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at work

IN THIS ISSUE

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The undeclared stakeholders:

Recognizing the role of co-workers in return to work

The role of co-workers is crucial in the return-to-work process, and it's a role that's not without challenges. This is according to two new studies that hint at ways of making return to work more of a seamless path.

Co-workers are not a neutral party when it comes to injured workers' return to work (RTW). They can make all the difference to the success (or not) of a return, yet can also be negatively affected by the challenges involved.

This was made clear in two new qualitative studies exploring the role of co-workers. Both studies were joint ventures between past and present scientists from the Institute for Work & Health (IWH) and colleagues in Australia.

"A number of studies have found that when injured workers feel they have support from co-workers, they're more likely to return to work," says former IWH Scientist Dr. Agnieszka Kosny, now a research fellow at Australia's Monash University, who led one of the two studies. "But the goodwill of co-workers toward injured colleagues can be impeded by workplace systems."

Dr. Debra Dunstan of the University of New England in Australia, who co-authored the other study with IWH Scientist Dr. Ellen MacEachen, agrees. For this reason, she recommends improving communication with, and recognition of, co-workers regarding RTW issues. "This could go a long way to smoothing the return-to-work path for injured workers and their co-workers," she says.

Co-workers "bearing the brunt" of RTW

These two new studies shed light on the undeclared stakeholders who both contribute to, and feel the often-negative effects of, RTW: the co-workers. In the first study, published online ahead of print last July by the *Journal of Occupational Rehabilitation* (doi: 10.1007/s10926-012-9380-2), Dunstan and MacEachen conducted focus groups in Toronto with co-workers from a range of occupations. They found that co-workers' capacity to support returning workers was based on four things:

- **the quality of the RTW arrangements,** including managerial attention to these arrangements—this, when most co-workers in

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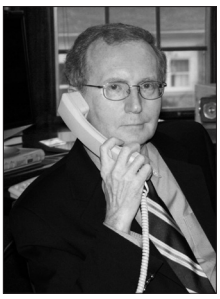
IWH scientist named reviewer of the year

Institute for Work & Health (IWH) Scientist **Dr. Dorcas Beaton** was named a "Reviewer of the Year" by the *Journal of Clinical Epidemiology* based on her constructive and timely reviews of articles submitted for publication. "We are so fortunate to have reviewers like Dr. Beaton to set a great example," says Dr. Jessie McGowan, associate editor of the journal. For more information about this award, see: www.jclinepi.com/article/S0895-4356(12)00334-4/fulltext.

John O'Grady retires from IWH Board

After 18 years of service, **John O'Grady**, a partner and consulting economist at Prism Economics and Analysis, retired last September from IWH's Board of Directors. For three of his 18 years, O'Grady was the Board chair. "John's commitment to the governance of the Institute over nearly two decades has been truly remarkable," says Dr. Cameron Mustard, president of the Institute for Work & Health. "We are proud of our long association and grateful for his contributions."



John O'Grady

IWH welcomes new Board member

Lewis Gottheil is the newest member of the IWH Board of Directors. Gottheil, who joined the Board in December, is the founding member and director of the Canadian Auto Workers (CAW)-Canada Legal Department. He advises the union on legal issues, and acts as its litigation counsel before employment-related tribunals and all levels of provincial and federal courts.

Scientific Advisory Committee undergoes changes

IWH's Scientific Advisory Committee (SAC) has seen some noteworthy changes since autumn 2012. **Dr. Emily A. Spieler** is the new chair and, as a result, has replaced **Dr. Barbara Silverstein** as the SAC representative on IWH's Board of Directors. Spieler is the former dean and Edwin Hadley Professor of Law at the Northeastern University School of Law in Boston.

Additional changes to the SAC include the departure of **Dr. Jody Heymann**, founding director of the Institute for Health and Social Policy, and the addition of **Dr. Greg Wagner,** a visiting professor from the Harvard School of Public Health in Boston.

WHAT RESEARCHERS MEAN BY...

Cohort Study

A "cohort" is any group of people with a shared characteristic. For example, in a birth cohort, what's common to all individuals is their birth year.

Ever wonder why some injured workers return to work (RTW) after six months while others do so after a year or more? A cohort study that follows and observes a group of people who have something in common (namely, a workplace injury) could help answer this question.

In a cohort study, the study participants are followed over time—from weeks to years, depending on the time frame. The goal is to understand the relationship between some attribute related to the cohort at the beginning of the study and the eventual outcome.

There are **five steps** in a cohort study:

1. Identify the study subjects; i.e. the cohort population.
2. Obtain baseline data on the exposure; measure the exposure at the start. (The exposure may be a particular event, a permanent state or a reversible state.)
3. Select a sub-classification of the cohort—the unexposed control cohort—to be the comparison group.
4. Follow up; measure the outcomes using records, interviews or examinations. (Note: Outcomes must be defined in advance and should be specific and measurable.)
5. Do the data analysis where the outcomes are assessed and compared.

Cohort study in action

Returning to our example, a cohort study could follow a group of injured workers who were off work (and filed musculoskeletal-related claims) and observe when these workers returned to work.

Researchers in such a study could determine what's affecting the workers' RTW. At six and 12 months post-injury, the workers could be interviewed about their readiness to RTW. They may be asked if they have returned to work and, if so, if they were able to meet their job demands. They might be asked about their organization's policies and practices, and if accommodated work had been offered and accepted.

It may come to light that the workers who felt their companies were doing well in terms of policies and practices were more likely to be back at work at six months, for example, than those who didn't. If this were the case, this cohort study could tell us that workplace policies likely play an important role in RTW. Researchers could use these results to develop a tool to identify readiness for RTW and guidelines surrounding successful RTW.

Strengths of a cohort study include the fact that multiple outcomes can be observed. Weaknesses are that they can be expensive and time-consuming because they can involve large populations and long periods of time.

In terms of levels of evidence for establishing relationships between exposure and outcome, cohort studies are considered second to randomized controlled trials (RCTs) because RCTs limit the possibility for biases by randomly assigning one group of participants to an intervention/treatment and another group to non-intervention/treatment or placebo. Cohort studies are **observational**—meaning the researcher observes what's happening or *naturally occurring*, measures variables of interest and draws conclusions. RCTs, in contrast, are **experimental**—meaning the researcher *manipulates* one of the variables (assigns treatments, for example) and determines how this influences the outcome.

If cohort studies are second-best, then why use them? They may be the only way to explore certain questions. For example, it would be unethical to design an RCT deliberately exposing workers to a potentially harmful situation.

To read about the Institute for Work & Health's Readiness for RTW Cohort, which followed a group of 600-plus injured workers, see *At Work*, Issue 65, Summer 2011.

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

Research finds safety and operations can enhance each other

Safety and operations can be mutually beneficial, suggests a joint study led by scientists from the Institute for Work & Health and York University.

In business operations, success is associated with efficiency, productivity and profits; in the safety world, it is associated with occupational injury and illness prevention. Although these two fields—operations and safety—have separately developed into mature areas of management practice, a research team consisting of scientists from the Institute for Work & Health (IWH), York University's Schulich School of Business and other universities has found that they are not mutually exclusive.

Indeed, when operations and systems are integrated, both systems seem to do better. This is the key finding to date from this research, which set out three years ago to answer a provocative question: Is safe production an oxymoron?

"We found that firms integrating safety and operations are building a successful business model for both realms," says Dr. Mark Pagell, the project's principal investigator (formerly at York, now at Ireland's University College Dublin). "These firms are better performers on both fronts."

Researchers were motivated to undertake this joint study by an unexpected void in the literature. "There were very few good quality studies on the financial merits of investing in health and safety," says IWH Scientist Dr. Emile Tompa, who led the IWH arm of the study. "We were very surprised because in almost every conversation about investing in safety programs, particularly with employers, these questions come up: What will it cost to ensure safety in the workplace? What are the returns on this kind of investment?"

Two separate workplace cultures revealed

The first stage of this research involved interviews with 10 companies in the manufacturing and transportation sectors. At each facility, the researchers collected information on operational and human resources practices, the workplace culture, safety practices and operations outcomes from the following parties: operations manager, human resources manager, safety manager, a front-line supervisor (with direct reports on the shop floor) and, in unionized plants, a union rep.

Ontario's Workplace Safety and Insurance Board (WSIB) supplied the researchers with a decade of claims data about each facility. This included the number of injuries (no-lost-time and lost-time incidents), number of days on benefits and insurance costs.

The case studies revealed two distinct workplace cultures:

1. **a culture supportive of safe operations**, which was participatory, had a prevention focus, was committed to safety and was disciplined in how work was done; and
2. **a day-to-day operations culture that was *not* committed to safety**, was not disciplined, had a reactive focus and was not participatory.

Safety was given short shrift in the day-to-day operations culture, the case studies revealed. "Some companies were focusing on putting out the fires to reach short-term targets rather than doing long-term planning with a more strategic approach," says Pagell. Conversely, the companies with cultures supportive of safe operations excelled in both safety and operations.

Workplace application implied

Seeking to confirm these findings, the researchers are pushing further. Stage two of their investigation, still unfolding, involves a survey of 200 manufacturing plants in which health and safety and operational managers are being asked about their plant's health and safety and operational practices.

"The larger scale survey of 200, in conjunction with the WSIB data, will give us a very rich data set," says Tompa. "It will allow us to confirm (or not) the positive connection between good safety and operations practices in terms of outcomes in both domains."

If the second stage of this research confirms the findings of the first, then "having distinct and separate health and safety and operational lines of authority and reporting will actually turn out to be counter-productive to both targets," says Pagell. "If this is the case, and firms really want to do well in the long-run and be a leader in their field, they will want to think of safety as *everyone's responsibility,* not the sole responsibility of the safety function."

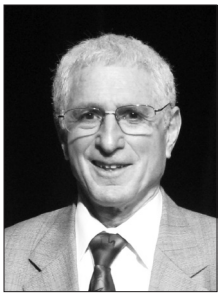
Tompa suggests that incentives could be designed for companies to focus on both safety and operations concurrently. "When conditions are arranged for workers to think about safe practices alongside operational priorities, then safety and operations are truly integrated," says Tompa. "If you bring safety and operations together under one umbrella as a way of doing business, the apparent trade-offs are not present. It's not win-lose; it's win-win."

Five papers have evolved from this research to date, one of which has been submitted to *Safety Science*. For more information, see the slidecast (slides and audio) of Pagell's related plenary: www.iwh.on.ca/plenaries/2012-mar-06.

Alternative paradigm proposed for health and safety system

As the health and safety system strives to keep up with today's working world, the University of Washington's Dr. Michael Silverstein has proposed a novel solution involving private workplace inspectors. He presented this idea at the Institute for Work & Health's annual Nachemson lecture.

Adopting an innovative prevention-based model that supplements traditional government oversight with a role for private-sector inspectors may enable regulatory standards and practices to keep pace with the changing world of work. This is according to Dr. Michael Silverstein, professor of Environmental and Occupational Health at the University of Washington's School of Public Health, and long-time public administrator of occupational health and safety programs.


Dr. Michael Silverstein

Silverstein laid out his idea to roughly 140 attendees at the Institute for Work & Health's annual Alf Nachemson Memorial Lecture, held in Toronto last November. Supportive of the recommendations in Ontario's 2010 *Report of the Expert Advisory Panel on Occupational Health and Safety,* Silverstein suggested his plan shares many of the report's tenets and may have legs north of the U.S.-Canada border.

Today's workplace very different

Today's workplace is markedly different from that of the not-so-distant past, according to Silverstein. "The kind of workplace for which America's *Occupational Safety and Health Act* (1970) was created is getting harder to find," he said.

For Silverstein, the key features of this changing world of work—all of which pose new challenges to worker health and safety— include:

- older, heavier and more chronically ill workers;
- new chemicals and other hazards, such as chemotherapy drugs in health-care settings;
- more work-related musculoskeletal disorders;
- structural changes in the labour market, such as a shift from manufacturing to services and health care;
- more vulnerable workers, including an increasing number of newcomers;
- increasing non-traditional work, such as temporary and contract work; and
- declining union representation.

The trouble, according to Silverstein, is that the health and safety system hasn't kept up with these changes. It's basically gridlocked. There are too few inspectors for the number of workplaces.

Silverstein's approach: A "different paradigm"

This disconnect could be addressed through "a different paradigm," Silverstein suggested. He outlined a plan that includes three key components.

First, every workplace would be required to implement a comprehensive health and safety program that includes management commitment, employee participation, training, exposure assessment, hazard control and medical surveillance. "Programs like this only make sense if there's a requirement to find and fix hazards, with plans for fixing them and a timetable for doing so," Silverstein said.

Second, every workplace would be required to obtain annual or periodic certification that its program was, in fact, being implemented and in compliance. "Business owners would be required to sign a personal declaration of compliance and would bear some liability in the event of negligence or disregard of the law," Silverstein added.

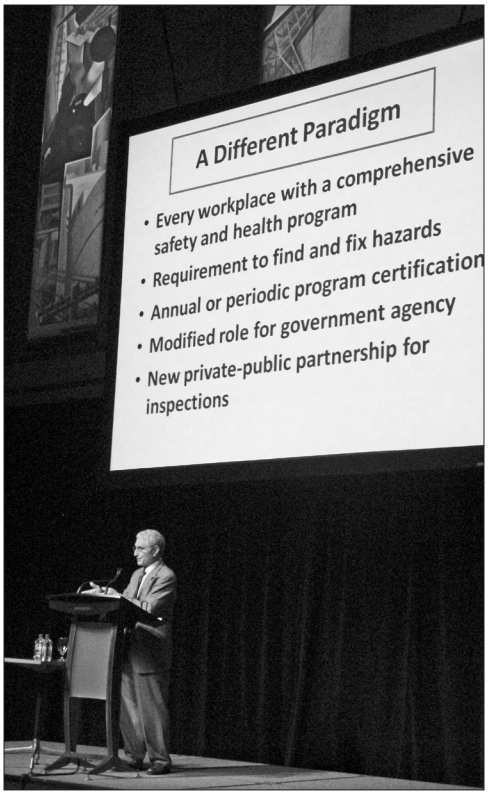
Third, private-sector individuals or organizations would be engaged to conduct certifications and inspections. They would be licensed to operate under rules established by the government, and government agencies would audit them and continue to do their own inspections. "There would have to be strong checks and balances to avoid the dangers—e.g. conflicts of interest and corruption—that become possible when governments delegate functions to the private sector," Silverstein added.

Silverstein, one-time head of health and safety at the United Auto Workers, acknowledged that this third point ruffles some feathers. "Here's where my friends in the U.S., especially in organized labour, jump off the boat, because it sounds like privatizing essential government services," he said.

However, Silverstein pointed out that the role of government agencies needs to change. "There's no way for any government agency to inspect every workplace with any reasonable frequency," he said. He also pointed out that variations of his plan are already successfully up and running in the U.S. For example, private-sector firms are designated to inspect aircraft on behalf of the Federal Aviation Administration.

Values, engagement essential to good public policy

The end goal of his plan, Silverstein said, is to inform and contribute to sound public policy that facilitates prevention. This is done by finding the basic



underlying causes of workplace injury and illness, intervening in the most potent ways possible and then evaluating whether the intervention worked.

Engagement is key in this process. "Prevention is more than public health science and professional competence," Silverstein said. "It requires engagement in the politics of organizational behaviour and social change. We have to participate, not as scientists or union reps, but as citizens who have a stake in the political process."

Values are also essential. "Good public policy takes place not simply as something that flows out of good science or evidence," he said. "It only takes place at the intersection of evidence, values that people bring to the table, and the nature of the political process."

You can hear the full 2012 Nachemson lecture, while viewing the slides, by going to: www.iwh.on.ca/nachemson-lecture.

THE MAKING OF AN "INFLUENTIAL KNOWLEDGE USER":

How Judy Geary used research to improve outcomes at WSIB

After more than three decades in various leadership roles at the Ontario Workplace Safety and Insurance Board, Judy Geary, recently retired, shares how she came to value the contribution of research to policy and program development.

Last summer, Judy Geary retired from her position as vice-president of Work Reintegration at the Ontario Workplace Safety and Insurance Board (WSIB). During her 33 years at WSIB, Geary came to recognize and value the role of research in program development, including the research of the Institute for Work & Health (IWH).

Indeed, because of her belief in the value of research, Geary is what the IWH refers to as an "influential knowledge user." To find out more about the making of an "influential knowledge user," Dr. Ron Saunders, IWH's director of Knowledge Transfer and Exchange, interviewed Judy Geary in October 2012. Excerpts from that interview are included here.

Saunders: *How did you come to value using research in your work?*

Geary: It was an evolutionary process. I can't say that when I began my career in workers' compensation I had a particular interest in research. I became aware that evidence-based policy-making or program design would stand a better chance of succeeding.

And when Jill Hutcheon was appointed our CEO, she strongly encouraged the use of evidence-based practice design and decision-making. We were also hearing a lot about evidence-based health care, so the concept of using evidence to design things was gaining traction everywhere.

Dr. Ron Saunders and Judy Geary

Apart from that, I found once I started to reach into the research community, researchers were open to conversations where we could discuss problems, share research findings and create ideas about new research.

And nothing works like success. As I started to incorporate research into my work—and it was successful—it created a lot of momentum to rely on research to inform the work I was doing.

To read the rest of this interview, go to: www.iwh.on.ca/at-work/71/the-making-of-an-influential-knowledge-user.

Role conflict, strain and overload among challenges facing workers with arthritis

The impact of arthritis on the working and personal lives of those with the chronic illness is more profound than one may presume, says new research that examines the intersecting roles of those with the disease and suggests ways to identify those at risk of negative workplace outcomes.

Myriam's arthritis was becoming more and more debilitating. She kept working, but this came at a cost. "I haven't visited with a friend in five years," she says. "That was something I had to drop because there are only so many hours in the day." And yet, most of her co-workers were unaware that her work affected her personal life so profoundly because she did not talk about it. "I only tell people that I'm friends with …I don't want to be seen as weak," she says.

Myriam's story is an amalgam of the real-life stories of those with arthritis that came to light through new research led by Institute for Work & Health Senior Scientist Dr. Monique Gignac, also affiliated with the Arthritis Community Research and Evaluation Unit at the Toronto Western Research Institute.

This study examined inter-relationships among arthritis, work and personal life roles in individuals with arthritis and found that role conflict, overload and strain were the most common challenges among study participants. Gaps exist in the measurement of the impact of arthritis, as do shortcomings in programs designed to help those with the disease. But these impediments may be addressed through early identification of those at risk of negative workplace outcomes.

Through this qualitative study, Gignac captures what it's very often like living and working with arthritis: "It's a balancing act. You have work to deal with, but on top of that, you have to take care of your health and meet your other responsibilities," she says.

Dr. Monique Gignac

"On the other hand, I think that our previous research tells only part of the story. It may give employers the wrong impression," she says. "There's a lot of data on people with chronic diseases showing they often have to give up work due to their health. But what we found was that many of the study's participants with arthritis really *want* to work, they value their jobs, and they're making adaptations and accommodations so they *can* work."

Gignac's study engaged eight focus groups with 24 women and 16 men (29 to 72 years of age). Participants (working people with arthritis) were asked about ways arthritis, work and personal life roles intersected, and the impact of this intersection on their health and well-being.

Other areas in life taking a hit

The study revealed **role intersection**, where living with arthritis, work or the two roles in combination, interfered with personal life activities. **Role conflict**—where requirements in one area of life are at odds with other roles—was also common. Participants said:

- arthritis interfered with job tasks because of symptoms or medication side effects;
- the unpredictability of symptoms made it hard to plan work activities;
- fatigue interfered with concentration and productivity; and
- reduced motivation arose from difficulty accepting the disease's impact, leaving respondents feeling unable to overcome difficulties.

Role strain—the stress created by conflicting role demands—was pervasive, as was **role overload**—too few hours to perform all roles adequately. As a result, plans with family and friends were often abandoned. This led the researchers to conclude that people *protected their work*, often at the expense of other activities in their lives.

In realizing the negative effects of arthritis on work, researchers also discovered the opposite: work interfered with treatment, this could result in participants being too tired to take good care of their health.

Work became particularly stressful for those with physical signs of arthritis (e.g. swollen joints). These people were concerned about not appearing professional or that arthritis would result in discriminatory practices.

Most frequently noted were interpersonal problems that created stress, which, in turn, had a negative impact on the disease and led to poor workplace outcomes, such as absenteeism and leaving work. Many of the study's participants (25.6 per cent) had changed jobs because of arthritis.

However, not all comments were negative. **Role facilitation**—positive aspects of a role that enhances other roles—was evident. "Overwhelmingly, respondents said that employment had a positive impact on living with arthritis," says Gignac.

Early warning indicators may help

So how can we keep those with arthritis in the workforce? This research suggests that role conflict and overload may act as early warning indicators of workplace difficulties. Existing wellness interventions may help. "What we have in place to deal with a range of work and personal life issues, such as flex time, often work for people with chronic diseases," Gignac says. She also suggests that supervisors could play a key role in helping workers with arthritis.

This research, supported by a grant from the Canadian Arthritis Network, was published in the February 2012 issue of *Rheumatology* (vol. 51, no. 2, pp. 324-332, see doi:10.1093/rheumatology/ker317).

Symposium considers implications of financial incentives

Last November's first-of-its-kind international symposium brought together policy-makers, workers' representatives, employers and researchers to discuss the merits and shortcomings of financial incentives for preventing work injury.

Conference organizers, Drs. Emile Tompa and Ellen MacEachen.

Challenges surround the experience rating of workers' compensation premiums in Ontario and elsewhere, and we need to rethink how financial incentives can be used to prevent workplace injuries and illnesses. This was a theme running through the Institute for Work & Health (IWH)'s International Symposium on the Challenges of Work Injury Prevention through Financial Incentives.

The symposium was held last November in Toronto. It brought together more than 180 researchers, policy-makers, members of the injured worker community, employer representatives, worker representatives and other stakeholders from Ontario, the rest of Canada, United States, Europe, Australia and New Zealand to discuss the social, economic and policy implications of using financial incentives to prevent workplace injuries.

Plenary and workshop speakers, delegates and panelists explored a wide range of issues related to financial incentives. These included research on their effectiveness, the merits and shortcomings of existing programs—particularly experience rating—and suggestions for improving health, safety and return-to-work outcomes of existing programs. (Experience rating refers to a way of setting workers' compensation premiums so that individual employers' claims activity and costs affect the amount they pay in workers' compensation premiums.)

Keynote speakers Terence G. Ison (left) and Harry Arthurs (right).

Although opinions varied on the way forward with respect to financial incentives, a consistent theme became evident during the two days: experience rating can have undesirable side-effects. This gave rise to a thoughtful and respectful exchange of ideas about what needs to change and to what degree.

To help answer questions and find solutions, a number of speakers and delegates asked researchers to step up to the plate. They suggested pilot studies and randomized controlled trials be carried out to find and test improvements to experience rating and other financial incentive programs before they are implemented on a large scale.

For more information on the symposium, as well as access to presentation slides and slidecasts where available, go to www.iwh.on.ca/prevention-incentives-2012/proceedings.

COMING SOON: IWH portal will put injury and disability prevention research at your fingertips

The Institute for Work & Health (IWH) Research Alerts are coming soon to our website. This service from IWH's Library Services will help you keep abreast of recent English-language literature from around the world in the areas of:

- occupational health and safety;
- return to work;
- rehabilitation;
- ergonomics;
- epidemiology;
- public health; and
- other fields within the IWH mandate.

Each alert will contain full source information, an abstract when available and permissible, as well as a link to where the full electronic text may be accessed (either freely or through payment) when available.

There will be two distinct sets of Research Alerts.

Weekly: This list, which is already available, contains recent research from a wide variety of occupational health and safety journals and sources on the topics mentioned above. The articles in this list are sorted alphabetically by author.

Monthly: This will be a condensed list of items that has appeared in the weekly Research Alerts over the previous four to eight weeks. Not all items included in the weekly alerts will appear in the monthly listing. Unlike the weekly version, the monthly version will be sorted by subject area.

Research Alerts are available at: www.iwh.on.ca/research-alerts.

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MISSION
The Institute for Work & Health conducts and shares research that protects and improves the health of working people and is valued by policy-makers, workers and workplaces, clinicians, and health & safety professionals.

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The undeclared stakeholders...
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the study knew little of why and when the worker they had supported was returning, and many reported relatively haphazard arrangements for job reassignment;

- **their relationship with the returning worker**—that is, co-workers were more open to helping out if they had a pre-existing and positive relationship with the returning worker;
- **the work culture**, including whether or not people 'pitched in' and acted as a team; and
- **the duration of the required support**, because worker goodwill could wear thin over time.

The researchers also found that, although some co-workers in the study saw RTW in positive terms (e.g. as an opportunity to learn new skills), most described the process as detrimental. Specific negative impacts on co-workers included extra work or heavier duties, and disruptions of personal work effectiveness, organizational effectiveness and workplace social relationships. In the worst-case scenarios, co-workers suffered 'ripple effects' such as emotional distress, physical injury and termination of their own employment.

Privacy requirements also posed challenges. "Co-workers, who saw themselves as potential resources in RTW planning, sometimes felt shut out of the process due to confidentiality requirements—even when they wanted to show support to the returning worker," says the IWH's MacEachen. "As well, co-workers' lack of information about the nature of the workplace injury sometimes led to damaging rumours and speculation."

Support impeded by structure of work

The second study, led by Kosny, was published online ahead of print in January by the *Journal of Occupational Rehabilitation* (doi:10.1007/s10926-012-9411-z). This study team looked at the role of co-workers in the RTW process in the electrical construction sector; the team conducted focus groups with union representatives and injured workers, then carried out in-depth, one-on-one interviews with co-workers.

The findings echo those of Dunstan and MacEachen. Kosny's research concluded that the structure of work (in this case, in the electrical sector) can impede co-worker support and contribute to making injured workers' experiences difficult. A number of factors and work conditions were found to contribute to the difficulty:

- **a competitive and cost-cutting culture** that facilitates the view of injured workers as a liability;
- **job insecurity** (i.e. precariousness of work);
- **different "camps"** in the electrical sector, which were unlikely to help each other (e.g. those with steady employment versus those with non-permanent work);
- **little modified work**; and
- **poor official communication** among workplace parties.

Kosny underscores the importance of management. "Management can model acceptable and unacceptable behaviours for their workforce," she says. "It sets an example for how injured workers are regarded and treated."

Dunstan and MacEachen also propose some ways that management can improve co-workers' experiences with RTW. These include:

- hiring replacement staff to ease the workload on co-workers;
- communicating effectively so that co-workers understand the injury, are consulted about RTW plans and receive guidance on how to assist; and
- acknowledging and recognizing the contribution of co-workers (via monetary or in-kind payments such as extra holidays).

For more information on Dunstan's research, see the presentation at: www.iwh.on.ca/plenaries/2012-nov-20. You can also read about related research in the Spring 2010 issue of *At Work*: www.iwh.on.ca/at-work/60/co-workers-play-an-important-but-sometimes-invisible-role-in-rtw.

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

The Occupational Cancer Research Centre (OCRC) and the Institute for Work & Health (IWH) co-hosted a shift work symposium on November 6, 2012, and proceedings are now available: **www.iwh.on.ca/topics/shift-work**

Some IWH plenaries are now available as slidecasts, allowing you to listen to the presentation while you view the slides: **www.iwh.on.ca/plenaries/2012**

The IWH's 2012 Nachemson lecture took place on November 15 in Toronto. Dr. Michael Silverstein spoke about how the health and safety regulatory system might keep pace with the changing world of work: **www.iwh.on.ca/nachemson-lecture**