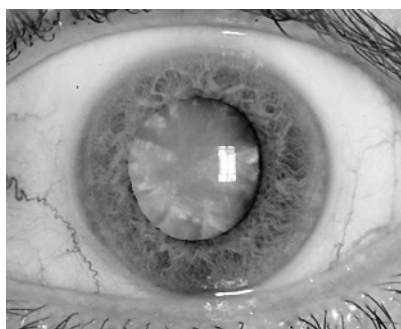


# Work in brief

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## JUSTICE AT WORK AND MENTAL HEALTH

Relational justice embraces various components of perceived fairness within organisations, including fairness of formal decision making and the fair treatment of employees by supervisors. Earlier research has suggested cross-sectional and prospective associations with poor self-rated health and medically certified absence from work. In this issue, Ferrie *et al*<sup>1</sup> explore how relational justice affects psychiatric morbidity.

They report that unfair treatment by workplace supervisors increases the risk of mental ill health, while improvements in justice tend to lower risks. Their findings come from the large and influential Whitehall II cohort study of white-collar British civil servants. Relational justice and other aspects of the work psychosocial environment (job control, demand, social support, effort-reward imbalance) were assessed at various stages and related to subsequent psychiatric morbidity, as measured by the General Health Questionnaire (GHQ). The authors suggest there is a proactive duty of care on employers to avoid mental distress, and that by taking positive steps to improve relational justice within organisations, managers can also reap the rewards of a fitter workforce.

## OCCUPATION AND WELLBEING IN RETIREMENT

A pressing public health concern is to preserve and maximise the physical capacity of elderly people in retirement. In this context, factors that predict frailty, dependence and poor functioning could be important to discover as these may give clues that can be used to improve the health of future generations. Russo *et al*<sup>2</sup> have explored the impact of longest held lifetime occupation on functional capacity at age 80 years. The authors took as their study base community dwelling subjects from central Italy (the ILSIRENTE cohort). Clinical interviews and functional assessments were conducted in each municipality. Balance, handgrip strength, and walking speed were scored. After allowing for potential confounders, they found that physical performance was significantly worse in people who had held a manual main career employment. More detailed research is now needed to identify those aspects of physical work that contribute most to this adverse effect.

## SMOKING IN PUBS AND BARS

In Norway, as in several other countries, a statutory ban has been imposed on smoking in bars and restaurants, a primary aim being to protect bar staff from the effects of passive smoking. The new Act came into force in June 2004. To investigate its impact on exposures and health, Skogstad *et al*<sup>3</sup> measured levels of airborne nicotine and total dust in 13 bars and restaurants in Oslo and assessed cross-shift changes in lung function in bar staff just prior to the ban and 3–8 months later in a before and after comparison.

The no smoking policy led to a dramatic decline in exposures (nicotine levels fell from 28 to 0.6  $\mu\text{m}^3$  and total dust from 275 to 77  $\mu\text{m}^3$ ), and this was accompanied by cross-shift reductions in forced vital capacity, forced expiratory volume in one second, and forced mid-expiratory flow rates in bar staff. The health benefit appeared greater among staff who were non-smokers or had asthma. The results are likely to be closely followed by policy makers weighing the pros and cons of a smoking prohibition.

## ELSEWHERE IN THE JOURNAL

Other reports in the Journal include two major Danish investigations on cardiovascular risk factors at work—a 12 year prospective study of circulatory disease among shift workers,<sup>4</sup> which adds to a growing body of evidence about excess risks, and a second cohort study concerning cerebral haemorrhage and infarction in male professional drivers.<sup>5</sup> Elsewhere, Saadat and Farvardin-Jahromi report on the relation of occupational sunlight exposure and polymorphism of the GSTM1 gene to risk of cataract.<sup>6</sup>

1 Ferrie JE, Head J, Shipley MJ, *et al*. Injustice at work and incidence of psychiatric morbidity: the Whitehall II study. *Occup Environ Med* 2006;**63**:443–50.

2 Russo A, Onder G, Cesari M, *et al*. Lifetime occupation and physical function: a prospective cohort study on persons aged 80 years and older living in a community. *Occup Environ Med* 2006;**63**:438–42.

3 Skogstad M, Kjaerheim K, Fladseth G, *et al*. Cross shift changes in lung function among bar and restaurant workers before and after implementation of a smoking ban. *Occup Environ Med* 2006;**63**:482–7.

4 Tüchsen F, Hannerz H, Burr H. A 12 year prospective study of circulatory disease among Danish shift workers. *Occup Environ Med* 2006;**63**:451–5.

5 Tüchsen F, Hannerz H, Roepstorff C, *et al*. Stroke among male professional drivers in Denmark, 1994–2003. *Occup Environ Med* 2006;**63**:456–60.

6 Saadat M, Farvardin-Jahromi M. Occupational sunlight exposure, polymorphism of glutathione S-transferase M1, and senile cataract risk. *Occup Environ Med* 2006;**63**:503–4.