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**\*Shakik S, Arrandale V, Holness DL, Macleod JS, McLeod CB, Peter A, et al. Dermatitis among workers in Ontario: results from the Occupational Disease Surveillance System. Occupational and Environmental Medicine. 2019; [epub ahead of print].**

**<https://doi.org/10.1136/oemed-2018-105667> [open access]**

**Abstract:** OBJECTIVES: Dermatitis is the most common occupational skin disease, and further evidence is needed regarding preventable risk factors. The Occupational Disease Surveillance System (ODSS) derived from administrative data was used to investigate dermatitis risk among industry and occupation groups in Ontario. METHODS: ODSS cohort members were identified from Workplace Safety and Insurance Board (WSIB) accepted lost time claims. A case was defined as having  $\geq 2$  dermatitis physician billing claims during a 12-month period within 3 years of cohort entry. A 3-year look-back period prior to cohort entry was used to exclude prevalent cases without a WSIB claim. Workers were followed for 3 years or until dermatitis diagnosis, age 65 years, emigration, death or end of follow-up (31 December 2016), whichever occurred first. Age-adjusted and sex-adjusted Cox proportional hazard models estimated HRs and 95% CIs. The risk of dermatitis was explored using a job exposure matrix that identifies exposure to asthmagens, many of which also cause contact dermatitis. RESULTS: Among 597 401 workers, 23 843

cases of new-onset dermatitis were identified. Expected elevated risks were observed among several groups including furniture and fixture industries, food and beverage preparation and chemicals, petroleum, rubber, plastic and related materials processing occupations and workers exposed to metal working fluids and organic solvents. Decreased risk was observed among farmers, nurses and construction industries, and occupations exposed to latex and indoor cleaning products. CONCLUSIONS: ODSS can contribute to occupational dermatitis surveillance in Ontario by identifying occupational groups at risk of dermatitis that can then be prioritised for prevention activities

**Baillien E, Griep Y, Vander Elst T, and De Witte H. The relationship between organisational change and being a perpetrator of workplace bullying: a three-wave longitudinal study. *Work and Stress*. 2019; 33(3):211-230.**

<https://doi.org/10.1080/02678373.2018.1496161>

**Carder M, Seed MJ, Money A, Agius RM, and Van Tongeren M. Occupational and work-related respiratory disease attributed to cleaning products. *Occupational and Environmental Medicine*. 2019; 76(8):530-536.**

<https://doi.org/10.1136/oemed-2018-105646>

Abstract: OBJECTIVES: Exposure to cleaning products has been associated with adverse respiratory outcomes. This study aimed to investigate the medically reported incidence, trends in incidence and occupational determinants of work-related respiratory disorders attributed to cleaning agents and to explore the role of 'Quantitative Structure Activity Relationships' (QSAR) in corroborating the identification of chemical respiratory sensitisers. METHODS: Respiratory diagnoses attributed to cleaning agents were extracted from The Health and Occupation Research (THOR) surveillance network, 1989-2017. Incidence, trends in incidence and incidence rate ratios by occupation were investigated. Agents were classified by chemical type and QSAR hazard indices were determined for specific organic chemicals. RESULTS: Approximately 6% (779 cases) of the (non-asbestos) THOR respiratory cases were attributed to cleaning agents. Diagnoses were predominantly asthma (58%) and inhalation accidents (27%) with frequently reported chemical categories being

aldehydes (30%) and chlorine/its releasers (26%). No significant trend in asthma incidence (1999-2017) was observed (annual average change of -1.1% (95% CI -4.4 to 2.4)). This contrasted with a statistically significant annual decline in asthma incidence (-6.8% (95% CI -8.0 to -5.6)) for non-cleaning agents. There was a large variation in risk between occupations. 7 of the 15 organic chemicals specifically identified had a QSAR generated hazard index consistent with being a respiratory sensitiser. CONCLUSION: Specific occupations appear to be at increased risk of adverse respiratory outcomes attributed to cleaning agents. While exposure to agents such as glutaraldehyde have been addressed, other exposures, such as to chlorine, remain important. Chemical features of the cleaning agents helped distinguish between sensitising and irritant agents

**Colburn D, Russo L, Burkard R, and Hostler D. Firefighter protective clothing and self contained breathing apparatus does not alter balance testing using a standard sensory organization test or motor control test in healthy, rested individuals. Applied Ergonomics. 2019; 80:187-192.**

<https://doi.org/10.1016/j.apergo.2019.05.010>

Abstract: BACKGROUND: There is a high rate of injury associated with firefighting: in 2016, 21% of all fireground injuries were attributed to falls, jumps and slips. Examining factors related to balance, including experience in wearing firefighter gear, may assist in reducing injury related to falls. OBJECTIVES: To assess the effects of wearing firefighter gear on postural balance in firefighters and non-firefighters in a rested condition. METHODS: Each subject attended two sessions. In session 1, informed consent was obtained, a threshold audiogram was collected, and the sensory organization test (SOT) and motor control test (MCT) were administered with the subject dressed in street clothes. The second session was comprised of three different conditions with the order of testing randomized across subjects: street clothing, firefighter protective garments (coat, pants, helmet, hood) with breathing apparatus but no facemask, and firefighter protective garments with breathing apparatus and facemask. Twenty subjects participated: ten firefighters (8 males) and sex and age-matched non-firefighters (8 males) completed the study. RESULTS: SOT scores were obtained for each sub-condition, including the overall performance score and sensory weightings. For

the MCT, latency and amplitude data were obtained for the three forward and three reverse translation conditions. A significant difference was found for large forward surface translations in the MCT in firefighters. **CONCLUSION:** In spite of the altered center of balance created by breathing apparatus and the altered visual cues created by the facemask, wearing firefighter gear did not substantively affect anterior-posterior postural stability or motor response to linear translation in rested, healthy individuals. Firefighters and non-firefighters performed similarly across all except one of the experimental conditions

**Ferreira AI, da Costa Ferreira P, Cooper CL, and Oliveira D. How daily negative affect and emotional exhaustion correlates with work engagement and presenteeism-constrained productivity. International Journal of Stress Management. 2019; 26(3):261-271. <https://doi.org/10.1037/str0000114>**

**Gibbs A, Jewkes R, Willan S, Al Mamun M, Parvin K, Yu M, et al. Workplace violence in Bangladesh's garment industry. Social Science & Medicine. 2019; 235:112383. <https://doi.org/10.1016/j.socscimed.2019.112383>**

Abstract: Workplace violence (WPV) is widely reported in the Bangladeshi garment industry, impacting women workers' health and wellbeing. We explore factors associated with female workers experience or witnessing of WPV and perpetration by managers, in eight Bangladeshi garment factories. We hypothesise workers' experience of WPV is associated with i) individual factors, potentially impacting productivity (age, depression, length of work, and disability/functional limitations), ii) experience of intimate partner violence (IPV), and iii) factory culture (management styles, and adherence to laws around workers' rights). We hypothesise that managers' perpetration of emotional WPV is associated with their perceptions of female workers (indicated by their patriarchal gender attitudes and hierarchal attitudes), and whether they experience work related stress and burnout. Cross-sectional data were collected from eight self-selecting garment factories in Bangladesh, between September and December 2016 (800 female workers, 395 managers). Data were analysed with multivariable linear regression modelling. In the past four weeks, 73.5% of workers reported

experiencing or witnessing physical or emotional WPV, while 63.5% of managers reported perpetrating emotional WPV. Workers' experience or witnessing of WPV was associated with more depressive symptoms (beta 0.04, 95%CI 0.01, 0.07), more functional limitations (moderate limitations beta 1.32 95%CI 0.22, 2.42), experience of IPV (beta 2.78 95%CI 2.11, 3.44), and factory culture (challenges accessing leave (beta 3.69 95%CI 2.68, 4.70), and perceptions of more coercive management practices (beta 0.41 95%CI 0.32, 0.50). Managers' perpetration of emotional WPV was associated with higher levels of burnout (beta 0.02 95%CI 0.01, 0.04), and more hierarchical attitudes towards workers (beta 0.33 95%CI 0.21, 0.45). These findings suggest the global manufacturing regime of 'Just-in-Time' (JIT) production, emphasising short-turnaround times and high levels of productivity, combined with hierarchical attitudes towards workers, are important factors shaping WPV

**Groot D, van Hooff ML, Kroeze RJ, Monshouwer M, O'Dowd J, Horsting P, et al. Long-term results of an intensive cognitive behavioral pain management program for patients with chronic low back pain: a concise report of an extended cohort with a minimum of 5-year follow-up. *European Spine Journal*. 2019; 28(7):1579-1585.**

<https://doi.org/10.1007/s00586-019-05967-6>

Abstract: PURPOSE: Treatment options for chronic low back pain (CLBP) include cognitive behavioral interventions. Most of these interventions only have small and short-lived effects. Using strict inclusion criteria for participation in an intensive combined physical and psychological program, encouraging effects were reported at 1-year follow-up. This study evaluates the long-term follow-up results of the same program. The hypothesis is that previously reported results are maintained. METHODS: Structured interviews were conducted in a prospective extended cohort with a minimum of 5-year follow-up in a similar fashion as in the 1-year follow-up report. The median follow-up in this cohort was 6.5 years. The extended cohort consisted of 277 patients (85% response). RESULTS: Outcomes include daily functioning, quality of life, current pain intensity, pain disturbance in daily activities and indicators of the use of pain medication and healthcare services. The previously reported positive 1-year follow-up



results were maintained at a minimum of 5-year follow-up. Disability as measured with the Oswestry disability index (ODIv2.1a) decreased from 40 to 27 in the first year. This positive result was maintained at the 6.5-year follow-up with an ODI of 28. Pain intensity (NRS 0-100) improved from 60 to 39 in the first year, and at 6.5 years, this had further improved to 33. Improvement in quality of life (SF 36) at 1-year follow-up was maintained at 6.5-year follow-up, and healthcare consumption had decreased substantially as measured with doctor visits and analgesics used for CLBP. CONCLUSION: Selected and motivated patients with longstanding CLBP improve fast after an intensive combined physical and psychological program in daily functioning, pain and quality of life. Positive 1-year results are maintained, and healthcare utilization was still reduced at a minimum of 5-year follow-up. These slides can be retrieved under Electronic Supplementary Material

**Keteyian C, Schwatka N, Dally M, Tran M, Shore E, Weitzenkamp D, et al. The impact of industry and body part injured on repeat workers' compensation claims. American Journal of Industrial Medicine. 2019; 62(8):680-690.**

<https://doi.org/10.1002/ajim.22994>

Abstract: BACKGROUND: Few studies investigate the influence of body part injured and industry on future workers' compensation claims. METHODS: Using claims incurred from 1 January 2005 to 31 July 2015 (n = 77 494) from the largest workers' compensation insurer in Colorado, we assessed associations between worker characteristics, second claims involving any body part and the same body part. We utilized Cox proportional hazards models to approximate the probability of a second claim. RESULTS: First claims represented 74.9% (n = 58 007) and second claims 25.2% (n = 19 487) of total claims. Sex, age, industry, and body part of the first claim were associated with the probability of second claims and the body part affected. The 5-year probabilities of second claims and same body part second claims were 27.0% (95% confidence interval [CI]: 26.6%-27.5%) and 6.2% (95% CI: 5.9%-6.5%) in males and 26.5% (95% CI: 26.0%-27.0%) and 6.7% (95% CI: 6.5%-7.0%) in females. Most second claims occurred within 3 years. CONCLUSIONS: Most second claims occur within 3 years. Body part

and industry-specific injury patterns suggest missed opportunities for prevention

**Krick A and Felfe J. Who benefits from mindfulness? The moderating role of personality and social norms for the effectiveness on psychological and physiological outcomes among police officers. Journal of Occupational Health Psychology. 2019; [epub ahead of print].**

<https://doi.org/10.1037/ocp0000159>

Abstract: There is a growing interest to use mindfulness-based interventions (MBIs) for occupational health promotion. As most evidence for the beneficial effects comes from convenience samples in the social/education/health sector, it is still an open question if MBIs are effective in other contexts, or for whom MBIs are more effective. In addition, self-selection and sample characteristics may have biased previous findings. Theoretically and practically, it is important to know whether MBIs are also effective for nonselective samples outside the social and health sector, especially in agentic and male-oriented cultures. Therefore, this study investigates the effects of a MBI on physiological and psychological criteria in a nonselective sample of police officers. Moreover, this study examines whether effectiveness depends on participants' personality (neuroticism, openness, and conscientiousness) and on perceived social norms toward MBIs. Using a pre-post intervention design, N = 267 police officers were randomly assigned to an intervention group receiving a 6-week intervention and to a control group. Repeated-measures analysis of variance showed a positive effect on heart rate variability and a stronger reduction of psychological strain, health complaints, and negative affect, as well as more improvement of mindfulness and self-care in the intervention group in comparison with the control group. Additionally, participants higher in neuroticism and openness benefitted more, and the effectiveness was stronger for those who perceived a favorable social norm toward MBIs. Our findings provide evidence that participants with male-oriented occupations may also benefit from a MBI. The importance of individual differences and the social context is discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

**Levack WMM, Rathore FA, Pollet J, and Negrini S. One in 11 Cochrane reviews are on rehabilitation interventions, according to pragmatic inclusion criteria developed by Cochrane rehabilitation. Archives of Physical Medicine & Rehabilitation. 2019; 100(8):1492-1498.**

<https://doi.org/10.1016/j.apmr.2019.01.021>

Abstract: OBJECTIVE: To identify all published protocols and reviews in the Cochrane Library relevant to the scope of practice of rehabilitation; to test pragmatic criteria to identify rehabilitation interventions; to begin categorizing reviews according to the professionals involved in delivering the intervention and broad areas of clinical practice. DATA SOURCES: Cochrane Database of Systematic Reviews. STUDY SELECTION: We screened all published reviews and protocols in the Cochrane library. DATA EXTRACTION: We built an online relational database into which we imported titles and abstracts of all reviews and protocols published in the Cochrane Library from 1996 to August 2018. We recruited rehabilitation professionals worldwide through Cochrane Rehabilitation's social media to find and tag rehabilitation reviews in this database. One rehabilitation physician and 1 allied health professional independently tagged each title against prespecified criteria. The Cochrane Rehabilitation Review Committee examined disagreements between contributors for any uncertainties about how to categorize a review. We revised and improved our preliminary criteria for identifying rehabilitation interventions as the work progressed. DATA SYNTHESIS: We identified that 9.4% of all Cochrane publications (894/9471 reviews and protocols) are directly relevant to the practice of rehabilitation. The professional groups whose interventions were most frequently the subject of rehabilitation reviews and protocols were rehabilitation physicians and physical therapists. We also identified a final list of inclusion and exclusion criteria for reviews on rehabilitation interventions. CONCLUSION: Many Cochrane Reviews are directly relevant to rehabilitation. Cochrane needs to consider the rehabilitation community a major stakeholder in all its work. The pragmatic criteria we tested are offered for future discussions on the identification and categorization of rehabilitation interventions by stakeholders worldwide. This work will support the spread of content from the Cochrane Library to rehabilitation professionals and guide future research



**Lundberg T and Melander S. Key push and pull factors affecting return to work identified by patients with long-term pain and general practitioners in Sweden. Qualitative Health Research. 2019; 29(11):1581-1594.**

<https://doi.org/10.1177/1049732319837227>

Abstract: Research shows that working is positive for people with long-term pain but that work-related support from health professionals is inadequate. One explanation for this inadequacy is that patients and providers differ in terms of perspectives on motivation to work. In this article, we compare factors that 31 patients and 15 general practitioners consider important to promote return to work for people with long-term pain. We analyzed the interviews with thematic analysis and a motivational push and pull framework to cover different motivational factors, societal and individual, that might push or pull patients from or toward work. Providers said that a difference between working and nonworking patients is their level of individual motivation, while the patients' stories showed that the main difference was the physical (non)ability to push themselves to work. We suggest that work-related support can be improved by addressing such differences in clinical practice

**Meterko M, Marino M, Ni P, Marfeo E, McDonough CM, Jette A, et al. Psychometric evaluation of the improved work-disability functional assessment battery. Archives of Physical Medicine & Rehabilitation. 2019; 100(8):1442-1449.**

<https://doi.org/10.1016/j.apmr.2018.09.125>

Abstract: OBJECTIVE: To assess psychometric properties of the improved Work Disability Functional Assessment Battery (WD-FAB 2.0). DESIGN: Longitudinal study. SETTING: Community. PARTICIPANTS: Three samples of working-age (21-66) adults (N=1006): (1) unable to work because of a physical condition (n=375); (2) unable to work because of a mental health condition (n=296); (3) general United States working age sample (n=335). INTERVENTION: NA. MAIN OUTCOME MEASURES: All samples completed the WD-FAB 2.0; the second administration came 5 days after the first. Construct validity was examined by convergent and divergent correlational analysis using legacy measures. Test-retest reliability was assessed by intraclass correlation coefficients (ICC3,1). Standard error of the mean (SEM) and minimal detectable change

(MDC90) were calculated to measure scale precision and sensitivity. RESULTS: Physical function ICCs ranged from 0.69 to 0.77 in the general sample, and 0.66 to 0.86 in the disability sample. Mental health function scales ICCs ranged from 0.62 to 0.73 in the general sample, and 0.74 to 0.76 in the disability sample. SEMs for all scales indicated good discrimination; those for the physical function scales were generally lower than those for the mental health scales. MDC90 values ranged from 3.41 to 10.55. Correlations between all WD-FAB 2.0 scales and legacy measures were in the expected direction. CONCLUSIONS: The study provides substantial support for the reliability and construct validity of the WD-FAB 2.0 among 3 diverse samples. Although initially developed for use within the Social Security Administration (SSA), these results suggest that the WD-FAB 2.0 could be used for assessment and measurement of work-related physical and mental health function in other contexts as well

**Nicholas MK, Costa DSJ, Linton SJ, Main CJ, Shaw WS, Pearce G, et al. Implementation of early intervention protocol in Australia for 'high risk' injured workers is associated with fewer lost work days over 2 years than usual (stepped) care. Journal of Occupational Rehabilitation. 2019; [epub ahead of print].**

<https://doi.org/10.1007/s10926-019-09849-y>

Abstract: Purpose To evaluate whether a protocol for early intervention addressing the psychosocial risk factors for delayed return to work in workers with soft tissue injuries would achieve better long-term outcomes than usual (stepped) care. Methods The study used a controlled, non-randomised prospective design to compare two case management approaches. For the intervention condition, workers screened within 1-3 weeks of injury as being at high risk of delayed returned to work by the Orebro Musculoskeletal Pain Screening Questionnaire-short version (OMPSQ-SF) were offered psychological assessment and a comprehensive protocol to address the identified obstacles for return to work. Similarly identified injured workers in the control condition were managed under usual (stepped) care arrangements. Results At 2-year follow-up, the mean lost work days for the Intervention group was less than half that of the usual care group, their claim costs were 30% lower, as was the growth trajectory of their costs after 11 months. Conclusions The findings supported the hypothesis that brief psychological risk factor

screening, combined with a protocol for active collaboration between key stakeholders to address identified psychological and workplace factors for delayed return to work, can achieve better return on investment than usual (stepped) care

**Perez-Hernandez B, Rubio-Valverde JR, Nusselder WJ, and Mackenbach JP. Socioeconomic inequalities in disability in Europe: contribution of behavioral, work-related and living conditions. European Journal of Public Health. 2019; 29(4):640-647.**

<https://doi.org/10.1093/eurpub/ckz009>

Abstract: BACKGROUND: Previous studies have shown the existence of social inequalities in disability in many European countries. However, it is not clear what factors are associated with these inequalities. The aim of this study was to assess the contribution of behavioral factors, work-related factors and living conditions to educational inequalities in disability. METHODS: We pooled data from the seventh wave of the European Social Survey (2014) which included self-reported disability measured with the Global Activity Limitations Indicator for 19 European countries. We used multivariate logistic regression to determine the contributions of behavioral factors, work-related and living conditions to educational inequalities in disability among respondents aged 30-79. RESULTS: We found that adjusting simultaneously for three groups of determinants (behavioral, work-related and living conditions) reduces the greatest proportion of inequalities in disability in both men and women, in a range >70%. Each group of determinants contributes substantially to explain inequalities in disability. CONCLUSIONS: Inequalities in disability are a major challenge for public health in most European countries. Our findings suggest that these inequalities can be reduced by diminishing inequalities in exposure to well-known health determinants

**Peters CE, Pasko E, Strahlendorf P, Holness DL, and Tenkate T. Solar ultraviolet radiation exposure among outdoor workers in three Canadian provinces. Annals of Work Exposures and Health. 2019; 63(6):679-688.**

<https://doi.org/10.1093/annweh/wxz044>

Abstract: INTRODUCTION: Solar ultraviolet radiation (UVR)

exposure places outdoor workers at risk of skin cancer and exposure is difficult to control. In response, the Sun Safety at Work Canada (SSAWC) project was undertaken (2014-2016). The purpose of this substudy was to characterize the UVR exposure levels of outdoor workers in the SSAWC project. METHODS: Thirteen workplaces in the provinces of British Columbia, Ontario, and Nova Scotia participated in an exposure monitoring campaign (late summer/early fall 2016). Study participants were workers from power utilities and municipalities. Participants wore a UVR measurement badge (light-sensitive polysulfone plastic) on their wrist, shoulder, or hardhat. Badge calibration and absorbance measurements were performed in the AusSun Research Lab. Personal UVR doses are presented as standard erythemal doses (SED) and compared with the internationally recommended exposure limit (1.3 SED), as well as to the total available UVR by date. Generalized linear models were used to examine determinants of solar UVR for personal UVR dose (for both SED and percent of ambient UVR). Models considered badge placement, date, province, industry, main job task, and the hours spent outdoors. RESULTS: Mean personal UVR dose of participating workers was 6.1 SED (nearly 5x the recommended limit). Just 14% of workers experienced 'acceptable' levels of solar radiation; 10% were exposed at >10 times the limit. In univariate analyses, workers in Ontario had the highest levels (mean 7.3 SED), but even in the lowest exposed province (British Columbia), the mean personal UVR dose was 4.5 SED. Utility workers had double the exposure of municipal workers (10.4 and 5.5 SED, respectively). In the determinants of exposure models, the differences by province were muted, but utility line workers and those in general maintenance had higher predicted exposures. Those who wore their badge on their hardhat also had higher values of SED in the fully adjusted determinants models. CONCLUSIONS: Solar ultraviolet overexposure among outdoor workers is a concern, even in a country like Canada with relatively low ambient UVR. Implementation of sun safety programs should be supported in an effort to reduce exposure in this vulnerable group of workers

**Roberts SLE, Healey A, and Sevdalis N. Use of health economic evaluation in the implementation and improvement science fields: a systematic literature review. Implementation Science.**



2019; 14(1):72.

<https://doi.org/10.1186/s13012-019-0901-7> [open access]

**Abstract:** BACKGROUND: Economic evaluation can inform whether strategies designed to improve the quality of health care delivery and the uptake of evidence-based practices represent a cost-effective use of limited resources. We report a systematic review and critical appraisal of the application of health economic methods in improvement/implementation research. **METHOD:** A systematic literature search identified 1668 papers across the Agris, Embase, Global Health, HMIC, PsycINFO, Social Policy and Practice, MEDLINE and EconLit databases between 2004 and 2016. Abstracts were screened in Rayyan database, and key data extracted into Microsoft Excel. Evidence was critically appraised using the Quality of Health Economic Studies (QHES) framework. **RESULTS:** Thirty studies were included—all health economic studies that included implementation or improvement as a part of the evaluation. Studies were conducted mostly in Europe (62%) or North America (23%) and were largely hospital-based (70%). The field was split between improvement (N = 16) and implementation (N = 14) studies. The most common intervention evaluated (43%) was staffing reconfiguration, specifically changing from physician-led to nurse-led care delivery. Most studies (N = 19) were ex-post economic evaluations carried out empirically—of those, 17 were cost effectiveness analyses. We found four cost utility analyses that used economic modelling rather than empirical methods. Two cost-consequence analyses were also found. Specific implementation costs considered included costs associated with staff training in new care delivery pathways, the impacts of new processes on patient and carer costs and the costs of developing new care processes/pathways. Over half (55%) of the included studies were rated 'good' on QHES. Study quality was boosted through inclusion of appropriate comparators and reporting of incremental analysis (where relevant); and diminished through use of post-hoc subgroup analysis, limited reporting of the handling of uncertainty and justification for choice of discount rates. **CONCLUSIONS:** The quantity of published economic evaluations applied to the field of improvement and implementation research remains modest; however, quality is overall good. Implementation and improvement scientists should work closely with health economists to consider costs associated with improvement



interventions and their associated implementation strategies. We offer a set of concrete recommendations to facilitate this endeavour

**Vanroelen C. Employment quality: an overlooked determinant of workers' health and well-being? *Annals of Work Exposures and Health*. 2019; 63(6):619-623.**

<https://doi.org/10.1093/annweh/wxz049>

Abstract: In the past four decades, high-income countries have seen a thorough socio-economic restructuring with important implications for the jobs of many workers, including health- and safety-related aspects. Much attention has been paid to psychosocial risks related to intrinsic features of contemporary work tasks, while the occupational health and safety consequences of 'new' conditions and relations of employment have remained neglected. This relative neglect is unjustified given the disrupting nature of many contemporary forms of employment. In this commentary, I introduce the concept of 'employment quality' as a novel approach towards measuring employment-related OHS risks. Employment quality involves a 'typological approach' towards employment arrangements, identifying five employment types in European labour markets, showing a distinct profile in terms of health-related employment characteristics. Moreover, these types align with segmented labour market theory, have a clear socio-economic profile, and show strong associations with workers' self-reported health

\*IWH authored publication.