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Journal articles marked with an asterisk indicate an IWH scientist or adjunct scientist is included in the list of authors.

***Jetha A, Nasir K, Van Eerd D, Gignac MAM, Martin Ginis KA, and Tompa E. Inclusion of young people with disabilities in the future of work: forecasting workplace, labour market and community-based strategies through an online and accessible Delphi survey protocol. *BMJ Open*. 2022; 12(7):e055452.**

<https://doi.org/10.1136/bmjopen-2021-055452> [open access]

Abstract: INTRODUCTION: The future of work is expected to transform the nature of work, create unique employment barriers for young people living with disabilities and disrupt pathways to better health. We present a Delphi survey protocol through which we aim to obtain future-oriented strategies that can improve the accessibility and inclusion of young people with disabilities in the future of work. METHODS AND ANALYSIS: The Delphi survey will be conducted primarily online, over two rounds and in a format that is accessible to people living with disabilities. A diverse sample of subject matter experts (eg, policy makers, employment service providers, labour market experts) and participants with lived experience of a disability will be recruited using a purposive sampling strategy. All participants will be asked to complete both rounds of the Delphi survey. In the first round, open-ended questions will be asked about workplace, community-based or policy supports that can foster the inclusion of young people with disabilities in the labour market and that can also address specific future of work trends which span sociopolitical, economic, environmental and technological domains. In the second round of the survey, we will aim to build consensus; participants will be provided with a summary of specific strategies that correspond to the different future of work trends emerging from round one and will be asked to rank-order

strategies according to their importance. Following the completion of the second round, consensus-based and future-focused recommendations will be generated that can support young people with disabilities in the world of work over the coming decades. ETHICS AND DISSEMINATION: The study protocol has been cleared by the University of Toronto's research ethics board (#40727). The study will identify future-focused support strategies that will be shared with people living with disabilities, policy makers and disability employment service providers through an integrated knowledge transfer and exchange approach

***Padkapayeva K, Gilbert-Ouimet M, Mustard C, Glazier RH, and Smith PM. The relationship between overqualification and incident diabetes: a 14-year follow-up study. *Psychosomatic Medicine*. 2022; 84(6):719-726.**

<https://doi.org/10.1097/PSY.0000000000001087>

Abstract: OBJECTIVE: Recent research identified that workplace factors play a role in the development of diabetes mellitus (DM). This study examines the longitudinal association of work-related overqualification with the incidence of DM over a 14-year follow-up period. METHODS: We used data from the 2003 Canadian Community Health Survey linked to the Ontario Health Insurance Plan and the Canadian Institute for Health Information Discharge Abstract databases. Cox proportional hazards regression models were performed to evaluate the relationship between overqualification and the incidence of DM. RESULTS: Over the study period, there were 91,835 person-years of follow-up (median follow-up = 13.7 years). The final sample included 7026 respondents (mean [standard deviation] age at baseline = 47.1 [8.2]; 47% female). An elevated risk of DM was associated with substantial overqualification (hazard ratio = 1.58, 95% confidence interval = 1.01-2.49) after adjustment for sociodemographic, health, and work variables. Additional adjustment for body mass index and health behaviors attenuated this risk (hazard ratio = 1.30, 95% confidence interval = 0.81-2.08). Underqualification was not associated with the incidence of DM in adjusted regression models. We did not observe any statistical difference in the effects of overqualification on DM risk across sex or education groups. CONCLUSIONS: This study adds to the growing body of research literature uncovering the relationships between work exposures and DM risk. The results from the study suggest that higher body mass index and, to a lesser extent, health behaviors may be mediating factors in the association between overqualification and incident DM. Further research on the association of overqualification with DM is warranted

Carazo S, Pelletier M, Talbot D, Jauvin N, De Serres G, and Vezina M. Psychological distress of healthcare workers in Québec (Canada) during the second and the third pandemic waves. *Journal of Occupational & Environmental Medicine*. 2022; 64(6):495-503.

<https://doi.org/10.1097/JOM.0000000000002487> [open access]

Abstract: OBJECTIVE: We aimed to measure the prevalence of psychological distress among Quebec healthcare workers (HCWs) during the second and third pandemic waves and to assess the effect of psychosocial risk factors (PSRs) on work-related psychological distress among severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infected (cases) and

non-infected (controls) HCWs. METHODS: A self-administered survey was used to measure validated indicators of psychological distress (K6 scale) and PSR (questions based on Karasek and Siegrist models, value conflicts, and work-life balance). Adjusted robust Poisson models were used to estimate prevalence ratios. RESULTS: Four thousand sixty eight cases and 4152 controls completed the survey. Prevalence of high work-related psychological distress was 42%; it was associated with PSRs (mainly work-life balance, value conflicts, and high psychological demands) but not with SARS-CoV-2 infection. CONCLUSION: Primary prevention measures targeting PSRs are needed to reduce mental health risks of HCWs

Corso M, DeSouza A, Brunton G, Yu H, Cancelliere C, Mior S, et al. Integrating Indigenous healing practices within collaborative care models in primary healthcare in Canada: a rapid scoping review. *BMJ Open*. 2022; 12(6):e059323.

<https://doi.org/10.1136/bmjopen-2021-059323> [open access]

Abstract: OBJECTIVES: In November 2020, a series of reports, In Plain Sight, described widespread Indigenous-specific stereotyping, racism and discrimination limiting access to medical treatment and negatively impacting the health and wellness of Indigenous Peoples in British Columbia, Canada. To address the health inequalities experienced by Indigenous peoples, Indigenous healing practices must be integrated within the delivery of care. This rapid scoping review aimed to identify and synthesise strategies used to integrate Indigenous healing practices within collaborative care models available in community-based primary healthcare, delivered by regulated health professionals in Canada. ELIGIBILITY CRITERIA: We included quantitative, qualitative and mixed-methods studies conducted in community-based primary healthcare practices that used strategies to integrate Indigenous healing practices within collaborative care models. SOURCES OF EVIDENCE: We searched MEDLINE, Embase, Indigenous Studies Portal, Informit Indigenous Collection and Native Health Database for studies published from 2015 to 2021. CHARTING METHODS: Our data extraction used three frameworks to categorise the findings. These frameworks defined elements of integrated healthcare (ie, functional, organisational, normative and professional), culturally appropriate primary healthcare and the extent of community engagement. We narratively summarised the included study characteristics. RESULTS: We identified 2573 citations and included 31 in our review. Thirty-nine per cent of reported strategies used functional integration (n=12), 26% organisational (n=8), 19% normative (n=6) and 16% professional (n=5). Eighteen studies (58%) integrated all characteristics of culturally appropriate Indigenous healing practices into primary healthcare. Twenty-four studies (77%) involved Indigenous leadership or collaboration at each phase of the study and, seven (23%) included consultation only or the level of engagement was unclear. CONCLUSIONS: We found that collaborative and Indigenous-led strategies were more likely to facilitate and implement the integration of Indigenous healing practices. Commonalities across strategies included community engagement, elder support or Indigenous ceremony or traditions. However, we did not evaluate the effectiveness of these strategies

Easterbrook B, Brown A, Millman H, Van Blyderveen S, Lanius R, Heber A, et al. The mental health experience of treatment-seeking military members and public safety personnel: a qualitative investigation of trauma and non-trauma-related concerns. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*. 2022; 42(6):252-260.

<https://doi.org/10.24095/hpcdp.42.6.03> [open access]

Abstract: INTRODUCTION: Paramedics, firefighters, police officers and other public safety personnel (PSP) as well as Canadian Armed Forces (CAF) members are frequently exposed to stressors and demanding work environments. Although their specific work-related tasks may vary, a commonality between these occupations is the significant likelihood of repeated exposure to potentially psychologically traumatic events (PPTe) over the course of their careers. Due in part to these repeated exposures, CAF members and PSP are at an elevated risk of mental health concerns including posttraumatic stress disorder. The purpose of this study was to obtain a more in-depth understanding of the trauma- and non-trauma-related experiences of active or retired PSP and CAF members that may be implicated in mental health issues and resultant treatment and recovery. **METHODS:** Study participants were recruited during inpatient treatment at a private mental health and addictions inpatient hospital in Canada. We conducted and audiotaped semistructured focus groups and transcribed the discussions. Interpretive phenomenological analysis and thematic coding generated a coding scheme from which to identify concepts and linkages in the data. **RESULTS:** Analysis generated four primary themes: interpersonal relationships, personal identity, mental health toll and potential moral injury. A variety of subthemes were identified, including family dynamics, inability to trust, feelings of professional/personal betrayal, stigma within the CAF/PSP culture, increased negative emotions about self/others, and a reliance on comradery within the service. **CONCLUSION:** The information gathered is critical to understanding the perspectives of PSP and military members as the career stressors and related exposure to PPTe of these occupations are unique

Harris-Adamson C, Eisen EA, Kapellusch J, Hegmann KT, Thiese MS, Dale AM, et al. Occupational risk factors for work disability following carpal tunnel syndrome: a pooled prospective study. *Occupational and Environmental Medicine*. 2022; 79(7):442-451.

<https://doi.org/10.1136/oemed-2021-107771>

Abstract: **BACKGROUND:** Although recent studies have identified important risk factors associated with incident carpal tunnel syndrome (CTS), risk factors associated with its severity have not been well explored. **OBJECTIVE:** To examine the associations between personal, workplace psychosocial and biomechanical factors and incident work disability among workers with CTS. **METHODS:** Between 2001 and 2010 five research groups conducted coordinated prospective studies of CTS and related work disability among US workers from various industries. Workers with prevalent or incident CTS (N=372) were followed for up to 6.4 years. Incident work disability was measured as: (1) change in work pace or work quality, (2) lost time or (3) job change following the development of CTS. Psychosocial factors were

assessed by questionnaire. Biomechanical exposures were assessed by observation and measurements and included force, repetition, duty cycle and posture. HRs were estimated using Cox models. RESULTS: Disability incidence rates per 100 person-years were 33.2 for changes in work pace or quality, 16.3 for lost time and 20.0 for job change. There was a near doubling of risk for job change among those in the upper tertile of the Hand Activity Level Scale (HR 2.17; 95% CI 1.17 to 4.01), total repetition rate (HR 1.75; 95% CI 1.02 to 3.02), % time spent in all hand exertions (HR 2.20; 95% CI 1.21 to 4.01) and a sixfold increase for high job strain. Sensitivity analyses indicated attenuation due to inclusion of the prevalent CTS cases. CONCLUSION: Personal, biomechanical and psychosocial job factors predicted CTS-related disability. Results suggest that prevention of severe disability requires a reduction of both biomechanical and organisational work stressors

Hoff A, Fisker J, Poulsen RM, Hjorthoj C, Rosenberg NK, Nordentoft M, et al. Integrating vocational rehabilitation and mental healthcare to improve the return-to-work process for people on sick leave with stress-related disorders: results from a randomized trial. *Scandinavian Journal of Work, Environment & Health*. 2022; 48(5):361-371.

<https://doi.org/10.5271/sjweh.4021> [open access]

Abstract: OBJECTIVE: Stress-related disorders are common, associated with substantial individual suffering, and place a large economic burden on society. While treatment appears to be able to reduce symptoms, evidence of interventions to improve vocational outcomes is flimsy. Lack of integration of vocational rehabilitation and healthcare services has been suspected to be a major potential barrier in return-to-work (RTW) processes; therefore, we aimed to test the effectiveness of such integration. METHODS: We randomized participants who were on sick leave for 4 weeks with a stress-related disorder. They were allocated to (i) service as usual (SAU), (ii) improved mental healthcare (MHC), or (iii) integrated interventions (INT). The primary outcome was RTW rates measured at 12 months. Secondary outcome were RTW rates measured at 6 months, proportion in work at 12 months, and levels of stress, anxiety, depression, and functioning at 6 months. RESULTS: We included 666 participants. On the primary outcome and almost all other vocational outcomes, SAU was superior to both INT and MHC. MHC and INT did not differ on any vocational outcome. On several symptom scales, MHC showed lower values than SAU, whilst INT did not differ from the two other groups. CONCLUSION: Both the INT and the MHC intervention lowered RTW rates compared with SAU, and thereby yielded a worse outcome. However, the MHC group showed a tendency towards having lower symptom levels compared with those in the SAU group; accordingly, the SAU group is not unequivocally superior. MHC and INT showed no general differences

Koseoglu Ornek O, Waibel J, Wullinger P, and Weinmann T. Precarious employment and migrant workers' mental health: a systematic review of quantitative and qualitative studies. *Scandinavian Journal of Work, Environment & Health*. 2022; 48(5):327-350.

<https://doi.org/10.5271/sjweh.4019> [open access]

Abstract: OBJECTIVES: Evidence suggests that precarious employment can have detrimental effects on workers' health, including mental health. Migrant workers are discussed to be especially vulnerable to such effects. Thus, we systematically reviewed existing research on the association between precarious employment and migrant workers' mental health. METHODS: Three electronic databases (Web of Science, PsycINFO and PubMed/Medline) were searched for original articles on quantitative and qualitative studies published from January 1970 to February 2022 in English, German, Turkish and Spanish. Multiple dimensions of precarious employment were considered as exposure, with mental health problems as outcomes. Narrative synthesis and thematic analyses were performed to summarize the findings of the included studies along with risk of bias and quality assessment. RESULTS: The literature search resulted in 1557 original articles, 66 of which met the inclusion criteria - 43 were of high quality and 22 were of moderate quality. The most common exposure dimensions analyzed in the studies included temporariness, vulnerability, poor interpersonal relationships, disempowerment, lacking workers' rights and low income. The outcome measures included stress, depression, anxiety and poor general mental health. The prevalence of these outcomes varied between 10-75% among the included quantitative studies. All qualitative studies reported one or more dimensions of precarious employment as an underlying factor of the development of mental health problems among migrants. Of 33 quantitative studies, 23 reported evidence for an association between dimensions of precarious employment and mental health. CONCLUSION: The results of this review support the hypothesis that precarious employment is associated with migrant workers' mental health

Loef B, van Oostrom SH, van der Noordt M, and Proper KI. Working from home during the COVID-19 pandemic and its longitudinal association with physical activity and sedentary behavior. *Scandinavian Journal of Work, Environment & Health*. 2022; 48(5):380-390.

<https://doi.org/10.5271/sjweh.4027> [open access]

Abstract: Objective: Working from home during the COVID-19 pandemic has affected many workers' daily life and possibly their physical activity behavior. We studied the longitudinal association of working from home during the pandemic with physical activity and sedentary behavior. Methods: Longitudinal data from 17 questionnaire rounds of the Lifelines COVID-19 cohort (March 2020-February 2021) were used. In total, 33 325 workers were included. In every round, participants reported their current work situation: location, home, or hybrid (working on location and from home). Physical activity levels and sedentary behavior before and during the pandemic were asked. Logistic generalized estimating equations adjusted for demographic/work/health covariates were used to study the association of work situation with physical activity and sedentary behavior. Results: Home workers were less likely to meet

the recommended ≥ 150 minutes/week of moderate-to-vigorous-intensity activity during the pandemic than location workers [odds ratio (OR) 0.93, 95% confidence interval (CI) 0.90-0.96] and more likely to be less physically active than before the pandemic (OR 1.09, 95% CI 1.04-1.14). Furthermore, compared to location workers, home and hybrid workers were more likely to be more sedentary (sitting ≥ 8 hours/day) on workdays during than before the pandemic (OR 1.51, 95% CI 1.39-1.64/1.36-1.68, respectively). Conclusions: Compared to location workers, home workers (and to a lesser extent hybrid workers) were more often physically inactive and sedentary during than before the COVID-19 pandemic. As a substantial part of the working population may continue to work (partly) from home after the pandemic, workers should be supported to increase activity and reduce sitting while working from home.

Lopez-Gonzalez MJ, Gonzalez-Menendez E, Gonzalez S, and Torrano F. Study of the interrelationships between musculoskeletal disorders and psychosocial risk factors in occupational health and safety technicians. *International Journal of Occupational Safety and Ergonomics*. 2022; 28(3):1502-1510.

<https://doi.org/10.1080/10803548.2021.1902137>

Abstract: Objectives. The aim of this work is to examine the presence of musculoskeletal disorders (MSDs) and the exposure to psychosocial risk in a sample of 399 occupational health and safety technicians (OHSTs), deepening the associations between both aspects. Methods. The standardized Nordic questionnaire and the Decore questionnaire were used. Different descriptive and correlational analyses and a multivariate analysis model were carried out. Results. In total, 77.17% of the participants affirmed having suffered some muscle ailments. The most critical psychosocial risk factors are those related to the rewards that the worker obtains for their work, with 54.7% of the technicians in a situation of alert or emergency. It is highlighted that the fact of not feeling professionally valued, working outside working hours, having musculoskeletal discomfort and perceiving a state of poor or fair health increase the global risk index (GRI) score. Conclusions. The study highlights the high exposure of OHSTs to both physical and psychosocial risk factors as well as the significant relationship between these variables. Furthermore, the predictive model shows the variables that best predict the probability of MSDs: gender, training in emerging risks, perceived health and exposure to psychosocial risk

Matz M, Allemani C, Van Tongeren M, Nafilyan V, Rhodes S, van Veldhoven K, et al. Excess mortality among essential workers in England and Wales during the COVID-19 pandemic. *Journal of Epidemiology & Community Health*. 2022; 76(7):660-666.

<https://doi.org/10.1136/jech-2022-218786>

Abstract: Background: Exposure to SARS-CoV-2, subsequent development of COVID-19 and death from COVID-19 may vary by occupation, and the risks may be higher for those categorised as 'essential workers'. Methods: We estimated excess mortality by occupational group and sex separately for each month in 2020 and for the entire 12 months overall.

Results: Mortality for all adults of working age was similar to the annual average over the previous 5 years. Monthly excess mortality peaked in April, when the number of deaths was 54.2% higher than expected and was lowest in December when deaths were 30.0% lower than expected. Essential workers had consistently higher excess mortality than other groups throughout 2020. There were also large differences in excess mortality between the categories of essential workers, with healthcare workers having the highest excess mortality and social care and education workers having the lowest. Excess mortality also varied widely between men and women, even within the same occupational group. Generally, excess mortality was higher in men. Conclusions: In summary, excess mortality was consistently higher for essential workers throughout 2020, particularly for healthcare workers. Further research is needed to examine excess mortality by occupational group, while controlling for important confounders such as ethnicity and socioeconomic status. For non-essential workers, the lockdowns, encouragement to work from home and to maintain social distancing are likely to have prevented a number of deaths from COVID-19 and from other causes.

Mmereki D and Brouwer D. Application of innovative materials and methods in green buildings and associated occupational exposure and health of construction workers: a systematic literature review. Journal of Construction Engineering and Management. 2022; 148(8):04022068.

[https://doi.org/10.1061/\(ASCE\)CO.1943-7862.0002296](https://doi.org/10.1061/(ASCE)CO.1943-7862.0002296)

Park IJ, Choi JN, and Wu K. Affect stability and employee creativity: the roles of work-related positive affect and knowledge sharing. European Journal of Work and Organizational Psychology. 2022; 31(3):331-340.

<https://doi.org/10.1080/1359432X.2021.1953990>

Rioux C, Pare A, London-Nadeau K, Juster RP, Weedon S, Levasseur-Puhach S, et al. Sex and gender terminology: a glossary for gender-inclusive epidemiology. Journal of Epidemiology & Community Health. 2022; 76(8):764-768.

<https://doi.org/10.1136/jech-2022-219171>

Abstract: There is increased interest in inclusion, diversity and representativeness in epidemiological and community health research. Despite this progress, misunderstanding and conflation of sex and gender have precluded both the accurate description of sex and gender as sample demographics and their inclusion in scientific enquiry aiming to distinguish health disparities due to biological systems, gendered experiences or their social and environmental interactions. The present glossary aims to define and improve understanding of current sex-related and gender-related terminology as an important step to gender-inclusive epidemiological research. Effectively, a proper understanding of sex, gender and their subtleties as well as acknowledgement and inclusion of diverse gender identities and modalities can make epidemiology not only more equitable, but also more scientifically

accurate and representative. In turn, this can improve public health efforts aimed at promoting the well-being of all communities and reducing health inequities

De Santis KK, Lorenz RC, Lakeberg M, and Matthias K. The application of AMSTAR2 in 32 overviews of systematic reviews of interventions for mental and behavioural disorders: a cross-sectional study. Research Synthesis Methods. 2022; 13(4):424-433.

<https://doi.org/10.1002/jrsm.1532>

Abstract: 'A measurement tool to assess systematic reviews, version 2' (AMSTAR2) is a 16-item tool to critically appraise systematic reviews (SRs) of healthcare interventions. This study aimed to assess the methods and outcomes of AMSTAR2 appraisals in overviews of SRs of interventions for mental and behavioural disorders. The cross-sectional study was conducted using 32 overviews of SRs selected from three electronic databases in January 2021. Data items included overview and SR characteristics and AMSTAR2 appraisal methods and outcomes. Data were extracted by two authors independently and narratively synthesised using descriptive statistics (means \pm SD and relative frequencies). SR characteristics were compared based on AMSTAR2 appraisal outcomes using chi-square tests. The 32 overviews appraised SRs of predominantly non-pharmacological interventions for mental disorders. AMSTAR2 appraisals were reported as confidence ratings in 25/32 overviews or individual item scores in 24/32 overviews. Most SRs/overview were non-Cochrane (mean = 94%), included RCTs only (mean = 77%) and were published before AMSTAR2 release (mean = 79%). The confidence ratings derived in 25 overviews for 349 SRs were predominantly critically low (68%). Confidence ratings were similar for SRs with RCTs only versus RCTs+non-RCTs or SRs published before versus after AMSTAR2 release, while Cochrane SRs received more high+moderate than low+critically low confidence ratings ($p < 0.01$). Confidence ratings derived based on AMSTAR2 do not differentiate among SRs of healthcare interventions except for Cochrane SRs that fulfil the criteria for high confidence ratings. AMSTAR2 items should be consulted to avoid common weaknesses in future SRs.

Sparber C and Zavodny M. Immigration, working conditions, and compensating differentials. ILR Review. 2022; 75(4):1054-1081.

<https://doi.org/10.1177/00197939211021379> [open access]

Abstract: The large inflow of less-educated immigrants into the United States in recent decades may have affected US natives' labor market outcomes in many ways, including their working conditions. Although the general consensus is that low-skilled immigrants tend to hold "worse" jobs than US natives, the impact of immigration on natives' working conditions has received little attention. This study examines how immigration has affected US natives' occupational exposure to workplace hazards and the compensating differential paid for such exposure from 1990 to 2018. Results indicate that immigration causes less-educated natives' exposure to workplace hazards to fall, and instrumental variables results show a larger impact among women than among men. The corresponding compensating differential

appears to fall among men, but not after accounting for immigration-induced changes in the financial returns to occupational skills.

Suleiman AM. Determining the prerequisites for effective workplace inspection by the occupational safety and health regulatory authority using cognitive work analysis.

International Journal of Occupational Safety and Ergonomics. 2022; 28(3):1403-1418.

<https://doi.org/10.1080/10803548.2021.1893023>

Abstract: Objectives. Earlier attempts to understand inspection work and improve inspection effectiveness are based on how controls are conducted and the interactions between the inspectors and inspection subjects. This study aimed to determine workplace occupational safety and health inspection effectiveness prerequisites using cognitive work analysis, an approach for design and evaluation of work domains, focusing on activities and work constraints. Methods. Data were collected through semi-structured interviews and a survey with labour inspection authority inspectors, and by reviewing inspection reports and earlier studies on workplace inspections. These were used in the first three cognitive work analysis phases to identify the prerequisites of effective workplace inspection and designing inspection strategies. Results. An abstraction hierarchy showing the affordances was prepared, with purpose-related functions identified as the inspection effectiveness prerequisites. A contextual activities template and a decision ladder for inspection work were prepared. Strategy maps for on-site control were created, allowing design of structured and organized workplace inspection strategies supporting the work domain's purposes. Conclusion. The analysis dimensions served the study sufficiently, providing the purpose-related functions with their respective subgoals and subsidiary functions that provided the prerequisite for effective workplace inspections and allowed for designing structured and organized strategies for on-site workplace inspection

La Torre G, Firenze A, Di Gioia LP, Perri G, Soncin M, Cremonesi D, et al. Workplace violence among healthcare workers, a multicenter study in Italy. Public Health. 2022; 208:9-13.

<https://doi.org/10.1016/j.puhe.2022.04.008>

Abstract: OBJECTIVES: The purpose of this study is to assess the prevalence and determinants of workplace violence and the sociodemographic risk factors associated. STUDY DESIGN: This was a multicenter cross-sectional study. METHODS: The study was performed using self-compiled Italian version of the World Health Organization's questionnaire on workplace violence online by filling in a Google form. The survey was opened from May 2018 to March 2020 and lasted 5-10 min. RESULTS: The sample consists of 3659 healthcare workers, of which 2525 (69%) are females, 1446 (39.5%) are nurses, and 2029 (55.5%) are health workers from northern Italy. The most frequent age group of the sample is 50-54 years (16.7%). A total of 366 (10%) healthcare workers are victims of physical aggression at work in the last 12 months, of which 6.3% with a weapon. The risk of being a victim of physical aggression at work in the last 12 months is significantly associated with the following independent variables: male gender (odds ratio [OR] 1.72, 95% confidence interval [CI]: 1.36-2.17), work in

southern Italy (OR 1.59, 95% CI: 1.10-2.28), and being a nurse (OR 2.56, 95% CI: 2.01-3.25). The risk of being a victim of physical aggression at work with a weapon in the last 12 months is significantly associated with work in southern Italy (OR 9.33, 95% CI: 3.83-22.73). A total of 1723 (47.1%) of healthcare workers declare to be a victim of verbal aggression at work in the last 12 months. The risk of being a victim of verbal aggression at work in the last 12 months is significantly associated with the following independent variables: work in northern Italy (adjusted OR [aOR] 1.54, 95% CI: 1.32-1.81), work in southern Italy (aOR 3.68, 95% CI: 2.90-4.68), and be more than 55 years old (aOR 0.73, 95% CI: 0.63-0.85). CONCLUSIONS: The study underlines that the problem of verbal and physical aggression against healthcare workers is still central and is a further starting point for research. The prevalence of violence is difficult to assess because violent incidents are underreported or unreported. The results of the study suggest that increased awareness is needed to develop effective control strategies at the individual, hospital, and national levels to prevent aggression and improve the conditions of victims

Xie Y, Coombes BK, Thomas L, and Johnston V. Time course and risk profile of work-related neck disability: a longitudinal latent class growth analysis. *Physical Therapy*. 2022; 102(6):pzac050.

<https://doi.org/10.1093/ptj/pzac050>

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