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March 3, 2017

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***Kosny A, Newnam S, and Collie A. Family matters: compensable injury and the effect on family. *Disability and Rehabilitation*. 2017; [Epub ahead of print].**

<http://dx.doi.org/10.1080/09638288.2017.1283450>

***Nichol K, Kudla I, Robson L, Hon CY, Eriksson J, and Holness DL. The development and testing of a tool to assess joint health and safety committee functioning and effectiveness. *American Journal of Industrial Medicine*. 2017;[Epub ahead of print].**

<http://dx.doi.org/10.1002/ajim.22703>

Abstract: BACKGROUND: Concern regarding functioning and effectiveness of joint health and safety committees (JHSCs) in Ontario hospitals was raised following the Severe Acute Respiratory Syndrome outbreak in 2003. A subsequent literature review revealed a lack of studies focused within the healthcare sector. METHODS: A tool to measure JHSC effectiveness was developed by a panel of occupational health and safety experts based on a framework from the healthcare sector. Usability testing was conducted in two phases with members of five hospital JHSCs before, during and after a committee meeting. RESULTS: Usability of the tool was scored high overall with an average of > 4 on a 5 point scale across twelve items. Downward adjustment of self-assessment scores was reported following JHSC meetings.

CONCLUSION: Findings demonstrated that the tool was easy to use, effective in supporting discussion and in assisting participants in reaching consensus on rating a large number of JHSC characteristics. *Am. J. Ind. Med.* (c) 2017 Wiley Periodicals, Inc

Ahlstrom L, Dellve L, Hagberg M, and Ahlberg K. Women with neck pain on long-term sick leave—approaches used in the return to work process: a qualitative study. *Journal of Occupational Rehabilitation*. 2017; 27(1):92-105.

<http://dx.doi.org/10.1007/s10926-016-9636-3> [open access]

Abstract: Purpose There are difficulties in the process of return to work (RTW) from long-term sick leave, both in general and regarding sick leave because of neck pain in particular. Neck pain is difficult to assess, problematic to rehabilitate, and hard to cure; and it is not always easy to decide whether the pain is work-related. The outcome of RTW could be dependent upon individuals' approaches, defensive or offensive behaviors, and choices related to their self-efficacy. The aim of this study was to identify approaches used in the RTW process among women with neck pain on long-term sick leave from human service organizations. **Methods** This is a qualitative descriptive study based on grounded theory. A Swedish cohort of 207 women with a history of long-term sick leave with neck pain from human service organizations answered open-ended written questions at 0, 6, and 12 months, and 6 years; and 16 women were interviewed. **Results** Individuals expressed their coping approaches in terms of fluctuating in work status over time: either as a strategy or as a consequence. Periods of sick leave were interwoven with periods of work. The women were either controlling the interaction or struggling in the interaction with stakeholders. **Conclusions** Return to work outcomes may be improved if the fluctuating work status over time is taken into account in the design of rehabilitation efforts for women with a history of long-term sick leave and with chronic musculoskeletal conditions

Brendbekken R, Eriksen HR, Grasdahl A, Harris A, Hagen EM, and Tangen T. Return to work in patients with chronic musculoskeletal pain: multidisciplinary intervention versus brief intervention: a randomized clinical trial. *Journal of Occupational Rehabilitation*. 2017; 27(1):82-91.

<http://dx.doi.org/10.1007/s10926-016-9634-5> [open access]

Abstract: **OBJECTIVE:** This randomized clinical trial was performed to compare the effect of a new multidisciplinary intervention (MI) programme to a brief intervention (BI) programme on return to work (RTW), fully and partly, at a 12-month and 24-month follow-up in patients on long-term sick leave due to musculoskeletal pain. **METHODS:** Patients (n = 284, mean age 41.3 years, 53.9 % women) who were sick-listed with musculoskeletal pain and referred to a specialist clinic in physical rehabilitation were randomized to MI (n = 141) or BI (n = 143). The MI included the use of a visual educational tool, which facilitated patient-therapist communication and self-management. The MI also applied one more profession, more therapist time and a comprehensive focus on the psychosocial factors, particularly the working conditions, compared to a BI. The main features of the latter are a thorough medical, educational examination, a brief cognitive assessment based on the non-injury model, and a recommendation to return to normal activity as soon as possible. **RESULTS:** The number of patients with full-time RTW developed similarly in the two groups. The

patients receiving MI had a higher probability to partly RTW during the first 7 months of the follow-up compared to the BI-group. **CONCLUSIONS:** There were no differences between the groups on full-time RTW during the 24 months. However, the results indicate that MI hastens the return to work process in long-term sick leave through the increased use of partial sick leave. **TRIAL REGISTRATION:** <http://www.clinicaltrials.gov> with the registration number NCT01346423

Durand MJ, Nastasia I, Coutu MF, and Bernier M. Practices of return-to-work coordinators working in large organizations. Journal of Occupational Rehabilitation. 2017; 27(1):137-147.

<http://dx.doi.org/10.1007/s10926-016-9640-7>

Abstract: Purpose Although the role of return-to-work coordinators (RTW coordinators) is associated with reducing long-term disabilities, little has been written about their practices. The objective of this study was to clearly identify their tasks and activities and the stakeholders with whom they collaborate. **Methods** A cross-sectional survey was conducted using a web-based self-administered questionnaire. Participant inclusion criteria were as follows: (1) working for a large organization with 500 or more employees; (2) being responsible for managing disabilities and coordinating the return-to-work process; and (3) having been involved in coordinating the return to work of at least one person in the past year. **Results** 195 RTW coordinators completed the questionnaire. The three tasks or activities rated as most important were applying laws, policies, and regulations related to work absences and return to work; contacting the absent worker; and planning the return to work. A nursing or occupational health and safety training background significantly influenced the RTW coordinators' practices. In addition, RTW coordinators collaborated mainly with workers and their supervisors. **Conclusion** Despite a wide variety of contexts and diverging definitions of competencies, a set of common RTW coordination practices appears to exist across industrialized countries. RTW coordinators with a training background in the health field seem better able to assimilate the various dimensions of work disability. Moreover, concerted action was found to be minimal and a far cry from recommendations. The practices defined could serve as a benchmark for describing RTW coordinators' responsibilities in greater detail and allow for cross-organization and cross-country comparisons

Gardner B, Smith L, and Mansfield L. How did the public respond to the 2015 expert consensus public health guidance statement on workplace sedentary behaviour? A qualitative analysis. BMC Public Health. 2017; 17(1):47.

<http://dx.doi.org/10.1186/s12889-016-3974-0> [open access]

Abstract: **BACKGROUND:** In June 2015, an expert consensus guidance statement was published recommending that office workers accumulate 2-4 h of standing and light activity daily and take regular breaks from prolonged sitting. This paper describes public responses to media coverage of the guidance, so as

to understand public acceptability of the recommendations within the guidance, and perceptions of sitting and standing as health behaviours. **METHODS:** UK news media websites that had reported on the sedentary workplace guidance statement, and permitted viewers to post comments responding to the story, were identified. 493 public comments, posted in a one-month period to one of six eligible news media websites, were thematically analysed. **RESULTS:** Three themes were extracted: (1) challenges to the credibility of the sedentary workplace guidance; (2) challenges to the credibility of public health; and (3) the guidance as a spur to knowledge exchange. Challenges were made to the novelty of the guidance, the credibility of its authors, the strength of its evidence base, and its applicability to UK workplaces. Public health was commonly mistrusted and viewed as a tool for controlling the public, to serve a paternalistic agenda set by a conspiracy of stakeholders with hidden non-health interests. Knowledge exchanges focused on correcting others' misinterpretations, raising awareness of historical or scientific context, debating current workplace health policies, and sharing experiences around sitting and standing. **CONCLUSIONS:** The guidance provoked exchanges of health-promoting ideas among some, thus demonstrating the potential for sitting reduction messages to be translated into everyday contexts by lay champions. However, findings also demonstrated confusion, misunderstanding and misapprehension among some respondents about the health value of sitting and standing. Predominantly unfavourable, mistrusting responses reveal significant hostility towards efforts to displace workplace sitting with standing, and towards public health science more broadly. Concerns about the credibility and purpose of public health testify to the importance of public engagement in public health guidance development

Garritty C, Stevens A, Gartlehner G, King V, and Kamel C. Cochrane Rapid Reviews Methods Group to play a leading role in guiding the production of informed high-quality, timely research evidence syntheses. Systematic Reviews. 2016; 5(1):184.

<http://dx.doi.org/10.1186/s13643-016-0360-z> [open access]

Abstract: **BACKGROUND:** Policymakers and healthcare stakeholders are increasingly seeking evidence to inform the policymaking process, and often use existing or commissioned systematic reviews to inform decisions. However, the methodologies that make systematic reviews authoritative take time, typically 1 to 2 years to complete. Outside the traditional SR timeline, "rapid reviews" have emerged as an efficient tool to get evidence to decision-makers more quickly. However, the use of rapid reviews does present challenges. To date, there has been limited published empirical information about this approach to compiling evidence. Thus, it remains a poorly understood and ill-defined set of diverse methodologies with various labels. In recent years, the need to further explore rapid review methods, characteristics, and their use has been recognized by a growing network of healthcare researchers, policymakers, and organizations, several with ties to Cochrane, which is recognized as representing an international gold standard for high-quality, systematic reviews. **PURPOSE:** In

this commentary, we introduce the newly established Cochrane Rapid Reviews Methods Group developed to play a leading role in guiding the production of rapid reviews given they are increasingly employed as a research synthesis tool to support timely evidence-informed decision-making. We discuss how the group was formed and outline the group's structure and remit. We also discuss the need to establish a more robust evidence base for rapid reviews in the published literature, and the importance of promoting registration of rapid review protocols in an effort to promote efficiency and transparency in research. **CONCLUSION:** As with standard systematic reviews, the core principles of evidence-based synthesis should apply to rapid reviews in order to minimize bias to the extent possible. The Cochrane Rapid Reviews Methods Group will serve to establish a network of rapid review stakeholders and provide a forum for discussion and training. By facilitating exchange, the group will strive to conduct research to advance the methods of rapid reviews

Gentles SJ, Charles C, Nicholas DB, Ploeg J, and McKibbin KA. Reviewing the research methods literature: principles and strategies illustrated by a systematic overview of sampling in qualitative research. *Systematic Reviews*. 2016; 5(1):172.

<http://dx.doi.org/10.1186/s13643-016-0343-0> [open access]

Abstract: **BACKGROUND:** Overviews of methods are potentially useful means to increase clarity and enhance collective understanding of specific methods topics that may be characterized by ambiguity, inconsistency, or a lack of comprehensiveness. This type of review represents a distinct literature synthesis method, although to date, its methodology remains relatively undeveloped despite several aspects that demand unique review procedures. The purpose of this paper is to initiate discussion about what a rigorous systematic approach to reviews of methods, referred to here as systematic methods overviews, might look like by providing tentative suggestions for approaching specific challenges likely to be encountered. The guidance offered here was derived from experience conducting a systematic methods overview on the topic of sampling in qualitative research. **RESULTS:** The guidance is organized into several principles that highlight specific objectives for this type of review given the common challenges that must be overcome to achieve them. Optional strategies for achieving each principle are also proposed, along with discussion of how they were successfully implemented in the overview on sampling. We describe seven paired principles and strategies that address the following aspects: delimiting the initial set of publications to consider, searching beyond standard bibliographic databases, searching without the availability of relevant metadata, selecting publications on purposeful conceptual grounds, defining concepts and other information to abstract iteratively, accounting for inconsistent terminology used to describe specific methods topics, and generating rigorous verifiable analytic interpretations. Since a broad aim in systematic methods overviews is to describe and interpret the relevant literature in qualitative terms, we suggest that iterative decision making at various stages of the review process, and a rigorous

qualitative approach to analysis are necessary features of this review type.
CONCLUSIONS: We believe that the principles and strategies provided here will be useful to anyone choosing to undertake a systematic methods overview. This paper represents an initial effort to promote high quality critical evaluations of the literature regarding problematic methods topics, which have the potential to promote clearer, shared understandings, and accelerate advances in research methods. Further work is warranted to develop more definitive guidance

Hebert J, Robitaille H, Turcotte S, and Legare F. Online dissemination strategies of a Canada research chair: overview and lessons learned. JMIR Research Protocols. 2017; 6(2):e27.

<http://dx.doi.org/10.2196/resprot.6413> [open access]

Abstract: BACKGROUND: Little is known about the use of online dissemination strategies, such as websites and social media, to increase the visibility and uptake of research. OBJECTIVE: To describe two online dissemination strategies of the Canada Research Chair in Implementation of Shared Decision Making in Primary Care over an eight-year period. METHODS: Our two sources of online dissemination data were the website of the Canada Research Chair in Implementation of Shared Decision Making in Primary Care and the Chair's Twitter account. We conducted a content analysis of the news section of the website. We extracted website usage statistics using Google Analytics and analyzed indicators such as total number of visits, new and returning visitors, page views per visit, time spent onsite per visit, visitors' country of origin, and most popular pages. From the Chair's Twitter account, we collected the number of tweets, followers, and follows. We consulted Google Scholar to chart the trend in citations of the Chair's articles over the same period. RESULTS: From the website's inception in January 2008 to December 2015, we recorded an average of 7906 visits per year (3809 in 2008; 8874 in 2015), 65.85% of which involved new visitors (5206/7906). The average number of pages viewed per visit was 3.2 and average bounce rate was 57.87% (4575/7906). Visitors spent an average of two minutes and 12 seconds per visit. We computed visits from 162 countries, with the majority from Canada (5910/7906, 74.75%). In order of frequency, the seven most visited pages were: (1) home page with news of publications and grants (24,787 visits), (2) profile of Chairholder (8041 visits), (3) profiles of research team members (6272 visits), (4) list of research team members (4593 visits), (5) inventory of shared decision making (SDM) programs (1856 visits), (6) interprofessional approaches to SDM (1689 visits), and (7) description of Chair activities (1350 visits). From the inception of the Twitter account in April 2011 to November 30, 2016 we recorded 5831 tweets in French and English, 1679 followers, and 1112 follows. The total number of visits and visitors to the website increased during the first three years, stabilized, and then dropped slightly, while the number of returning visitors rose slightly. In comparison, citations of the Chair's articles increased steadily over the same period, rising more sharply as visits to the website declined. CONCLUSIONS: Over an eight-year period, visitors to the website increased in the first three years before levelling off.

Meanwhile, the Chair's citations rose continuously. There was no observable association between website visits or Twitter activity and rising citations. Our results suggest that online dissemination may not yet be a major determinant of research uptake or visibility in the scientific community

Hutting N, Detaille SI, Heerkens YF, Engels JA, Staal JB, and Nijhuis-van der Sanden MW. Experiences of participants in a self-management program for employees with complaints of the arm, neck or shoulder (CANS): a mixed methods study. Journal of Occupational Rehabilitation. 2017; 27(1):35-48.

<http://dx.doi.org/10.1007/s10926-016-9630-9> [open access]

Abstract: Purpose To investigate the experiences of participants of a self-management program for employees with complaints of the arm, neck or shoulder (CANS). The program consisted of six group sessions combined with an eHealth module. Methods Semi-structured interviews with the first 31 consecutive participants of the intervention group participating in a randomized controlled trial. Participants were interviewed after their last group session. Semi-structured interviews were guided by an interview guide and audio-recorded. Data were analyzed using thematic analysis and the emerging themes were discussed. All participants in the intervention group were asked about their experiences with a questionnaire at three (n = 58) and 12-months (n = 53) follow-up. Results Most participants appreciated the diversity of the program and benefited from the interaction with their peers. The eHealth module, although not used by everyone, was generally experienced as positive, especially the section with the physical exercises. Participants obtained more insight into their complaints and increased awareness, which contributed to the acceptance of and coping with the complaints. There was also criticism about the content of the program and the lack of a follow-up session. Results of the questionnaires showed that participants had a high level of satisfaction. Conclusions In general, the intervention fitted the needs of employees with CANS. Participants obtained more knowledge and insight into their complaints, as well as increased awareness; all this contributed to a behavioral change and improved coping. Many participants made changes at work and during their leisure time, whereas some felt that continuing their 'changed' behavior would be a challenge

Jorgensen JT, Karlsen S, Stayner L, Andersen J, and Andersen ZJ. Shift work and overall and cause-specific mortality in the Danish nurse cohort. Scandinavian Journal of Work, Environment & Health. 2017; 43(2):117-126.

<http://dx.doi.org/10.5271/sjweh.3612>

Abstract: Objectives Evidence of an effect of shift work on all-cause and cause-specific mortality is inconsistent. This study aims to examine whether shift work is associated with increased all-cause and cause-specific mortality. Methods We linked 28 731 female nurses (age ≥ 44 years), recruited in 1993 or 1999 from the Danish nurse cohort where they reported information on shift work (night, evening, rotating, or day), to the Danish Register of Causes of Death to identify

deaths up to 2013. We used Cox regression models with age as the underlying scale to examine the associations between night, evening, and rotating shift work (compared to day shift work) and all-cause and cause-specific mortality in models adjusted for potentially confounding variables. Results Of 18 015 nurses included in this study, 1616 died during the study time period from the following causes: cardiovascular disease (N=217), cancer (N= 945), diabetes (N=20), Alzheimer's disease or dementia (N=33), and psychiatric diseases (N=67). We found that working night [hazard ratio (HR) 1.26, 95% confidence interval 95% CI) 1.05-1.51] or evening (HR 1.29, 95% CI 1.11-1.49) shifts was associated with a significant increase in all-cause mortality when compared to working day shift. We found a significant association of night shift work with cardiovascular disease (HR 1.71, 95% CI 1.09-2.69) and diabetes (HR 12.0, 95% CI 3.17-45.2, based on 8 cases) and none with overall cancer mortality (HR 1.05, 95% CI 0.81-1.35) or mortality from psychiatric diseases (HR 1.17, 95% CI 0.47-2.92). Finally, we found strong association between evening (HR 4.28, 95% CI 1.62-11.3) and rotating (HR 5.39, 95% CI 2.35-12.3) shift work and mortality from Alzheimer's disease and dementia (based on 8 and 14 deaths among evening and rotating shift workers, respectively). Conclusions Women working night and evening shifts have increased all-cause, cardiovascular, diabetes, and Alzheimer's and dementia mortality

Lai HS, Szeto GP, and Chan CC. Injured workers' perception of loss and gain in the return to work process. Risk Management and Healthcare Policy. 2017; 10:7-16.

<http://dx.doi.org/10.2147/RMHP.S119479> [open access]

Abstract: When a worker is injured at work, he has to face a tough decision-making process about when and how to return to work (RTW). This study tests how the prospect theory can be applied to influence the injured workers' perceptions about this important choice. One hundred forty-one injured workers were presented with wage- and pain-related information in four different message framing (negatively or positively) and precision (smaller or larger number) conditions. After exposure to the specific combination of this wage and pain information, the participants were asked to express intentions to RTW in terms of perceived chance, confidence, and anticipated sick leave duration. When asked to predict their RTW outcome, 101 participants (72.3%) responded favorably, whereas only 40 (27.7%) indicated an expectation for staying on sick leave. The present results did not show significant differences in the participants' responses to the positively and negatively framed information about wage and pain. However, it was noted that the control group that was presented with positive framing for both "wage" and "pain" information showed higher scores in expectation and confidence for RTW, whereas the Ambivalent Group that had both negative messages showed lower scores. Seventy-nine participants who had $\geq 60\%$ perceived improvement in condition were selected for further analysis, and those who were presented with "wage loss" information rated significantly higher perceived chance of RTW than those in the "pain gain" group.

More in-depth investigation is warranted on this topic, with a larger sample of injured workers to investigate the effects of message framing on the decision-making process about RTW

Langi FL, Oberoi A, Balcazar FE, and Awsumb J. Vocational rehabilitation of transition-age youth with disabilities: a propensity-score matched study. *Journal of Occupational Rehabilitation*. 2017; 27(1):15-23.

<http://dx.doi.org/10.1007/s10926-016-9627-4>

Abstract: Objective To investigate the employment outcomes of vocational rehabilitation (VR) services for youth with disabilities in a targeted, enhanced, and contract-based secondary transition program as compared to the traditional VR transition services. Methods A population-based study was conducted on 4422 youth with physical, intellectual, learning, mental and hearing disabilities aged 14-21 at application and whose case was closed after receiving VR transition services in a Midwestern state. Selected youth were classified into either targeted secondary transition program (START) or non-START treatment group. The employment outcomes of the groups were compared using propensity-score matching procedures. Results 2211 youth with disabilities in each treatment group were successfully matched based on demographic characteristics, types of disabilities, existence of severe functional limitations, and year of referral. The overall rehabilitation rate was 57 % [95 % confidence interval (CI) 56-59 %], where the START group rate was 61 % (95 % CI 59-63 %) and the non-START group 53 % (95 % CI 51-55 %). The propensity-score matched odds ratio (OR) was 1.40 (95 % CI 1.24-1.58; $p < 0.001$). Subgroup analyses showed that the odds of rehabilitation in youth with disabilities were consistently higher when they were in START as compared to non-START (OR ranged from 1.27 to 1.92 with $p < 0.05$ except for the Hispanic subgroup). Conclusion The results suggest that VR services in a targeted, enhanced, and contract-based secondary transition program are more effective in transitioning youth with disabilities to employment than the regular VR transition services

Lorenc T, Felix L, Petticrew M, Melendez-Torres GJ, Thomas J, Thomas S, O'Mara-Eves A, and Richardson M. Meta-analysis, complexity, and heterogeneity: a qualitative interview study of researchers' methodological values and practices. *Systematic Reviews*. 2016; 5(1):192.

<http://dx.doi.org/10.1186/s13643-016-0366-6> [open access]

Abstract: BACKGROUND: Complex or heterogeneous data pose challenges for systematic review and meta-analysis. In recent years, a number of new methods have been developed to meet these challenges. This qualitative interview study aimed to understand researchers' understanding of complexity and heterogeneity and the factors which may influence the choices researchers make in synthesising complex data. METHODS: We conducted interviews with a purposive sample of researchers (N = 19) working in systematic review or meta-analysis across a range of disciplines. We analysed data thematically using a framework approach. RESULTS: Participants reported using a broader range of

methods and data types in complex reviews than in traditional reviews. A range of techniques are used to explore heterogeneity, but there is some debate about their validity, particularly when applied post hoc. CONCLUSIONS: Technical considerations of how to synthesise complex evidence cannot be isolated from questions of the goals and contexts of research. However, decisions about how to analyse data appear to be made in a largely informal way, drawing on tacit expertise, and their relation to these broader questions remains unclear

Martin-Roman A and Moral A. A methodological proposal to evaluate the cost of duration moral hazard in workplace accident insurance. *European Journal of Health Economics*. 2017;[Epub ahead of print].

<http://dx.doi.org/10.1007/s10198-017-0878-6>

Abstract: The cost of duration moral hazard in workplace accident insurance has been amply explored by North-American scholars. Given the current context of financial constraints in public accounts, and particularly in the Social Security system, we feel that the issue merits inquiry in the case of Spain. The present research posits a methodological proposal using the econometric technique of stochastic frontiers, which allows us to break down the duration of work-related leave into what we term "economic days" and "medical days". Our calculations indicate that during the 9-year period spanning 2005-2013, the cost of sick leave amongst full-time salaried workers amounted to 6920 million Euros (in constant 2011 Euros). Of this total, and bearing in mind that "economic days" are those attributable to duration moral hazard, over 3000 million Euros might be linked to workplace absenteeism. It is on this figure where economic policy measures might prove more effective

Milat AJ and Li B. Narrative review of frameworks for translating research evidence into policy and practice. *Public Health Research & Practice*. 2017; 27(1):e2711704.

<http://dx.doi.org/10.17061/phrp2711704> [open access]

Abstract: BACKGROUND: A significant challenge in research translation is that interested parties interpret and apply the associated terms and conceptual frameworks in different ways. The purpose of this review was to: a) examine different research translation frameworks; b) examine the similarities and differences between the frameworks; and c) identify key strengths and weaknesses of the models when they are applied in practice. METHODS: The review involved a keyword search of PubMed. The search string was (translational research OR knowledge translation OR evidence to practice) AND (framework OR model OR theory) AND (public health OR health promotion OR medicine). Included studies were published in English between January 1990 and December 2014, and described frameworks, models or theories associated with research translation. RESULTS: The final review included 98 papers, and 41 different frameworks and models were identified. The most frequently applied knowledge translation framework in the literature was RE-AIM, followed by the knowledge translation continuum or 'T' models, the Knowledge to Action

framework, the PARIHS framework, evidence based public health models, and the stages of research and evaluation model. CONCLUSION: The models identified in this review stem from different fields, including implementation science, basic and medical sciences, health services research and public health, and propose different but related pathways to closing the research-practice gap

Nielsen MB and Knardahl S. Does human resource primacy moderate the impact of psychological distress on subsequent risk for disability retirement? *Scandinavian Journal of Work, Environment & Health*. 2017; 43(2):187-190.

<http://dx.doi.org/10.5271/sjweh.3621>

Abstract: Objective Human resource primacy (HRP) refers to employees' perceptions of how the organization shows interests in its employees' welfare, happiness, and health. The aims of this study were to determine whether (i) perceptions of HRP are related to the risk for disability retirement and (ii) HRP moderates the impact of psychological distress on later risk for disability retirement. **Methods** The study relied on a combination of self-report survey questionnaire data on HRP and psychological distress supplemented with official register data on disability benefits from the Norwegian Labor and Welfare Administration. The sample comprised 14 501 Norwegian employees from various occupations and industries. **Results** HRP was significantly associated with reduced risk of disability retirement [hazard ratio (HR) in bivariate analysis 0.84, 95% confidence interval (95% CI) 0.77-0.93] and after adjusting for gender and educational level. However, HRP (HR 0.97, 95% CI 0.87-1.07) was not associated with later risk for disability retirement after adjusting for psychological distress and did not moderate the association between psychological distress and disability retirement. **Conclusions** A positive impression of HRP may reduce the risk of disability retirement in general but not in cases following psychological distress. Upcoming research should identify other factors that may be more beneficial with regard to reducing the risk for disability retirement following distress

Oakman J, Kinsman N, and Briggs AM. Working with persistent pain: an exploration of strategies utilised to stay productive at work. *Journal of Occupational Rehabilitation*. 2017; 27(1):4-14.

<http://dx.doi.org/10.1007/s10926-016-9626-5>

Abstract: Purpose Maintaining productive employment for people with persistent pain conditions is challenging. This study aims to explore supports-work and non-work- used by employees to assist them in maintaining productive employment. **Methods** An exploratory, mixed-methods study comprising a questionnaire battery followed by semi-structured interviews to collect in-depth qualitative data was undertaken. The questionnaires measured descriptive variables used to select participants for interviews based on maximum heterogeneity sampling. Thirty-five semi-structured interviews were undertaken (14 males; 21 females). The interview schedule covered: employment situation, workplace challenges,

workplace supports, coping strategies, motivations, future employment options and any other resources utilised. Inductive content analysis was undertaken using a grounded theory approach to systematically explore the data. Results Three key themes were identified: barriers to working productively, enablers to working productively, disclosing my condition at work. A key determinant of maintaining productive employment was a supportive employer. In addition, flexibility in the work organisation was also pivotal in maintaining sustainable, productive employment. An important issue emerged with regard to disclosure of one's condition to an employer. For some, this was a significant barrier to employment. Conclusions To ensure sustainable employment is attainable for those with persistent pain conditions, a good match is required between an employee and their work. Workplace accommodations may assist with improving job fit but this requires disclosure of a condition to an employer. Weighing up the risks and benefits of disclosure is difficult, and may be assisted by knowledge of available supports to assist with maintaining ongoing employment

O'Donoghue JL and Anstey KJ. The use of secondments as a tool to increase knowledge translation. Public Health Research & Practice. 2017; 27(1):e2711708.

<http://dx.doi.org/10.17061/phrp2711708> [open access]

Abstract: This paper discusses the use of secondments as a tool to increase knowledge translation between academics and policy makers by developing individual capacity. A case study is presented of a reciprocal secondment between a government department and a university. Enablers of knowledge translation included flexibility and support, a prior relationship between the two organisations, and a government culture that values use of research in policy making. Barriers included the lack of a planned approach with agreed outcomes, and a lack of evaluation at the end of the secondment. Recommendations for future secondments include establishing ongoing secondments between organisations; trialling different types of secondments; and having a detailed plan at the beginning of a secondment, including how the success of the secondment will be measured, and a formal evaluation at the end

Palmer KT, D'Angelo S, Harris EC, Linaker C, Sayer AA, Gale CR, Evandrou M, van Staa T, Cooper C, and Coggon D. Sleep disturbance and the older worker: findings from the Health and Employment after Fifty study. Scandinavian Journal of Work, Environment & Health. 2017; 43(2):136-145.

<http://dx.doi.org/10.5271/sjweh.3618>

Abstract: Objectives The aim of this study was to characterize the descriptive epidemiology of insomnia in midlife and explore the relative importance of different occupational risk factors for insomnia among older workers. Methods A questionnaire was mailed to all adults aged 50-64 years registered with 24 English general practices. Insomnia was defined as having at least one of four problems with sleep severely in the past three months. Subjects were also asked about employment conditions, feelings concerning work, and their health.

Associations were assessed by logistic regression and population attributable fractions (PAF) calculated. Results Analysis was based on 8067 respondents (5470 in paid work), 18.8% of whom reported insomnia. It was more common among women, smokers, obese individuals, those living alone, and those in financial hardship, and less prevalent among the educated, those in South-East England, and those with friendships and leisure-time pursuits. Occupational risk factors included unemployment, shift working, lack of control and support at work, job insecurity, job dissatisfaction and several of its determinants (lacking a sense of achievement, feeling unappreciated, having difficult work colleagues, feeling unfairly criticized). Population burden of insomnia was associated more strongly with difficulties in coping with work demands, job insecurity, difficult colleagues, and lack of friendships at work [population attributable fraction (PAF) 15-33%] than shift work and lack of autonomy or support (PAF 5-7%). It was strongly associated with seven measures of poorer self-assessed health. Conclusions Employment policies aimed at tackling insomnia among older workers may benefit from focusing particularly on job-person fit, job security and relationships in the workplace

Pedder H, Sarri G, Keeney E, Nunes V, and Dias S. Data extraction for complex meta-analysis (DECiMAL) guide. Systematic Reviews. 2016; 5(1):212.

<http://dx.doi.org/10.1186/s13643-016-0368-4> [open access]

Abstract: As more complex meta-analytical techniques such as network and multivariate meta-analyses become increasingly common, further pressures are placed on reviewers to extract data in a systematic and consistent manner. Failing to do this appropriately wastes time, resources and jeopardises accuracy. This guide (data extraction for complex meta-analysis (DECiMAL)) suggests a number of points to consider when collecting data, primarily aimed at systematic reviewers preparing data for meta-analysis. Network meta-analysis (NMA), multiple outcomes analysis and analysis combining different types of data are considered in a manner that can be useful across a range of data collection programmes. The guide has been shown to be both easy to learn and useful in a small pilot study

Pollock M, Fernandes RM, Becker LA, Featherstone R, and Hartling L. What guidance is available for researchers conducting overviews of reviews of healthcare interventions? A scoping review and qualitative metasummary. Systematic Reviews. 2016; 5(1):190.

<http://dx.doi.org/10.1186/s13643-016-0367-5> [open access]

Abstract: BACKGROUND: Overviews of reviews (overviews) compile data from multiple systematic reviews to provide a single synthesis of relevant evidence for decision-making. Despite their increasing popularity, there is limited methodological guidance available for researchers wishing to conduct overviews. The objective of this scoping review is to identify and collate all published and unpublished documents containing guidance for conducting overviews examining

the efficacy, effectiveness, and/or safety of healthcare interventions. Our aims were to provide a map of existing guidance documents; identify similarities, differences, and gaps in the guidance contained within these documents; and identify common challenges involved in conducting overviews. **METHODS:** We conducted an iterative and extensive search to ensure breadth and comprehensiveness of coverage. The search involved reference tracking, database and web searches (MEDLINE, EMBASE, DARE, Scopus, Cochrane Methods Studies Database, Google Scholar), handsearching of websites and conference proceedings, and contacting overview producers. Relevant guidance statements and challenges encountered were extracted, edited, grouped, abstracted, and presented using a qualitative metasummary approach. **RESULTS:** We identified 52 guidance documents produced by 19 research groups. Relatively consistent guidance was available for the first stages of the overview process (deciding when and why to conduct an overview, specifying the scope, and searching for and including systematic reviews). In contrast, there was limited or conflicting guidance for the latter stages of the overview process (quality assessment of systematic reviews and their primary studies, collecting and analyzing data, and assessing quality of evidence), and many of the challenges identified were also related to these stages. An additional, overarching challenge identified was that overviews are limited by the methods, reporting, and coverage of their included systematic reviews. **CONCLUSIONS:** This compilation of methodological guidance for conducting overviews of healthcare interventions will facilitate the production of future overviews and can help authors address key challenges they are likely to encounter. The results of this project have been used to identify areas where future methodological research is required to generate empirical evidence for overview methods. Additionally, these results have been used to update the chapter on overviews in the next edition of the Cochrane Handbook for Systematic Reviews of Interventions

Spector JT and Reul NK. Promoting early, safe return to work in injured employees: a randomized trial of a supervisor training intervention in a healthcare setting. Journal of Occupational Rehabilitation. 2017; 27(1):70-81.

<http://dx.doi.org/10.1007/s10926-016-9633-6>

Abstract: Purpose Supervisors in the healthcare sector have the potential to contribute to disability prevention in injured employees. Published data on the evaluation of return to work (RTW) interventions aimed at direct supervisors are scarce. We sought to determine the effect of a brief audiovisual supervisor training module on supervisor RTW attitudes and knowledge. Methods A parallel-group study, using equal randomization, comparing the training module intervention to usual practice in healthcare supervisors at a quaternary care hospital was conducted. Differences between groups in changes in RTW attitude and knowledge survey question scores between baseline and 3 months were assessed using the Mann-Whitney U test. The Benjamini-Hochberg-Yekutieli

procedure was used to control for false discovery rate and generate adjusted p values. Results Forty supervisors were allocated to the intervention group and 41 to the usual practice group. Attitude and knowledge scores for most questions improved between baseline and immediately after intervention administration. Comparing intervention (n = 33) and usual practice groups (n = 37), there was a trend toward greater increase between baseline and 3 months follow-up in agreement that the supervisor can manage the RTW process (U = 515, adjusted p value = 0.074) and in confidence that the supervisor can answer employees' questions (U = 514, adjusted p value = 0.074) in the intervention group, although these findings were not statistically significant. Conclusions The training intervention may have provided the initial tools for supervisors to navigate the RTW process in collaboration with others in the RTW community of practice. A larger study with longer follow-up is needed to confirm results

Stansfield C, Dickson K, and Bangpan M. Exploring issues in the conduct of website searching and other online sources for systematic reviews: how can we be systematic? *Systematic Reviews*. 2016; 5(1):191.

<http://dx.doi.org/10.1186/s13643-016-0371-9> [open access]

Abstract: Websites and online resources outside academic bibliographic databases can be significant sources for identifying literature, though there are challenges in searching and managing the results. These are pertinent to systematic reviews that are underpinned by principles of transparency, accountability and reproducibility. We consider how the conduct of searching these resources can be compatible with the principles of a systematic search. We present an approach to address some of the challenges. This is particularly relevant when websites are relied upon to identify important literature for a review. We recommend considering the process as three stages and having a considered rationale and sufficient recordkeeping at each stage that balances transparency with practicality of purpose. Advances in technology and recommendations for website providers are briefly discussed

Thackway S, Campbell D, and Loppacher T. A long-term, strategic approach to evidence generation and knowledge translation in NSW, Australia. *Public Health Research & Practice*. 2017; 27(1):e2711702.

<http://dx.doi.org/10.17061/phrp2711702> [open access]

Abstract: There is a growing body of literature about the barriers to, and enablers of, the use of research evidence in policy and practice. Research funders are in a unique position to influence activities aimed at promoting research use. During the past decade, NSW (New South Wales) Health has systematically built and invested in an integrated population and health services research portfolio made up of different types of investment and policy focuses. Each of these investments has an explicit focus on translation. Ensuring a long-term, sustained, strategic approach to priority-driven research generation, true coproduction of evidence and effective knowledge translation will continue to deliver results for NSW. The NSW Population Health Research Strategy 2017-2021, currently in development,

will have a strong emphasis on fostering environments and actions that promote the use of research in policy and practice

van Vilsteren M, Boot CR, Twisk JW, Steenbeek R, Voskuyl AE, van Schaardenburg D, and Anema JR. One year effects of a workplace integrated care intervention for workers with rheumatoid arthritis: results of a randomized controlled trial. Journal of Occupational Rehabilitation. 2017; 27(1):128-136.

<http://dx.doi.org/10.1007/s10926-016-9639-0> [open access]

Abstract: Purpose To evaluate the effectiveness of a workplace integrated care intervention on at-work productivity loss in workers with rheumatoid arthritis (RA) compared to usual care. Methods In this randomized controlled trial, 150 workers with RA were randomized into either the intervention or control group. The intervention group received an integrated care and participatory workplace intervention. Outcome measures were the Work Limitations Questionnaire, Work Instability Scale for RA, pain, fatigue and quality of life (RAND 36). Participants filled out a questionnaire at baseline, and after 6 and 12 months. We performed linear mixed models to analyse the outcomes. Results Participants were on average 50 years of age, and mostly female. After 12 months, no significant intervention effect was found on at-work productivity loss. We also found no significant intervention effects on any of the secondary outcomes. Conclusions We did not find evidence for the effectiveness of our workplace integrated care intervention after 12 months of follow up. Future studies should focus on investigating the intervention in groups of workers with severe limitations in work functioning, and an unstable work situation

Wiemer A, Molders C, Fischer S, Kawohl W, and Rossler W. Effectiveness of medical rehabilitation on return-to-work depends on the interplay of occupation characteristics and disease. Journal of Occupational Rehabilitation. 2017; 27(1):59-69.

<http://dx.doi.org/10.1007/s10926-016-9632-7>

Abstract: Introduction Work disability causes high costs for economy, organizations, and employees. However, medical rehabilitation does not always enable employees to return to their old jobs. In the present study, we investigated how disease classification and work characteristics interact in predicting the success of medical rehabilitation in terms of one's ability to return to a former job. Methods To this end, we matched 2009 patient data from the German Statutory Pension Insurance agency with job characteristics data from the Occupational Information Network (O*NET) 17.0 database. We used a multilevel approach and a sample of N = 72,029, nested in 194 occupational groups. Results We found that workers are less likely to reenter a former job if mental illnesses coincide with emotionally demanding labor and if musculoskeletal diseases coincide with extreme environmental conditions. We did not find different effects between occupational groups for other types of diseases (circulatory system, neoplasms, injuries, others). Conclusion Thus, the contextual overlap of disease and

occupational characteristics notably lowers the chances of a successful return-to-work. These findings should be taken into account by physicians when attempting to set realistic goals for rehabilitation in collaboration with the patient and the funding agency

Wolfenden L, Grimshaw J, Williams CM, and Yoong SL. Time to consider sharing data extracted from trials included in systematic reviews.

Systematic Reviews. 2016; 5(1):185.

<http://dx.doi.org/10.1186/s13643-016-0361-y> [open access]

Abstract: BACKGROUND: While the debate regarding shared clinical trial data has shifted from whether such data should be shared to how this is best achieved, the sharing of data collected as part of systematic reviews has received little attention. In this commentary, we discuss the potential benefits of coordinated efforts to share data collected as part of systematic reviews. **MAIN BODY:** There are a number of potential benefits of systematic review data sharing. Shared information and data obtained as part of the systematic review process may reduce unnecessary duplication, reduce demand on trialist to service repeated requests from reviewers for data, and improve the quality and efficiency of future reviews. Sharing also facilitates research to improve clinical trial and systematic review methods and supports additional analyses to address secondary research questions. While concerns regarding appropriate use of data, costs, or the academic return for original review authors may impede more open access to information extracted as part of systematic reviews, many of these issues are being addressed, and infrastructure to enable greater access to such information is being developed. **CONCLUSION:** Embracing systems to enable more open access to systematic review data has considerable potential to maximise the benefits of research investment in undertaking systematic reviews

*IWH Authored publications.