A Stakeholder-Centred Best Evidence Synthesis of Systematic Reviews on Workplace Interventions Addressing Job Control and Demands

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Introduction

In order to develop comprehensive disability management systems that effectively prevent illness or injury, and minimize the risk of long term disability, stakeholders must have a common language and must share credible, relevant information. Unfortunately, the complex, multi-disciplinary nature of the problem creates barriers to information sharing. Stakeholders struggle to understand what risk factors influence the development of long-term disability, and what interventions effectively mitigate those factors. Much of this information is available in the research literature. However, it is frequently inaccessible to stakeholders outside of the research community.

Methods

To address the problem of knowledge translation in disability management (DM) research, this study used a participatory action approach. Researchers from 4 universities and 4 stakeholder organizations collaborated to conduct a best-evidence synthesis of systematic reviews to identify workplace interventions that impact disability risk factors.

Inclusion criteria:
- Systematic reviews of DM interventions
- Interventions occurred at the workplace or were managed/controlled by the employer.
- Addressed workplace absence, work productivity or financial outcomes.

Systematic review quality was assessed independently by two researchers.

Abstraction Results

Simple Interventions: General Workers
- Quality circles
- Moderate evidence of ↑ productivity
- Simple reorganization to increase task control & participative decision-making
- Moderate evidence of ↑ productivity, ↓ absenteeism, and financial benefit

Use of back brace/belt, training, exercise
- Inconsistent evidence of an effect on absenteeism
- Increased job demands through simple reorganization
- Moderate evidence of ↓ performance
- Inconsistent evidence of an effect on absenteeism

Complex Interventions: General Workers
- Preventive interventions, combining job redesign, workload reduction, CBT, coping/conflict skills development, employee participation
- Strong evidence of ↓ absenteeism
- Moderate to strong evidence of ↑ productivity/performance
- Moderate evidence of financial benefit
- Multicomponent ergonomic interventions
- Moderate evidence of ↓ absenteeism

Injured Worker Interventions
- Simple, accommodation, graduated activity, or ergonomic assistance
- Strong evidence of ↓ absenteeism & ↓ costs
- Moderate evidence of ↑ RTW rates and ↓ absenteeism

Complex, multimodal programs: multi-disciplinary, therapeutic RTW with modified duties
- Moderate to strong evidence of ↑ RTW and ↓ absenteeism
- Moderate evidence of financial benefit

Conclusions

There may be a difference in the effectiveness of job demand reductions for injured workers compared to general workers. There is more research assessing the impact of changes to job demands on sick leave, return-to-work or absence outcomes than there is assessing the impact on productivity/performance or financial outcomes. There is limited evidence that increasing job control will have a positive effect on the outcomes of interest.

Community Partners
- Vernita Hsu, BC Construction Safety Alliance
- Lisa McGuire, The FIOSA-MIOSA Safety Alliance of BC
- Irma Lama, Health care Benefit Trust
- Adrienne Hook, Health Employers Association of British Columbia
- Doug Kube, Stantec Inc.