santos A, Cordovil A, et al. Is a combined programme of manual therapy and exercise more effective than usual care in patients with non-specific chronic neck pain? A randomized controlled trial. Clinical Rehabilitation. 2019; 33(12):1908-1918.

<https://doi.org/10.1177/0269215519876675>

Abstract: OBJECTIVE: The aim of this study was to compare the effectiveness of a combined intervention of manual therapy and exercise (MET) versus usual care (UC), on disability, pain intensity and global perceived recovery, in patients with non-specific chronic neck pain (CNP). DESIGN: Randomized controlled trial. SETTING: Outpatient care units. SUBJECTS: Sixty-four non-specific CNP patients were randomly allocated to MET (n = 32) or UC (n = 32) groups. INTERVENTIONS: Participants in the MET group received 12 sessions of mobilization and exercise, whereas the UC group received 15 sessions of usual care in physiotherapy. MAIN MEASURES: The primary outcome was disability (Neck Disability Index). The secondary outcomes were pain intensity (Numeric Pain Rating Scale) and global perceived recovery (Patient Global Impression Change). Patients were assessed at baseline, three weeks, six weeks (end of treatment) and at a three-month follow-up.

RESULTS: Fifty-eight participants completed the study. No significant between-group difference was observed on disability and pain intensity at baseline. A significant between-group difference was observed on disability at three-week, six-week and three-month follow-up (median (P25-P75): 6 (3.25-9.81) vs. 15.5 (11.28-20.75); $P < 0.001$), favouring the MET group. Regarding pain intensity, a significant between-group difference was observed at six-week and three-month follow-up (median (P25-P75): 2 (1-2.51) vs. 5 (3.33-6); $P < 0.001$), with superiority of effect in MET group. Concerning the global perceived recovery, a significant between-group difference was observed only at the three-month follow-up ($P = 0.001$), favouring the MET group. CONCLUSION: This study's findings suggest that a combination of manual therapy and exercise is more effective than usual care on disability, pain intensity and global perceived recovery

Fukui S, Wu W, and Salyers MP. Mediation paths from supervisor support to turnover intention and actual turnover among community mental health providers. *Psychiatric Rehabilitation Journal*. 2019; 42(4):350-357.

<https://doi.org/10.1037/prj0000362>

Abstract: OBJECTIVE: Turnover is a critical problem for community mental health providers, and supervisors may play an important role in mitigating turnover. The current study examined the potential impact of supervisory support on turnover intention and actual turnover among community mental health providers. METHOD: We conducted path analyses with data collected longitudinally from 186 direct clinical care providers at two community mental health centers. RESULTS: Increased supervisory support was associated with lower turnover intention 6 months later, as well as reduced actual turnover 12 months later. Type of supervisory support mattered: supervisors' emotional support was most strongly associated with reduced turnover intention and turnover. However, client goal alignment support (supporting providers to help consumers achieve their goals) was directly associated with increased turnover. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: The current study suggests an important role for direct supervisors to attend to care providers' emotional support needs, which may reduce turnover intention and actual turnover. Differential supervisory support functions might

impact turnover in unique ways; thus, examining more detailed change mechanisms would facilitate our understanding of factors that may prevent future turnover. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Ipsen C, Goe R, and Bliss S. Vocational Rehabilitation (VR) funding of job development and placement services: implications for rural reach. Journal of Vocational Rehabilitation. 2019; 51(3):313-324.

<https://doi.org/10.3233/JVR-191048>

Khan I, Bydon M, Archer KR, Sivaganesan A, Asher AM, Alvi MA, et al. Impact of occupational characteristics on return to work for employed patients after elective lumbar spine surgery. Spine Journal. 2019; 19(12):1969-1976.

<https://doi.org/10.1016/j.spinee.2019.08.007>

Abstract: BACKGROUND CONTEXT: Low back pain has an immense impact on the US economy. A significant number of patients undergo surgical management in order to regain meaningful functionality in daily life and in the workplace. Return to work (RTW) is a key metric in surgical outcomes, as it has profound implications for both individual patients and the economy at large. PURPOSE: In this study, we investigated the factors associated with RTW in patients who achieved otherwise favorable outcomes after lumbar spine surgery. STUDY DESIGN/SETTING: This study retrospectively analyzes prospectively collected data from the lumbar module of national spine registry, the Quality Outcomes Database (QOD). PATIENT SAMPLE: The lumbar module of QOD includes patients undergoing lumbar surgery for primary stenosis, disc herniation, spondylolisthesis (Grade I) and symptomatic mechanical disc collapse or revision surgery for recurrent same-level disc herniation, pseudarthrosis, and adjacent segment disease. Exclusion criteria included age under 18 years and diagnoses of infection, tumor, or trauma as the cause of lumbar-related pain. OUTCOME MEASURES: The outcome of interest for this study was the return to work 12-month after surgery. METHODS: The lumbar module of QOD was queried for patients who were employed at the time of surgery. Good outcomes were defined as patients who had no adverse events (readmissions/complications), had achieved 30%

improvement in Oswestry disability index (ODI) and were satisfied (NASS satisfaction) at 3-month post-surgery. Distinct multivariable logistic regression models were fitted with 12-month RTW as outcome for a. overall population and b. the patients with good outcomes. The variables included in the models were age, gender, race, insurance type, education level, occupation type, currently working/on-leave status, workers' compensation, ambulatory status, smoking status, anxiety, depression, symptom duration, number of spinal levels, diabetes, motor deficit, and preoperative back-pain, leg-pain and ODI score. RESULTS: Of the total 12,435 patients, 10,604 (85.3%) had successful RTW at 1-year postsurgery. Among patients who achieved good surgical outcomes, 605 (7%) failed to RTW. For both the overall and subgroup analysis, older patients had lower odds of RTW. Females had lower odds of RTW compared with males and patients with higher back pain and baseline ODI had lower odds of RTW. Patients with longer duration of symptoms, more physically demanding occupations, worker's compensation claim and those who had short-term disability leave at the time of surgery had lower odds of RTW independent of their good surgical outcomes. CONCLUSIONS: This study identifies certain risk factors for failure to RTW independent of surgical outcomes. Most of these risk factors are occupational; hence, involving the patient's employer in treatment process and setting realistic expectations may help improve the patients' work-related functionality

Lari S, Thompson AMS, Spilchuk V, Afanasyeva M, and Holness DL. Patient-centred care in an occupational medicine clinic. Occupational Medicine. 2019; 69(6):441-444.

<https://doi.org/10.1093/occmed/kqz092>

Abstract: BACKGROUND: Patient-centred care (PCC) has been associated with improved patient satisfaction outcomes in a variety of clinical settings. There is a paucity of research addressing the concept of PCC in an occupational medicine context. AIMS: To assess patient perception and compare physician and patient perceptions of patient centredness of the care at a specialty occupational medicine clinic. METHODS: An observational study design using the Patient Perception of Patient Centeredness Questionnaire (PPPC) at an ambulatory tertiary care occupational health clinic. Results were analysed using a standardized coding

system. Summary scores were compared to results reported in a primary care setting. Patient and physician scores were compared to detect physician-patient differences in perceived patient centredness of care. RESULTS: Of 47 eligible patients 37 consented to participate and seven were excluded due to incomplete data. Summary scores of patient perceptions of patient centredness were similar but somewhat better than scores reported in a primary care setting. Perceived patient centredness of care was high and there was minimal discordance between patient and physician scores. CONCLUSIONS: This study demonstrated that PCC can be measured in an occupational health setting. In an ambulatory tertiary care occupational health clinic there was a high degree of patient centredness of care which may be explained by a variety of factors. Future research should consider whether similar findings exist in other occupational medicine practice settings

Li W, Sun F, Li Y, and Durkin DW. Work stress and depressive symptoms in Chinese migrant workers: the moderating role of community factors. Journal of Immigrant & Minority Health. 2019; 21(6):1248-1256.

<https://doi.org/10.1007/s10903-018-0843-1>

Abstract: This study aimed to examine depressive symptoms in ruralurban migrant workers in mainland China, with a focus on the moderating roles of community factors (i.e., community support network, community cohesion and community composition) in the relation between work stress and depressive symptoms. This study used secondary data from a national representative study conducted by the Social Survey Center at SUN-YETSEN University of China in 2014. The final sample contained 1434 participants from 29 provinces of China (Mean age = 36.47, SD = 11.91). Being female, lower self-rated health, lower levels of self-rated class, lower levels of community cohesion and higher work stress were related to higher depressive symptoms. Community cohesion was found to lessen the migrant workers depressive symptoms but was not identified as a moderator for work stress and depressive symptoms. Community supportive networks moderated the relation between work stress and depressive symptoms. Rural-urban migrant workers in China experienced high work stress and high depressive symptoms. Public health policies or programs should help expand and strengthen

migrant workers' supportive network size, and facilitate the creation of community cohesion to lessen depressive symptoms

Oswald D, Ahiaga-Dagbui DD, Sherratt F, and Smith SD. An industry structured for unsafety? An exploration of the cost-safety conundrum in construction project delivery. Safety Science. 2020; 122:104535.

<https://doi.org/10.1016/j.ssci.2019.104535>

Rabal-Pelay J, Cimarras-Otal C, Alcazar-Crevillen A, Planas-Barraguer JL, and Bataller-Cervero AV. Spinal shrinkage, sagittal alignment and back discomfort changes in manufacturing company workers during a working day. Ergonomics. 2019; 62(12):1534-1541.

<https://doi.org/10.1080/00140139.2019.1672896>

Abstract: Prolonged standing and lifting heavy loads are risk factors for the appearance of low back pain in work. The aim of this study was to observe changes in the height, spinal sagittal alignment, and the lumbar and dorsal discomfort perception in assembly line workers. Cross-sectional study, 40 assembly line workers (6 females). Height, sitting height, grades of thoracic kyphosis and lumbar lordosis and perceived spine discomfort, before and after the working day, were determined. Thoracic and lumbar sagittal alignment was compared between discomfort developers and no developers. There was a significant decrease in the height and sitting height of the workers at the end of the day. Thoracic and lumbar curvature increased significantly, as did the perceived lumbar discomfort. Workers on the assembly line, in a prolonged standing work, suffer an increase in lumbar discomfort, and changes in height and thoracic and lumbar curvatures. Practitioner summary: Spinal shrinkage, sagittal alignment and back discomfort (upper and lower back), were analysed in assembly line workers in prolonged standing during a workday. Assembly line workers suffer a decrease in height, an increase in their thoracic and lumbar curvature, and in lumbar discomfort throughout their workday

Runjic E, Rombey T, Pieper D, and Puljak L. Half of systematic reviews about pain registered in PROSPERO were not published and the majority had inaccurate status. Journal of Clinical

Epidemiology. 2019; 116:114-121.

<https://doi.org/10.1016/j.jclinepi.2019.08.010>

Abstract: OBJECTIVES: The aim of this study was to analyze the publication path of non-Cochrane systematic reviews (SR) in the field of anesthesiology and pain registered in the PROSPERO database. STUDY DESIGN AND SETTING: We analyzed characteristics of SRs registered in PROSPERO from its inception to May 2017 and their publication status in August 2018. We surveyed corresponding authors of unpublished SRs about accuracy of PROSPERO status and reasons for nonpublication. RESULTS: After screening 1,408 records from PROSPERO database, we found that the majority had "ongoing" (76.3%) and "completed not published" (9.2%) status. Survey of authors showed that most of the records had not been updated (82.4%, 526/638); SR had already been published in 75.2% (396/526), and work on SR had been discontinued in 7.8% (41/526) of cases. In total, based on PROSPERO status, survey of authors, and database searches, 53.6% (742/1,384) of SRs had been published within a period of 1.3 years or more following their registration. Main reasons for discontinuing work on SR were publication of an SR with similar or same topic by another author team and rejection of SR manuscript. CONCLUSION: Only 16.3% of PROSPERO records had accurate status, and 46.4% of SRs were still unpublished. Further steps to ensure accuracy of PROSPERO status are needed, along with developing strategies for improvement of SR production process

Torquati L, Mielke GI, Brown WJ, Burton NW, and Kolbe-Alexander TL. Shift work and poor mental health: a meta-analysis of longitudinal studies. American Journal of Public Health. 2019; 109(11):e13-e20.

<https://doi.org/10.2105/AJPH.2019.305278>

Abstract: Background. Shift work is characterized by employees working outside the standard hours of 7:00 am to 6:00 pm. Because shift work includes night work, the normal sleep-wake cycle (circadian rhythm) is disrupted, with potential consequences for shift workers' physical and mental health. Objectives. To assess the pooled effects of shift work on mental health and to evaluate whether these differ in men and women. Search Methods. We searched PubMed, Scopus, and Web of Science databases for peer-reviewed or government

reports published up to August 2018. Selection Criteria. To be included, studies had to be longitudinal or case-control studies of shift work exposure associated with adverse mental health outcomes. For subanalyses, we grouped these outcomes as anxiety symptoms, depressive symptoms, or general poor mental health symptoms. Data Collection and Analysis. We followed the Meta-Analysis of Observational Studies in Epidemiology Group guidelines. We extracted adjusted risk estimates for each study to calculate pooled effect sizes (ESs) using random effect models and metaregression analysis to explore sources of heterogeneity. Main Results. We included 7 longitudinal studies, with 28 431 unique participants. Shift work was associated with increased overall risk of adverse mental health outcomes combined (ES = 1.28; 95% confidence interval [CI] = 1.02, 1.62; I(2) = 70.6%) and specifically for depressive symptoms (ES = 1.33; 95% CI = 1.02, 1.74; I(2) = 31.5%). Gender differences explained more than 90% of heterogeneity, with female shift workers more likely to experience depressive symptoms than female non-shift workers (odds ratio = 1.73; 95% CI = 1.39, 2.14). Authors' Conclusions. To our knowledge, this is the first meta-analysis to investigate the pooled effects of shift work on the risk of poor mental health, including subanalyses by type of poor mental health and gender. Shift workers, particularly women, are at increased risk for poor mental health, particularly depressive symptoms. Public Health Implications. Depression accounts for 4.3% of the global burden of disease and incidence, with mental disorders worldwide predicted to cost US \$16.3 million by 2030. With 1 in 5 people in the United States and Europe doing shift work, and the increased risk of poor mental health among shift workers, shift work industries are a priority context for reducing this burden. Workplace health promotion programs and policies are needed to minimize shift workers' risk of poor mental health

Voss MR, Homa JK, Singh M, Seidl JA, and Griffitt WE. Outcomes of an interdisciplinary work rehabilitation program. Work. 2019; 64(3):507-514.

<https://doi.org/10.3233/WOR-193012>

Abstract: BACKGROUND: Work rehabilitation programs were developed to help workers with an injury return to work (RTW). While studies have examined intervention characteristics, prognostic

factors, and disability level, there is little or no research examining interdisciplinary interventions, lifting capacity/strength and the level of a patient's RTW status (e.g., not working, new job, or ongoing restrictions) at the time of discharge. **OBJECTIVE:** To evaluate outcomes (RTW status and lifting capacity/strength changes) of an interdisciplinary work rehabilitation program and examine whether time off work prior to the program and type of injury were related to RTW status and strength changes. **METHODS:** A retrospective database analysis was conducted with a sample of 495 participants (Mage = 44.44 years, SD = 10.13) of which 375 (76%) were male. Participants were workers with injuries who participated in an interdisciplinary work rehabilitation program from 2006 to 2010. **RESULTS:** A significantly higher number of participants were working at the end of the program than at the beginning (83.9% vs. 31.6%, $p < 0.0001$). Mean strength was higher at the time of discharge compared to at admission ($p < 0.0001$). The participants that did not RTW had had significantly more days off work prior to the program ($U = 11757$, $z = -3.152$, $p = 0.002$). The type of injury was not related to strength at the time of discharge. **CONCLUSIONS:** Findings suggest the interdisciplinary program is associated with positive outcomes and early intervention may be an important factor when treating patients with work-related injuries

Wynn AT and Rao AH. Failures of flexibility: how perceived control motivates the individualization of work-life conflict. ILR Review. 2019; 73(1):61-90.

<https://doi.org/10.1177/0019793919848426>

***IWH authored publications.**