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March and April 2015

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**Public Health England**

Guidance

[Tuberculosis (TB) in the workplace](#)
First published: 11 March 2015
Guidance for employers on TB in the workplace, including risk assessment, symptoms, referral pathway, screening, and contact tracing.

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1. Title: A Prospective Study on Self-Assessed Mental Well-Being and Work Capacity as Determinants of All-Cause Sickness Absence.
   Citation: Journal of Occupational Rehabilitation, 01 March 2015, vol./is. 25/1(52-64), 10530487
   Author(s): Bertilsson, M., Vaez, M., Waern, M., Ahlborg, G., Hensing, G.
   Language: English
   Abstract: Purpose The aim of the present study was to estimate whether self-assessed mental well-being and work capacity determines future sickness absence (SA). Methods A questionnaire was sent to employed individuals (n = 6,140), aged 19-64 years, who were registered as sick-listed with a new sick-leave spell in 2008. The response rate was 54 %. In this study we included individuals with a single sick-leave spell in 2008 (n = 2,502). The WHO (Ten) Well-Being Index and four dimensions of self-assessed work capacity (knowledge, mental, collaborative, physical) were used as determinants. Future sickness absence was identified through national register in 2009. Outcome was defined as no sickness benefit compensated days (no SBCD) and at least one sickness benefit compensated day (SBCD). Logistic regression analyses were used to estimate odds ratios (OR) with 95 % confidence intervals (CI) for the likelihood of SBCD. Results In 2009, 28 % of the women and 22 % of the men had SBCD; the median was 59 and 66 benefit days, respectively. Individuals with low mental well-being had higher odds for SBCD with OR 1.29 (95 % CI 1.01-1.65) in the fully adjusted model. Participants reporting low work capacity in relation to knowledge (OR 1.55, 95 % CI 1.13-2.13), collaborative (OR 1.36, 95 % CI 1.03-1.79) and physical (OR 1.50, 95 % CI 1.22-1.86) demands at work had higher odds for SBCD after adjustments for all covariates; no relation was demonstrated with mental work capacity (OR 0.99, 95 % CI 0.76-1.27). Conclusion Mental well-being and work capacity emerged as determinants of future SA. Screening in health care could facilitate early identification of persons in need of interventions to prevent future SA.
   Publication type: journal article
   Source: CINAHL

2. Title: Assault in the workplace: what action you should take
   Citation: British Journal of Neuroscience Nursing, Feb 2015, vol. 11, no. 1, p. 28-29, 1747-0307 (Feb-Mar 2015)
   Author(s): Kyte, Phil
   Abstract: Overview of the law that applies in the case of assault in the workplace, requirements for civil claims against employers and the Criminal Injuries Compensation Authority (CICA). [ORIGINAL] 3 references
   Source: BNI

3. Title: A study in OH and wellbeing.
   Citation: Occupational Health, 01 January 2015, vol./is. 67/1(22-24), 00297917
   Language: English
   Publication type: journal article
   Source: CINAHL
   Full text: Available ProQuest at Occupational Health
   Full text: Available ProQuest at Occupational Health
4. Title: A systematic review of standing and treadmill desks in the workplace
Citation: Preventive Medicine, January 2015, vol./is. 70/(50-58), 0091-7435;1096-0260 (January 01, 2015)
Author(s): MacEwen B.T., MacDonald D.J., Burr J.F.
Language: English
Abstract: Objectives: Standing and treadmill desks are intended to reduce the amount of time spent sitting in today's otherwise sedentary office. Proponents of these desks suggest that health benefits may be acquired as standing desk use discourages long periods of sitting, which has been identified as an independent health risk factor. Our objectives were thus to analyze the evidence for standing and treadmill desk use in relation to physiological (chronic disease prevention and management) and psychological (worker productivity, well-being) outcomes. Methods: A computer-assisted systematic search of Medline, PubMed, PsycINFO, SPORTDiscus, CINAHL, CENTRAL, and EMBASE databases was employed to identify all relevant articles related to standing and treadmill desk use. Results: Treadmill desks led to the greatest improvement in physiological outcomes including postprandial glucose, HDL cholesterol, and anthropometrics, while standing desk use was associated with few physiological changes. Standing and treadmill desks both showed mixed results for improving psychological well-being with little impact on work performance. Discussion: Standing and treadmill desks show some utility for breaking up sitting time and potentially improving select components of health. At present, however, there exist substantial evidence gaps to comprehensively evaluate the utility of each type of desk to enhance health benefits by reducing sedentary time.
Publication type: Journal: Review
Source: EMBASE

5. Title: Clearing the air
Citation: Nursing Standard, Jan 2015, vol. 29, no. 22, p. 24-25, 0029-6570 (January 28, 2015)
Author(s): Dean, Erin
Abstract: Bullying and undermining behaviour among healthcare staff can have a devastating effect on morale and reduce the quality and safety of care. A new toolkit, developed by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, aims to help individuals and organisations tackle this complex problem. [PUBLICATION] 1 reference
Source: BNI

6. Title: Clinical Supervision in the Palliative Care Team Setting: A Concrete Approach to Team Wellness.
Citation: Journal of Palliative Medicine, 01 March 2015, vol./is. 18/3(274-277), 10966218
Author(s): Edmonds, Kyle P., Yeung, Heidi N., Onderdonk, Christopher, Mitchell, William, Thornberry, Kathryn
Language: English
Abstract: Clinical supervision is a structured, case-based approach to learning that is used most often in the mental health field. An established palliative care consultation service at a large, academic medical center implemented a modified clinical supervision model in an effort to improve team members' awareness of their own emotions and the way those emotions impact behavior during, primarily, clinical encounters. This report discusses clinical supervision in detail and, by way of a case, illustrates the power of this intervention as a source of self-care and a concrete approach to managing palliative care team well-being.
Publication type: journal article
Source: CINAHL

7. Title: Exhausted but not cynical: Burnout in therapists working within Improving Access to Psychological Therapy Services
Citation: Journal of Mental Health, February 2015, vol./is. 24/1(33-37), 0963-8237;1360-0567 (01 Feb 2015)
Author(s): Steel C., Macdonald J., Schroder T., Mellor-Clark J.
Language: English
Abstract: Background: Burnout is common in mental health professionals and has serious personal and professional consequences. Levels and predictors of burnout for therapists within "Improving Access to Psychological Therapies" (IAPT) services are thus far unknown. Aims: This study investigated levels and predictors of three burnout dimensions - Emotional Exhaustion (EE), Depersonalisation (DP) and Personal Accomplishment (PA) - in IAPT therapists. Methods: Therapists from eight services completed a web-based survey measuring burnout levels and hypothesised burnout predictors. Reponses were matched to demographic information on clients with whom they had completed treatment in the last 2 months. Results: 116 (n) therapists showed comparatively high levels of EE, and relatively low levels of DP and PA. These were predicted by some factors from the General Burnout Model and by Work Involvement styles. Stressful Involvement, in particular in-sessions feelings of anxiety predicted EE and DP, and Healing Involvement predicted Personal Accomplishment. The most important predictors of therapist burnout were
service-related, particularly work demands and autonomy, and in-session feelings. Conclusions: Addressing these factors in IAPT services may prevent therapist burnout.

**Publication type:** Journal: Article

**Source:** EMBASE

8. **Title:** Feeling the strain

**Citation:** Nursing Standard, Feb 2015, vol. 29, no. 25, p. 24-25, 0029-6570 (February 18, 2015)

**Author(s):** Dean, Erin

**Abstract:** Many musculoskeletal injuries among nurses could be prevented. A posture awareness programme developed at Birmingham City University has resulted in a 92 per cent reduction in such injuries among nursing students on placements. [PUBLICATION] 0 references

**Source:** BNI

9. **Title:** Hospital unit safety climate: relationship with nurses’ adherence to recommended use of facial protective equipment

**Citation:** American Journal of Infection Control, Feb 2015, vol. 43, no. 2, p. 115-120, 0196-6553 (February 2015)

**Author(s):** Rozenbojm, Michael Diamant, Nichol, Kathryn, Spielmann, Stephanie, Holness, D Linn

**Abstract:** Despite the existence of formal guidelines for the acute health care sector, nurses’ adherence to recommended use of facial protective equipment (FPE) to prevent occupational transmission of communicable respiratory disease remains suboptimal. In addition to individual factors such as knowledge and education, group factors such as shared perceptions of organizational support for safety may influence adherence. These group safety climate perceptions can differ depending on the pace and type of work, local leadership, and organizational structure of each unit. An analysis of a data set from a cross-sectional survey of 1,074 nurses in 45 units of 6 acute care hospitals was conducted. Variance components analysis was performed to examine the variance in perceptions of safety climate and adherence between units. Hierarchical linear modeling using unit-level safety climate dimensions was conducted to determine if unit-level safety climate dimensions were predictors of nurses' adherence to FPE. Findings revealed statistically significant unit variances in adherence and 5 of the 6 unit-level safety climate dimensions (P .05). Furthermore, a hierarchical model suggested that tenure and unit-level communication were significantly associated with increased adherence to FPE (P .05). Unit-level safety climate measures varied significantly between units. Strategies to improve unit-level communication regarding safety should assist in improving adherence to FPE. [Publication] 42 references

**Source:** BNI

10. **Title:** Impact of 12 h shift patterns in nursing: A scoping review.

**Citation:** International Journal of Nursing Studies, 01 February 2015, vol./is. 52/2(605-634), 00207489

**Author(s):** Harris, Ruth, Sims, Sarah, Parr, Jenny, Davies, Nigel

**Language:** English

**Abstract:** Objectives: To provide a comprehensive scoping review of evidence of the impact and effectiveness of 12 h shifts in the international nursing literature, supplemented by a review of evidence in other, non-nursing related industries. Data sources: A search of the academic literature was undertaken in electronic databases (AMED, MEDLINE, CINAHL, PsychInfo, Scopus, HMIC, the Cochrane Library, Business Source Premier, Econ Lit, ASSIA and Social Policy and Practice). Review methods: A total of 158 potentially relevant nursing research papers and reviews were published between 1973 and 2014. Two reviewers independently reviewed the articles, leaving 85 primary research studies and 10 review papers in the nursing field to be included in the scoping review. Thirty-one relevant primary research papers and reviews were also identified in the non-nursing related industries literature. Results: Research into 12 h nursing shifts fell within five broad themes: 'risks to patients', 'patient experience', 'risks to staff', 'staff experience' and 'impact on the organisation of work'. There was inconclusive evidence of the effects of 12 h shift patterns in all five themes, with some studies demonstrating positive impacts and others negative or no impacts. This also mirrors the evidence in other, non-nursing related industries. The quality of research reviewed is generally weak and most studies focus on the risks, experience and work/life balance for staff, with few addressing the impact on patient outcomes and experience of care or work productivity. Conclusions: There is insufficient evidence to justify the widespread implementation or withdrawal of 12 h shifts in nursing. It is not clearly understood where there are real benefits and where there are real and unacceptable risks to patients and staff. More research focusing on the impact of 12 h nursing shifts on patient safety and experience of care and on the long term impact on staff and work organisation is required.

**Publication type:** journal article

**Source:** CINAHL
11. Title: Improving Sleep.
Citation: Journal of Occupational & Environmental Medicine, 01 January 2015, vol./is. 57/1(1-5), 10762752
Author(s): Steffen, Mark W., Hazelton, Angela C., Moore, Wendy R., Jenkins, Sarah M., Clark, Matthew M., Hagen, Philip T.
Language: English
Abstract: Objective: Unhealthy and inadequate sleep is a common and significant problem impacting absenteeism, presenteeism, health, and productivity. This study aimed at analyzing the effect of a worksite-based healthy sleep program. Methods: Retrospective analysis of 53 adult members of a worksite wellness center who participated in an 8-week healthy sleep program and completed pre- and postintervention health behavior questionnaires. Results: Following the intervention participants felt significantly more rested, more confident in their ability to deal with sleep problems, and more knowledgeable about sleep. In addition, they reported a reduction in their stress level, improved quality of life, and increase energy level. Conclusions: These results support the effectiveness of worksite programs designed to promote healthy sleep. Future randomized studies are needed to further investigate the effectiveness and optimal delivery of healthy sleep promotion.
Publication type: journal article
Source: CINAHL

12. Title: Leading the way to inclusion
Citation: Nursing Standard, Feb 2015, vol. 29, no. 23, p. 64-65, 0029-6570 (February 4, 2015)
Author(s): Pickersgill, Frances
Abstract: An NHS Trust that put equality issues at the top of the agenda has been rated the country's best gay-friendly employer [PUBLICATION] 3 references
Source: BNI

13. Title: Long working hours and alcohol use: Systematic review and meta-analysis of published studies and unpublished individual participant data
Citation: BMJ (Online), January 2015, vol./is. 350/, 0959-8146;1756-1833 (13 Jan 2015)
Language: English
Abstract: Objective: To quantify the association between long working hours and alcohol use. Design: Systematic review and meta-analysis of published studies and unpublished individual participant data. Data sources: A systematic search of PubMed and Embase databases in April 2014 for published studies, supplemented with manual searches. Unpublished individual participant data were obtained from 27 additional studies. Review methods: The search strategy was designed to retrieve cross sectional and prospective studies of the association between long working hours and alcohol use. Summary estimates were obtained with random effects meta-analysis. Sources of heterogeneity were examined with meta-regression. Results: Cross sectional analysis was based on 61 studies representing 333 693 participants from 14 countries. Prospective analysis was based on 20 studies representing 100 602 participants from nine countries. The pooled maximum adjusted odds ratio for the association between long working hours and alcohol use was 1.11 (95% confidence interval 1.05 to 1.18) in the cross sectional analysis of published and unpublished data. Odds ratio of new onset risky alcohol use was 1.12 (1.04 to 1.20) in the analysis of prospective published and unpublished data. In the 18 studies with individual participant data it was possible to assess the European Union Working Time Directive, which recommends an upper limit of 48 hours a week. Odds ratios of new onset risky alcohol use for those working 49-54 hours and >55 hours a week were 1.13 (1.02 to 1.26; adjusted difference in incidence 0.8 percentage points) and 1.12 (1.01 to 1.25; adjusted difference in incidence 0.7 percentage points), respectively, compared with working standard 35-40 hours (incidence of new onset risky alcohol use 6.2%). There was no difference in these associations between men and women or by age or socioeconomic groups, geographical regions, sample type (population based v occupational cohort), prevalence of risky alcohol use in the cohort, or sample attrition rate. Conclusions: Individuals whose working hours exceed standard recommendations are more likely to increase their alcohol use to levels that pose a health risk.
Publication type: Journal: Review
Source: EMBASE
Full text: Available BMJ (Clinical research ed.) at The BMJ
14. Title: Management of occupational blood exposures: looking at progress
Citation: British Journal of Nursing, Jan 2015, vol. 24, no. 1, p. 8-11, 0966-0461 (January 8, 2015)
Author(s): Flynn, Mairead Holland, Reid, Alex
Abstract: Occupational blood exposure (OBE) is a well-recognised hazard in the healthcare setting. A 4-year review of OBE in a large Irish teaching hospital over 2008-2011 found encouraging results, but identified deficits in documentation, communication and follow-up. The process was repeated 1 year later to determine if improvements were achieved and recommendations implemented. In 2012, 110 OBEs were reported, of which 81% were reported within 72 hours of the injury. The administration of first aid was adequately documented in 85% of cases and confirmation of the provision of appropriate information and/or counselling in 72% of the cases. Attendance for follow-up was broadly in line with the previous review. The findings and recommendations contributed to improvements in practice. However, to ensure these are ongoing, the reinforcement of an educational strategy in a systematic way is fundamental. [PUBLICATION] 23 references
Source: BNI
Full text: Available British journal of nursing (Mark Allen Publishing) at British Journal of Nursing

15. Title: Protective benefits of mindfulness in emergency room personnel
Citation: Journal of Affective Disorders, April 2015, vol./is. 175/(79-85), 0165-0327;1573-2517 (01 Apr 2015)
Author(s): Westphal M., Bingisser M.-B., Feng T., Wall M., Blakley E., Bingisser R., Kleim B.
Language: English
Abstract: Background Recent meta-analyses have found that mindfulness practice may reduce anxiety and depression in clinical populations and there is growing evidence that mindfulness may also improve well-being and quality of care in health professionals. This study examined whether mindfulness protects against the impact of work-related stress on mental health and burnout in emergency room (ER) nurses. Methods ER nurses (N=50) were recruited from an urban teaching hospital in Switzerland and completed a survey on work-related stressors, mindfulness, burnout, depression, and anxiety. Results: The most frequently reported work-related stressor was interpersonal conflict. Nurses working more consecutive days since last taking time off were at greater risk for depression and those reporting more work-related interpersonal conflicts were at greater risk for burnout. Mindfulness was associated with reduced anxiety, depression, and burnout. Mindfulness was a significant predictor of anxiety, depression, and burnout and moderated the impact of work-related stressors on mental health and burnout. Limitations The sample is limited to nurses and results need to be replicated in other groups (e.g., medical staff or ambulance workers). We assessed clinical symptoms with questionnaires and it would be desirable to repeat this assessment with clinical diagnostic interviews. Conclusions: The findings have implications for stress management in ER nurses and health professionals working in comparable settings (e.g., urgent care). The robust associations between mindfulness and multiple indices of psychological well-being suggest that ER staff exposed to high levels of occupational stress may benefit from mindfulness practice to increase resistance to mental health problems and burnout.
Publication type: Journal: Article
Source: EMBASE

16. Title: Quality of Working Life: Issues of Employees with a Chronic Physical Disease: A Systematic Review.
Citation: Journal of Occupational Rehabilitation, 01 March 2015, vol./is. 25/1(182-196), 10530487
Author(s): Jong, Merel, Boer, Angela, Tamminga, Sietske, Frings-Dresen, Monique
Language: English
Abstract: Purpose To assess issues that contribute to the Quality of Working Life (QWL) of employees with a chronic physical disease. Methods A systematic literature search was conducted using the databases PubMed, PsycINFO and EMBASE. Experiences and perceptions during the working life of employees with a chronic physical disease were extracted and synthesized into issues that contributed to their QWL. We organized these synthesized QWL issues into higher order themes and categories with qualitative data analysis software. Results From a total of 4,044 articles identified by the search, 61 articles were included. Data extraction and data synthesis resulted in an overview of 73 QWL issues that were classified into 30 themes. The following five categories of themes were identified: (1) job characteristics with issues such as job flexibility and work-site access; (2) the social structure and environment containing issues about disclosure, discrimination, misunderstanding, and awareness by employers or colleagues; (3) organizational characteristics with issues such as requesting work accommodations; (4) individual work perceptions including issues about enjoyment and evaluating work or life priorities; and (5) effect of the disease and treatment including issues about cognitive and physical health and work ability. Conclusion This systematic review offers an extensive overview of issues that might contribute to the QWL of employees with a chronic physical disease. This
overview may function as a starting point for occupational support, such as monitoring and evaluating the QWL of employees with a chronic physical disease during return-to-work and work continuation processes.

**Publication type:** journal article  
**Source:** CINAHL

### 17. Title: Reducing physical restraint: an employment relations perspective

**Citation:** Mental Health Nursing (Online edition), Feb 2015, vol. 35, no. 1, p. 12-15, 2043-7501 (Feb-Mar 2015)  
**Author(s):** Mckeown, Mick, Foley, Paul  
**Abstract:** This article reviews the employment relations implications of managing violence and aggression within mental health services, with a particular focus on use of physical restraint. These matters are of particular concern to public sector trade unions and their members. [PUBLICATION] 31 references  
**Source:** BNI  
**Full text:** Available Mental Health Nursing at Mental Health Nursing

### 18. Title: The 12-hour shift: friend or foe?

**Citation:** Nursing Times, Feb 2015, vol. 111, no. 6, p. 12-14, 0954-7762 (February 4, 2015)  
**Author(s):** Ball, Jane, Dall'Ora, Chiara, Griffiths, Peter  
**Abstract:** In recent years the number of hours worked by nurses in hospital per shift has started to change and it is becoming more common for organisations to implement longer, 12-hour shifts, that are done over fewer days a week. Some nurses may prefer this way of working as it improves their work-life balance but others may prefer to work shorter shifts more days a week. Along with staff wellbeing, patient outcomes can also be affected. This article outlines the benefits and concerns of working 12-hour shifts and discusses what can be done to ensure that nurse wellbeing is maximised without compromising patient safety. [Publication] 16 references  
**Source:** BNI  
**Full text:** Available NURSING TIMES at Nursing Times; NT  
**Full text:** Available NURSING TIMES at Nursing Times  
**Full text:** Available NURSING TIMES at Salisbury District Hospital Healthcare Library

### 19. Title: The effect of aggression management training programmes for nursing staff and students working in an acute hospital setting. A narrative review of current literature

**Citation:** Nurse Education Today, Jan 2015, vol. 35, no. 1, p. 212-219, 0260-6917 (January 2015)  
**Author(s):** Heckemann, B., Zeller, A., Hahn, S., Dassen, T., Schols, J.M.G.A., Halffens, R.J.G.  
**Abstract:** Patient aggression is a longstanding problem in general hospital nursing. Staff training is recommended to tackle workplace aggression originating from patients or visitors, yet evidence on training effects is scarce. To review and collate current research evidence on the effect of aggression management training for nurses and nursing students working in general hospitals, and to derive recommendations for further research. Systematic, narrative review. Embase, MEDLINE, the Cochrane library, CINAHL, PsycINFO, pubmed, psycArticles, Psychology and Behavioural Sciences Collection were searched for articles evaluating training programs for staff and students in acute hospital adult nursing in a 'before/after' design. Studies published between January 2000 and September 2011 in English, French or German were eligible of inclusion. The methodological quality of included studies was assessed with the 'Quality Assessment Tool for Quantitative Studies'. Main outcomes i.e. attitudes, confidence, skills and knowledge were collated. Nine studies were included. Two had a weak, six a moderate, and one a strong study design. All studies reported increased confidence, improved attitude, skills, and knowledge about risk factors post training. There was no significant change in incidence of patient aggression. Our findings corroborate findings of reviews on training in mental health care, which point to a lack of high quality research. Training does not reduce the incidence of aggressive acts. Aggression needs to be tackled at an organizational level. [PUBLICATION] 47 references  
**Source:** BNI

### 20. Title: The reliability, validity, and accuracy of self-reported absenteeism from work: A meta-analysis.

**Citation:** Journal of Occupational Health Psychology, January 2015, vol./is. 20(1(1-14), 1076-8998;1939-1307 (Jan 2015)  
**Author(s):** Johns, Gary, Miraglia, Mariella  
**Language:** English  
**Abstract:** Because of a variety of access limitations, self-reported absenteeism from work is often employed in research concerning health, organizational behavior, and economics, and it is ubiquitous in large scale population surveys in these domains. Several well established cognitive and social-motivational biases suggest that self-reports of absence will exhibit convergent validity with records-based measures but that people will tend to underreport the...
behavior. We used meta-analysis to summarize the reliability, validity, and accuracy of absence self-reports. The results suggested that self-reports of absenteeism offer adequate test-retest reliability and that they exhibit reasonably good rank order convergence with organizational records. However, people have a decided tendency to underreport their absenteeism, although such underreporting has decreased over time. Also, self-reports were more accurate when sickness absence rather than absence for any reason was probed. It is concluded that self-reported absenteeism might serve as a valid measure in some correlational research designs. However, when accurate knowledge of absolute absenteeism levels is essential, the tendency to underreport could result in flawed policy decisions. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication type:** Journal, Peer Reviewed Journal  
**Source:** PsycINFO  
**Full text:** Available *Journal of occupational health psychology* at *Journal of Occupational Health Psychology*

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**21. Title:** The utilisation of risk-based frameworks for managing healthcare waste: A case study of the National Health Service in London  
**Citation:** Safety Science, January 2015, vol./is. 72/(127-132), 0925-7535;1879-1042 (January 01, 2015)  
**Author(s):** Akpienti A., Tudor T.L., Dutra C.  
**Language:** English  
**Abstract:** The management of waste from healthcare facilities can potentially pose a significant risk. In the UK, there are a number of increasingly stringent pieces of legislation and policies to mitigate against these risks. Using the taxonomy of organisational change (Vuuren, 1998), this study evaluated the inherent risks within the reported practices and policies of 21 Acute Care Trusts within the National Health Service (NHS) in London, England. The most frequently occurring exposures involved contact with sharps, infectious agents and hazardous substances; personal injuries during waste handling; manual handling injuries; slips, trips and falls; and striking against or being struck during procedures. Approximately 65% of the reported exposures occurred within the wards and for this location, highly significant correlations were found between nurses and contact with sharps. The implications of these findings for risk management are also discussed.  
**Publication type:** Journal: Article  
**Source:** EMBASE

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**22. Title:** Work-related psychosocial risk factors and musculoskeletal disorders in hospital nurses and nursing aides: A systematic review and meta-analysis.  
**Citation:** International Journal of Nursing Studies, 01 February 2015, vol./is. 52/(635-648), 00207489  
**Author(s):** Bernal, Dinora, Campos-Serna, Javier, Tobias, Aurelio, Vargas-Prada, Sergio, Benavides, Fernando G., Serra, Consol  
**Language:** English  
**Abstract:** Objectives: To estimate the association between psychosocial risk factors in the workplace and musculoskeletal disorders (MSD) in nurses and aides. Design: Systematic review and meta-analysis. Data sources: An electronic search was performed using MEDLINE (Pubmed), Psychinfo, Web of Science, Tripdatabase, Cochrane Central Controlled Trials, NIOSHTIC and Joanna Briggs Institute of Systematic Reviews on Nursing and Midwifery, to identify observational studies assessing the role of psychosocial risk factors on MSD in hospital nurses and nursing aides. Review methods: Two reviewers independently assessed eligibility and extracted data. Quality assessment was conducted independently by two reviewers using an adapted version of the Standardized Quality Scale. Random-effects meta-analysis was performed by subsets based on specific anatomical site and the exposure to specific psychosocial risk factors. Heterogeneity for each subset of meta-analysis was assessed and meta-regressions were conducted to examine the source of heterogeneity among studies. Results: Twenty-four articles were included in the review, seventeen of which were selected for meta-analysis. An association was identified between high psychosocial demands--low job control with prevalent and incident low back pain (OR 1.56; 95% CI 1.22-1.99 and OR 1.52; 95% CI 1.14-2.01, respectively), prevalent shoulder pain (OR 1.89; 95% CI 1.53-2.34), prevalent knee pain (OR 2.21; 95% CI 1.07-4.54), and prevalent pain at any anatomical site (OR 1.38; 95% CI 1.09-1.75). Effort-reward imbalance was associated with prevalent MSD at any anatomical site (OR 6.13; 95% CI 5.32-7.07) and low social support with incident back pain (OR 1.82; 95% CI 1.43-2.32). Heterogeneity was generally low for most subsets of meta-analysis.  
**Publication type:** journal article  
**Source:** CINAHL
British Heart Foundation
Health at work guide to alcohol
A booklet to promote alcohol awareness in work places

NHS Health at Work Network
NHS Health at Work March 2015 e-bulletin

NHS Employers
Latest News
NHS Workforce Bulletin
NHS Managers Bulletin

NHS Choices
How alcohol intake can change over a lifetime
Monday Mar 9 2015
"Binge drinking peaks at 25 ... but by middle age he’s drinking daily," the Mail Online reports. In what has been described as the first of its kind, a new study has tried to track the average adult drinking pattern over the course of a lifespan…

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Oxford handbook of occupational health.
Shelfmark: W300

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