

Burnout in junior doctors

A large-scale study of US internal medicine residents (equivalent to foundation doctors in the UK) found high levels of burnout, low quality of life (QOL) and emotional exhaustion, and significant negative associations with educational debt. The study included three-quarters of all US medical residents in the 2008–09 academic year (n= 16,394). One-third of physicians were dissatisfied with their work–life balance and 15% reported poor QOL. Symptoms of emotional exhaustion at least weekly were reported by 45% of physicians, while 29% reported at-least-weekly symptoms of depersonalisation. More than half (51%) reported one or more symptoms of burnout. There was a significant negative effect of educational debt on both poor QOL and burnout ('moonlighting' did not explain the effects). Low QOL, emotional exhaustion, and educational debt were all associated with lower IM-ITE scores (a standardised measure of training progress).

- *JAMA*, 2011; 306(9): 952-960
- <http://jama.ama-assn.org/content/306/9/952.short>

Nurses' breast cancer risk

A nested case–control of nurses provides further evidence that nightshift work increases breast cancer risk. The study is based on 264 cases and 1,035 matched controls taken from a nationwide cohort of female nurses, aged between 32 and 70, in Denmark. Cancer diagnoses were obtained from the Danish Cancer Registry, while lifetime occupational and non-occupational exposure was assessed by structured telephone interview. Nurses who had worked shifts after midnight had a significant raised risk of breast cancer (odds ratio = 1.8; confidence interval 1.2–2.8). The highest raised risk (OR 2.9; 1.1–8.0) was for nurses who had worked periods of permanent nights as well as rotating shifts, although the confidence intervals overlapped with those who had worked rotating shifts but never permanent nights (OR 1.8; 1.2–2.8).

- *European Journal of Cancer* 2011; online first: doi: 10.1016/j.ejca.2011.07.005
- <http://goo.gl/bPUAi>

Stress link to hospital workers' skin disorders

A study of 1,744 workers from three hospitals in Italy demonstrates that work-related skin disorders are not explained simply by exposure to hazardous agents but are also linked to occupational stress factors. Around 20% of workers reported a skin disorder on their hand in the previous 12 months, and 35% a skin problem elsewhere on their body. Workers attributed these disorders to physical hazards (gloves, wet work, hand washing and detergents); however, the risk of reported skin complaints was also increased by high job demands, low social support, high job strain and high 'iso-strain' (strain with isolation) as well as by anxiety and depression. The effects remained after adjusting for age, gender, occupation, use of latex gloves and a history of atopy.

- *BMC Public Health* 2011, 11: 600
- www.biomedcentral.com/1471-2458/11/600

Nurses' work-related sickness absence

A national cross-sectional survey of 11,762 female direct-care nurses in Canada finds that the sickness absence duration is better explained by considering worker and workplace factors in combination rather than in isolation. Worker health variables – pain-related work interference, work-related pain, and depression – explain 30% of the total variance in absence duration. Workplace factors alone explain 7% of the absence variance, with emotional abuse or physical

abuse from patients/visitors having the biggest impact on total absence duration. Adding workplace to worker factors explains 33% of the absence variance.

- *Journal of Occupational and Environmental Medicine* 2011 53(8): 919–927
- http://journals.lww.com/joem/Abstract/2011/08000/Examining_the_Impact_of_Worker_and_Workplace.14.aspx

Predicting return to work

A prospective longitudinal cohort study of 562 sick-listed workers in the Netherlands finds that high physical job demands, contact with medical specialists, high physical symptoms, moderate to severe depression, and older age (over 45 years) were significantly associated with longer return-to-work times. Workers absent for at least four weeks were followed for one year after the start of their sickness absence, by which time 71% had returned fully to work.

- *Journal of Occupational Rehabilitation* 2011; online first: DOI: 10.1007/s10926-011-9326-0
- www.springerlink.com/content/j0106k3w6331380w/

Manual handling

A Cochrane systematic review covering the impact of training and assistive devices on the incidence of back pain and back pain disability finds no evidence that these interventions alone are effective in the medium or long term. The review included nine randomised controlled trials and nine cohort studies. Evidence quality was moderate. Interventions included single training sessions, a two-year weekly training programme, hoists and patient-lifting aids, as well as back belts and exercises.

- *Cochrane Database of Systematic Reviews* 2011, Issue 6. Article no. CD005958. DOI: 10.1002/14651858.CD005958.pub3
- <http://www2.cochrane.org/reviews/en/ab005958.html>

Reducing exposure through behavioural change

A systematic review of behavioural training to reduce workers' risks of exposure to dermal and respiratory hazards found only 10 papers meeting inclusion criteria, with generally small effect sizes. Methodological flaws, which may explain the poor outcomes, include potential bias, underreporting and inadequate coverage of the behavioural change elements. Better quality interventions and well-designed evaluation studies are needed with a reduced reliance on self-report measures.

- *Occupational Medicine* 2011; 61: 311–320
- <http://occm.oxfordjournals.org/content/61/5/311.short?rss=1>

Workplace health promotion

Many organisations are keen to improve staff health and wellbeing through various walking-based initiatives – the NHS is currently promoting its 'Walk for life' challenge, for example (www.nhswalking.org.uk) – but do they work? A Cochrane systematic review protocol is designed to find out if workplace programmes that include the use of pedometers actually improve health. Pedometer-based programmes are thought to work because they facilitate progressive goal setting, allow workers to be flexible in when and where they exercise and can incorporate individual and group rewards.

- *Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD009209*
- <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009209/abstract>

Remote and mobile workers

A systematic review found a lack of good quality evidence on managing the health and wellbeing of remote and mobile workers (RMWs). Defined as having less than four hours' face-to-face contact with managers or colleagues per week, RMWs are estimated to number around 1 million in the UK and Ireland. Most papers covered musculoskeletal risks, which were associated with time spent in vehicles and high mileage, and related to psychosocial factors; though vehicle design can improve symptoms. There was moderate evidence that poorer mental health was associated with longer hours, high psychological demands, low control, and role ambiguity, but better mental health was associated with more time with customers and higher mileage. While the review identified health risk factors, there was little evidence on how best to manage them.

- *Occupational Medicine 2011; 61: 385–394*
- <http://occmmed.oxfordjournals.org/content/61/6/385.abstract?etoc>