Introduction Work time control (WTC) is defined as ‘employees’ possibilities to control over the duration and distribution of own work time’. A recent study found shorter sickness spells on wards using participatory scheduling compared to traditional scheduling, and that a high level of control over working times provides possibilities to adjust job demands with employees’ prevailing resources. 

Objectives The objective of this study was to investigate the association of WTC on sickness absence among nursing personnel in the public health care sector in Denmark. 

Methods The study was based on the Danish Working Hour Database (DWHHD), which is a nationwide database based on payroll data primarily from all the public hospitals in Denmark during 2007–2015. For the current analyses, we included 2049 departments (31 595 nursing personnel) that introduced the self-rostering tool ‘MinTid’ in the period 2011 to 2016. Rosters using MinTid are based on a combination of input and wishes from the employees regarding individual working hours and staffing requirements from the organization. Information on daily working hours as well as sickness absence is objectively obtained from the DWHHD. Data was summarized on a yearly basis and analyzed using Proc Mixed, including repeated measures. 

Results There was a notable difference in the number of sickness spell per year before (3.43 (3.41–3.52)) and after (3.36 (3.32–3.40)) introducing ‘MinTid’, and also a remarkable difference in the number of short-term (1–3 days) sickness spells per year before (3.36 (2.63–2.70) and after (2.57 (2.54–2.61) ‘MinTid’. We observed no difference in total number of sick days per year before and after introducing ‘MinTid’. 

Conclusion Introduction of self-rostering tools seems to reduce the number of particularly short-term sickness spells in Danish public hospitals.

Lung Cancer and Mesothelioma 

Introduction Lung cancer is the most frequent cancer, with smoking and radon as the two leading causes. Occupational exposures are another important risk factor, with an estimated population attributable fraction up to 15%. 

Objectives This study aimed at assessing the effect of occupational exposures on lung cancer mortality in Switzerland after adjustment for non-occupational lung carcinogens. 

Methods We used negative binomial regression to analyse data of 4,351,383 Swiss residents with available occupation, and assessed its effect on lung cancer mortality between 1990 and 2014, accounting for socio-demographic factors, smoking probabilities (by age, geographical region, civil status, educational level, nationality, and occupation) and measured environmental exposure to radon. 

Results Male machine operators and workers in mining, stone working and building materials manufacturing showed the highest risk with a relative risk (RR) of 2.42 (95%-IC: 2.05–2.87) and 2.08 (95%-IC: 1.50–2.89) compared to health occupations, respectively. In women, two of the largest risks were identified in electronics, watching, vehicle construction and toolmaking (RR : 2.33 (95%-IC: 1.75–3.10)) and transport and traffic occupations (RR : 2.23 (95%-IC: 1.75–2.83)). Smoking RRs were 1.33 (95%-IC: 1.27–1.38) in