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**February 9, 2018**

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**\*Dorland HF, Abma FI, Van Zon SKR, Stewart RE, Amick BC, Ranchor AV, Roelen CAM, and Bultmann U. Fatigue and depressive symptoms improve but remain negatively related to work functioning over 18 months after return to work in cancer patients. *Journal of Cancer Survivorship*. 2018; [Epub ahead of print].**

**<http://dx.doi.org/10.1007/s11764-018-0676-x> [open access]**

**Abstract:** PURPOSE: The aims of this study are to investigate the course of work functioning, health status, and work-related factors among cancer patients during 18 months after return to work (RTW) and to examine the associations between these variables and work functioning over time. METHODS: Data were used from the 18-month longitudinal "Work Life after Cancer" (WOLICA) cohort, among 384 cancer patients who resumed work. Linear mixed models were performed to examine the different courses during 18-month follow-up. Linear regression analyses with generalized estimating equations (GEE) were used to examine the associations and interactions. RESULTS: Cancer patients reported an increase of work functioning and a decrease of fatigue and depressive symptoms in the first 12 months, followed by a stable course between 12 and 18 months. Cognitive symptoms were stable during the first 18 months. Working hours increased and social support decreased during the first 6 months; both remained stable between 6 and 18 months. Fatigue, depressive, and cognitive symptoms were negatively associated with work functioning over time; working hours and supervisor social support were positively associated. CONCLUSIONS: Interventions to improve cancer patients' work functioning over time might be promising if they are aimed at reducing fatigue, depressive symptoms, cognitive symptoms, and encouraging supervisor social support. IMPLICATIONS FOR CANCER SURVIVORS: It is important to monitor cancer patients not only in the

period directly after RTW but up to 18 months after RTW, allowing for timely interventions when needed

**\*Scott KA, Liao Q, Fisher GG, Stallones L, DiGuseppi C, and Tompa E. Early labor force exit subsequent to permanently impairing occupational injury or illness among workers 50-64 years of age. American Journal of Industrial Medicine. 2018; [Epub ahead of print].**

<http://dx.doi.org/10.1002/ajim.22817>

Abstract: BACKGROUND: Severity of workplace injury tends to increase with age. Whether older workers who experience a workplace injury or illness exit the labor force sooner than comparable peers is not established. METHODS: A case-cohort study design and complementary log-log model were used to identify factors associated with average time to early substantial labor force exit among workers' compensation claimants 50-64 years of age with permanent impairment from an occupational injury or illness. Analysis was based on Ontario's workers' compensation claimant data from 1998 to 2006 linked with Canadian tax files. RESULTS: Workers with permanent impairment left the labor force earlier, on average, than peers without claims. Early retirement was associated with older age in the injury/illness year, greater impairment, lower pre-claim income, physically demanding jobs, and soft-tissue injuries. CONCLUSIONS: Policies aiming to extend older adults' working lives should account for the potentially disparate impacts on older workers of occupational injury and illness

**Bao S and Lin JH. An investigation into four different sit-stand workstation use schedules. Ergonomics. 2018; 61(2):243-254.**

<http://dx.doi.org/10.1080/00140139.2017.1353139>

Abstract: Twelve office workers participated in a study investigating effects of four sit/stand schedules (90-min sit/30-min stand, 80/40, 105/15, and 60/60) via several objective and subjective measures (muscle fatigue, foot swelling, spinal shrinkage, and self-reported discomfort). Results showed that there were no significant differences in shoulder and low back static muscle activities between sitting and standing. Muscle fatigue was developed during workday under all schedules. The longest standing schedule seemed to have a tendency of reducing muscle fatigue. None of the schedules helped or worsened foot swelling and spinal shrinkage. More active break-time activities seemed reducing muscle fatigue and foot swelling. While the self-reported bodily discomfort levels were generally low, the preferred schedules among the participants were varied, although the least standing schedule was the least preferred. We may conclude that effects of using sit-stand workstation to improve musculoskeletal health may be limited but promoting more active break-time activities can help. Practitioner Summary: Sit-stand workstations are used to reduce work-related musculoskeletal disorders. This study shows that office workers prefer sit/stand durations in the range between 1:1 and 3:1. Longer standing may have the potential to reduce muscle fatigue. However, active break-time activities may be more effective in reducing muscle fatigue and foot swelling

**Canadian Standards Association. Occupational health and safety training. CAN/CSA-Z1001-18. Toronto, ON: CSA Group; 2018.**

**Dianat I, Bazazan A, Souraki Azad MA, and Salimi SS. Work-related physical, psychosocial and individual factors associated with musculoskeletal symptoms among surgeons: Implications for ergonomic interventions. Applied Ergonomics. 2018; 67:115-124.**

<http://dx.doi.org/10.1016/j.apergo.2017.09.011>

Abstract: This study evaluated the effect of physical, psychosocial and individual factors on the presence of musculoskeletal symptoms (MSS) among surgeons (n = 312) in Iran. Data were collected using questionnaires and analysed by multivariate logistic regression. The prevalence of MSS, particularly in the knees (48.7%), neck (45.8%), low back (42.3%) and shoulders (40.1%) was relatively high. Work-related factors including time spent on surgeries each week (>25 h/week), number of hours working in standing position per day (>4 h/day), moderate to high levels of work-family conflict, duration of each surgery (>3 h), number of years worked as a surgeon (>10 years) and surgical specialty (particularly cardiothoracic and obstetric/gynecologic surgeries) were independently associated with the presence of MSS in different body regions. Individual factors including gender (being female) and little or no involvement in sport and physical activity were also independently associated with the occurrence of complaints. Implications of the findings for further research and development work for improving the working conditions and consequently reducing MSS among this working group are discussed

**Graham ID, Kothari A, and McCutcheon C. Moving knowledge into action for more effective practice, programmes and policy: protocol for a research programme on integrated knowledge translation. Implementation Science. 2018; 13(1):22.**

<http://dx.doi.org/10.1186/s13012-017-0700-y> [open access]

Abstract: BACKGROUND: Health research is conducted with the expectation that it advances knowledge and eventually translates into improved health systems and population health. However, research findings are often caught in the know-do gap: they are not acted upon in a timely way or not applied at all. Integrated knowledge translation (IKT) is advanced as a way to increase the relevance, applicability and impact of research. With IKT, knowledge users work with researchers throughout the research process, starting with identification of the research question. Knowledge users represent those who would be able to use research results to inform their decisions (e.g. clinicians, managers, policy makers, patients/families and others). Stakeholders are increasingly interested in the idea that IKT generates greater and faster societal impact. Stakeholders are all those who are interested in the use of research results but may not necessarily use them for their own decision-making (e.g. governments, funders, researchers, health system managers and policy makers, patients and clinicians). Although IKT is broadly accepted, the actual research supporting it is

limited and there is uncertainty about how best to conduct and support IKT. This paper presents a protocol for a programme of research testing the assumption that engaging the users of research in phases of its production leads to (a) greater appreciation of and capacity to use research; (b) the production of more relevant, useful and applicable research that results in greater impact; and (c) conditions under which it is more likely that research results will influence policy, managerial and clinical decision-making. METHODS: The research programme will adopt an interdisciplinary, international, cross-sector approach, using multiple and mixed methods to reflect the complex and social nature of research partnerships. We will use ongoing and future natural IKT experiments as multiple cases to study IKT in depth, and we will take advantage of the team's existing relationships with provincial, national and international organizations. Case studies will be retrospective and prospective, and the 7-year grant period will enable longitudinal studies. The initiation of partnerships, funding processes, the research lifecycle and then outcomes/impacts post project will be studied in real time. These living laboratories will also allow testing of strategies to improve the efficiency and effectiveness of the IKT approach. DISCUSSION: This is the first interdisciplinary, systematic and programmatic research study on IKT. The research will provide scientific evidence on how to reliably and validly measure collaborative research partnerships and their impacts. The proposed research will build the science base for IKT, assess its relationship with research use and identify best practices and appropriate conditions for conducting IKT to achieve the greatest impact. It will also train and mentor the next generation of IKT researchers

**Grimani A, Bergstrom G, Casallas MIR, Aboagye E, Jensen I, and Lohela-Karlsson M. Economic evaluation of occupational safety and health interventions from the employer perspective: a systematic review. Journal of Occupational & Environmental Medicine. 2018; 60(2):147-166.**

<http://dx.doi.org/10.1097/JOM.0000000000001224>

Abstract: OBJECTIVES: The aim of this systematic review was to evaluate the cost-effectiveness of occupational safety and health interventions from the employer perspective. METHODS: A comprehensive literature search (2005 to 2016) in five electronic databases was conducted. Pre-2005 studies were identified from the reference lists of previous studies and systematic reviews, which have similar objective to those of this search. RESULTS: A total of 19 randomized controlled trials and quasi-experimental studies were included, targeting diverse health problems in a number of settings. Few studies included organizational-level interventions. When viewed in relation to the methodological quality and the sufficiency of economic evidence, five of 11 cost-effective occupational safety and health (OSH) interventions appear to be promising. CONCLUSION: The present systematic review highlights the need for high-quality economic evidence to evaluate the cost-effectiveness of OSH interventions, especially at organizational-level, in all areas of worker health

**Hansen AM, Grynderup MB, Bonde JP, Conway PM, Garde AH, Kaerlev L, Kolstad HA, Mikkelsen S, Rugulies R, Thomsen JF, Willert M, and Hogh A. Does workplace bullying affect long-term sickness absence among coworkers? *Journal of Occupational & Environmental Medicine*. 2018; 60(2):132-137.**

<http://dx.doi.org/10.1097/JOM.0000000000001209>

Abstract: AIM: To examine if non-bullied employees at work units (WUs) with workplace bullying have more long-term sickness absence (LTSA) than employees in non-bullying WUs. METHODS: We included 7229 public health employees from 302 WUs and 3158 responders to a questionnaire on working conditions and health in 2007. WUs were classified into three categories of WUs; (1) no bullying (0% bullied); (2) moderate prevalence of bullying (less than 10% bullied); and (3) high prevalence of bullying (more than or equal to 10% bullied). LTSA (more than or equal to 30 consecutive days of sickness absence) during the following 2 years was obtained by linkage to the Danish register of sickness absence compensation benefits and social transfer payments. RESULTS: Non-bullied coworkers in WUs, where bullying was reported had 15% to 22% more LTSA compared with non-bullying WUs. CONCLUSION: Workplace bullying may be associated with LTSA in the entire WU

**Harvey SB, Wang MJ, Dorrington S, Henderson M, Madan I, Hatch SL, and Hotopf M. NIPSA: a new scale for measuring non-illness predictors of sickness absence. *Occupational & Environmental Medicine*. 2018; 75(2):98-104.**

<http://dx.doi.org/10.1136/oemed-2017-104382>

Abstract: OBJECTIVES: We describe the development and initial validation of a new scale for measuring non-illness factors that are important in predicting occupational outcomes, called the NIPSA (non-illness predictors of sickness absence) scale. METHODS: Forty-two questions were developed which covered a broad range of potential non-illness-related risk factors for sickness absence. 682 participants in the South East London Community Health study answered these questions and a range of questions regarding both short-term and long-term sickness absence. Factor analysis was conducted prior to examining the links between each identified factor and sickness absence outcomes. RESULTS: Exploratory factor analysis using the oblique rotation method suggested the questionnaire should contain 26 questions and extracted four factors with eigenvalues greater than 1: perception of psychosocial work environment (factor 1), perceived vulnerability (factor 2), rest-focused attitude towards recovery (factor 3) and attitudes towards work (factor 4). Three of these factors (factors 1, 2 and 3) showed significant associations with long-term sickness absence measures ( $p < 0.05$ ), meaning a final questionnaire that included 20 questions with three subscales. CONCLUSIONS: The NIPSA is a new tool that will hopefully allow clinicians to quickly assess for the presence of non-illness factors that may be important in predicting occupational outcomes and tailor treatments and interventions to address the barriers identified. To the best of our knowledge, this

is the first time that a scale focused on transdiagnostic, non-illness-related predictors of sickness absence has been developed

**Jakobsen ELT, Biering K, Kaergaard A, Dalboge A, and Andersen JH. Long-term prognosis for neck-shoulder pain and disorders: a 14-year follow-up study. Occupational & Environmental Medicine. 2018; 75(2):90-97.**

<http://dx.doi.org/10.1136/oemed-2017-104422>

Abstract: OBJECTIVES: The long-term prognosis for neck-shoulder pain and disorders and the impact of shoulder exposure among former sewing machine operators were investigated in a 14-year follow-up study. METHODS: Information on neck-shoulder pain and disorders was collected by questionnaire and clinical examination at baseline in 243 female sewing machine operators and by questionnaire 14 years later. During follow-up, information on comorbidity and job exposures was obtained from registers and by linking register-based D-ISCO 88 codes with a job exposure matrix. Logistic regression analyses were performed to examine associations between neck-shoulder pain and disorders at baseline and neck-shoulder pain and physical functioning at follow-up. RESULTS: We found an association between neck-shoulder disorders at baseline and neck-shoulder pain at follow-up (OR 5.9;95% CI 1.9 to 17.7), and between neck-shoulder pain at baseline and neck-shoulder pain at follow-up (OR 8.2;95% CI 3.5 to 19.2). Associations between neck-shoulder disorders and pain at baseline and limited physical functioning at follow-up had ORs of 5.0 (95% CI 1.5 to 16.1) and 2.2 (95% CI 1.1 to 4.6), respectively. In women still working in 2008, the association between neck-shoulder pain in 1994 and in 2008 seemed to be stronger for those in jobs with high job shoulder exposure. CONCLUSIONS: The results suggest a long-term adverse prognosis for neck-shoulder pain. High job shoulder exposure can worsen this prognosis for those who continue working. This knowledge could influence the counselling given to similar workers and emphasises the need to prevent neck-shoulder pain

**Korsiak J, Tranmer J, Day A, and Aronson KJ. Sleep duration as a mediator between an alternating day and night shift work schedule and metabolic syndrome among female hospital employees. Occupational & Environmental Medicine. 2018; 75(2):132-138.**

<http://dx.doi.org/10.1136/oemed-2017-104371>

Abstract: OBJECTIVES: The main objective was to determine whether sleep duration on work shifts mediates the relationship between a current alternating day and night shift work schedule and metabolic syndrome among female hospital employees. The secondary objective was to assess whether cumulative lifetime shift work exposure was associated with metabolic syndrome. METHODS: In this cross-sectional study of 294 female hospital employees, sleep duration was measured with the ActiGraph GT3X+. Shift work status was determined through self-report. Investigation of the total, direct and indirect effects between shift work, sleep duration on work shifts and metabolic syndrome was conducted using regression path analysis. Logistic regression was used to

determine the association between cumulative shift work exposure and metabolic syndrome. RESULTS: Shift work is strongly associated with metabolic syndrome (OR<sub>Total</sub>=2.72, 95% CI 1.38 to 5.36), and the relationship is attenuated when work shift sleep duration is added to the model (OR<sub>Direct</sub>=1.18, 95% CI 0.49 to 2.89). Sleep duration is an important intermediate between shift work and metabolic syndrome (OR<sub>Indirect</sub>=2.25, 95% CI 1.27 to 4.26). Cumulative shift work exposure is not associated with metabolic syndrome in this population. CONCLUSIONS: Sleep duration mediates the association between a current alternating day-night shift work pattern and metabolic syndrome

**Landsbergis PA, Choi B, Dobson M, Sembajwe G, Slatin C, Delp L, Siqueira CE, Schnall P, and Baron S. The key role of work in population health inequities. American Journal of Public Health. 2018; 108(3):296-297.**  
<http://dx.doi.org/10.2105/AJPH.2017.304288>

### Related Articles

**Monforton C. Monforton comments. American Journal of Public Health. 2018; 108(3):314.**  
<http://dx.doi.org/10.2105/AJPH.2017.304302>

**Finkel AM. A healthy public cannot abide unhealthy and unsafe workplaces. American Journal of Public Health. 2018; 108(3):312-313.**  
<http://dx.doi.org/10.2105/AJPH.2017.304282>

**Wright MJ. The changing nature of work. American Journal of Public Health. 2018; 108(3):315-316.**  
<http://dx.doi.org/10.2105/AJPH.2017.304283>

**Li S, Fan M, and Wu X. Effect of social capital between construction supervisors and workers on workers' safety behavior. Journal of Construction Engineering and Management. 2018; 144(4):04018014.**  
[http://dx.doi.org/10.1061/\(ASCE\)CO.1943-7862.0001467](http://dx.doi.org/10.1061/(ASCE)CO.1943-7862.0001467)

**Murphy LA, Huang YH, Robertson MM, Jeffries S, and Dainoff MJ. A sociotechnical systems approach to enhance safety climate in the trucking industry: results of an in-depth investigation. Applied Ergonomics. 2018; 66:70-81.**  
<http://dx.doi.org/10.1016/j.apergo.2017.08.002>

Abstract: The purpose of this study was to develop a methodology that extends safety climate beyond an overall score by using the framework of macroergonomics to examine the entire system in a more comprehensive manner. The study is discussed in two papers: one paper describes the study methodology in detail (Murphy, Robertson, Huang, Jeffries, & Dainoff, in press), and the current paper describes the results of the study. Multiple methods were combined to create a systems approach, and those methods include the critical

incident technique, contextual inquiries with functional role diagrams, and affinity mapping. Key informants in the trucking industry identified 19 themes that affect safety. The themes ranged from balancing work and family/personal time, the company's policy vs. practice, respecting the job of the driver, and active listening and meaningful feedback. The most prominent themes were related to the workers and their activities; the internal environment, including psychosocial job design elements; and organizational design. Such information can be used to design interventions to change the safety climate of an organization in order to reduce negative safety outcomes

**Murphy LA, Robertson MM, Huang YH, Jeffries S, and Dainoff MJ. A sociotechnical systems approach to enhance safety climate in the trucking industry: development of a methodology. *Applied Ergonomics*. 2018; 66:82-88.**

<http://dx.doi.org/10.1016/j.apergo.2017.08.001>

Abstract: The systems approach is increasingly used as a framework within which to examine safety climate. Utilizing a macroergonomics approach to design work systems can help identify aspects of human-technology-organization interfaces that impact workers' perceptions of safety, both positively and negatively. Such an approach also supplements traditional uses of safety climate as a leading indicator of safety and helps expand research toward an approach that can determine problems impacting safety. The purpose of this study was to develop a methodology that extends safety climate beyond just an overall score by using the framework of macroergonomics to examine the entire system in a more comprehensive manner. The proposed methodology can be used as a way to identify gaps in the specific work system, and this information can be used to design interventions to change the safety climate, and ultimately the culture, of an organization in order to reduce negative safety outcomes

**Negrini S, Gimigliano F, Arienti C, and Kiekens C. Knowledge translation: the bridging function of Cochrane rehabilitation. *Archives of Physical Medicine & Rehabilitation*. 2017; [Epub ahead of print].**

<http://dx.doi.org/10.1016/j.apmr.2017.11.002>

Abstract: Cochrane Rehabilitation is aimed to ensure that all rehabilitation professionals can apply Evidence Based Clinical Practice and take decisions according to the best and most appropriate evidence in this specific field, combining the best available evidence as gathered by high-quality Cochrane systematic reviews, with their own clinical expertise and the values of patients. This mission can be pursued through knowledge translation. The aim of this article is to shortly present what knowledge translation is, how and why Cochrane (previously known as Cochrane Collaboration) is trying to reorganize itself in light of knowledge translation, and the relevance that this process has for Cochrane Rehabilitation and in the end for the whole world of rehabilitation. It is well known how it is difficult to effectively apply in everyday life what we would like to do and to apply the scientific knowledge in the clinical field: this is called the know-do



gap. In the field of evidence-based medicine, where Cochrane belongs, it has been proven that high-quality evidence is not consistently applied in practice. A solution to these problems is the so-called knowledge translation. In this context, Cochrane Rehabilitation is organized to provide the best possible knowledge translation in both directions (bridging function), obviously toward the world of rehabilitation (spreading reviews), but also to the Cochrane community (production of reviews significant for rehabilitation). Cochrane is now strongly pushing to improve its knowledge translation activities, and this creates a strong base for Cochrane Rehabilitation work, focused not only on spreading the evidence but also on improving its production to make it more meaningful for the world of rehabilitation

**Rasmussen CDN, Hojberg H, Bengtsen E, and Jorgensen MB. Identifying knowledge gaps between practice and research for implementation components of sustainable interventions to improve the working environment: a rapid review. *Applied Ergonomics*. 2018; 67:178-192.**

<http://dx.doi.org/10.1016/j.apergo.2017.09.014> [open access]

Abstract: In a recent study, we involved all relevant stakeholders to identify practice-based implementation components for successful implementation and sustainability in work environment interventions. To understand possible knowledge gaps between evidence and practice, the aim of this paper is to investigate if effectiveness studies of the 11 practice-based implementation components can be identified in existing scientific literature. PubMed/MEDLINE, PsycINFO, and Web of Science were searched for relevant studies. After screening, 38 articles met the inclusion criteria. Since some of the studies describe more than one practice-based implementation concept a total of 125 quality criteria assessments were made. The overall result is that 10 of the 11 practice-based implementation components can be found in the scientific literature, but the evaluation of them is poor. From this review it is clear that there are knowledge gaps between evidence and practice with respect to the effectiveness of implementation concepts

**Scholz A, Ghadiri A, Singh U, Wendsche J, Peters T, and Schneider S. Functional work breaks in a high-demanding work environment: an experimental field study. *Ergonomics*. 2018; 61(2):255-264.**

<http://dx.doi.org/10.1080/00140139.2017.1349938>

Abstract: Work breaks are known to have positive effects on employees' health, performance and safety. Using a sample of twelve employees working in a stressful and cognitively demanding working environment, this experimental field study examined how different types of work breaks (boxing, deep relaxation and usual breaks) affect participants' mood, cognitive performance and neurophysiological state compared to a control condition without any break. In a repeated measures experimental design, cognitive performance was assessed using an auditory oddball test and a Movement Detection Test. Brain cortical activity was recorded using electroencephalography. Individual's mood was

analysed using a profile of mood state. Although neurophysiological data showed improved relaxation of cortical state after boxing (vs. 'no break' and 'deep relaxation'), neither performance nor mood assessment showed similar results. It remains questionable whether there is a universal work break type that has beneficial effects for all individuals. Practitioner Summary: Research on work breaks and their positive effects on employees' health and performance often disregards break activities. This experimental field study in a stressful working environment investigated the effect of different work break activities. A universal work break type that is beneficial for this workplace could not be identified

**Sundstrup E, Hansen AM, Mortensen EL, Poulsen OM, Clausen T, Rugulies R, Moller A, and Andersen LL. Retrospectively assessed physical work environment during working life and risk of sickness absence and labour market exit among older workers. Occupational & Environmental Medicine. 2018; 75(2):114-123.**

<http://dx.doi.org/10.1136/oemed-2016-104279> [open access]

Abstract: OBJECTIVE: To determine the prospective association between retrospectively assessed physical work environment during working life and prospectively assessed sickness absence and labour market exit among older workers. METHODS: Using Cox regression analyses we estimated the 4-year to 6-year prospective risk of register-based long-term sickness absence (LTSA), disability pension, early retirement and unemployment from exposure to different physical work environmental factors during working life among 5076 older workers (age 49-63 at baseline) from the Copenhagen Aging and Midlife Biobank cohort. RESULTS: Very hard physical work throughout working life was a risk factor for LTSA (HR 1.66,95% CI 1.32 to 2.07), disability pension (HR 2.21,95% CI 1.04 to 4.72) and early retirement (HR 1.57,95% CI 1.13 to 2.17). Both short-term (<10 years) and long-term (>=20 years) exposures to lifting or carrying of heavy burdens predicted the risk of LTSA (HRs 1.49-1.56) and disability pension (HRs 2.26-3.29). In contrast, exposure to dust was associated with LTSA and disability pension only following 20 or more exposure years. CONCLUSIONS: Retrospectively assessed hard physical work during working life and exposure to several factors in the physical work environment, especially heavy lifting, were important for labour market exit and sickness absence. This study underscores the importance of reducing physical work exposures throughout the working life course for preventing sickness absence and premature exit from the labour market

**Virtanen P, Pentti J, Vahtera J, Kivimaki M, and Virtanen M. Self-rated health of the temporary employees in a Nordic welfare state: findings from the Finnish public sector study. Journal of Occupational & Environmental Medicine. 2018; 60(2):e106-e111.**

<http://dx.doi.org/10.1097/JOM.0000000000001207>

Abstract: OBJECTIVE: This 9-year follow-up study explores a possible association between temporary employment and declining health. METHODS:

Years in temporary employment from 2004 to 2008 to 2009 were measured for a cohort of 26,886 public sector employees. Self-rated health was measured by surveys in 2004 (baseline), 2008/2009 (short-term follow-up), and 2012/2013 (long-term follow-up). RESULTS: Compared with the permanently employed, the baseline health-adjusted odds of poor health were lower both in the short-term and long-term follow-up, but the differences became nonsignificant when adjusted for sociodemographic and work-related factors. CONCLUSION: The results would suggest that temporary employment in public sector of a Nordic welfare state does not entail health risks. Future research is needed to elucidate if this is true also among those exposed to nonpermanent employment in the private labor market, in particular those with most atypical jobs and unstable job careers

**Whysall Z, Bowden J, and Hewitt M. Sickness presenteeism: measurement and management challenges. *Ergonomics*. 2018; 61(3):341-354.**

<http://dx.doi.org/10.1080/00140139.2017.1365949>

Abstract: Since work can be restorative to health, attending work when unwell should not be viewed as an inherently negative phenomenon. However, the functional benefits are likely to depend on the health condition, and the psychosocial quality of the work provided. The current study used a workforce survey to explore differences in the pattern of presenteeism and absenteeism by health condition, the association of psychosocial work factors with presenteeism compared to absenteeism, and their interaction to predict health. Findings indicate that instead of substituting absenteeism for presenteeism, the two tend to coincide, but the balance differs by health condition. Presenteeism is more likely to occur in poorer psychosocial environments, reinforcing the importance of ensuring work is designed and managed in ways that are beneficial rather than detrimental to health. The findings also highlight the methodological importance of differentiating between the act and impact of presenteeism in future research and practice. Practitioner Summary: Effective management of work-related health requires that practitioners manage both sickness absence and presence together, since employees tend to fluctuate between the two when unwell. Interventions should be tailored to the specific health concern, paying particular attention to the psychosocial environment in enabling employees to continue working without exacerbating health

**Zelaya CE and Nugent CN. Trends in health insurance and type among military veterans: United States, 2000-2016. *American Journal of Public Health*. 2018; 108(3):361-367.**

<http://dx.doi.org/10.2105/AJPH.2017.304212>

Abstract: OBJECTIVES: To describe long-term national trends in health insurance coverage among US veterans from 2000 to 2016 in the context of recent health care reform. METHODS: We used 2000 to 2016 National Health Interview Survey data on veterans aged 18 to 64 years to examine trends in insurance coverage and uninsurance by year, income, and state Medicaid

expansion status. We also explored the current proportions of veterans with each type of insurance by age group. RESULTS: The percentage of veterans with private insurance decreased from 70.8% in 2000 to 56.9% in 2011, whereas between 2000 and 2016 Department of Veterans Affairs (VA) health care coverage (only) almost tripled, Medicaid (without concurrent TRICARE or private coverage) doubled, and TRICARE coverage of any type tripled. After 2011, the percentage of veterans who were uninsured decreased. In 2016, low-income veterans in Medicaid expansion states had double the Medicaid coverage (41.1%) of low-income veterans in nonexpansion states (20.1%).

CONCLUSIONS: Our estimates, which are nationally representative of noninstitutionalized veterans, show marked increases in military-related coverage through TRICARE and VA health care. In 2016, only 7.2% of veterans aged 18 to 64 years and 3.7% of all veterans (aged 18 years or older) remained uninsured

### **Related Article**

**Adler JL. Veterans, like other working- and middle-class Americans, increasingly rely on public health programs. American Journal of Public Health. 2018; 108(3):298-299.**

<http://dx.doi.org/10.2105/AJPH.2017.304274>

**\*IWH authored publications.**