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at work

IN THIS ISSUE

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IWH research helps shape new work reintegration initiative

In November 2010, Ontario's Workplace Safety and Insurance Board introduced the new Work Reintegration Program. Many of its features address problems with the old vocational rehabilitation program that were described by Institute for Work & Health research.

Dr. Ellen MacEachen

By 2009, Ontario's Workplace Safety and Insurance Board (WSIB) was certainly getting the message that its vocational rehabilitation program for injured workers, called Labour Market Re-entry (LMR), was not working as intended. Although bad press and a value-for-money audit drove the point home, evidence from a research project started two years earlier also indicated problems were afoot.

That research was led by Institute for Work & Health (IWH) Scientist Dr. Ellen MacEachen. Although the results of the research are just now being published, they played an important role in shaping the WSIB's new Work Reintegration Program, introduced in November 2010. The program, which integrates return to work and vocational rehabilitation, addresses many of the problems described by MacEachen's research.

Study uncovers range of problems

MacEachen's study, carried out from 2007 to 2009, had a deceptively simple aim: to understand how LMR actually operates for injured workers in Ontario. At the time, the Board's vocational retraining program offered through LMR was geared to workers who were injured at work and could not return to their former workplace, usually because they had suffered a permanent impairment.

The LMR program's aim was to help these workers re-enter the labour market with a different employer, in a job that would suit their functional abilities and pay them close to what they were previously earning. This often meant returning to school to get the needed credentials for employment.

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IWH welcomes new Board members

A number of changes were made in December to the Board of Directors at the Institute for Work & Health (IWH). **Ian Anderson**, a vice-chair at the Ontario Labour Relations Board, is the new chair of IWH's Board. He succeeds labour market consultant **John O'Grady,** who remains a member. **Dr. Carolyn Tuohy,** a political science professor at the University of Toronto, assumes the role of vice-chair.

New Board members are **Jerry Garcia** and **Melody Kratsios**. Garcia is a professional engineer who provides advisory and management consulting services to chief officers in the health-care, government and not-for-profit sectors. Kratsios is a senior vice-president of health, safety, security, environment and quality for SNC-Lavalin Inc., Infrastructure and Construction.

Retired from the Board is **Dr. Roland Hosein**, vice-president of environment, health and safety at GE Canada. **Janice Dunlop**, former senior vice-president of human resources at Ontario Power Generation, retired from the Board last September. IWH thanks these members for their valued contributions to the Board.

IWH scientific director delivers keynote

IWH Scientific Director **Dr. Ben Amick** delivered the keynote speech at the first Australasian Compensation Health Research Forum, held in Melbourne, Australia, in mid-October. Amick spoke on factors influencing return to work following injury, and his slides are available at: www.iscrr.com.au/media/22301/amick%20forum%20talk.pdf.

IWH research gets honourable mention

IWH Senior Scientist **Dr. Sheilah Hogg-Johnson** and her research team received an honourable mention for the best intervention evaluation at the fifth National Occupational Injury Research Symposium (NOIRS), which took place in October in Morgantown, West Virginia. The IWH evaluation was a randomized controlled study of targeted health and safety consultations and inspections in Ontario workplaces.

Scientific Director Dr. Ben Amick, one of the study's co-investigators, was a speaker at the NOIRS opening plenary. He talked about future directions in occupational injury prevention research from a Canadian perspective.

WHAT RESEARCHERS MEAN BY...

Grounded Theory

If you're a grounded theorist, you engage a 'zig-zag' approach to research—jumping from the field to the drawing table, then back again—in an ever-changing process of fine-tuning your findings. Grounded theory is all about having an open mind and seeing where the data take you.

Traditionally, scientists collect information to test a potential explanation or assumption. For example, let's say you are studying the role of supervisors in the return to work (RTW) of injured workers. Based on existing research, you might hypothesize that supervisors facilitate RTW in an important way, and then subsequently design a survey that asks workers about the role of supervisors to test this hypothesis.

Grounded theory, used in qualitative research (see www.iwh.on.ca/qualitative-research), takes a different approach. First coined in the 1960s, it was an alternative to the mainstream approach in which information was collected to test a theory. Grounded theory emphasizes starting from the ground up (i.e. generating theory from data) rather than from the top down (i.e. using data to test theory). In other words, it favours an *inductive* approach, rather than a *deductive* one.

Let's return to our example. Taking the grounded theory approach, you might enter into the RTW study with similar ideas about the role of supervisor support, but you would remain open to other theories stemming from the data you collect. You might learn something wholly unexpected.

You would start by carefully selecting the people you want to interview ("cases") and the types of workplaces you want to observe ("settings"), with the aim of getting the richest possible information. Your research plan might involve interviews or focus groups with injured workers who have and have not returned to work, in addition to supervisors and co-workers. As well, different types of workplaces, from blue- to white-collar environments, may be included in the sample. This is called **theoretical sampling**.

Next, you would constantly compare the information you gather with what is already known, and refine your explanations or theories as you go. This is called the **constant comparative method** and it is central to grounded theory. For example, you might compare supervisor/worker relationships across different jobs and types of workplaces.

Data might emerge that indicate supervisors are supportive when worker absences are brief, but not as supportive when the absences get longer. In the end, you may learn that supervisors play a relatively minor role compared to co-workers. This new knowledge would cause you to reconsider your previous understanding.

Grounded theory can take researchers in new and fruitful directions because it involves an interactive process where the overarching goal is to test and refine emerging ideas. It's easy to see how it can broaden the reach of an existing theory because it forces the researcher to change the scope of the study to incorporate new information. As such, grounded theory generates a high quality of research, revealing multi-layered interpretations of social life. A rich and detailed understanding of systems and processes is made possible.

To see other WRMB columns, go to: www.iwh.on.ca/what-researchers-mean-by.

MESSAGE FROM THE PRESIDENT:
Listening to stakeholders about research priorities

The following message is from Institute for Work & Health President Dr. Cameron Mustard, commenting on the Institute's consultation last fall about research priorities.

We at the Institute for Work & Health (IWH) place great importance on aligning our research to address the needs of our stakeholder communities. We are always listening to the concerns and challenges of our professional partners.

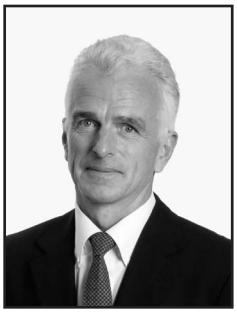
Last fall, to anchor the Institute's planning over the next five years, we asked our many professional partners and stakeholders in Ontario to share their views on research priorities and the most prominent challenges they face in their efforts to protect the health of workers.

We sought the views of more than 400 professional leaders in Ontario, drawn from a cross-section of the Institute's valued stakeholder communities: worker representatives, employer representatives, health and safety professionals, clinicians, disability management professionals, and policy and program staff in the Ministry of Labour and the Ontario Workplace Safety and Insurance Board. We were delighted by the enthusiastic and generous response.

We used a structured, web-based questionnaire to ask each respondent to select 10 priorities from a list of 24 prominent challenges in the prevention of work-related injury and illness, and to select 10 priorities from a list of 20 issues in the prevention, management and compensation of work disability. We also met with more than 60 members of our stakeholder communities for a one-day forum on November 1, 2011. Among the participants at the forum were four members of the Interim Prevention Council at the Ontario Ministry of Labour: Joan Eakin, Vern Edwards, Carmine Tiano and John Macnamara.

What did we hear?

We heard very clearly that our professional colleagues see a great need for research that is focused on helping workplaces improve and strengthen their practices. In the area of primary prevention, our stakeholders gave the highest ranking to research focused on strengthening the internal responsibility system by enhancing worker participation and management commitment. In responding to the consequences of work-related injury and illness, our professional partners gave the highest ranking to research efforts that assist workplaces in strengthening sustainable return-to-work outcomes.


Dr. Cameron Mustard

And we heard, without a doubt, that our stakeholder communities want us to continue our research efforts to provide benchmarking measures of current workplace practices in Ontario. They want help in strengthening the understanding of leading indicators of optimal workplace performance both in the prevention of work-related injury and in the accommodation and management of disability.

Our stakeholders expressed strong interest in more research on effective labour inspection and enforcement practices, as well as more research on the effectiveness of regulatory standards in the workplace accommodation of disability arising from work-related injury and illness.

And many of our stakeholders expressed concerns that the monitoring and surveillance of physical, chemical and noise exposures in Ontario workplaces are insufficient. Many stakeholders also encouraged more research on the health effects of hours of work, workload and work schedules.

At the day-long forum in November, we asked our professional colleagues to tell us what factors influenced their views about the most prominent research priorities. Four factors were identified as important contributors to making an issue a priority: a large number of workers and workplaces are affected, the economic consequences are large, progress in addressing the challenge seems to be slow, and strong differences of opinion exist on how best to respond to the challenge.

At the forum, participants also reinforced the importance of continuing to integrate knowledge exchange into our research program. Stakeholders said they are interested in being partners in our research and want to engage in an ongoing dialogue about research plans.

The contribution of our valued stakeholder communities to our consultation was terrific. We at the Institute have the good fortune to work closely with talented, professional leadership in Ontario. We heard a clear voicing of research priorities for our work over the years ahead.

Dr. Cameron Mustard
President, Institute for Work & Health

A summary of the results of the IWH stakeholder consultation is available at: www.iwh.on.ca/listening-to-our-stakeholders

What's new at www.iwh.on.ca

Hear the RAND Corporation's Dr. Robert Reville, the guest speaker at the Institute for Work & Health's 2011 Alf Nachemson Memorial Lecture, talk about the effects of research on shaping workers' compensation policy in California: **www.iwh.on.ca/nachemson-lecture**

A recent systematic review from IWH explores the prognostic factors for workers' time away from work due to acute low-back pain: **www.iwh.on.ca/sys-reviews/acute-low-back-pain-rtw-prognostic-factors**

The IWH's next systematic review workshop is set for April 18 to 20, 2012: **www.iwh.on.ca/workshops/systematic-review**

DRIVEN BY DATA:

The promising impact of research on policy

Dr. Robert Reville

In illustrating how research at California's RAND Corporation helped to reform policy, Dr. Robert Reville, speaking at the annual Nachemson lecture, brought an important take-away message north of the 49th parallel: Research and policy analysis can improve workers' compensation policy in many ways.

Reform in California's workers' compensation system points to the vital role that research can play in shaping public policy, according to Dr. Robert Reville, senior economist at the RAND Corporation and adjunct scientist at the Institute for Work & Health (IWH).

Reville presented this key idea to the audience attending IWH's 2011 Alf Nachemson Memorial Lecture, held on October 27 in Toronto. He brought with him a case study of 10 years of research at RAND featuring an important re-examination of California's workers' compensation policies.

As Reville explained, politics often involves compromise between very different interests. Politicians and policy-makers are skilled at staking out extreme positions, in the hopes that when they split the difference, their interests are better represented. Bringing research to the table reduces the range of extremes over which compromise is needed.

"In the absence of facts, the scope for extreme differences is larger," said Reville. "Policy research creates facts on the ground that [policy-makers] then have to deal with. Once the facts are on the table, a new range is set, and negotiation has to happen within that range. I think that leads to better policy."

Case study: Disabling injuries

Reville showed how this works in practice with respect to the long-term consequences of disabling injuries. Such disability is costly and an ongoing source of policy debate regarding workers' compensation. The story began in California in the mid-1990s, when two contradictory positions were often stated as fact: (1) injured workers frequently return to work at their previous jobs and may be over-compensated by their permanent disability awards; and (2) injured workers are inadequately compensated for the persistent income losses that they experience.

To find out which was true, the State of California sponsored RAND's research, which showed that the earnings of injured workers did not recover to what they would have been in the absence of injury. That study turned out to be the first of several in a 10-year dialogue that ultimately resulted in dramatic reform of the system. The research provided information to policy-makers on a number of issues related to the compensation of workers with permanent disabilities, including:

- earnings losses for permanent disabling occupational injuries;
- the value of return to work;
- the targeting of benefits; and
- the substitution of return to work and benefits.

In addition to providing facts on the consequences of injury, the initial study also showed that benefits in California were high in comparison to other jurisdictions, but still inadequate. Lower return to work (RTW) in California was driving the results.

This, naturally, led to a debate about whether or not RTW programs are helpful to workers in the long run. California then funded additional RTW research for which the key finding was that losses are lower when workers return to an at-injury employer. This suggested that RTW at the original employer benefits both injured workers and employers.

Another key finding was that RTW programs had a beneficial impact on sustained RTW. There was agreement on the importance of RTW programs, but a policy debate remained on how to set benefits for those with a permanent disability. California used a system based on rating the degree of disability. But RAND found that certain types of injuries were consistently under-compensated, and it recommended a system that modified the ratings based on empirical findings of wage loss.

RTW gains in post-injury employment

RAND's recommendations were partially adopted by California in 2004. However, the reform also substantially reduced benefit rates. Benefit reductions made workers worse off, but a new RTW incentive partially offset the benefit reductions.

"RAND found significant improvements in RTW, and the cumulative earnings losses declined over time," Reville said. "The drop in losses was driven by return-to-work gains."

But this did not fully compensate for benefit cuts."The 2004 changes lowered employer costs, and injured workers experienced important gains in post-injury employment," Reville continued. "The challenge today is to improve benefit adequacy without sacrificing the gains in post-injury employment."

The benefits of public policy analysis

One of the most interesting things about Reville's case study was the constant evolution of the inquiry: A compromise based on facts was found, giving rise to a new question, to new positioning at the extremes, to new research, to a new compromise and to new questions. He effectively showed that research and policy analysis can improve workers' compensation policy in many ways. He underscored the promising opportunities in the convergence of policy and research—namely, the ability to update policy parameters; to facilitate the constant evaluation of changes; and to foster smaller, more frequent policy adjustments that are driven by data.

To view Dr. Reville's slides and listen to the podcast of the 2011 Nachemson lecture, visit: www.iwh.on.ca/nachemson-lecture.

HOT OFF THE PRESSES

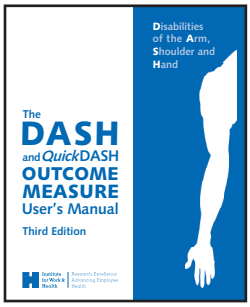
...and into the hands of practitioners

Getting new and updated Institute for Work & Health tools to practitioners is paramount, and this season the Institute was full steam ahead.

Two updated tools and one new tool from the Institute for Work & Health (IWH) are now available, or soon will be. Each has direct application on the frontlines of health and safety. Here's a quick look at what they offer.

Third edition of the DASH manual

Late 2011 saw the release of the much-anticipated third edition of the manual for the most popular clinical tool developed by IWH researchers to date: the *Disabilities of the Arm, Shoulder and Hand* (DASH) *Outcome Measure.*



The DASH is an effective resource for helping injured workers return to work because it gives clinicians a reliable and responsive instrument to assess upper extremity joints. It is a 30-item questionnaire that asks about physical function, symptoms and social/role function. A shorter version, the *Quick*DASH, is also available. Both have been translated into 30 languages.

IWH Research Associate Carol Kennedy led the update in collaboration with one of the manual's developers, IWH Scientist Dr. Dorcas Beaton. "Prior to the DASH, there were lots of measures pertaining to different regions and various disorders of the upper limb, but nothing to cover multiple regions and multiple disorders of the entire extremity," she says.

At 300-plus pages, the third edition of the manual includes over 60 published articles on measurement properties of the DASH; a new chapter on the *Quick*DASH; new chapters on cross-cultural adaptations; and two optional modules—one for athletes and performing artists, and one for workers whose jobs involve a high degree of physical performance. "Each study provides a piece of evidence on how the DASH performs. We hope that the current edition makes understanding and using this resource easier and more accessible," says Kennedy.

The electronic version of the DASH manual costs $40, or $90 ($70 plus $20 for shipping in Canada) when purchased with the printed version. The DASH and *Quick*DASH questionnaires are free. For more information, go to: www.dash.iwh.on.ca.

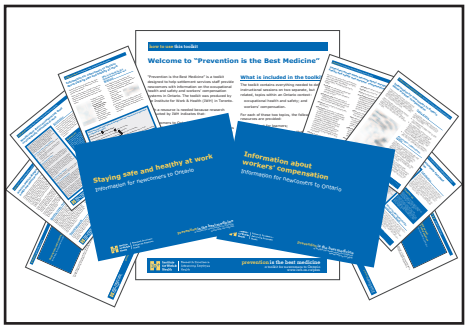
Prevention is the Best Medicine

Prevention is the Best Medicine (PBM) is a new toolkit from IWH designed to help settlement agencies and others teach newcomers to Ontario about basic rights and responsibilities regarding occupational health and safety and workers' compensation. The 11-item toolkit includes fact sheets and a vocabulary list for learners, and sample lesson plans, presentation slides and advice on handling difficult issues for workshop leaders.

"This tool is the first of its kind," says IWH Research Associate Marni Lifshen, who coordinated the project. PBM distinguishes itself from existing resources in several ways:

- It is based on extensive stakeholder consultation with those working in the immigrant settlement, injured worker, and health and safety fields.
- It was generated with the help of focus groups made up of settlement agency service providers and new Canadians, and then pilot-tested in Toronto.
- It is written specifically to address newcomers' needs, and designed to be integrated into language-learning and employment-preparation programs.

"This toolkit fills an important void," says IWH Scientist Dr. Agnieszka Kosny, principal investigator and project lead. "IWH research shows that newcomers are more likely than



The *Prevention is the Best Medicine* toolkit

Canadian-born workers to be in jobs with a higher number of health and safety hazards. Recent immigrants may be at higher risk of work injuries, and less likely to access compensation."

Prevention is the Best Medicine is available at: www.iwh.on.ca/pbm.

Manitoba version of the Smart Planner

The *Health & Safety Smart Planner* is a software program designed to help workplaces understand the benefits and costs of occupational health and safety programs and interventions. "Ongoing monitoring of these interventions is good practice," says Dr. Emile Tompa, the IWH scientist who led the team that developed the program.

While the Ontario version of this tool has seen over 900 downloads, a Manitoba version is being launched in early 2012, and it includes some important upgrades:

- An aggregate incident data option allows users to enter combined incident data, which saves time involved in data entry.
- A multiple incidents summary feature enables users to view summary statistics on incidents stored in the database, which allows for trend analysis.

The Manitoba version also comes with a new instructional video. The upgrades and video in the Manitoba version will be incorporated into other provincial versions as well. The *Smart Planner* is available at: www.iwh.on.ca/smart-planner.

"THE [INSTITUTE'S] LABOUR MARKET RE-ENTRY STUDY WAS INSTRUMENTAL IN POINTING US IN THE RIGHT DIRECTIONS FOR THE NEW PROGRAM," says Judy Geary, vice-president of work reintegration at Ontario's Workplace Safety and Insurance Board.

IWH research helps shape new work... continued from page 1

The function of placing workers in vocational retraining programs was outsourced to seven firms, whose case managers priced, designed and oversaw an individual worker's program. Through these programs, workers often ended up at private training schools throughout the province.

Using qualitative research methods, MacEachen and her team conducted interviews and focus groups with 71 people across Ontario who were directly involved with LMR, including workers, employers, educators at schools that provided retraining, case managers from the contracted firms, workers' compensation staff and worker representatives. The study described a number of problems (see box).

WSIB's new program tackles issues

MacEachen's research is now getting published in peer-reviewed journals. One paper about the functioning of the program was published online ahead of print in September by the *Journal of Occupational Rehabilitation* (Epub 2011 Sep 6; DOI: 10.1007/s10926-011-9329-x).

Although results are just making their way into the academic world, they played a key role in shaping the WSIB's Work Reintegration Program (WRP). In part, that's because a WSIB representative was a member of the stakeholder group advising the research team.

As well, Judy Geary, vice-president of work reintegration at WSIB, was a partner in the research and thus privy to the results as they became available. Being the key person responsible for overhauling the return-to-work and vocational rehabilitation system at the WSIB, she wanted to incorporate the research evidence into its design. "The Labour Market Re-entry study was instrumental in pointing us in the right directions for the new program," says Geary.

The new WRP phased out the use of external LMR service providers and brought case management back inside the Board. Geary traces a number of WRP features to MacEachen's research. These include:

- **more opportunities for choice**. Injured workers are being given more chances to make their own decisions about their occupation, the nature of their retraining (on-the-job versus school) and, if an academic route is chosen, what type of school they attend. "This is directly related to the finding that injured workers felt they were put on treadmills of training programs that they didn't want to be on, but had to stay on in order to maintain their workers' compensation benefits," says Geary.

AT-A-GLANCE: LMR FINDINGS

The IWH qualitative study on the workings of LMR pointed to the following problems:

- Some workers were not in a position to learn well. They were in chronic pain, on strong medication, subject to ongoing treatment and surgeries, etc.
- Workers sometimes felt "coerced" into making choices.
- Injured workers were sometimes being retrained for jobs that did not match their functional abilities.
- Part-time work was not an option, even if it was better suited to a worker's functional abilities and job sustainability.
- The outsourced nature of the program introduced a communications disconnect between injured workers and the WSIB.
- Some workers were being sent to school to retrain for occupations that would be better learned on the job (e.g. cashier).
- Private training schools were sometimes pushing workers through their programs quickly and lowering learning expectations to make their own success rates look good.

- **more retraining pathways**. MacEachen's research showed that offering just one pathway—the academic route—was a "bad fit for many injured workers," says Geary. Therefore, the new program allows for other options, such as on-the-job training.
- **access to community colleges**. The problems at private training schools noted by the research led the WSIB to build alliances with the province's community colleges. "If an injured worker chooses the academic route, he or she can now go to a community college or accredited private school," says Geary.
- **placement services.** The WRP now offers 12 weeks of placement services, through contracted providers, for those not returning to their old employer. "The research emphasized that injured workers face a lot of barriers and stigma as they're searching for work," says Geary. "Therefore, we're providing enhanced support to find work."
- **part-time work**. The research showed that the all-or-nothing approach of LMR—full-time work or none at all—did not fit the needs of workers who wanted to work but could only manage limited hours. "We've opened up the possibility of part-time employment," says Geary. "If an injured worker is able to work 20 hours a week and that is the best possible route, then the WSIB will pay the wage-loss difference."

Including stakeholders such as Geary in the loop as study evidence emerges represents a new model for disseminating research to policy-makers, says MacEachen. "It means they don't have to necessarily wait until results appear in print, which can take too long for stakeholders," she says. "A lot has been done to improve vocational retraining at WSIB, and much was prompted by our research evidence. That's exciting for us as researchers to see." ✚

Fast but finite:
Complementary and alternative therapies

A review led by a scientist from the Institute for Work & Health investigated the effectiveness of alternative therapies for back and neck pain and found that the benefits are immediate, but not lasting.

Conventional medical therapies, such as prescriptions for exercise and medications, aren't always successful for back and neck pain. Therefore, injured workers often turn to acupuncture, spinal manipulation, mobilization and massage looking for relief. But which of these complementary and alternative medicine (CAM) therapies, as they are called, actually work? This was the focus of a systematic review led by Institute for Work & Health (IWH) Associate Scientist Dr. Andrea Furlan.

The review, released last October, looked at 270 studies. Most were randomized controlled trials. The key findings were:

- CAMs were more effective in reducing pain compared to no treatment, physiotherapy or standard care in the short term.
- **Acupuncture** for certain types of back pain was better than placebo, but only in the short term. For certain types of neck pain, it was better than no treatment immediately after the treatment.
- **Manipulation** was better than placebo or no treatment for back and neck pain in the short term. It was also better than acupuncture.
- **Mobilization** was better than no treatment, but no different than placebo, for certain types of back pain. For certain types of neck pain, it was better than placebo.
- **Massage** was better than placebo or no treatment for certain types of back pain. It was significantly better than physiotherapy for back pain. For neck pain, it was better than no treatment, placebo or exercise.

Simply put: injured workers should try CAMs, but they shouldn't expect long-term relief.

The full review is available at: www.ahrq.gov/clinic/tp/backcam2tp.htm#Reports.

Increasing psychological demands elevate risk of depression

New, policy-relevant research from the Institute for Work & Health on Canadian workers finds that increases in job demands can increase the risk of depression.

Increases in psychological demands are more important than declines in job control for the onset of depression in Canadian workers—this, a key finding from an Institute for Work & Health (IWH) study that assessed the impact of such changes on the risk of depression.

Major depression is one of the top three causes of disability burden in high income countries. The economic burden of mental illness in Canada was estimated to be $51 billion in 2003. "Our study provides evidence that increases in psychological demands at work play an important role in the development or recurrence of this disease—depression has a work-related component," says IWH Scientist Dr. Peter Smith, who led the investigation. The findings were published ahead of print in December by the *American Journal of Public Health* (Epub 2011 Dec 15; DOI:10.2105/AJPH.2011.300376).

Despite the substantial burden of depression among working-age adults, few studies have measured changes in psychosocial working conditions in a representative sample of workers and then followed workers over time to measure the subsequent incidence of depression. In his study, Smith addresses this research gap.

Smith examined the effects of changes in job control (the ability to make decisions and use skills at work), psychological demands (the pace and mental intensity of work) and social support on subsequent depression. Using the National Population Health Survey, he looked for these effects among 3,735 Canadians who were ages 25 to 60 in 2000-2001, and who worked at some point in both 2000-2001 and 2002-2003.

Smith found that increases in psychological demands increased the risk of depression over the two years following the change, and the size of this risk was similar to the size associated with family and personal histories of depression. Approximately 10 per cent of the 150 episodes of depression observed in this sample may be attributed, in part, to adverse psychosocial working conditions related to increased psychological demands.

Moving from research to action

Surveys conducted in Europe and North America over the past 20 years have documented an increase in psychological demands perceived by workers, particularly a faster pace of work. Given the potential role of psychological work demands in the origins of depression, Smith believes improved monitoring of psychosocial working conditions in Canada is important.

In 2004, Quebec was the first province to introduce legislation mandating surveys of working conditions every five years that include outcome data on mental health. "Such surveys provide important information on the relationships between work and issues such as mental health at the provincial level, and should be part of a comprehensive primary prevention agenda," says Smith. "The best way to treat depression is to prevent it."

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wsib cspaat ONTARIO

Reducing presenteeism through workplace health promotion programs

Workplace health promotion programs are a strategy adopted by employers to address presenteeism and on-the-job performance. But are these programs effective? A recent review of the evidence suggests some are, and points to program components that help to make them successful.

Fixing the problem of presenteeism—that is, being present at work but limited in job performance by a health problem—is a goal of workplace health promotion (WHP) programs. It turns out some of these programs do reduce presenteeism, according to a study out of Ontario's Lakehead University, which included an Institute for Work & Health (IWH) researcher on the study team.

Findings from the study were published in May 2011 in *BMC Public Health* (vol. 11, article no. 395; DOI:10.1186/1471-2458-11-395), an open-access journal from *BioMed Central*. "The most important issue for organizations to address is not whether these programs should be implemented, but rather how they should be implemented, designed and evaluated for optimal results," says IWH Associate Scientist Dr. Carlo Ammendolia, co-author of the study.

Presenteeism on the rise

Presenteeism emerged as a business issue in the 1990s. It refers to the impact of an employee's physical and emotional health on decreases in on-the-job performance. The potential productivity losses include time not spent on job tasks and decreased quality of work.

Although often hidden, the costs related to presenteeism are estimated to be higher than those related to absenteeism. And they are being driven up by an increasing number of people with chronic health conditions and an aging workforce.

Little is known about the effectiveness of workplace health promotion programs on presenteeism. This review of the research set out to fill this gap. Are these programs effective in reducing presenteeism among employees? If so, what makes them successful?

What works to reduce presenteeism

After screening over 2,000 articles, 47 articles were found to be relevant to the review's questions, and 14 were accepted as scientifically sound with respect to their validity and reliability. In the end, the review found 10 WHP interventions that had a positive effect on reducing presenteeism. They ranged from worksite exercise and telephone support programs to lighting changes and extra rest breaks.

Looking at these 10 interventions, the review identified a number of program components that potentially helped to make them effective in reducing presenteeism. It found preliminary evidence to support the use of one or more of the following in WHP programs:

- involving supervisors and managers;
- targeting organizational and/or environmental factors to influence behaviour;
- using health-risk assessments or other methods to screen workers before they enter programs;
- improving supervisor/manager knowledge of mental health in the workplace;
- allowing physical exercise to take place during working hours;
- tailoring programs to the needs of individual workers;
- using behavioural change models to help reinforce desirable lifestyle behaviours;
- providing workers with incentives;
- using participatory approaches that involve employees; and
- increasing the frequency and length of rest breaks for at-risk employees.

The full article is available online at: www.biomedcentral.com/1471-2458/11/395.