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May 5, 2017

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***Ferrario MM, Landsbergis P, Tsutsumi A, Li J, Hynek P, Krause N, Smith P, Holtermann A, and Clays AE. Work environment: an opportunity for ground-breaking collaborations in cardiovascular disease prevention. *European Journal of Preventive Cardiology*. 2017; 24(2_suppl):4-6.**
<http://dx.doi.org/10.1177/2047487317698913>

Abegglen S, Hoffmann-Richter U, Schade V, and Znoj HJ. Work and Health Questionnaire (WHQ): a screening tool for identifying injured workers at risk for a complicated rehabilitation. *Journal of Occupational Rehabilitation*. 2017; 27(2):268-283.
<http://dx.doi.org/10.1007/s10926-016-9654-1>

Abstract: Purpose Unintentional injuries occur frequently and many of the accident survivors suffer from temporary or permanent disabilities. Although most accident victims recover quickly, a significant fraction of them shows a complicated recovery process and accounts for the majority of disability costs. Thus, early identification of vulnerable persons may be beneficial for compensation schemes, government bodies, as well as for the worker themselves. Here we present the Work and Health Questionnaire (WHQ), a screening tool that is already implemented in the case management process of the Swiss Accident Insurance Fund (Suva). Moreover, we demonstrate its prognostic value for identifying workers at risk of a complicated recovery process. Methods A total of 1963 injured workers answered the WHQ within the first 3 months after their accident. All of them had minor to moderate accidental injuries; severely injured workers were excluded from the analyses. The anonymized

individual-level data were extracted from insurance databases. We examined construct validity by factorial analyses, and prognostic validity by hierarchical multiple regression analyses on days of work disability. Further, we evaluated well-being and job satisfaction 18 months post-injury in a subsample of 192 injured workers (9.8 %). Results Factor analyses supported five underlying factors (Job Design, Work Support, Job Strain, Somatic Condition/Pain, and Anxiety/Worries). These subscales were moderately correlated, thus indicating that different subscales measured different aspects of work and health-related risk factors of injured workers. Item analysis and reliability analysis showed accurate psychometric properties. Each subscale was predictive at least for one of the evaluated outcomes 18 months post-injury. Conclusion The WHQ shows good psychometric qualities with high clinical utility to identify injured persons with multiple psychosocial risk factors. Thus, the questionnaire appears to be suitable for exploring different rehabilitation needs among minor to moderate injured workers

Breinegaard N, Jensen JH, and Bonde JP. Organizational change, psychosocial work environment, and non-disability early retirement: a prospective study among senior public employees. *Scandinavian Journal of Work, Environment & Health*. 2017; 43(3):234-240.

<http://dx.doi.org/10.5271/sjweh.3624;3624>

Abstract: Objective This study examines the impact of organizational change and psychosocial work environment on non-disability early retirement among senior public service employees. Methods In January and February 2011, Danish senior public service employees aged 58-64 years (N=3254) from the Capital Region of Denmark responded to a survey assessing psychosocial work environment (ie, social capital, organizational justice, and quality of management). Work-unit organizational changes (ie, change of management, merging, demerging, and relocation) were recorded from January 2009 to March 2011. Weekly data on non-disability early retirement transfer were obtained from the DREAM register database, which holds weekly information about all public benefit payments in Denmark. Hazard ratios (HR) for early retirement following employees' 60 th birthday were estimated with Cox regression adjusted for age, gender, and socioeconomic status. Results Exposure to change of management [HR 1.37, 95% confidence interval (95% CI) 1.13-1.66], mergers (HR 1.23, 95% CI 1.02-1.48), and relocation of work unit (HR 1.24, 95% CI 1.01-1.54) increased rate of non-disability early retirement, while demerging of work unit did not (HR 1.03, 95% CI 0.79-1.33). Work units with lower levels of social capital (HR 1.22, 95% CI 1.05-1.41), organizational justice, (HR 1.18, 95% CI 1.04-1.32), and quality of management (HR 1.14, 95% CI 1.02-1.25) increased rate of early retirement. Conclusion Organizational change and poor psychosocial work environment contribute to non-disability early retirement among senior public service employees, measured at work-unit level

Burr H, Pohrt A, Rugulies R, Holtermann A, and Hasselhorn HM. Does age modify the association between physical work demands and deterioration of self-rated general health? *Scandinavian Journal of Work, Environment & Health*. 2017; 43(3):241-249.

<http://dx.doi.org/10.5271/sjweh.3625;3625>



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Abstract: Objective Due to the growing proportion of older employees in the work force in several countries, the importance of age in the association between work and health is becoming increasingly relevant. Few studies have investigated whether age modifies the association of physical work demands with health. We hypothesized that the association of demanding body postures with deteriorated self-rated health (SRH) is stronger among older employees than among younger employees. Method We analyzed three 5-year cohorts in the Danish Work Environment Cohort Study comprising 8318 observations from 5204 employees (follow-up participation rate 83%) with good baseline SRH. Physical work demands were assessed as demanding body postures. Age was divided into tertiles; young (18-32 years), middle-aged (33-43 years) and old (44-59 among men and 44-54 years among women). Poor SRH ("fairly good", "poor", and "very poor") was measured with a single item. Log binomial regressions were stratified by gender. Effect modification (ie, interaction) was defined as deviation from additivity and examined by calculating the relative excess risk due to interaction (RERI). The reference group was employees aged 18-32 years with low physical exposure. Results When predicting deterioration of SRH, an interaction between demanding body postures and age was found among men [RERI: 0.75, 95% confidence interval (95% CI) 0.16-1.34, regarding the age group 44-59 years] and among women (RERI: 0.84, 95% CI 0.19-1.34, for the age group 33-43 years; and 1.17, 95% CI 0.42-1.93, for the age group 44-54 years). Conclusion The study findings suggest that demanding body postures have a stronger impact on health among older compared to younger employees

Giummarra MJ, Cameron PA, Ponsford J, Ioannou L, Gibson SJ, Jennings PA, and Georgiou-Karistianis N. Return to work after traumatic injury: increased work-related disability in injured persons receiving financial compensation is mediated by perceived injustice. Journal of Occupational Rehabilitation. 2017; 27(2):173-185.

<http://dx.doi.org/10.1007/s10926-016-9642-5>

Abstract: Purpose Traumatic injury is a leading cause of work disability. Receiving compensation post-injury has been consistently found to be associated with poorer return to work. This study investigated whether the relationship between receiving compensation and return to work was associated with elevated symptoms of psychological distress (i.e., anxiety, depression, and posttraumatic stress disorder) and perceived injustice. Methods Injured persons, who were employed at the time of injury (n = 364), were recruited from the Victorian State Trauma Registry, and Victorian Orthopaedic Trauma Outcomes Registry. Participants completed the Hospital Anxiety and Depression Scale, Posttraumatic Stress Disorder Checklist, Injustice Experience Questionnaire, and appraisals of pain and work status 12-months following traumatic injury. Results Greater financial worry and indicators of actual/perceived injustice (e.g., consulting a lawyer, attributing fault to another, perceived injustice, sustaining compensable injury), trauma severity (e.g., days in hospital and intensive care, discharge to rehabilitation), and distress symptoms (i.e., anxiety, depression, PTSD) led to a twofold to sevenfold increase in the risk of failing to return to work. Anxiety, post-traumatic stress and perceived injustice were elevated following compensable

injury compared with non-compensable injury. Perceived injustice uniquely mediated the association between compensation and return to work after adjusting for age at injury, trauma severity (length of hospital, admission to intensive, and discharge location) and pain severity. Conclusions Given that perceived injustice is associated with poor return to work after compensable injury, we recommend greater attention be given to appropriately addressing psychological distress and perceived injustice in injured workers to facilitate a smoother transition of return to work

Johnsen TL, Indahl A, Eriksen HR, Ihlebaek C, and Tveito TH. Work and mental complaints: are response outcome expectancies more important than work conditions and number of subjective health complaints? Journal of Occupational Rehabilitation. 2017; 27(2):218-227.

<http://dx.doi.org/10.1007/s10926-016-9648-z>

Abstract: Purpose Investigate the relative effect of response outcome expectancies, work conditions, and number of subjective health complaints (SHC) on anxiety and depression in Norwegian employees. Learned response outcome expectancies are important contributors to health. Individual differences in the expectancy to cope with workplace and general life demands may be important for how work conditions influence health. Method A survey was conducted among 1746 municipal employees (mean age 44.1, SD = 11.5, 81.5 % female), as part of a randomized controlled trial. This cross-sectional study used baseline data. Multiple logistic regression analysis was performed. Outcome variables were anxiety and depression; response outcome expectancies, work conditions, and number of SHC were independent variables. Results A high number of SHC was a significant factor in explaining anxiety (OR 1.26), depression (OR 1.22) and comorbid anxiety and depression (OR 1.31). A high degree of no and/or negative response outcome expectancies was a significant factor in explaining depression (OR 1.19) and comorbid anxiety and depression (OR 1.28). The variance accounted for in the full models was 14 % for anxiety, 23 % for depression, and 41 % for comorbid anxiety and depression. Conclusion A high number of SHC, and a high degree of no and/or negative response outcome expectancies were associated with anxiety and depression. The strongest association was found for number of SHC. However, previous studies indicate that it may not be possible to prevent the occurrence of SHC. We suggest that workplace interventions targeting anxiety and depression could focus on influencing and altering employees' response outcome expectancies

Ketelaar SM, Schaafsma FG, Geldof MF, Kraaijeveld RA, Boot CRL, Shaw WS, Bultmann U, and Anema JR. Implementation of the participatory approach for supervisors to increase self-efficacy in addressing risk of sick leave of employees: results of a cluster-randomized controlled trial. Journal of Occupational Rehabilitation. 2017; 27(2):247-257.

<http://dx.doi.org/10.1007/s10926-016-9652-3>

Abstract: Purpose To study the effectiveness of a multifaceted strategy to implement the participatory approach (PA) for supervisors to increase their self-efficacy in addressing risk of sick leave of employees. Methods Supervisors from three

organizations were invited to participate. Randomization was performed at department level. Supervisors (n = 61) in the intervention departments received the implementation strategy consisting of a working group meeting, supervisor training in PA application, and optional supervisor coaching. Supervisors in the control departments (n = 55) received written information on PA. The primary outcome was supervisors' self-efficacy to apply the PA, measured at baseline and 6 months' follow-up. The number of employees with whom supervisors discussed work functioning problems or (risk of) sick leave was also assessed. Effects were tested using multilevel analyses. Results The strategy did not increase self-efficacy to apply the PA. Subgroup analyses showed that self-efficacy increased for supervisors who at baseline reported to have discussed (risk of) sick leave with less than three employees during the last 6 months (B = 1.42, 95 % CI 0.34-2.50). Furthermore, the implementation strategy increased the number of employees with whom supervisors discussed work functioning problems or risk of sick leave (B = 1.26, 95 % CI 0.04-2.48). Conclusion Although the implementation strategy cannot be recommended for all supervisors, for supervisors who less frequently discuss (risk of) sick leave with employees the implementation strategy might be helpful. Trial registration NTR3733

Lammerts L, Schaafsma FG, van MW, and Anema JR. Process evaluation of a participatory supportive return to work program for workers without a permanent employment contract, sick-listed due to a common mental disorder. Journal of Occupational Rehabilitation. 2017; 27(2):159-172.

<http://dx.doi.org/10.1007/s10926-016-9625-6>

Abstract: Purpose This study aimed to perform a process evaluation of a participatory supportive return to work program for workers without a (permanent) employment contract, sick-listed due to a common mental disorder. The program consisted of a participatory approach, integrated care and direct placement in a competitive job. Our main questions were: were these components realized in practice and in accordance with the protocol? The evaluation took place alongside a randomized controlled trial. **Methods** The study population consisted of workers who filed a sickness benefit claim at the Dutch Social Security Agency, professionals of this agency and of vocational rehabilitation agencies. We focused on sick-listed workers and professionals who had actually participated in the intervention. Data was collected mainly by questionnaires. **Results** Only 36 out of 94 intervention group participants started with the program. In half of these cases application of integrated care was reported. Most other steps in the program were completed. However, fidelity to the protocol was low to reasonable. Much delay was observed in the execution of the program and only two sick-listed workers were placed in a competitive job. Still, satisfaction with the participatory approach was good. **Conclusions** Despite the positive evaluation of the participatory approach, the full program was executed less successfully compared to similar programs evaluated in earlier studies. This will probably affect the outcomes of our trial. Findings from this study will help to interpret these outcomes. Nevertheless, more knowledge is

needed about experiences of stakeholders who participated in the program. Trial Registration NTR3563

Lunde LK, Koch M, Knardahl S, and Veiersted KB. Associations of objectively measured sitting and standing with low-back pain intensity: a 6-month follow-up of construction and healthcare workers. Scandinavian Journal of Work, Environment & Health. 2017; 43(3):269-278.

<http://dx.doi.org/10.5271/sjweh.3628;3628>

Abstract: Objectives This study aimed to determine the associations between objectively measured sitting and standing duration and intensity of low-back pain (LBP) among Norwegian construction and healthcare workers. Methods One-hundred and twenty-four workers wore two accelerometers for 3-4 consecutive days, during work and leisure. Minutes of sitting and standing was calculated from accelerometer data. We obtained self-reported LBP intensity (0-3) at the time of objective measurement and after six months. We examined associations with linear mixed models and presented results per 100 minutes. Results For healthcare workers, the duration of sitting during work [$\beta = -0.33$, 95% confidence interval (95% CI) -0.55 - -0.10] and during full-day (work + leisure) ($\beta = -0.21$, 95% CI -0.38 - -0.04) was associated with baseline LBP intensity. Furthermore, minutes of sitting at work ($\beta = -0.35$, 95% CI -0.57 - -0.13) and during the full day ($\beta = -0.20$, 95% CI -0.37 - -0.04) were significantly associated with LBP intensity at six months. Associations were attenuated when adjusting for work-related mechanical and psychosocial covariates and objectively measured exposure during leisure time. No significant associations between sitting and LBP intensity were found for construction workers. Standing at work was not consistently associated with LBP intensity at baseline or after six months for any work sector. Conclusions This study suggests that a long duration of sitting at work is associated with lower levels of LBP intensity among healthcare workers. Standing duration had no consistent associations with LBP intensity

Matre D, Knardahl S, and Nilsen KB. Night-shift work is associated with increased pain perception. Scandinavian Journal of Work, Environment & Health. 2017; 43(3):260-268.

<http://dx.doi.org/10.5271/sjweh.3627;3627>

Abstract: Objectives The aim of the present study was to determine whether shift workers exhibit increased perception of experimentally induced pain after working night shifts. Methods The study was a paired cross-over design with two sleep conditions, after at least two nights of habitual sleep and after two consecutive night shifts at work. Fifty-three nurses in rotating shift work participated. The sensitivity to electrically induced pain, heat pain, cold pain, pressure pain and pain inhibition was determined experimentally in each sleep condition. Sleepiness and vigilance were also assessed. Results Night-shift work (NSW) increased the sensitivity to electrically induced pain and heat pain ($P \leq 0.001$). Relative to habitual sleep, electrically induced pain increased by 22.3% and heat pain increased by 26.5%. The sensitivity to cold and pressure pain did not change, changes relative to habitual sleep was $< 5\%$ ($P > 0.5$). Pain inhibition was

66.9% stronger after NSW versus after habitual sleep ($P < 0.001$). Sleepiness (measured with the Karolinska Sleepiness Scale) increased from 4.1 after habitual sleep to 6.9 after NSW ($P < 0.001$). Vigilance decreased after NSW, measured as a 0.03-second decrease in reaction time ($P < 0.005$). Conclusions Changes in pain sensitivity after NSW is measurable with clinically relevant effect sizes and may be an important marker for studies comparing the physiological effects of different shift work schedules. Explanations for the differential effect on different pain modalities should be a focus for future studies

Melendez-Torres GJ, O'Mara-Eves A, Thomas J, Brunton G, Caird J, and Petticrew M. Interpretive analysis of 85 systematic reviews suggests that narrative syntheses and meta-analyses are incommensurate in argumentation. Research Synthesis Methods. 2017; 8(1):109-118.

<http://dx.doi.org/10.1002/jrsm.1231>

Abstract: Using Toulmin's argumentation theory, we analysed the texts of systematic reviews in the area of workplace health promotion to explore differences in the modes of reasoning embedded in reports of narrative synthesis as compared with reports of meta-analysis. We used framework synthesis, grounded theory and cross-case analysis methods to analyse 85 systematic reviews addressing intervention effectiveness in workplace health promotion. Two core categories, or 'modes of reasoning', emerged to frame the contrast between narrative synthesis and meta-analysis:

practical-configurational reasoning in narrative synthesis ('what is going on here? What picture emerges?') and inferential-predictive reasoning in meta-analysis ('does it work, and how well? Will it work again?'). Modes of reasoning examined quality and consistency of the included evidence differently. Meta-analyses clearly distinguished between warrant and claim, whereas narrative syntheses often presented joint warrant-claims. Narrative syntheses and meta-analyses represent different modes of reasoning. Systematic reviewers are likely to be addressing research questions in different ways with each method. It is important to consider narrative synthesis in its own right as a method and to develop specific quality criteria and understandings of how it is carried out, not merely as a complement to, or second-best option for, meta-analysis. (c) 2016 The Authors. Research Synthesis Methods published by John Wiley & Sons Ltd

Norder G, Roelen CAM, van der Klink JJJ, Bultmann U, Sluiter JK, and Nieuwenhuijsen K. External validation and update of a prediction rule for the duration of sickness absence due to common mental disorders. Journal of Occupational Rehabilitation. 2017; 27(2):202-209.

<http://dx.doi.org/10.1007/s10926-016-9646-1>

Abstract: Purpose The objective of the present study was to validate an existing prediction rule (including age, education, depressive/anxiety symptoms, and recovery expectations) for predictions of the duration of sickness absence due to common mental disorders (CMDs) and investigate the added value of work-related factors. Methods A prospective cohort study including 596 employees who reported sick with CMDs in the

period from September 2013 to April 2014. Work-related factors were measured at baseline with the Questionnaire on the Experience and Evaluation of Work. During 1-year follow-up, sickness absence data were retrieved from an occupational health register. The outcome variables of the study were sickness absence (no = 0, yes = 1) at 3 and 6 months after reporting sick with CMDs. Discrimination between workers with and without sickness absence was investigated at 3 and 6 months with the area under the receiver operating characteristic curve (AUC). Results A total of 220 (37 %) employees agreed to participate and 211 (35 %) had complete data for analysis. Discrimination was poor with AUC = 0.69 and AUC = 0.55 at 3 and 6 months, respectively. When 'variety in work' was added as predictor variable, discrimination between employees with and without CMD sickness absence improved to AUC = 0.74 (at 3 months) and AUC = 0.62 (at 6 months). Conclusions The original prediction rule poorly predicted CMD sickness absence duration. After adding 'variety in work', the prediction rule discriminated between employees with and without CMD sickness absence 3 months after reporting sick. This new prediction rule remains to be validated in other populations

Osterlund AH, Lander F, Nielsen K, Kines P, Moller J, and Lauritsen J. Transient risk factors of acute occupational injuries: a case-crossover study in two Danish emergency departments. *Scandinavian Journal of Work, Environment & Health*. 2017; 43(3):217-225.

<http://dx.doi.org/10.5271/sjweh.3615;3615>

Abstract: Objectives The objectives of this study were to (i) identify transient risk factors of occupational injuries and (ii) determine if the risk varies with age, injury severity, job task, and industry risk level. Method A case-crossover design was used to examine the effect of seven specific transient risk factors (time pressure, disagreement with someone, feeling sick, being distracted by someone, non-routine task, altered surroundings, and broken machinery and materials) for occupational injuries. In the study, 1693 patients with occupational injuries were recruited from a total of 4002 occupational injuries seen in 2013 at two emergency departments in Denmark. Effect estimates were calculated using the matched-pair interval approach. Results Increased risk for an occupational injury was found for time pressure [odds ratio (OR) 1.6, 95% confidence interval (95% CI) 1.3-2.0], feeling sick (OR 2.7, 95% CI 1.9-3.9), being distracted by someone (OR 3.1, 95% CI 2.3-4.1), non-routine task (OR 8.2, 95% CI 5.3-12.5), altered surroundings (OR 20.9, 95% CI 12.2-35.8), and broken machinery or materials (OR 20.6, 95% CI 13.5-31.7). The risk of occupational injury did not vary substantially in relation to sex, age, job task, industry risk level, or injury severity. Conclusion Use of a case-crossover design identified several worker-related transient risk factors (time pressure, feeling sick, being distracted by someone) that led to significantly increased risks for occupational injuries. In particular, equipment (broken machinery or materials) and work-practice-related factors (non-routine task and altered surroundings) increased the risk of an occupational injury. Elaboration of results in relation to hazard period and information bias is warranted

Pham MT, Waddell L, Rajic A, Sargeant JM, Papadopoulos A, and McEwen SA. Implications of applying methodological shortcuts to expedite systematic reviews: three case studies using systematic reviews from agri-food public health. Research Synthesis Methods. 2016; 7(4):433-446.

<http://dx.doi.org/10.1002/jrsm.1215>

Abstract: BACKGROUND: The rapid review is an approach to synthesizing research evidence when a shorter timeframe is required. The implications of what is lost in terms of rigour, increased bias and accuracy when conducting a rapid review have not yet been elucidated. METHODS: We assessed the potential implications of methodological shortcuts on the outcomes of three completed systematic reviews addressing agri-food public health topics. For each review, shortcuts were applied individually to assess the impact on the number of relevant studies included and whether omitted studies affected the direction, magnitude or precision of summary estimates from meta-analyses. RESULTS: In most instances, the shortcuts resulted in at least one relevant study being omitted from the review. The omission of studies affected 39 of 143 possible meta-analyses, of which 14 were no longer possible because of insufficient studies (<2). When meta-analysis was possible, the omission of studies generally resulted in less precise pooled estimates (i.e. wider confidence intervals) that did not differ in direction from the original estimate. CONCLUSIONS: The three case studies demonstrated the risk of missing relevant literature and its impact on summary estimates when methodological shortcuts are applied in rapid reviews. (c) 2016 The Authors. Research Synthesis Methods Published by John Wiley & Sons Ltd

Sritharan J, Demers PA, Harris SA, Cole DC, and Peters CE. Occupation and risk of prostate cancer in Canadian men: A case-control study across eight Canadian provinces. Cancer Epidemiology. 2017; 48(96-103).

[http://dx.doi.org/S1877-7821\(17\)30052-8;10.1016/j.canep.2017.04.006](http://dx.doi.org/S1877-7821(17)30052-8;10.1016/j.canep.2017.04.006)

Abstract: BACKGROUND: The etiology of prostate cancer continues to be poorly understood, including the role of occupation. Past Canadian studies have not been able to thoroughly examine prostate cancer by occupation with detailed information on individual level factors. METHODS: Occupation, industry and prostate cancer were examined using data from the National Enhanced Cancer Surveillance System, a large population-based case-control study conducted across eight Canadian provinces from 1994 to 1997. This analysis included 1737 incident cases and 1803 controls aged 50 to 79 years. Lifetime occupational histories were used to group individuals by occupation and industry employment. Odds ratios and 95% confidence intervals were calculated and adjustments were made for known and possible risk factors. RESULTS: By occupation, elevated risks were observed in farming and farm management (OR=1.37, 95% CI 1.02-1.84), armed forces (OR=1.33, 95% CI 1.06-1.65) and legal work (OR=2.58, 95% CI 1.05-6.35). Elevated risks were also observed in office work (OR=1.20, 95% CI 1.00-1.43) and plumbing (OR=1.77, 95% CI 1.07-2.93) and with ≥ 10 years duration of employment. Decreased risks were observed in senior management (OR=0.65, 95% CI 0.46-0.91), construction management (OR=0.69, 95% CI 0.50-0.94) and travel work

(OR=0.37, 95% CI 0.16-0.88). Industry results were similar to occupation results, except for an elevated risk in forestry/logging (OR=1.54, 95% CI 1.06-2.25) and a decreased risk in primary metal products (OR=0.70, 95% CI 0.51-0.96). CONCLUSION: This study presents associations between occupation, industry and prostate cancer, while accounting for individual level factors. Further research is needed on potential job-specific exposures and screening behaviours

Tsou AY and Treadwell JR. Quality and clarity in systematic review abstracts: an empirical study. Research Synthesis Methods. 2016; 7(4):447-458.

<http://dx.doi.org/10.1002/jrsm.1221>

Abstract: BACKGROUND: Systematic review (SR) abstracts are important for disseminating evidence syntheses to inform medical decision making. We assess reporting quality in SR abstracts using PRISMA for Abstracts (PRISMA-A), Cochrane Handbook, and Agency for Healthcare Research & Quality guidance. METHODS: We evaluated a random sample of 200 SR abstracts (from 2014) comparing interventions in the general medical literature. We assessed adherence to PRISMA-A criteria, problematic wording in conclusions, and whether "positive" studies described clinical significance. RESULTS: On average, abstracts reported 60% of PRISMA-A checklist items (mean 8.9 +/- 1.7, range 4 to 12). Eighty percent of meta-analyses reported quantitative measures with a confidence interval. Only 49% described effects in terms meaningful to patients and clinicians (e.g., absolute measures), and only 43% mentioned strengths/limitations of the evidence base. Average abstract word count was 274 (SD 89). Word count explained only 13% of score variability. PRISMA-A scores did not differ between Cochrane and non-Cochrane abstracts (mean difference 0.08, 95% confidence interval -1.16 to 1.00). Of 275 primary outcomes, 48% were statistically significant, 32% were not statistically significant, and 19% did not report significance or results. Only one abstract described clinical significance for positive findings. For "negative" outcomes, we identified problematic simple restatements (20%), vague "no evidence of effect" wording (9%), and wishful wording (8%). CONCLUSIONS: Improved SR abstract reporting is needed, particularly reporting of quantitative measures (for meta-analysis), easily interpretable units, strengths/limitations of evidence, clinical significance, and clarifying whether negative results reflect true equivalence between treatments. Copyright (c) 2016 John Wiley & Sons, Ltd

Ubalde-Lopez M, Arends I, Almansa J, Delclos GL, Gimeno D, and Bultmann U. Beyond Return to Work: The Effect of Multimorbidity on Work Functioning Trajectories After Sick Leave due to Common Mental Disorders. Journal of Occupational Rehabilitation. 2017; 27(2):210-217.

<http://dx.doi.org/10.1007/s10926-016-9647-0>

Abstract: Objectives Patients with common mental disorders (CMDs) often suffer from comorbidities, which may limit their functioning at work. We assessed the longitudinal impact of multimorbidity, defined as two or more co-occurring chronic health conditions, on work functioning over time among workers who had returned to work after sick leave due to CMDs. Methods Prospective cohort study of 156 workers

followed for 1 year after return to work from sick leave due to CMDs. A multimorbidity score was computed by counting severity-weighted chronic health conditions measured at baseline. Work functioning was measured at baseline and at 3, 6 and 12 months follow-up with the Work Role Functioning Questionnaire. Work functioning trajectories, i.e. the course of work functioning after return to work over time, were identified through latent class growth analysis. Results A total of 44 % of workers had multimorbidity. Four work functioning trajectories were identified: one (12 % of the workers) showed increasing work functioning scores during follow-up, whereas the other trajectories showed low, medium and high scores (23, 41 and 25 %, respectively) that remained stable across time points. Although multimorbidity did not predict membership in any trajectory, within the increasing score trajectory levels of work functioning were lower among those with high baseline multimorbidity score ($p < 0.001$). Conclusions Over time, multimorbidity negatively impacts work functioning after return to work from sick leave due to CMDs

Volker D, Zijlstra-Vlasveld MC, Brouwers EPM, and van der Feltz-Cornelis CM. Process evaluation of a blended web-based intervention on return to work for sick-listed employees with common mental health problems in the occupational health setting. Journal of Occupational Rehabilitation. 2017; 27(2):186-194.

<http://dx.doi.org/10.1007/s10926-016-9643-4>

Abstract: Purpose A blended web-based intervention, "eHealth module embedded in collaborative occupational health care" (ECO), aimed at return to work, was developed and found effective in sick-listed employees with common mental disorders. In order to establish the feasibility of ECO, a process evaluation was conducted. Methods Seven process components were investigated: recruitment, reach, dose delivered, dose received, fidelity, satisfaction and context. Quantitative and qualitative methods were used to collect data: an online questionnaire for the employees, website data, telephonic interviews with occupational physicians (OPs) and observations of the researchers. Results Recruitment was uncomplicated for the employees, but required several steps for the OPs. Reach was 100 % at the OP level and 76.3 % at the employee level. Dose delivered and received for OPs: 91.6 % received minimally one email message. Dose delivered and received for the employees: finishing of the different modules of ECO varied between 13 and 90 %. Fidelity: the support of the OP to the employee in ECO was lower than anticipated. Satisfaction: both employees and OPs were satisfied with the intervention. However, employees reported a need for more support in ECO. The context showed that OPs had limited time to support the employees and it was impossible for the employee to contact the OP outside their regular contacts. Conclusion Feasibility of ECO and satisfaction of employees and OPs with ECO were good. Fidelity of OPs was limited. For further implementation in the occupational health setting, especially contextual barriers regarding time limitation and accessibility of OPs for employees should be addressed

Young AE, Besen E, and Willetts J. The relationship between work-disability duration and claimant's expected time to return to work as recorded by workers' compensation

claims managers. *Journal of Occupational Rehabilitation*. 2017; 27(2):284-295.
<http://dx.doi.org/10.1007/s10926-016-9656-z>

Abstract: Purpose This research sought to determine whether there is a relationship between claimants' expected time to return to work (RTW) as recorded by claims managers and compensated days of work disability. Methods We utilized workers' compensation data from a large, United States-based insurance company. RTW expectations were collected within 30 days of the claim being reported and these were compared with the termination of total temporary indemnity payments. Bivariate and hierarchical regression analyses were conducted. Results A significant relationship between expected time to RTW and compensated disability duration was observed. The unadjusted correlation between work-disability duration and expected time to RTW was .25 ($p < .001$). Our multivariate model explained 29.8 % of the variance, with expected time to RTW explaining an additional 9.5 % of the variance in work-disability duration beyond what was explained by the covariates. Conclusion The current study's findings support the hypothesis that claimant RTW estimates as recorded by claims managers are significantly related to compensated-disability duration, and the relationship is maintained after controlling for variance that can be explained by other variables available within workers' compensation databases

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