

Additional File 6. Description of Interventions Demonstrating Positive Effect on Presenteeism (n = 10) [in alphabetical order]

STUDY	INTERVENTION	OTHER COMPONENTS
Block et al., 2008	<p><i>Alive!</i> (A Lifestyle Intervention via Email) GOAL: To improve diet & physical activity (PA) through behaviour change.</p> <ul style="list-style-type: none"> • <i>Lifestyle & Barriers Questionnaires</i> used to tailor intervention. • Participants chose 1 module to work on for 4 months: (a) ↑ PA, (b) ↑ fruits & vegetables, or (c) ↓ fats & sugars. • Received weekly messages of small-step goals to choose from; mid-week messages served as goal reminders. • After choosing goal, taken to “personal home page”: tips for achieving goals, addressing barriers, chat room, additional links, etc. • Easy to use; tailoring based on <i>behaviour change model & stickiness</i> concept. 	<p>DELIVERY METHOD: email SUBJECTS SCREENED? yes, via health risk assessment (HRA) TAILORED? yes INCENTIVES? no</p>
Dababneh et al., 2001	<p>Two different rest break schedules tested on same group: (i) 12 3-min breaks, (ii) 4 9-min breaks. GOAL: To improve productivity & well-being.</p> <ul style="list-style-type: none"> • Received 36-min extra rest break time. • 2 weeks per rest break schedule (separated by 1-wk interval). • Could do whatever they liked during breaks. • Longer breaks allowed workers to attend to their physical needs (e.g., restroom break) without interrupting group production. 	<p>DELIVERY METHOD: organization change SUBJECTS SCREENED? no TAILORED? no INCENTIVES? no</p>
de Boer et al., 2004	<p>Occupational health program GOAL: To improve work ability & quality of life; prevent early retirement.</p> <ul style="list-style-type: none"> • ≥ 3 consultations between employee & occupational physician (OP). • OP explored health, work-related, & social/psychological factors. • Multidisciplinary: collaborated with supervisors/managers, GP, medical specialist, or psychologist. • Involved changing work tasks, extra tools/aids, improvement in work relations, etc. 	<p>DELIVERY METHOD: workers’ own OP, in collaboration with supervisors/managers SUBJECTS SCREENED? yes TAILORED? yes INCENTIVES? no</p>
Mills et al., 2007	<p>Low-cost multi-component health promotion GOAL: To ↓ health risks; ↑ work productivity & performance.</p> <ul style="list-style-type: none"> • 12 months • Advice tailored to level of readiness to change health-related behaviours. • Unlimited access to personalized health web 	<p>DELIVERY METHOD: email, paper packages, seminars SUBJECTS SCREENED? yes (HRA) TAILORED? yes INCENTIVES? yes (lottery tickets)</p>

	<p>portal that included interactive online behaviour-change programs.</p> <ul style="list-style-type: none"> Received tailored emails bimonthly on wellness topics relevant to them. Received 4 on-site seminars based upon 4 most prevalent health risks. 	
Nurminen et al., 2002	<p>Worksite exercise</p> <p>GOAL: To improve work ability; ↓ sick leaves.</p> <ul style="list-style-type: none"> 8 months Received personal prescription for exercise & counselling by PT, to ↑ self-directed PA during leisure time. 60-min group worksite exercise sessions 1x/wk. 	<p>DELIVERY METHOD: physiotherapist (PT), occupational health nurse (OHN)</p> <p>SUBJECTS SCREENED? no</p> <p>TAILORED? yes</p> <p>INCENTIVES? no</p>
Rivilis et al., 2006	<p>Participatory ergonomic (PE) intervention</p> <p>GOAL: To improve musculoskeletal (MSK) health.</p> <ul style="list-style-type: none"> 14 months ECT had 4 training sessions re: ergonomic principles, assessments/measurements, identification & management of workplace risk factors. Iterative process; progressed according to PE Blueprint (i.e., identification, assessment, solution building & testing, implementation). 14 changes implemented (e.g. new tools, workstation modifications). Considered physical & psychosocial stressors. Changed work organizational factors (in addition to physical demands). Open forum for workers to voice concerns. 	<p>DELIVERY METHOD: <i>Ergonomic Change Team (ECT)</i>: workers, unit manager, administrative assistant, human resource manager, corporate health & safety regional manager, ergonomic facilitator.</p> <p>SUBJECTS SCREENED? yes</p> <p>TAILORED? yes</p> <p>INCENTIVES? no</p>
Takao et al., 2006	<p>Job stress education for supervisors</p> <p>GOAL: To improve subordinates' psychological distress & job performance.</p> <ul style="list-style-type: none"> 3 months Single-session, 60-min education program re: early awareness of mental problems, return-to-work support, subordinate consultations, work environment improvements, self-care recommendations. 120-min 'Active Listening Training' with role-playing. 	<p>DELIVERY METHOD: OP, psychologists</p> <p>SUBJECTS SCREENED? no</p> <p>TAILORED? no</p> <p>INCENTIVES? no</p>
Tsutsumi et al., 2009	<p>Participatory intervention</p> <p>GOAL: To improve mental health & job performance.</p> <ul style="list-style-type: none"> 12 months Meetings held with human resource personnel (HR) to discuss work environment improvements. Facilitators (HR, factory chief) & supervisors 	<p>DELIVERY METHOD: participatory</p> <p>SUBJECTS SCREENED? yes (stress surveillance, risk evaluation)</p> <p>TAILORED? yes</p> <p>INCENTIVES? no</p>

	<p>trained re: workplace mental health.</p> <ul style="list-style-type: none"> Workers trained on hazard identification; used checklists to implement workplace improvements. Facilitators supported & sustained employee autonomous activities. Follow-up evaluations: to address barriers & suggest solutions Team-based, problem-solving approach based on employee involvement, shared work-related goals, & action planning. 	
Viola et al., 2008	<p>Blue-enriched white light</p> <p>GOAL: To investigate its effects on job performance & alertness.</p> <ul style="list-style-type: none"> 4 wks per lighting condition (white vs. blue light). Exposed during workday hours. 	<p>DELIVERY METHOD: workplace physical environmental change</p> <p>SUBJECTS SCREENED? no</p> <p>TAILORED? no</p> <p>INCENTIVES? no</p>
Wang et al., 2007	<p>Structured depression outreach-treatment telephone program</p> <p>GOAL: To evaluate effects on workplace outcomes.</p> <ul style="list-style-type: none"> 12 months Care managers given 12 hrs of training; 60 min weekly supervision; caseload = 50-70 participants. For participants with significant depression, care managers recommended in-person psychotherapy & medication evaluation (via telephone). For those declining in-person treatment, care managers maintained regular telephone contact, frequency determined by need. Those with significant symptoms after 2 months were offered an 8-session cognitive behavioural psychotherapy program. All participants were mailed a psychoeducational workbook. Psychiatrist available to care managers if needed. 	<p>DELIVERY METHOD: licensed master's degree-level mental health clinicians (care managers)</p> <p>SUBJECTS SCREENED? yes</p> <p>TAILORED? yes</p> <p>INCENTIVES? no</p>