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January 29, 2021

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**\*Biswas A. Occupational physical activity as a target for obesity prevention: a lack of effect or a lack of evidence? Occupational and Environmental Medicine. 2021; [epub ahead of print].**  
<https://doi.org/10.1136/oemed-2020-107266>

**\*Van Eerd D, Bowring J, Jetha A, Breslin FC, and Gignac MAM. Online resources supporting workers with chronic episodic disabilities: an environmental scan. International Journal of Workplace Health Management. 2020; [epub ahead of print].**  
<https://doi.org/10.1108/IJWHM-08-2020-0137>

**\*Freed B, Williams B, Situ X, Landsman V, Kim J, Moroz A, et al. Blinding, sham, and treatment effects in randomized controlled trials for back pain in 2000-2019: a review and meta-analytic approach. Clinical Trials. 2021; [epub ahead of print].**  
<https://doi.org/10.1177/1740774520984870>

Abstract: Background: Blinding aims to minimize biases from what participants and investigators know or believe. Randomized controlled trials, despite being the gold standard to evaluate treatment effect, do not generally assess the success of blinding. We investigated the extent of blinding in back pain trials and the



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associations between participant guesses and treatment effects. Methods: We did a review with PubMed/OvidMedline, 2000-2019. Eligibility criteria were back pain trials with data available on treatment effect and participants' guess of treatment. For blinding, blinding index was used as chance-corrected measure of excessive correct guess (0 for random guess). For treatment effects, within- or between-arm effect sizes were used. Analyses of investigators' guess/blinding or by treatment modality were performed exploratorily. Results: Forty trials (3899 participants) were included. Active and sham treatment groups had mean blinding index of 0.26 (95% confidence interval: 0.12, 0.41) and 0.01 (-0.11, 0.14), respectively, meaning 26% of participants in active treatment believed they received active treatment, whereas only 1% in sham believed they received sham treatment, beyond chance, that is, random guess. A greater belief of receiving active treatment was associated with a larger within-arm effect size in both arms, and ideal blinding (namely, "random guess," and "wishful thinking" that signifies both groups believing they received active treatment) showed smaller effect sizes, with correlation of effect size and summary blinding indexes of 0.35 ( $p = 0.028$ ) for between-arm comparison. We observed uniformly large sham treatment effects for all modalities, and larger correlation for investigator's (un)blinding, 0.53 ( $p = 0.046$ ). Conclusion: Participants in active treatments in back pain trials guessed treatment identity more correctly, while those in sham treatments tended to display successful blinding. Excessive correct guesses (that could reflect weaker blinding and/or noticeable effects) by participants and investigators demonstrated larger effect sizes. Blinding and sham treatment effects on back pain need due consideration in individual trials and meta-analyses.

**\*Jones AM, Koehoorn M, Bultmann U, and McLeod CB. Prevalence and risk factors for anxiety and depression disorders in workers with work-related musculoskeletal strain or sprain in British Columbia, Canada: a comparison of men and women using administrative health data. Occupational and Environmental Medicine. 2021; [epub ahead of print]. <https://doi.org/10.1136/oemed-2020-106661>**

Abstract: OBJECTIVE: To examine the prevalence and risk factors for medically treated anxiety and depression disorders among men



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and women with musculoskeletal strain or sprain work injury in British Columbia, Canada. **METHODS:** A retrospective population-based cohort of accepted workers' compensation lost-time claims from 2000 to 2013 was constructed using linked administrative health data. Anxiety and depression disorders were identified using diagnoses from physician, hospital and pharmaceutical records. The 1-year period prevalence was estimated for the year before and the year after injury. Sociodemographic, clinical and work-related risk factors for prevalent and new onset anxiety and depression disorders were examined using multinomial regression. **RESULTS:** 13.2% of men and 29.8% of women had medically treated anxiety, depression or both in the year before injury. Only a slight increase (~2%) in the prevalence of these disorders was observed in the year after injury. Somatic and mental comorbidities were both strong risk factors for pre-existing and new onset anxiety and depression for both men and women, but these relationships were stronger for men. **CONCLUSION:** Anxiety and depression disorders including those from prior to injury are common in workers with musculoskeletal strain or sprain and are associated with a complicated clinical profile. Gender-sensitive and sex-sensitive mental healthcare is an important consideration for work disability management

**\*Quinn EK, Harper A, Rydz E, Smith PM, Koehoorn MW, and Peters CE. Men and women at work in Canada, 1991-2016. Labour & Industry. 2021; [epub ahead of print]. <https://doi.org/10.1080/10301763.2021.1872841>**

**Brophy JT, Keith MM, Hurley M, and McArthur JE. Sacrificed: Ontario healthcare workers in the time of COVID-19. New Solutions. 2021; 30(4):267-281.**

**<https://doi.org/10.1177/1048291120974358> [open access]**

Abstract: Healthcare workers (HCWs) in Ontario, Canada have faced unprecedented risks during the COVID-19 pandemic. They have been infected at an elevated rate compared to the general public. HCWs have argued for better protections with minimal success. A worldwide shortage of N95s and comparable respirators appears to have influenced guidelines for protection, which stand at odds with increasing scientific evidence. In-depth interviews were conducted with ten frontline HCWs about their concerns. They reported that the



risk of contracting COVID-19 and infecting family members has created intense anxiety. This, in conjunction with understaffing and an increased workload, has resulted in exhaustion and burnout. HCWs feel abandoned by their governments, which failed to prepare for an inevitable epidemic, despite recommendations. The knowledge that they are at increased risk of infection due to lack of protection has resulted in anger, frustration, fear, and a sense of violation that may have long-lasting implications.

**Sacrifié: Le personnel de la santé ontarien à l'époque de la COVID-19**  
**Résumé** En Ontario, au Canada, le personnel de la santé a eu à faire face à des risques sans précédent durant la pandémie de COVID-19. On y a constaté un taux d'infection plus élevé chez les travailleuses et travailleurs de la santé (TTS) qu'au sein de la population en général. Les TTS ont revendiqué des moyens de protection améliorés, sans grand succès. Une pénurie mondiale de masques respirateurs de type N95 ou similaires semble avoir joué sur les directives en matière de protection, qui ne cadrent pas avec une accumulation de preuves scientifiques. Lors d'entretiens en profondeur, dix TTS de première ligne ont été invités à donner leur avis sur la situation. À les entendre, le risque de contracter la COVID-19 et d'infecter les membres de leur famille leur cause beaucoup d'anxiété. Associée à un manque de personnel et à une charge de travail accrue, cette anxiété se traduit par un épuisement physique et professionnel. Les TTS se sentent abandonnés par leurs gouvernements, qui ont manqué de se préparer à l'inévitabilité d'une épidémie, malgré ce qui leur avait été recommandé. Leur réalisation d'être exposés à un plus grand risque d'infection par manque d'équipement de protection s'est muée en colère, frustration et peur, et en un sentiment de violation de leurs droits dont on peut craindre qu'il subsiste fort longtemps.

**Crawford JO, Berkovic D, Erwin J, Copsey SM, Davis A, Giagloglou E, et al. Musculoskeletal health in the workplace. Best Practice & Research. Clinical Rheumatology. 2020; 34(5):101558.**

<https://doi.org/10.1016/j.berh.2020.101558>

Abstract: Musculoskeletal (MSK) problems remain the most frequent reason why individuals are absent from work, including those with work-related musculoskeletal disorders (WRMSDs or MSDs) and those with chronic MSK problems. This paper aims to examine



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changes in work and the workforce since 2000; how work impacts on chronic MSK conditions and how we can help people with these conditions to stay at work. While our knowledge of the causes of WRMSDs has increased since 2000, there has been limited workplace action in reducing exposure to hazards. A life course approach is needed as individuals of all ages are reporting MSK problems. How people work has also changed and informalisation of work contracts has increased with a perceived concurrent reduction in occupational safety and health (OSH) protection. Retaining people at work with MSK problems requires compliance with relevant safety, health and diversity legislation and a risk management approach. Good and open communication within the workplace and identification of other sources of support is also necessary. Considerations must be made at the individual level (internal motivation), organisational level (a supportive manager) and self-management of symptoms. Simple case examples are provided in the paper of what works in practice as well as a proposed research agenda. Increased awareness at all levels of society of MSK health is essential

**Fincke I, Hieb A, Harth V, and Mache S. Activity-based working: qualitative analysis of working conditions and health-related outcomes. *Work*. 2020; 67(3):625-639.**

<https://doi.org/10.3233/WOR-203313>

**Abstract:** BACKGROUND: The changing of work, driven by digitization, leads to the demand of large, open spaces in which the employees can work alone or in teams, can hold meetings or even find corners to relax. OBJECTIVE: This study empirically analyzed job demands and resources that can be found in innovative office concepts, like so called "activity-based working concepts". METHODS: 16 semi-structured face-to-face interviews were performed with employees working in activity-based offices. Content of the interviews included questions on their working conditions and health-related outcomes. RESULTS: The results show that work autonomy, the flexibility to decide where and when to work, and an improved communication and collaboration between different departments had a perceived positive effect on well-being, performance and motivation. Job demands, like missing territoriality on individual and team level, limited privacy and distractions in form



of noise and interruptions describe consequences in form of perceived strain. **CONCLUSION:** The study results contribute to the expansion of knowledge in the subject area of flexible work arrangements in open work spaces. They can serve to design future working environments and thus increase the well-being and job performance of employees. It needs additional research to investigate the effects of office designs on the health of employees in the long term

**Framke E, Svane-Petersen AC, Holm A, Burr H, Melchior M, Sivertsen B, et al. Cumulated and most recent job control and risk of disability pension in the Danish Work Life Course Cohort (DaWCo). European Journal of Public Health. 2020; 30(6):1212-1218.**

<https://doi.org/10.1093/eurpub/ckaa107> [open access]

**Abstract:** **BACKGROUND:** Previous studies have found low job control to be associated with a higher risk of disability pension (DP). Most studies have measured job control only at one time-point, and there is a lack of knowledge regarding the role of exposure duration. This study examines the prospective association between job control and DP measuring exposure both cumulated throughout work life and most recent. **METHODS:** We included 712519 individuals (about 4.5 million person-years) from The Danish Work Life Course Cohort which follows young employees in Denmark from their entry into the labour market. Job control was assessed with a job exposure matrix and DP with register data on public transfer payments. We adjusted for several potential life course confounders, including physical demands at work and parental socioeconomic position and psychiatric and somatic diagnoses. **RESULTS:** Employees in occupations with low job control had a higher risk of DP. There were effects of both cumulated and most recent job control when mutually adjusted. Fully adjusted hazard ratios (HRs) were 1.14 [95% confidence intervals (CIs) 1.11-1.17] and 1.15 (95% CI 1.02-1.29) for cumulated and most recent job control, respectively. Without mutual adjustment, estimates were 1.15 (95% CI 1.13-1.18) and 1.55 (95% CI 1.39-1.72) for cumulated and most recent low job control, respectively. **CONCLUSIONS:** Low job control predicts a higher risk of DP, even after adjustment for physical demands at work. The



results indicate both gradual and short-term effects of low job control on DP risk

**Goto E, Ishikawa H, Okuhara T, Ueno H, Okada H, Fujino Y, et al. Presenteeism among workers: health-related factors, work-related factors and health literacy. Occupational Medicine. 2020; 70(8):564-569.**

<https://doi.org/10.1093/occmed/kqaa168>

Abstract: **BACKGROUND:** Presenteeism is an important factor in workers' health. However, few studies have examined how variables such as socio-economic status, health status, workplace status and health literacy correlate with and affect presenteeism. **AIMS:** To assess the correlates of presenteeism with a focus on health-related factors, work-related factors and health literacy. **METHODS:** We conducted a cross-sectional study of 2914 Japanese workers from one company. We used a self-administered questionnaire to assess socio-demographic characteristics, health status, work environment, presenteeism and health literacy. **RESULTS:** Forty-one per cent of participants were under 40 years of age and 70% were male. We found that 59% of the participants were at high risk of presenteeism. Presenteeism was associated with sex, age, household income, marital status, health-related factors (i.e. self-rated health status, dietary choices, exercise habits), work-related factors (i.e. workplace support, job demands, job control) and health literacy. Logistic regression analyses indicated that presenteeism was associated with self-rated health status, overtime hours, workplace support, job demands, job control and health literacy after adjusting for sex, age and income. **CONCLUSIONS:** Health-related factors, work-related factors and health literacy are all associated with presenteeism. Improving the workplace environment, especially factors such as overtime working hours, workplace support, job demands and job control, and increasing health literacy may reduce presenteeism among general office workers

**Hawkins RB, Charles EJ, and Mehaffey JH. Socio-economic status and COVID-19-related cases and fatalities. Public Health. 2020; 189(129-134).**

<https://doi.org/10.1016/j.puhe.2020.09.016> [open access]

Abstract: **OBJECTIVES:** The United States has the highest number of



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coronavirus disease 2019 (COVID-19) in the world, with high variability in cases and mortality between communities. We aimed to quantify the associations between socio-economic status and COVID-19-related cases and mortality in the U.S. **STUDY DESIGN:** The study design includes nationwide COVID-19 data at the county level that were paired with the Distressed Communities Index (DCI) and its component metrics of socio-economic status. **METHODS:** Severely distressed communities were classified by  $DCI > 75$  for univariate analyses. Adjusted rate ratios were calculated for cases and fatalities per 100,000 persons using hierarchical linear mixed models. **RESULTS:** This cohort included 1,089,999 cases and 62,298 deaths in 3127 counties for a case fatality rate of 5.7%. Severely distressed counties had significantly fewer deaths from COVID-19 but higher number of deaths per 100,000 persons. In risk-adjusted analysis, the two socio-economic determinants of health with the strongest association with both higher cases per 100,000 persons and higher fatalities per 100,000 persons were the percentage of adults without a high school degree (cases: RR 1.10; fatalities: RR 1.08) and proportion of black residents (cases and fatalities: Relative risk(RR) 1.03). The percentage of the population aged older than 65 years was also highly predictive for fatalities per 100,000 persons (RR 1.07). **CONCLUSION:** Lower education levels and greater percentages of black residents are strongly associated with higher rates of both COVID-19 cases and fatalities. Socio-economic factors should be considered when implementing public health interventions to ameliorate the disparities in the impact of COVID-19 on distressed communities

**Hulshof CTJ, Pega F, Neupane S, van der Molen HF, Colosio C, Daams JG, et al. The prevalence of occupational exposure to ergonomic risk factors: a systematic review and meta-analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury. Environment International. 2021; 146:106157. <https://doi.org/10.1016/j.envint.2020.106157>**

Abstract: Background: The World Health Organization (WHO) and the International Labour Organization (ILO) are developing joint estimates of the work-related burden of disease and injury (WHO/ILO Joint Estimates), with contributions from a large network of experts. Evidence from mechanistic and human data suggests that



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occupational exposure to ergonomic (or physical) risk factors may cause osteoarthritis and other musculoskeletal diseases (excluding rheumatoid arthritis, gout, and back and neck pain). In this paper, we present a systematic review and meta-analysis of the prevalence of occupational exposure to physical ergonomic risk factors for estimating the number of disability-adjusted life years from these diseases that are attributable to exposure to this risk factor, for the development of the WHO/ILO Joint Estimates. Objectives: We aimed to systematically review and meta-analyse estimates of the prevalence of occupational exposure to ergonomic risk factors for osteoarthritis and other musculoskeletal diseases. Data sources: We searched electronic bibliographic databases for potentially relevant records from published and unpublished studies, including Ovid Medline, EMBASE, and CISDOC. We also searched electronic grey literature databases, Internet search engines and organizational websites; hand-searched reference list of previous systematic reviews and included study records; and consulted additional experts. Study eligibility and criteria: We included working-age ( $\geq 15$  years) workers in the formal and informal economy in any WHO and/or ILO Member State but excluded children ( $< 15$  years) and unpaid domestic workers. The exposure was defined as any occupational exposure to one or more of: force exertion, demanding posture, repetitive movement, hand-arm vibration, kneeling or squatting, lifting, and/or climbing. We included all study types with an estimate of the prevalence of occupational exposure to ergonomic risk factors. Study appraisal and synthesis methods: At least two review authors independently screened titles and abstracts against the eligibility criteria at a first stage and full texts of potentially eligible records at a second stage, followed by extraction of data from qualifying studies. We combined prevalence estimates using random-effect meta-analysis. Two or more review authors assessed the risk of bias and the quality of evidence, using the ROB-SPEO tool and QoE-SPEO approach developed specifically for the WHO/ILO Joint Estimates. Results: Five studies (three cross-sectional studies and two cohort studies) met the inclusion criteria, comprising 150,895 participants (81,613 females) in 36 countries in two WHO regions (Africa, Europe). The exposure was generally assessed with questionnaire data about self-reported exposure. Estimates of the prevalence of occupational exposure to ergonomic risk factors are presented for all



five included studies, disaggregated by country, sex, 5-year age group, industrial sector or occupational group where feasible. The pooled prevalence of any occupational exposure to ergonomic risk factors was 0.76 (95% confidence interval 0.69 to 0.84, 3 studies, 148,433 participants, 35 countries in the WHO Europe region, I2 100%, low quality of evidence). Subgroup analyses found no statistically significant differences in exposure by sex but differences by age group, occupation and country. No evidence was found for publication bias. We assessed this body evidence to be of low quality, based on serious concerns for risk of bias due to exposure assessment only being based on self-report and for indirectness due to evidence from two WHO regions only. Conclusions: Our systematic review and meta-analysis found that occupational exposure to ergonomic risk factors is highly prevalent. The current body of evidence is, however, limited, especially by risk of bias and indirectness. Producing estimates for the burden of disease attributable to occupational exposure to ergonomic risk factors appears evidence-based, and the pooled effect estimates presented in this systematic review may perhaps be used as input data for the WHO/ILO Joint Estimates. Protocol identifier:<https://doi.org/10.1016/j.envint.2018.09.053>. PROSPERO registration number: CRD42018102631.

**Knight C and Parker SK. How work redesign interventions affect performance: an evidence-based model from a systematic review. Human Relations. 2021; 74(1):69-104.**  
<https://doi.org/10.1177/0018726719865604>

**Kramer A, Cho S, and Gajendran RS. 12-Year longitudinal study linking within-person changes in work and family transitions and workplace injury risk. Journal of Safety Research. 2020; 75:140-149.**

<https://doi.org/10.1016/j.jsr.2020.08.009>

Abstract: Introduction: Despite the rich tradition of research on predictors of workplace injury, most studies rely on cross-sectional, between-person designs. Furthermore, prior research has often overlooked the possibility that factors outside the work domain can influence the occurrence of actual injuries at work. To address these limitations, the current study examined the effects of work and family



demands on the occurrence of workplace injury. Drawing on the intuition of the work-home resources model (W-HR), we investigated how within-person level changes in demands and resources from both domains influence work injuries over a 12-year period. Method: We used 12 years of longitudinal data (N = 7,820) to study the long-term within-person changes in work and family domains and to capture the event of low frequency incidence such as workplace injury. Specifically, we conducted multilevel analyses to study the links between within-person change in time and energy resources both in work and family domains and within-person change in the likelihood of experiencing a workplace injury. Results and conclusion: The findings showed that within-person changes in work hours, spousal work hours, income and number of children, were significantly associated with changes in the likelihood of experiencing a workplace injury. We conclude with a discussion of implications for theory and future research of workplace injuries. Practical application: The research provided useful insights on the intimate association between work and family domains in the context of safety management.

**Otanez M and Grewal J. Health and safety in the legal cannabis industry before and during COVID-19. *New Solutions*. 2021; 30(4):311-323.**

<https://doi.org/10.1177/1048291120976134>

Abstract: In 2020, medical cannabis is legal in thirty-six states and adult use ("recreational") cannabis is legal in fifteen, despite cannabis remaining illegal at the federal level. Up to 250,000 individuals work as full-time employees in cannabis. During the COVID-19 pandemic, California, Colorado, and other states deemed medical cannabis business as essential, raising occupational challenges and safety issues for cannabis employees. In 2020, interviews were conducted with Ethan, an extraction lab assistant in Las Vegas; Haylee, a trainer with a cannabis company in Sacramento; and Belinda, a Wisconsin-based occupational health and safety trainer, to showcase concerns and experiences in cannabis workplaces and training programs. Findings from interviews reveal pro-worker activities to promote workplace safety and labor unionism while large multistate operators seek to optimize profits and obstruct workers' rights. Knowledge



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gained through the interviews contributes to discussions to lessen the potential exposure of the cannabis workforce to COVID 19

**Romberg AR, Diaz MC, Briggs J, Stephens DK, Rahman B, Graham AL, et al. Vaping in the workplace: prevalence and attitudes among employed US adults. Journal of Occupational & Environmental Medicine. 2021; 63(1):10-17.**

<https://doi.org/10.1097/JOM.0000000000002061> [open access]

Abstract: OBJECTIVE: Describe workplace vaping, prevalence of observed use, attitudes, and perceptions among US adults.

METHODS: Employees of companies with more than 150 employees, drawn from an opt-in national online panel (N=1607), ages 18 to 65, completed an online survey in November 2019.

RESULTS: Majority (61.6%) observed coworkers vaping at work and 19.1% reported vaping at work themselves. Participants perceived workplace vaping as moderately harmful (M=1.9 out of 3), 63.2% were bothered by workplace vaping and 52.1% thought it decreased workplace productivity among non-users. Multiple regression models found workplace vaping prevalence varied by industry and participant characteristics, and attitudes about it varied by tobacco use status.

CONCLUSIONS: Workplace vaping and vaping exposure is common in US workplaces. Employees, particularly non-users, hold generally negative perceptions of workplace vaping. Comprehensive policies to prevent workplace vaping are needed to protect workers

**Sampson AK, Hassani-Mahmoei B, and Collie A. Lack of English proficiency is associated with the characteristics of work-related injury and recovery cost in the Victorian working population. Work. 2020; 67(3):741-752.**

<https://doi.org/10.3233/WOR-203323>

Abstract: BACKGROUND: Migrant workers have been identified in Europe, North America, Asia and Australia as a particularly vulnerable working population with a higher risk of work-related injury and mortality compared to non-migrant workers. Lack of English language proficiency is associated with an increased risk of work-related injury. Whether lack of English proficiency influences post-injury recovery or return to work outcomes remains unknown.

OBJECTIVE: Using administrative data from a population based workers' compensation dataset in the state of Victoria, Australia, we



aimed to examine work-related injury rates, worker characteristics and compensation outcomes in workers who were not proficient in English. We hypothesized that the use of an interpreter service would be associated with a poorer post-injury recovery profile and worse return to work outcomes. METHODS: WorkSafe Victoria accepted non-fatal claims for injuries and illnesses reported between January 1, 2003, and December 31, 2012 by workers aged 15 to 74 (n=402, 828 claims) were analysed. Consistent with prior research, we selected "use of an interpreter service" as the indicator of English language proficiency. The total and categorical compensable cost of recovery was used as recovery outcomes. RESULTS: Of these claims, 16,286 (4%) involved the use of an interpreter service (LOTE workers). Our analysis revealed that Victorian injured LOTE workers have significantly different demographic, occupational and injury characteristics compared to non-LOTE injured workers. Furthermore, we present novel evidence that LOTE status was associated with poorer long-term injury outcomes, observed as a greater healthcare utilisation and larger paid income benefits, after controlling for occupation, employment status and injury type compared to non-LOTE injured workers. CONCLUSIONS: These data suggest that English language proficiency is associated not only with the risk of work-related injury but also to the long-term recovery outcomes. We conclude that despite access to language interpreter services, injured LOTE workers experience English language proficiency dependent, and injury severity independent, recovery barriers which need to be overcome to improve long term recovery outcomes

**Schram JL, Solovieva S, Leinonen T, Viikari-Juntura E, Burdorf A, and Robroek SJ. The influence of occupational class and physical workload on working life expectancy among older employees. *Scandinavian Journal of Work, Environment & Health*. 2021; 47(1):5-14.**

<https://doi.org/10.5271/sjweh.3919> [open access]

Abstract: Objective This study investigates the impact of physical workload factors and occupational class on working life expectancy (WLE) and working years lost (WYL) in a sample of older Finnish workers. Methods A 70% random sample of Finns in 2004 was linked to a job exposure matrix for physical workload factors and register information on occupational class and labor market status until 2014.



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Transitions between being at work, time-restricted work disability, unemployment, economic inactivity, disability retirement, retirement and death were estimated. A multistate Cox regression model with transition-specific covariates was used to estimate the WLE and WYL at age 50 up to 63 years for each occupational class and physical workload factor for men and women (N=415 105). Results At age 50, male and female manual workers had a WLE of 10.13 and 10.14 years, respectively. Among both genders, manual workers had one year shorter WLE at age 50 than upper non-manual employees. This difference was largely attributable to unemployment (men: 0.60, women: 0.66 years) and disability retirement (men: 0.28, women: 0.29 years). Self-employed persons had the highest WLE (11.08 years). Men and women exposed to four or five physical workload factors had about one year lower WLE than non-exposed workers. The difference was primarily attributable to ill-health-related reasons, including disability retirement (men: 0.45 years, women: 0.53 years) and time-restricted work disability (men: 0.23, women: 0.33 years). Conclusions Manual workers and those exposed to physical workload factors had the lowest WLE. The differences in WYL between exposure groups can primarily be explained by ill-health-based exit routes

**Sormunen E, Ylisassi H, Maenpaa-Moilanen E, Remes J, and Martimo KP. Co-operation in the prevention of work disability due to musculoskeletal disorders: a cross-sectional study among occupational health professionals in Finland. Work. 2020; 67(3):697-708.**

<https://doi.org/10.3233/WOR-203319>

Abstract: BACKGROUND: Occupational health service (OHS) providers and their client organizations are obligated to collaborate in promoting health and work ability. Little is known how this multiprofessional co-operation is implemented in relation to the prevention of musculoskeletal disorders (MSD). OBJECTIVE: The aim of this study was to investigate the working practices of co-operation among OHS professionals, and between the OHSs and workplaces. METHODS: In 2015 a web-based questionnaire was sent to 3900 OHS professionals in Finland. A total of 589 responded: 106 physicians, 322 nurses, 134 physiotherapists and 27 psychologists. RESULTS: The co-operation within OHS personnel



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was regarded to strengthen the processes to promote work ability of workers with MSD. Despite the positive expectations of co-operation, there is a problem of having enough time to put good ideas into practice. Four main possibilities to develop co-operation were identified: creating proactive working models with defined roles; increasing awareness of importance of early intervention models; implementing the principles of good OH practice; and adopting the knowledge of the latest information to promote work ability.

**CONCLUSIONS:** Despite its recognized importance, co-operation both with OHS colleagues and with the workplaces was not always optimal. There is a need for defined roles and common proactive working models between each stakeholder for more effective co-operation

**Xiao C, Yang Y, and Chi G. Does the mental health of migrant workers suffer from long commute time? Evidence from China. Journal of Transport & Health. 2020; 19:100932. <https://doi.org/10.1016/j.jth.2020.100932>**

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