

### Under threat of dismissal

There is a causal relationship between job insecurity and depression, according to a longitudinal study of 6,275 individuals in Sweden. Participants completed questionnaires in 2008, 2010 and 2012, which included questions on whether or not they felt under threat of dismissal from work. Depression symptoms were assessed using a subscale of the Hopkins Symptoms Checklist. Feeling under threat of dismissal significantly predicted major depression symptoms two years later (odds ratio (OR) after adjustment for confounders = 1.37; 95% confidence interval (CI) 1.04–1.81). Threats of dismissal reported in consecutive questionnaires further increased the risk of subsequent depression symptoms (OR = 1.74; CI 1.09–2.78). Having depression symptoms was also significantly predictive of threats of dismissal two years later (OR = 1.52; CI 1.17–1.98).

- *Journal of Epidemiology and Community Health* 2015; online first: doi: 10.1136/jech-2014-205405
- <http://jech.bmj.com/content/early/2015/04/30/jech-2014-205405.abstract>

### Work engagement

High work engagement can have a positive influence on work–family balance, but is not predictive of workaholism, this seven-year follow-up study of 1,580 dentists in Denmark reveals. Participants completed questionnaires at the start of the study, and after three and seven years. It assessed: work engagement; workaholism; work-to-family enrichment (WFE); and work-to-family conflict (WFC). Baseline work engagement predicted WFE at three years ( $p < 0.001$ ); and work engagement recorded at three years positively predicted WFE after seven years ( $p < 0.01$ ). WFE also positively predicted future work engagement at both time points. Workaholism predicted WFC at three ( $p < 0.01$ ) and seven years ( $p < 0.001$ ), but WFC was not a predictor of future workaholism. Importantly, high work engagement predicted lower WFC at both three and seven years suggesting, say the authors ‘that hardworking but engaged employees have surplus resources that protect them from WFC’. Conversely, there was no relationship between work engagement (which should be encouraged) and workaholism (which should be prevented).

- *Journal of Occupational and Environmental Medicine* 2015; 57(6): 601–609. doi: 10.1097/JOM.0000000000000457
- [http://journals.lww.com/joem/Abstract/2015/06000/How\\_Do\\_Work\\_Engagement,\\_Workaholism,\\_and\\_the.1.aspx](http://journals.lww.com/joem/Abstract/2015/06000/How_Do_Work_Engagement,_Workaholism,_and_the.1.aspx)

### Work-to-family conflict

A study of nursing care workers revealed an increased risk of cardiovascular events in workers experiencing work–family conflict. However, the raised risk was associated with experiences at work interfering with family life (work-to family conflict) rather than family life interfering with work (family-to-work conflict). The study included 1,524 care workers (92% female) from 30 US nursing homes. It measured socio-demographic and work factors, work–family conflict, cardiometabolic risk score (CRS), family supportive supervisor behaviours (FSSB) and sleep duration. Work-to-family conflict was significantly associated with higher CRS; however, there was no association with either family-to-work conflict or FSSB and CRS. Lower employment status – ie being a nursing assistant rather than a nurse – was associated with a raised CRS, whereas being married or having young children at home was associated with a lower CRS. The association between work-to-family conflict and increased CRS was more pronounced in younger workers. Family-to-work conflict was significantly associated with shorter sleep duration.

- <http://psycnet.apa.org/psycinfo/2015-20348-001/>
- *Journal of Occupational Health Psychology* 2015; online first: doi: 10.1037/a0039143

### **Decline in CBT efficacy**

The effectiveness of cognitive behavioural therapy (CBT) for treating major depressive disorder appears to have diminished since the therapy was first used widely, according to this meta-analysis of 70 research studies published between 1977 and 2014 (17 randomised controlled trials, and 53 within-group studies). CBT effect sizes, measured both by the Beck Depression Inventory (BDI) and the Hamilton Rating Scale for Depression (HRSD) have fallen linearly and steadily with time ( $p < 0.001$  and  $0.01$  respectively). While remaining significant, effect sizes have dropped by roughly half on average over 35 years. Rates of remission have also declined with time ( $p < 0.01$ ). One possible explanation is therapists deviating from the evidence-based protocol under the misconception that CBT is easy to learn – proper training, considerable practice and competent supervision remain vital. The review also revealed that women benefit more than men ( $p < 0.05$ ) and that experienced practitioners achieve better results than student therapists ( $p < 0.01$ ). Trial methodology has improved over the years.

- *Psychological Bulletin* 2015; 141(4): 747–768
- <http://psycnet.apa.org/?fa=main.doiLanding&doi=10.1037/bul0000015>

### **Problem-solving and CBT – impact on absence**

Interventions based on problem solving or cognitive behavioural therapy (CBT), and delivered by OH services, can reduce time off work from mental health problems, this systematic review and meta-analysis reveals. The 10 included papers were all randomised controlled trials (RCTs), or cluster RCTs, with workers randomised into a problem-solving or CBT-intervention group (756 workers in total) or a 'care as usual' (control) group (798 workers). Studies were divided into two subgroups: (1) interventions aimed at workers off sick with, for example, common mental health problems, work-related stress, or depression; or (2) workers not off sick. Subgroup-2 interventions were aimed either at all workers, those considered at high risk of long-term sick leave, or those with a mental health problem. Lost working time was measured as either the number of days to return to work in subgroup 1, or the total absence in subgroup 2. None of the individual studies found a significant difference in lost time between the intervention and control groups. However, the 10-study meta-analysis demonstrated a significant reduction of 6.64 days' time lost in the intervention groups compared with the controls (CI 0.59–12.68). Evidence quality was low.

- *International Archives of Occupational and Environmental Health* 2015; online first: doi: 10.1007/s00420-014-0996-8
- <http://link.springer.com/article/10.1007/s00420-014-0996-8>

### **RTW from depressive and anxiety disorders**

Sustained return to work (RTW) – defined as being employed and not having been sick-listed for more than 14 days in the previous six months – from depressive or anxiety disorders is influenced by psychosocial factors rather than characteristics of the illness, this longitudinal cohort study of working-age people in the Netherlands finds. A total of 215 workers previously diagnosed with anxiety or depression were sick-listed at the start of the study. Just over half (52%) had a sustained RTW after two years. Younger age ( $p = 0.02$ ), higher net household income ( $p = 0.04$ ), and employment status ( $p < 0.05$ ) were all positively associated with sustainable RTW, but none of the disorder-related factors (eg co-morbidity, severity, duration or treatments) were significant. Being on sickness benefits at the start of the study reduced the chances of sustainable RTW by more than 60% compared with those respondents who were employed or self-employed (OR = 0.39; CI 0.20–0.77).

- *Journal of Occupational Rehabilitation* 2015; online first: doi: 10.1007/s10926-015-9588-z
- <http://link.springer.com/article/10.1007%2Fs10926-015-9588-z>

## Fighting fit

Fit fire service workers are less likely to sustain a work-related injury than colleagues with poor fitness, this five-year retrospective cohort study of 799 US fire service personnel finds<sup>1</sup>. OH data, including workers' annual fitness assessments, were collected from 2005 to 2009. On-the-job injuries (as described in a previous paper by the same authors<sup>2</sup>) were recorded if they were either reportable under US legislation or if they might lead to a health insurance claim. Two-thirds of injuries were strains or sprains<sup>2</sup>. Overall fitness depended on scores for cardiovascular fitness, muscular strength, muscular endurance, flexibility and body composition. Each was divided into three fitness levels, the lowest of which was defined as being 'where the ability to safely perform all emergency job tasks could be questioned by an occupational physician'. One in five (21%) of the overall fitness test scores were in the lowest fitness group and 33% in the highest. There were no significant differences between the highest and middle fitness groups in their risks of having any kind of injury or in having a sprain or strain during the study period. However, those in the lowest fitness group had a 1.82-times greater risk of sustaining an injury (CI 1.06–3.11) compared to those in the highest category. Their risk of having a sprain or strain was 2.9-times higher (CI 1.48–5.66).

- 1 *International Archives of Occupational and Environmental Health* 2015; online first: DOI 10.1007/s00420-015-1068-4
- <http://link.springer.com/article/10.1007/s00420-015-1068-4>
- 2 *American Journal of Epidemiology* 2014; 179(2): 149–155
- <http://aje.oxfordjournals.org/content/179/2/149>

## Jury still out on height-adjustable workstations

Height-adjustable workstations that allow the user to work in either a sitting or standing position are a potential solution to help reduce the negative health consequences of sedentary work. However, this systematic review finds insufficient evidence to conclude whether or not such workstations are beneficial – better-quality research is needed. All five included studies showed a reduction in sitting time but each had a high risk of methodological bias and there was just one randomised controlled trial. There were no clear results on the effects of the workstations on either musculoskeletal symptoms or anthropometric characteristics (height, weight, body fat etc).

- *Occupational Medicine* 2015; online first: doi:10.1093/occmed/kqv044
- <http://occmed.oxfordjournals.org/content/early/2015/04/29/occmed.kqv044.abstract>

## Shiftwork review

A systematic review (20 included papers) of shift patterns for long-haul train drivers and maritime workers finds that a four-hours-on/eight-hours-off roster best promotes sleep and reduces sleepiness. Common schedules were: four hours on/eight hours off; eight hours on/eight hours off; and six hours on/six hours off. There was a statistically significant effect of shift pattern type on sleep duration ( $p < 0.001$ ). Mean daily sleep totals for the three patterns were 6.9 hours, 5.6 hours and 5.9 hours respectively, with the four-on/eight-off pattern resulting in 1.3 hours more sleep than the other two rosters ( $p < 0.01$ ). Workers with a changing start time – ie those on an eight-on/eight-off schedule – or those who have a 'circadian nadir' (the early morning hours where sleepiness is highest and performance lowest) during a work period were the most disadvantaged in terms of sleep ( $p < 0.001$  for both factors). Self-reported sleepiness increased with longer working shifts and fewer opportunities for rest.

- *Scandinavian Journal of Work, Environment & Health* 2015; online first: doi: 10.5271/sjweh.3509

➤ [http://www.sjweh.fi/show\\_abstract.php?abstract\\_id=3509](http://www.sjweh.fi/show_abstract.php?abstract_id=3509)

### **Learning disabilities**

A systematic review (26 included papers) finds that employers' decision-making, job content, job coaches, integration and work culture are key factors in determining whether or not people with intellectual disabilities (ID) obtain and remain in competitive paid employment. Safety, productivity, attendance, availability of supportive services, no behavioural problems and punctuality were all important factors in employers' decisions on whether or not to employ someone with ID. Employers with experience of employing someone with ID were more likely to perceive more advantages and fewer disadvantages to employing those with ID than did employers with no such experience. Paying attention to job development, training on job tasks and self-advocacy were among the positive actions employers could take. Existing disability benefits or social assistance schemes were potential barriers to employment, with a paid job often perceived as a threat to these. Job coaches could facilitate recruitment and job retention. Most studies were qualitative, with few quantitative data. ID was defined according to criteria set by the American Association of Developmental Disabilities.

➤ *Journal of Occupational Rehabilitation 2015; online first: doi: 10.1007/s10926-015-9586-1*

➤ <http://link.springer.com/article/10.1007/s10926-015-9586-1>