

Measuring social support in RTW

A questionnaire-based tool to measure psychosocial factors influencing return to work from injury or illness has been validated, and is applicable for the identification of workplace barriers to recovery and for research. A prototype Support for Workers with Disability Scale (SWDS), developed in a previous study, included 61 positive and negatively worded items, such as: 'my supervisor willingly provided time off to attend appointment', or 'made me feel guilty about needing accommodations'; 'co-workers were willing to listen to my problems'; and 'family and friends showed they supported me'. It was tested on 152 workers (63% female, 30% in healthcare) returning to work from predominantly physical health conditions. Factor analysis reduced the scale to 41 items in three subscales – factors related to supervisor, co-worker, and family and friends – which explained most of the variance.

- *Journal of Occupational Rehabilitation* 2012; online first: doi: 10.1007/s10926-012-9357-1.
- <http://www.springerlink.com/content/w4j8x801m7t4n436>

Mental health functional impairment in nurses

A job-focused Nurses Work Functioning Questionnaire, measuring impaired work performance due to common mental health disorders, was developed and tested on 314 nurses and allied health professionals (81% female) in a Dutch medical centre. Factor analysis reduced the preliminary model from 231 items to a final 50-item scale, comprising seven subscales (eg impaired decision-making, causing incidents at work, impaired contact with patients/family). Internal consistency was good or acceptable for the seven subscales, and content validity was high. The scores can provide insight into the impairment and potential to tailor interventions accordingly.

- *International Archives of Occupational & Environmental Health* 2012; 85: 125–138.
- <http://www.springerlink.com/content/0w6855hp222164ug>

Functional capacity testing

This systematic review finds good and moderate evidence that certain performance tests, particularly floor-to-waist lifting, are predictive of future work participation in people with musculoskeletal disorders, irrespective of them having a back, lower- or upper-limb condition. Work participation measures included return to work (RTW), sustained RTW, being employed or (as a surrogate) closure of a disability claim. Thirteen papers evaluated proprietary functional capacity tests and five looked at step, trunk-strength or lift tests. Overall, better test performance predicts greater chance of work participation, though tests are generally more powerful at predicting non-work participation (eg a failure to RTW) than work participation (ie RTW). Three moderate quality studies found tests to be predictive of RTW; however, three good quality papers found that tests were not predictive of sustained RTW (one moderate quality study showed that tests were weakly predictive of this).

- *International Archives of Occupational & Environmental Health* 2012; 85: 109–123.
- <http://www.springerlink.com/content/328421v12r2t3h5k>

Workplace wellness guidelines

Implementation of a draft Dutch OH guideline aimed at 'preventing weight gain by improving employees' physical activity and healthy dietary behaviour' produced only limited health benefits, according to this randomised control trial involving 470 workers in the Netherlands. Participants with poor nutrition, poor physical activity and/or being overweight, were given usual-care (health appraisal and advice) or guideline-based care, which included counselling, goal setting, a

monitoring and advice toolkit, and addressing barriers to implementation. At six months, intervention participants were significantly more likely to eat more fruit and have reduced sedentary behaviour at work. There was no impact on snack intake, physical activity, body weight, waist circumference, or body mass index.

- *Occupational and Environmental Medicine* 2012; online first: 10.1136/oemed-2011-100377.
- <http://oem.bmj.com/content/early/2012/02/29/oemed-2011-100377.abstract>

Presenteeism

A systematic review (14 papers) finds only limited evidence that workplace health promotion can reduce presenteeism – defined as ‘being present at work, but limited in some aspect of job performance by a health problem’. Many studies were rejected through poor methodologies and high risk of bias. Ten studies showed ‘preliminary’ evidence for positive effects. Two were of strong evidence quality: worksite self-directed exercise; and manager education to promote mental health. Psychosocial issues should be targeted in addition to physical factors.

- *BMC Public Health* 2011; 11: 395.
- <http://www.biomedcentral.com/1471-2458/11/395>

Nightshift work and breast cancer

Shiftwork involving circadian rhythm disruption has been classed as a 2A carcinogen by the International Agency for Research on Cancer (IARC). This review updates evidence published since the IARC classification in 2007. Elevated risk of breast cancer has been shown after about 20 years’ exposure but current evidence is not sufficiently strong to support specific regulation of number of years’ working nights or restriction on certain patterns of work. Earlier or more intensive mammography for nightshift workers is not currently justified and there is insufficient evidence on the use of melatonin supplementation.

- *Scandinavian Journal of Work, Environment & Health* 2012; online first: doi: 10.5271/sjweh.3282.
- http://www.sjweh.fi/show_abstract.php?abstract_id=3282

Work stress not linked to diabetes risk

A systematic evidence review and meta-analysis (eight studies) does not support a direct association between work-related psychosocial stress and the risk of developing type 2 diabetes, postulated as a factor for the growing prevalence of the disease. Measures included job strain, poor social support, long working hours and low decision latitude. One paper (Whitehall II study of UK civil servants) did identify a significant association between low social support with high job strain and increased diabetes risk in women, but not in men.

- *Occupational Medicine* 2012; online first: doi: 10.1093/occmed/kqs002.
- <http://occmed.oxfordjournals.org/content/early/2012/02/13/occmed.kqs002.abstract>

Double gloving

Evidence from mechanical tests suggests that ‘double-gloving’ reduces healthcare workers’ risk of acquiring bloodborne infections from sharps and needlestick injuries. This protocol for a Cochrane systematic review aims to determine the benefits and harms associated with wearing extra gloves to protect against needlestick injuries, as well as examine other protective measures, such as puncture-indicator systems. Only studies with real patient contact will be included.

- *Cochrane Database of Systematic Reviews 2012; 1: article no. CD009573. doi: 10.1002/14651858.CD009573.*
- <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009573/abstract>

WORKPLACE HEALTH ECONOMICS

The cost of worksite wellness

Worksite physical activity and/or nutrition programmes are generally more effective than 'usual care' in reducing body weight, cholesterol and cardiovascular disease (CVD) risk, but are more expensive, according to this systematic review (10 studies; 18 programmes). The intervention costs of body weight reduction through nutrition alone, or nutrition plus physical activity, varied from US\$20 to US\$43 (ca. £13–£27) per kg body weight lost. Economic analyses done from the employer's perspective put the cost at US\$75–US\$1,534 (ca. £47–£968) per kg lost. Unit costs to reduce CVD risk scores and cholesterol are also given. Most studies had methodological flaws.

- *Scandinavian Journal of Work, Environment & Health 2012; online first: doi: 10.5271/sjweh.3275.*
- http://www.sjweh.fi/show_abstract.php?abstract_id=3275