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**November 10, 2017**

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**\*Van Eerd D, Ferron EM, D'Elia T, Morgan D, Ziesmann F, and Amick III BC. Process evaluation of a participatory organizational change program to reduce musculoskeletal and slip, trip and fall injuries. *Applied Ergonomics*. 2018; 68:42-53.**

<http://dx.doi.org/10.1016/j.apergo.2017.10.015>

**Agovino M and Rapposelli A. Macroeconomic impact of flexicurity on the integration of people with disabilities into the labour market. A two-regime spatial autoregressive analysis. *Quality & Quantity*. 2017; 51(1):307-334.**

<http://dx.doi.org/10.1007/s11135-015-0306-x>

**Birken SA, Powell BJ, Shea CM, Haines ER, Alexis Kirk M, Leeman J, Rohweder C, Damschroder L, and Presseau J. Criteria for selecting implementation science theories and frameworks: results from an international survey. *Implementation Science*. 2017; 12(1):124.**

<http://dx.doi.org/10.1186/s13012-017-0656-y> [open access]

Abstract: BACKGROUND: Theories provide a synthesizing architecture for implementation science. The underuse, superficial use, and misuse of theories pose a substantial scientific challenge for implementation science and may relate to challenges in selecting from the many theories in the field. Implementation scientists may benefit from guidance for selecting a theory for a specific study or project. Understanding how implementation scientists select theories will help inform efforts to develop such guidance. Our objective was to identify which theories implementation scientists use, how they use theories, and the criteria used to select theories. METHODS: We identified initial lists of uses and criteria for selecting implementation theories based on seminal articles and an iterative consensus process. We incorporated these lists into a self-administered survey

for completion by self-identified implementation scientists. We recruited potential respondents at the 8th Annual Conference on the Science of Dissemination and Implementation in Health and via several international email lists. We used frequencies and percentages to report results. RESULTS: Two hundred twenty-three implementation scientists from 12 countries responded to the survey. They reported using more than 100 different theories spanning several disciplines. Respondents reported using theories primarily to identify implementation determinants, inform data collection, enhance conceptual clarity, and guide implementation planning. Of the 19 criteria presented in the survey, the criteria used by the most respondents to select theory included analytic level (58%), logical consistency/plausibility (56%), empirical support (53%), and description of a change process (54%). The criteria used by the fewest respondents included fecundity (10%), uniqueness (12%), and falsifiability (15%). CONCLUSIONS: Implementation scientists use a large number of criteria to select theories, but there is little consensus on which are most important. Our results suggest that the selection of implementation theories is often haphazard or driven by convenience or prior exposure. Variation in approaches to selecting theory warn against prescriptive guidance for theory selection. Instead, implementation scientists may benefit from considering the criteria that we propose in this paper and using them to justify their theory selection. Future research should seek to refine the criteria for theory selection to promote more consistent and appropriate use of theory in implementation science

**Bornstein S, Baker R, Navarro P, Mackey S, Speed D, and Sullivan M. Putting research in place: an innovative approach to providing contextualized evidence synthesis for decision makers. Systematic Reviews. 2017; 6(1):218.**

<http://dx.doi.org/10.1186/s13643-017-0606-4> [open access]

Abstract: BACKGROUND: The Contextualized Health Research Synthesis Program (CHRSP), developed in 2007 by the Newfoundland and Labrador Centre for Applied Health Research, produces contextualized knowledge syntheses for health-system decision makers. The program provides timely, relevant, and easy-to-understand scientific evidence; optimizes evidence uptake; and, most importantly, attunes research questions and evidence to the specific context in which knowledge users must apply the findings. METHODS: As an integrated knowledge translation (KT) method, CHRSP: Involves intensive partnerships with senior healthcare decision makers who propose priority research topics and participate on research teams; Considers local context both in framing the research question and in reporting the findings; Makes economical use of resources by utilizing a limited number of staff; Uses a combination of external and local experts; and Works quickly by synthesizing high-level systematic review evidence rather than primary studies. Although it was developed in the Canadian province of Newfoundland and Labrador, the CHRSP methodology is adaptable to a variety of settings with distinctive features, such as those in rural, remote, and small-town locations. RESULTS: CHRSP has

published 25 syntheses on priority topics chosen by the provincial healthcare system, including: Clinical and cost-effectiveness: telehealth, rural renal dialysis, point-of-care testing; Community-based health services: helping seniors age in place, supporting seniors with dementia, residential treatment centers for at-risk youth; Healthcare organization/service delivery: reducing acute-care length of stay, promoting flu vaccination among health workers, safe patient handling, age-friendly acute care; and Health promotion: diabetes prevention, promoting healthy dietary habits. These studies have been used by decision makers to inform local policy and practice decisions. **CONCLUSIONS:** By asking the health system to identify its own priorities and to participate directly in the research process, CHRSP fully integrates KT among researchers and knowledge users in healthcare in Newfoundland and Labrador. This high level of decision-maker buy-in has resulted in a corresponding level of uptake. CHRSP studies have directly informed a number of policy and practice directions, including the design of youth residential treatment centers, a provincial policy on single-use medical devices, and most recently, the opening of the province's first Acute Care for the Elderly hospital unit

**Cairney P. Evidence-based best practice is more political than it looks: a case study of the 'Scottish Approach'. Evidence & Policy. 2017; 13(3):499-515.**

<http://dx.doi.org/10.1332/174426416X14609261565901> [open access]

**de Carvalho-Freitas MN and Stathi S. Reducing workplace bias toward people with disabilities with the use of imagined contact. Journal of Applied Social Psychology. 2017; 47(5):256-266.**

<http://dx.doi.org/10.1111/jasp.12435>

**Costa S and Neves P. Job insecurity and work outcomes: the role of psychological contract breach and positive psychological capital. Work and Stress. 2017; 31(4):375-394.**

<http://dx.doi.org/10.1080/02678373.2017.1330781>

**Laberge M, Tondoux A, Camire Tremblay F, and MacEachen E. Occupational health and safety in a vocational training program: how gender impacts teachers' strategies and power relationships : sante et securite des stagiaires dans un programme de formation professionnelle: impact du genre sur les strategies et rapports de pouvoir. New Solutions. 2017; 27(3):382-402.**

<http://dx.doi.org/10.1177/1048291117725720>

Abstract: In Quebec (Canada), the Work-Oriented Training Path, a work-study program, prepares students who are having difficulty at school for the job market. Occupational health and safety is an important part of their training. This article aims to analyze the impact of gender on the interpersonal dynamics among teachers, trainees, and key actors from the businesses involved. This article also looks at the influence of gender on teachers' strategies and capacity to act



regarding occupational health and safety. Using a work activity analysis lens, a multiple case-study analysis of teachers' work activity was carried out. The findings show that gendered social relationships create a specific supervisory context that influences occupational health and safety training. Solutions aimed at reducing the negative impact of gender-associated prejudice on work injury prevention include training for teachers, attention to work organization at the schools, and the creation of cohesive teachers' work teams. Resume Au Quebec, le Parcours de formation axee sur l'emploi (WOTP), un programme en alternance, offre une preparation au marche du travail aux eleves en difficultes scolaires. La sante et la securite du travail (SST) est un enjeu important de la formation. L'article vise a analyser l'impact du genre dans la dynamique relationnelle entre les enseignant.es, leurs eleves et les interlocuteurs cles des entreprises impliquees, et son influence sur les strategies et la capacite d'agir des enseignant.es en matiere de SST. Une analyse de cas multiples basee sur l'analyse ergonomique de l'activite des enseignants a ete menee. Les resultats montrent que les relations sociales de genre determinent un contexte specifique de supervision qui influence la formation a la SST. La formation des enseignant.es, l'organisation scolaire et la creation de collectifs enseignants cohesifs sont des pistes de solution pour reduire l'effet negatif des prejuges lies au genre influencant la prevention des lesions professionnelles

**Leeman J, Birken SA, Powell BJ, Rohweder C, and Shea CM. Beyond "implementation strategies": classifying the full range of strategies used in implementation science and practice. Implementation Science. 2017; 12(1):125.**

<http://dx.doi.org/10.1186/s13012-017-0657-x> [open access]

Abstract: BACKGROUND: Strategies are central to the National Institutes of Health's definition of implementation research as "the study of strategies to integrate evidence-based interventions into specific settings." Multiple scholars have proposed lists of the strategies used in implementation research and practice, which they increasingly are classifying under the single term "implementation strategies." We contend that classifying all strategies under a single term leads to confusion, impedes synthesis across studies, and limits advancement of the full range of strategies of importance to implementation. To address this concern, we offer a system for classifying implementation strategies that builds on Proctor and colleagues' (2013) reporting guidelines, which recommend that authors not only name and define their implementation strategies but also specify who enacted the strategy (i.e., the actor) and the level and determinants that were targeted (i.e., the action targets). MAIN BODY: We build on Wandersman and colleagues' Interactive Systems Framework to distinguish strategies based on whether they are enacted by actors functioning as part of a Delivery, Support, or Synthesis and Translation System. We build on Damschroder and colleague's Consolidated Framework for Implementation Research to distinguish the levels that strategies target (intervention, inner setting, outer setting, individual, and process). We then draw on numerous

resources to identify determinants, which are conceptualized as modifiable factors that prevent or enable the adoption and implementation of evidence-based interventions. Identifying actors and targets resulted in five conceptually distinct classes of implementation strategies: dissemination, implementation process, integration, capacity-building, and scale-up. In our descriptions of each class, we identify the level of the Interactive System Framework at which the strategy is enacted (actors), level and determinants targeted (action targets), and outcomes used to assess strategy effectiveness. We illustrate how each class would apply to efforts to improve colorectal cancer screening rates in Federally Qualified Health Centers. **CONCLUSIONS:** Structuring strategies into classes will aid reporting of implementation research findings, alignment of strategies with relevant theories, synthesis of findings across studies, and identification of potential gaps in current strategy listings. Organizing strategies into classes also will assist users in locating the strategies that best match their needs

**Lu Y, Wang JS, and Han WJ. Women's short-term employment trajectories following birth: patterns, determinants, and variations by race/ethnicity and nativity. *Demography*. 2017; 54(1):93-118.**

<http://dx.doi.org/10.1007/s13524-016-0541-3>

**Abstract:** Despite a large literature documenting the impact of childbearing on women's wages, less understanding exists of the actual employment trajectories that mothers take and the circumstances surrounding different paths. We use sequence analysis to chart the entire employment trajectory for a diverse sample of U.S. women by race/ethnicity and nativity in the first year following childbirth. Using data from the 1996-2008 panels of the Survey of Income and Program Participation and sample selection models, we find that women employed before childbirth show a high degree of labor market continuity. However, a notable share of them (24 %) took less stable paths by dropping out or scaling back work. In addition, mothers' attachment to the labor force is simultaneously supported by personal endowments and family resources yet constrained by economic hardship and job characteristics. Moreover, mothers' employment patterns differ by race/ethnicity and nativity. Nonwhite women (blacks, Hispanics, and Asians) who were employed before childbirth exhibited greater labor market continuation than white women. For immigrant women, those with a shorter length of residence were more likely to curtail employment than native-born women, but those with longer duration of residence show greater labor force attachment. We discuss the implications of these findings for income inequality and public policy

**Naik Y, Baker P, Walker I, Tillmann T, Bash K, Quantz D, Hillier-Brown F, and Bamba C. The macro-economic determinants of health and health inequalities-umbrella review protocol. *Systematic Reviews*. 2017; 6(1):222.**

<http://dx.doi.org/10.1186/s13643-017-0616-2> [open access]

**Abstract:** **BACKGROUND:** The economic determinants of health have been widely recognised as crucial factors affecting health; however, to date, no

comprehensive review has been undertaken to summarise these factors and the ways in which they can influence health. We conceptualise the economy as a complex system made up of underlying approaches, regulation from institutions, markets, finance, labour, the public-private balance as well as production and distributional effects, which collectively impact on health through the effect of moderators. This protocol details the methods for an umbrella review to explore the macro-economic factors, strategies, policies and interventions that affect health outcomes and health inequalities. **METHODS:** We will identify relevant systematic reviews using search terms derived from the Journal of Economic Literature classification. Reviews will be included if they meet the Database of Abstracts and Reviews of Effects criteria for systematic reviews. Reviews of studies with and without controls will be included; both association and intervention studies will be included. Primary outcomes will include but are not limited to morbidity, mortality, prevalence and incidence of conditions and life expectancy. Secondary outcomes will include health inequalities by gender, ethnicity or socio-economic status. Six databases will be searched using tailored versions of our piloted search strategy to locate relevant reviews. Data will be extracted using a standardized pro forma, and the findings will be synthesized into a conceptual framework to address our review aim. **DISCUSSION:** Our umbrella review protocol provides a robust method to systematically appraise the evidence in this field, using new conceptual models derived specifically to address the study question. This will yield important information for policymakers, practitioners and researchers at the local, national and international level. It will also help set the future research agenda in this field and guide the development of interventions. **SYSTEMATIC REVIEW REGISTRATION:** This umbrella review protocol has been registered with PROSPERO CRD42017068357

**Nery-Hurwit M, Kincl L, Driver S, and Heller B. Stakeholder evaluation of an online program to promote physical activity and workplace safety for individuals with disability. Evaluation and Program Planning. 2017; 63:39-44.**

<http://dx.doi.org/10.1016/j.evalprogplan.2017.03.005>

**Abstract:** Individuals with disabilities face increasing health and employment disparities, including increased risk of morbidity and mortality and decreased earnings, occupational roles, and greater risk of injury at work. Thus, there is a need to improve workplace safety and health promotion efforts for people with disability. The purpose of this study was to obtain stakeholder feedback about an online program, Be Active, Work Safe, which was developed to increase the physical activity and workplace safety practices of individuals with disability. Eight stakeholders (content experts and individuals with disability) evaluated the 8-week online program and provided feedback on accessibility, usability, and content using quantitative and qualitative approaches. Stakeholders suggested changes to the organization, layout and accessibility, and content. This included making a stronger connection between the physical activity and workplace safety components of the program, broadening content to apply to individuals in

different vocational fields, and reducing the number of participant assessments. Engaging stakeholders in the development of health promotion programs is critical to ensure the unique issues of the population are addressed and facilitate engagement in the program. Feedback provided by stakeholders improved the program and provided insight on barriers for adoption of the program

**Nguyen T, Stewart D, and Gorter JW. Looking back to move forward: reflections and lessons learned about transitions to adulthood for youth with disabilities. *Child: Care, Health and Development*. 2017; [Epub ahead of print].**

<http://dx.doi.org/10.1111/cch.12534>

**Abstract:** BACKGROUND: Transition to adulthood is a significant development process experienced by all youth. Since the mid 1990s, researchers at the CanChild Centre for Childhood Disability Research have been studying this process to assist transitioning youth with disabilities and their families. The objective of this narrative review is to reflect on the work conducted by CanChild researchers, in collaboration with stakeholders, about transitions to adulthood for youth and young adults with disabilities since the publication of the best practice guidelines in 2009. METHODS: A narrative review was undertaken through a reflective approach to critically review and summarize all the transition studies completed at CanChild since 2009. The following data were systematically extracted from articles and research reports: study (authors and year of publication), purpose, methods, sample, and lessons learned. RESULTS: Five studies were identified. An analysis of the findings revealed five key themes that represented lessons learned since the publication of the Ontario-based best practice guidelines: promoting a noncategorical and lifecourse approach to care; active collaboration among stakeholders involved in transition; capacity building through peer mentorship; greater understanding of the significance of opportunities and experiences; as well as the significance of information, education, and research. CONCLUSIONS: This is the first review to provide perspective on trends in transition research since the publication of the best practice guidelines in 2009. It is hoped that this reflection will assist in the ongoing work of researchers, service providers, policy makers, communities, and families in the area of adult transitions for youth with disabilities

**Salin D and Notelaers G. The effect of exposure to bullying on turnover intentions: the role of perceived psychological contract violation and benevolent behaviour. *Work and Stress*. 2017; 31(4):355-374.**

<http://dx.doi.org/10.1080/02678373.2017.1330780>

**Sherratt F and Dainty ARJ. UK construction safety: a zero paradox? *Policy and Practice in Health and Safety*. 2017; 15(2):108-116.**

<http://dx.doi.org/10.1080/14773996.2017.1305040>

**Ward V. Why, whose, what and how? A framework for knowledge mobilisers. *Evidence & Policy*. 2017; 13(3):477-497.**

<http://dx.doi.org/10.1332/174426416X14634763278725> [open access]

Abstract: Knowledge mobilisers (people who move knowledge into action) face a number of challenges. These include making sense of diverse definitions, navigating through fragmented literature and identifying helpful models and tools. This paper presents a framework designed to help. Based on a review of 47 knowledge mobilisation models, it consists of four questions: Why is knowledge being mobilised? Whose knowledge is being mobilised? What type of knowledge is being mobilised? How is knowledge being mobilised? These questions and accompanying categories can help knowledge mobilisers reflect on, communicate and evaluate their aims and objectives, increasing clarity and understanding across the field

**Yeandle S and Buckner L. Older workers and care-giving in England: the policy context for older workers' employment patterns. *Journal of Cross-Cultural Gerontology*. 2017; 32(3):303-321.**

<http://dx.doi.org/10.1007/s10823-017-9332-6> [open access]

**Zwetsloot G, Leka S, and Kines P. Vision zero: from accident prevention to the promotion of health, safety and well-being at work. *Policy and Practice in Health and Safety*. 2017; 15(2):88-100.**

<http://dx.doi.org/10.1080/14773996.2017.1308701>

\*IWH authored publication.