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Archer A, Berry I, Bajwa U, Kalda R, and Di Ruggiero E. Preferred modalities for delivering continuing education to the public health workforce: a scoping review. *Health Promotion and Chronic Disease Prevention in Canada*. 2020; 40(4):116-125. <https://doi.org/10.24095/hpcdp.40.4.03>

Abstract: INTRODUCTION: Continuing education (CE) can help public health professionals maintain and further develop their knowledge and skills to adapt to the changing public health landscape. This scoping review aims to identify the preferred modalities for delivering CE to public health professionals and to determine how equity has been incorporated into public health training. **METHODS:** Using the PRISMA extension for Scoping Reviews as a guide, we searched four databases for peer-reviewed primary research studies that evaluated public health workforce CE modalities. **RESULTS:** The review included 33 studies published between 1 January 2000 and 6 August 2019 from over 11 countries. Most articles broadly described their training audience as public health professionals employed by government or non-governmental organizations. Delivery methods included online, in-person or blended learning (combining online and in-person instruction). Learners strongly preferred self-directed approaches. Organizational

support, including protected time for professional development during work hours, was an important enabler of training completion. Commonly cited barriers included course duration and a high number of contact hours. CONCLUSION: Findings suggest that there is no single preferred training modality. We identified three elements that influence modality preference: design, delivery and organizational support. Modality should be determined by participants' location, needs and previous experiences to ensure the content is relevant and delivered in a way that equips learners to apply the knowledge gained

Asfaw A and Boden LI. Impact of workplace injury on opioid dependence, abuse, illicit use and overdose: a 36-month retrospective study of insurance claims. Occupational and Environmental Medicine. 2020; [epub ahead of print].

<https://doi.org/10.1136/oemed-2020-106535>

Abstract: OBJECTIVES: To examine the impact of workplace injury on opioid dependence, abuse and overdose (opioid-related morbidity) and if severity of injury increases the hazard of these health effects. METHODS: We used MarketScan databases to follow injured and propensity score matched non-injured workers, both without prior opioid-related diagnoses. Using a Cox proportional hazard model, we examined the impact of workplace injury on opioid-related morbidity. RESULTS: The hazard of opioid-related morbidity for injured workers was 1.79 times than that of matched non-injured workers (95% CI 1.89 to 3.60). For medical-only and lost-time injured workers, it was respectively 1.54 (95% CI 1.02 to 2.32) and 2.91 (95% CI 1.75 to 4.84) times that of non-injured workers. CONCLUSIONS: Reducing workplace injury or severity of workplace injury, as well as efforts to ensure appropriate opioid prescribing for injured workers, may help to reduce the societal costs of opioid use

Carlson SR, Morningstar ME, and Munandar V. Workplace supports for employees with intellectual disability: a systematic review of the intervention literature. Journal of Vocational Rehabilitation. 2020; 152(3):251-265.

<https://doi.org/10.3233/JVR-201075>

Dale L and Fiedler J. Risk factors for musculoskeletal disorders in an obstetrician-gynecologist and orthopedic surgeon. Work.

2020; 65(4):749-761.

<https://doi.org/10.3233/WOR-203128>

Abstract: BACKGROUND: Orthopedic and obstetrician-gynecologist (OB/GYN) surgeons have risks for musculoskeletal disorders (MSD) during work in the operating room (OR). Risks for MSD have not been identified as a result of work outside the OR or during non-work tasks. OBJECTIVE: The purpose of the study was to determine risk factors for MSD in an orthopedic and OB/GYN surgeon. METHODS: A case study format and mixed method design were used to gather data by using the Rapid Upper Limb Assessment (RULA) to measure MSD risks in the OR; the Quick Disabilities of the Arm, Shoulder, and Hand (QuickDASH) to measure surgeons' upper extremity disability; observation of surgeon office hours; and semi-structured interviews to gather qualitative data. RESULTS: Both surgeons had risks for MSD during occupational performance outside of work, with some risks similar to those experienced at work. Both surgeons had MSD risks during work inside and outside the OR. Both surgeons experienced MSD symptoms exacerbated by work and non-work tasks. CONCLUSIONS: Identifying and reducing MSD risk should include a comprehensive analysis of occupational performance for orthopedic and OB/GYN surgeons

Eccleston C, Blyth FM, Dear BF, Fisher EA, Keefe FJ, Lynch ME, et al. Managing patients with chronic pain during the COVID-19 outbreak: considerations for the rapid introduction of remotely supported (eHealth) pain management services. Pain. 2020; 161(5):889-893.

<https://doi.org/10.1097/j.pain.0000000000001885> [open access]

Edgelow M, Harrison L, Miceli M, and Cramm H. Occupational therapy return to work interventions for persons with trauma and stress-related mental health conditions: a scoping review. Work. 2020; 65(4):821-836.

<https://doi.org/10.3233/WOR-203134>

Abstract: BACKGROUND: Trauma and stress-related mental health conditions can impact a person's ability to participate in work and can cause disruptions in employment. Best practice guidelines for occupational therapy return to work interventions with these populations are limited. OBJECTIVE: To identify and describe

occupational therapy return to work interventions for trauma and stress-related mental health conditions. **METHODS:** Using a scoping review methodology, research databases were searched for papers relating to occupational therapy, return to work interventions, and trauma and stress-related mental health conditions. Three reviewers independently applied selection criteria and systematically extracted information. Data were extracted and synthesized in a narrative format. **RESULTS:** The search produced 18 relevant papers. The interventions described were more often person-focused versus environment- and occupation-focused, and many were carried out by multidisciplinary teams, making it difficult to identify best practices for occupational therapists in this area. **CONCLUSION:** Emerging practices include the Swedish "ReDO" intervention, support for active military members to manage operational stress to remain at work, and multidisciplinary team treatment. Further research, including studies with direct focus on the implications of occupational therapy interventions for return to work with trauma and stress-related mental health conditions, is required

Harris S, Farnworth L, and Mynard L. Experiences of disclosure for vocational occupations by forensic mental health consumers. Journal of Vocational Rehabilitation. 2020; 52(3):291-301.

<https://doi.org/10.3233/JVR-201078>

Khayatzadeh-Mahani A, Wittevrongel K, Petermann L, Graham ID, and Zwicker JD. Stakeholders' engagement in co-producing policy-relevant knowledge to facilitate employment for persons with developmental disabilities. Health Research Policy and Systems. 2020; 18(1):39.

<https://doi.org/10.1186/s12961-020-00548-2> [open access]

Abstract: **BACKGROUND:** Persons with developmental disabilities (PWDD) face a number of individual, environmental and societal barriers when seeking employment. Integrated knowledge translation (IKT) involves ongoing and dynamic interactions between researchers and stakeholders for the purpose of engaging in mutually beneficial research to address these types of multi-faceted barriers. There is a knowledge gap in the IKT literature on effective stakeholder engagement strategies outside of the dissemination

stage to inform policy. In this paper, we report on a number of engagement strategies employed over a 2-year period to engage a wide range of stakeholders in different stages of an IKT project that aimed to investigate the 'wicked' problem of employment for PWDD. **METHOD:** Our engagement plan included multiple linked strategies and was designed to ensure the meaningful engagement of, and knowledge co-production with, stakeholders. We held two participatory consensus-building stakeholder policy dialogue events to co-produce knowledge utilising the nominal group technique and the modified Delphi technique. A total of 31 and 49 stakeholders engaged in the first and second events, respectively, from six key stakeholder groups. Focused engagement strategies were employed to build on the stakeholder dialogues for knowledge mobilisation and included a focus group attended only by PWDD, a stakeholder workshop attended only by policy/decision-makers, a webinar attended by human resources professionals and employers, and a current affairs panel attended by the general public. **RESULTS:** Our findings suggest that the level of engagement for each stakeholder group varies depending on the goal and need of the project. Our stakeholder dialogue findings highlight the inherent challenges in co-framing and knowledge co-production through the meaningful engagement of multiple stakeholders who hold different ideas and interests. Focused outreach is needed to foster relationships and trust for meaningful engagement. **CONCLUSIONS:** In addition to providing guidance on how to implement adaptable meaningful engagement strategies, these findings contribute to discussions on how IKT projects are planned and funded. More studies to explore effective mechanisms for engaging a wide range of stakeholders in IKT research are needed. More evidence of successful engagement strategies employed by researchers to achieve meaningful knowledge co-production is also key to advancing the discipline

Kinman G and Grant L. Emotional demands, compassion and mental health in social workers. *Occupational Medicine*. 2020; 70(2):89-94.

<https://doi.org/10.1093/occmed/kqz144> [open access]

Abstract: **BACKGROUND:** Compassion, described as the act of providing care based on empathy, dignity and respect, is intrinsic to effective health and social care. Although delivering compassionate

care has wide-ranging benefits for service users, more insight is needed into its effects on health and social care professionals. The emotional demands of 'helping' work can engender compassion fatigue that may impair well-being, whereas compassion satisfaction and feelings of compassion towards the self could be protective. AIMS: To examine the effects (direct and indirect) of compassion satisfaction, compassion fatigue and self-compassion on mental health in a cohort of social workers. METHODS: We used validated scales to measure emotional demands, compassion satisfaction and fatigue, and self-compassion and the General Health Questionnaire-12 to assess mental health. We tested the main and moderating effects of emotional demands and the three facets of compassion using hierarchical regression analysis. RESULTS: The study sample comprised 306 social workers (79% female). Participants who reported higher levels of compassion satisfaction and self-compassion tended to report better mental health, whereas compassion fatigue was a significant risk factor for well-being. The models explained 44-53% of the variance in mental health symptoms. We found some evidence that compassion satisfaction and self-compassion buffer the negative effects of emotional demand on mental health, contributing 2 and 3%, respectively, to the incremental variance. CONCLUSIONS: Our findings suggest that evidence-based interventions are needed to reduce compassion fatigue and enhance compassion satisfaction and self-compassion in social care work. We consider ways to accomplish this using targeted interventions

McMunn A, Bird L, Webb E, and Sacker A. Gender divisions of paid and unpaid work in contemporary UK couples. *Work, Employment and Society*. 2020; 34(2):155-173.
<https://doi.org/10.1177/0950017019862153>

Neupane S, Karstad K, Hallman DM, Rugulies R, and Holtermann A. Objectively measured versus self-reported occupational physical activity and multisite musculoskeletal pain: a prospective follow-up study at 20 nursing homes in Denmark. *International Archives of Occupational and Environmental Health*. 2020; 93(3):381-389.
<https://doi.org/10.1007/s00420-019-01495-4> [open access]
Abstract: PURPOSE: To explore the prospective association of

objectively measured and self-reported occupational physical activity (OPA) with multisite musculoskeletal pain (MSP) among Danish eldercare workers. **METHODS:** The study population consisted of eldercare workers in 20 Danish nursing homes (N = 553, response rate 59%, 525 female). Baseline data were collected in 2013-2014 and the 1-year follow-up was completed in 2016. At baseline, we measured objective OPA by a thigh-worn ActiGraph GT3X + accelerometer during work and self-reported OPA by a questionnaire survey. Information on musculoskeletal pain during the past four weeks in seven different body sites was reported by a structured questionnaire at baseline (n = 389) and by SMS and telephone interview during follow-up (n = 284). MSP was defined as having pain in two or more body sites. Using log-binomial models we calculated risk ratios (RRs) with their 95% confidence intervals (CIs) to estimate the association between objectively measured and self-reported OPA and MSP. **RESULTS:** We found statistically significant positive associations between self-reported OPA (RR for high OPA 1.24, 95% CI 1.05-1.46) and MSP while there was no significant association found between objective OPA and MSP. **CONCLUSION:** Our study indicates that self-reported, but not objectively measured OPA is positively associated with MSP. This finding highlights the need for better understanding, use, and interpretation of self-reported and objectively measured OPA in the study of MSP

Nie J, Wang J, Aune D, Huang W, Xiao D, Wang Y, et al. Association between employment status and risk of all-cause and cause-specific mortality: a population-based prospective cohort study. Journal of Epidemiology and Community Health. 2020; 74(5):428-436.

<https://doi.org/10.1136/jech-2019-213179>

Abstract: **BACKGROUND:** Unemployment has been reported to be associated with an increased risk of mortality. While most available studies focused on the effects of temporary unemployment on mortality, it remains unclear whether similar trends can be found in subjects who were never employed or are retirement. Therefore, this study examined the associations between temporary unemployment, never employed and retirement, integrating the risk of all-cause and cause-specific mortality in US adults. **METHODS:** Data from the National Health Interview Survey from 2001 to 2013 Linked Mortality

files through 31 December 2015 were used. A total of 282 364 participants aged 18 to 65 years were included. Their employment status was categorised into four groups: employed, never employed, temporary unemployed and retired. RESULTS: During the mean follow-up time of 8.2 years, 12 645 subjects died from a variety of causes. Compared with employed participants, temporary unemployed, never employed or retired participants faced an increased risk of mortality for all-cause (temporary unemployed HR 1.76, 95% CI 1.67 to 1.86; never employed HR 1.63, 95% CI 1.47 to 1.81; retired HR 1.27, 95% CI 1.17 to 1.37). Cause-specific mortality analysis showed that compared with employed participants, temporary unemployed or never employed participants faced a significantly increased risk of mortality from cancer, cardiovascular disease, chronic lower respiratory disease, diabetes and kidney disease. CONCLUSION: This study showed that retired, temporary unemployed and never employed participants aged 18 to 65 years were strongly associated with higher mortality, indicating that both temporary and long-term unemployment are associated with a higher risk of mortality and adversely affect longevity

Rafferty A. Skill underutilization and under-skilling in Europe: the role of workplace discrimination. *Work, Employment and Society*. 2020; 34(2):317-335.

<https://doi.org/10.1177/0950017019865692>

Schofield D, Zeppel MJB, Tanton R, Veerman J, Kelly S, Passey ME, et al. Informal caring for back pain: overlooked costs of back pain and projections to 2030. *Pain*. 2020; 161(5):1012-1018.

<https://doi.org/10.1097/j.pain.0000000000001788>

Abstract: This study models the economic costs of informal caring for people with back pain, using a microsimulation model, Care&WorkMOD, from 2015 to 2030. Care&WorkMOD was based on 3 national Australian Surveys of Disability, Ageing and Carers (2003, 2009, 2012) data sets for individuals aged 15 to 64 years. Estimated national income loss due to caring for people with back pain was AU\$258 million in 2015, increasing to \$398 million in 2030 (54% increase). Lost income tax revenue to the Australian government due to informal care of people with back pain was estimated to be AU\$78 million in 2015, increasing to AU\$118 million in 2030 (50% increase),

and additional welfare payments were estimated to rise from \$132 million in 2015 to AU\$180 in 2030 (36% increase). Larger growth in lost income, compared with the increase in welfare payments, means that there would be an increasing income gap between those out of the labour force providing informal care and noncarers who are in the labour force, leading to increased inequality. Informal carers are defined as providers of informal, unpaid assistance to someone with a health condition, for at least 6 months. Informal carers of people with back pain who are out of the labour force incur substantial economic costs. Furthermore, back pain is a large economic burden on national governments. Policies addressing back pain prevention and treatment, and supporting carers, may offset government welfare expenditure, while improving the socioeconomic well-being of carers and patients

Thisted CN, Labriola M, Nielsen CV, Jul Hakonsen S, and Bjerrum MB. Understanding depression as a workplace issue: clarifying employers' attitudes to manage employees with depression. Work. 2020; 65(4):857-868.

<https://doi.org/10.3233/WOR-203137>

Abstract: BACKGROUND: Sick leave due to depression has indirect and direct costs for employers. Whilst employers play a key role in establishing supportive work environments and providing work adjustments, there is a lack of knowledge on employers' attitudes to support employees with depression. OBJECTIVE: To investigate employers' attitudes to manage employees' depression, focusing on the employers' opportunities and challenges to support employees with depression. METHODS: Individual interviews were conducted with five employers. Interview transcripts were analysed using qualitative content analysis. RESULTS: Four categories emerged from the interviews: Attitude to and understanding of depression affect supportive practices; Dilemma between supporting employees with depression and accommodating workplace needs; The employer-employee relationship influences supportive practices; and Work accommodations target the employee's ability to work. CONCLUSION: Employers may need a wider understanding of depression and the importance of the work environment influencing work disability due to depression. Studies should investigate how knowledge of work disability due to depression can be transferred to

workplaces. Conflicting agendas of the vocational rehabilitation stakeholders poison opportunities to support, and initiatives may aim to promote employers' understanding of the benefits of collaborating with other stakeholders. The involvement of decision-makers to provide initiatives that support employers in managing employees with depression to promote their work participation is recommended

Vining RD, Shannon ZK, Minkalis AL, and Twist EJ. Current evidence for diagnosis of common conditions causing low back pain: systematic review and standardized terminology recommendations. Journal of Manipulative and Physiological Therapeutics. 2019; 42(9):651-664.

<https://doi.org/10.1016/j.jmpt.2019.08.002>

Abstract: OBJECTIVE: The purpose of this systematic review is to evaluate and summarize current evidence for diagnosis of common conditions causing low back pain and to propose standardized terminology use. METHODS: A systematic review of the scientific literature was conducted from inception through December 2018. Electronic databases searched included PubMed, MEDLINE, CINAHL, Cochrane, and Index to Chiropractic Literature. Methodological quality was assessed with the Scottish Intercollegiate Guidelines Network checklists. RESULTS: Of the 3995 articles screened, 36 (8 systematic reviews and 28 individual studies) met final eligibility criteria. Diagnostic criteria for identifying likely discogenic, sacroiliac joint, and zygapophyseal (facet) joint pain are supported by clinical studies using injection-confirmed tissue provocation or anesthetic procedures. Diagnostic criteria for myofascial pain, sensitization (central and peripheral), and radicular pain are supported by expert consensus-level evidence. Criteria for radiculopathy and neurogenic claudication are supported by studies using combined expert-level consensus and imaging findings. CONCLUSION: The absence of high-quality, objective, gold-standard diagnostic methods limits the accuracy of current evidence-based criteria and results in few high-quality studies with a low risk of bias in patient selection and reference standard diagnosis. These limitations suggest practitioners should use evidence-based criteria to inform working diagnoses rather than definitive diagnoses for low back pain. To avoid the unnecessary complexity and confusion created by multiple overlapping and nonspecific terms, adopting International

Association for the Study of Pain terminology and definitions is recommended