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

***Fenton S, Quinn EK, Rydz E, Heer E, Davies HW, Macpherson RA, McLeod CB, et al. A media surveillance analysis of COVID-19 workplace outbreaks in Canada and the United States. *FACETS*. 2022; 1185-1198.**

<https://doi.org/10.1139/facets-2021-0156> [open access]

Abstract: A media surveillance analysis was conducted to identify COVID-19 workplace outbreaks and associated transmission risk for new and emerging occupations. We identified 1,111 unique COVID-19 workplace outbreaks using the Factiva database. Occupations identified in the media articles were coded to the 2016 National Occupational Classification (V1.3) and were compared and contrasted with the same occupation in the Vancouver School of Economics (VSE) COVID Risk/Reward Assessment Tool by risk rating. After nurse aides, orderlies, and patient service associates (n = 109, very high risk), industrial butchers and meat cutters, and poultry preparers and related workers had the most workplace outbreaks reported in the media (n = 79) but were rated as medium risk for COVID-19 transmission in the VSE COVID Risk Tool. Outbreaks were also reported among material handlers (n = 61) and general farm workers (n = 28), but these occupations were rated medium–low risk and low risk, respectively. Food and beverage services (n = 72) and cashiers (n = 60) were identified as high-risk occupations in the VSE COVID Risk Tool. Differences between the media results and the risk tool point to key determinants of health that compound the risk of COVID-19

exposure in the workplace for some occupations and highlight the importance of collecting occupation data during a pandemic.

***Murphy L, Leblanc K, Badr S, Ching E, Mao L, Steenhof N, Steenhof N, Hamandi B, Rubin B, Seto A, Furlan AD. Opioid utilization and management in the setting of stewardship during inpatient rehab care. *Drug, Healthcare and Patient Safety*. 2022; 14:161-170.**

<https://doi.org/10.2147/DHPS.S360832> [open access]

Abstract: Background: Opioid utilization and management in an inpatient rehabilitation setting have not been widely described, despite the unique opportunities that exist in this setting to support opioid stewardship across transitions in care. We aimed to characterize opioid utilization and management by interprofessional teams across a large, inpatient rehabilitation setting after incorporation of opioid stewardship principles by pharmacists as part of their daily practice. Patients and methods: This was a retrospective chart review at Toronto Rehab, University Health Network, Toronto, Canada. Patients with admission orders for any opioid from November 2017 to February 2018 were included. Complex continuing care and palliative care patients were excluded. Descriptive statistics were primarily used to describe the data as well as univariate linear regression to compare associations with milligram morphine equivalent (MME) reduction. Results: A total of 448 patients were included. A reduction in total daily MME was seen in 49% (n=219) of the patients during their inpatient stay, with 73% (n=159) of these patients having a reduction of $\geq 50\%$. Sixty-nine percent (n=311) of the patients received an opioid prescription at discharge, with most scheduled (90%, n=98) with a supply of less than 30 days. Rehabilitation length of stay was correlated with a MME decrease during rehab ($p < 0.01$), suggesting that longer lengths of stay contributed to a greater reduction in MME. Patients with chronic opioid use prior to acute care admission ($p = 0.01$), and those who started extended-release opioids during acute care ($p = 0.02$) were significantly less likely to discontinue opioids during rehab stay. Conclusion: Opioid utilization and management in the setting of opioid stewardship across inpatient rehab and transitions of care were characterized. Opportunities exist for further quality improvement initiatives within inpatient rehabilitation and acute care settings to identify and support patients with complex pain management needs.

***Punnett L. Response to NIOSH request for information on interventions to prevent work-related stress and support health worker mental health. *New Solutions*. 2022; [epub ahead of print].**

<https://doi.org/10.1177/10482911221126271>

Abstract: The root causes of health care worker strain and depression include excessive job demands, extended work schedules, little decision-making opportunity, assault, bullying, and fear of injury. Potential links between working conditions and opioid overuse have also been discussed, beginning with psychological job strain or with physical pain leading to medication use. Promising solutions have been identified and many would be cost-effective, as enhanced working conditions could improve workers' mental health, job satisfaction, retention, and

patient outcomes. Considering the number of health care workers leaving work during the global COVID-19 pandemic, it is urgent to address preventable root causes. In 2021, the US Congress called for educating health workers and first responders on the primary prevention of mental health conditions and substance use disorders. The CDC issued a Request for Information; this submission summarized research from CPH-NEW, a NIOSH Center of Excellence in Total Worker Health®, supplemented by a selective literature review.

Almroth M, Hemmingsson T, Kjellberg K, Sorberg Wallin A, Andersson T, van der Westhuizen A, et al. Job control, job demands and job strain and suicidal behaviour among three million workers in Sweden. Occupational & Environmental Medicine. 2022; 79(10):681-689.

<https://doi.org/10.1136/oemed-2022-108268> [open access]

Abstract: OBJECTIVE: To investigate the association between job control, job demands and their combination (job strain) and suicide attempts and deaths among male and female workers in Sweden. METHODS: Job control and demands were measured separately for men and women using a job exposure matrix, which was linked to around three million individuals based on their occupational title in 2005. Suicide attempts and deaths were measured in the hospital and cause of death registers from 2006 to 2016. HRs were estimated using discrete proportional hazards models with annually updated age as the time axis. Models were adjusted for sociodemographic, family, health, labour market and childhood factors, as well as the time-varying effects of unemployment, sick leave and family factors during follow-up. RESULTS: Low job control was associated with an increased risk of suicide attempts and deaths among both men and women while high job demands tended to be associated with a decreased risk. The combination of job control and job demands (job strain) reflected the increased risk of low control jobs and the decreased risk of high demand jobs. Associations were attenuated but still present after adjustments. CONCLUSIONS: Low job control is related to suicide attempts and deaths, and this is only partially explained by important covariates measured both prebaseline and during follow-up. Attempts to increase job control among workers may be beneficial in preventing suicide

Brakenridge CL, Leow CKL, Kendall M, Turner B, Valiant D, Quinn R, et al. Exploring the lived return-to-work experience of individuals with acquired brain injury: use of vocational services and environmental, personal and injury-related influences. Disability and Rehabilitation. 2022; 44(16):4332-4342.

<https://doi.org/10.1080/09638288.2021.1903101>

Abstract: PURPOSE: To explore work outcomes, vocational services, barriers and facilitators for returning to work in individuals with acquired brain injury (ABI) in Queensland, Australia and to identify areas for improvement. DESIGN AND METHODS: Ten semi-structured interviews were conducted with individuals with ABI (stroke, traumatic brain injury, tumour). Interviews were analysed using a realist thematic analysis approach. RESULTS: Participants either returned to the same work, different work, did not maintain work or did not have any

work since their injury. Use of vocational services depended on participants' needs and insurance. Facilitators for return to work (RTW) were a supportive workplace and family, vocational rehabilitation that met the individual's needs, insurance coverage and self-motivation. Workplaces that were not understanding of brain injury, employment service providers who were unable to find work for participants, and physical and cognitive deficits were barriers to RTW. Workplaces, employment service providers and individuals require more information about the deficits associated with brain injury. CONCLUSIONS: The use and effectiveness of vocational services were variable across participants and depended on insurance coverage and needs. Barriers and facilitators for RTW were affected by both the environment and the individual. Implications for vocational rehabilitation were identified. Implications for Rehabilitation A supportive workplace and family, and access to appropriate vocational rehabilitation are important environmental facilitators for RTW in individuals with ABI. Workplaces with a poor understanding of ABI and employment service providers unable to find work for individuals with ABI are environmental barriers to RTW. Workplaces, employment service providers and individuals with ABI require more information about the physical and cognitive deficits associated with ABI. Employment service providers need more training to develop comprehensive strategies to help individuals with ABI find new employment

Byon HD, Sagherian K, Kim Y, Lipscomb J, Crandall M, and Steege L. Nurses' experience with type II workplace violence and underreporting during the COVID-19 pandemic. Workplace Health & Safety. 2022; 70(9):412-420.

<https://doi.org/10.1177/21650799211031233> [open access]

Abstract: BACKGROUND: Type II (customer-on-worker) workplace violence (WPV) against nurses and its underreporting are ongoing safety and health challenges in health care. The COVID-19 pandemic has strained patients and nurses and, in turn, may have increased WPV. The purpose of this cross-sectional study was to describe and compare a sample of nurses' reported prevalence of Type II WPV and their reporting of these events during the pandemic. METHODS: Data from an online survey of registered nurses (N = 373) working in hospitals were included. Prevalence was calculated for physical violence and verbal abuse, and their reporting of these events, including the experience of violence between nurses who did and did not care for patients with COVID-19. FINDINGS: Overall, 44.4% and 67.8% of the nurses reported experiencing physical violence and verbal abuse, respectively, between February and May/June 2020. Nurses who provided care for patients with COVID-19 experienced more physical violence (adjusted odds ratio [aOR] = 2.18, 95% confidence interval [CI] = [1.30, 3.67]) and verbal abuse (aOR = 2.10, 95% CI = [1.22, 3.61]) than nurses who did not care for these patients. One in 10 nurses felt reporting the incident was more difficult during the pandemic. CONCLUSION/APPLICATION TO PRACTICE: A significant proportion of nurses who cared for patients with COVID-19 experienced more physical violence and verbal abuse, and more difficulty in reporting to management. As the pandemic continues, health care organizations need to recognize that workers may be at an elevated risk for experiencing

WPV and may be less likely to report, resulting in an urgent need for prevention efforts on their part

Dzinamarira T, Nkambule SJ, Hlongwa M, Mhango M, Iradukunda PG, Chitungo I, et al. Risk factors for COVID-19 infection among healthcare workers. A first report from a living systematic review and meta-analysis. *Safety and Health at Work*. 2022; 13(3):263-268. <https://doi.org/10.1016/j.shaw.2022.04.001> [open access]

Abstract: Health care workers (HCWs) are more than ten times more likely to be infected with coronavirus infectious disease 2019 (COVID-19) than the general population, thus demonstrating the burden of COVID-19 among HCWs. Factors that expose HCWs to a differentially high-risk of COVID-19 acquisition are important to elucidate, enable appropriate public health interventions to mitigate against high risk and reduce adverse outcomes from the infection. We conducted a systematic review and meta-analysis to summarize and critically analyze the existing evidence on SARS-CoV-2 risk factors among HCWs. With no geographical limitation, we included studies, in any country, that reported (i) the PCR laboratory diagnosis of COVID-19 as an independent variable (ii) one or more COVID-19 risk factors among HCWs with risk estimates (relative risk, odds ratio, or hazard ratio) (iii) original, quantitative study design, and published in English or Mandarin. Our initial search resulted in 470 articles overall, however, only 10 studies met the inclusion criteria for this review. Out of the 10 studies included in the review, inadequate/lack of protective personal equipment, performing tracheal intubation, and gender were the most common risk factors of COVID-19. Based on the random effects adjusted pooled relative risk, HCWs who reported the use of protective personal equipment were 29% (95% CI: 16% to 41%) less likely to test positive for COVID-19. The study also revealed that HCWs who performed tracheal intubations were 34% (95% CI: 14% to 57%) more likely to test positive for COVID-19. Interestingly, this study showed that female HCWs are at 11% higher risk (RR 1.11 95% CI 1.01-1.21) of COVID-19 than their male counterparts. This article presents initial findings from a living systematic review and meta-analysis, therefore, did not yield many studies; however, it revealed a significant insight into better understanding COVID-19 risk factors among HCWs; insights important for devising preventive strategies that protect them from this infection. PROSPERO REGISTRATION NUMBER: CRD42020193508 available for public comments via the link below https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020193508)

Godard R, Hebl M, and Nittrouer C. Identity management in the workplace: coworker perceptions of individuals with contested disabilities. *Journal of Vocational Rehabilitation*. 2022; 57(2):177-186.

<https://doi.org/10.3233/JVR-221208>

Havmose M, Thyssen JP, Zachariae C, Uter W, and Johansen JD. Occupational hand eczema reduces career length in hairdressers: a prospective cohort study of Danish hairdressers graduating from 1985 to 2007. Occupational & Environmental Medicine. 2022; 79(10):649-655.

<https://doi.org/10.1136/oemed-2022-108230>

Abstract: BACKGROUND: Occupational hand eczema (OHE) is common in hairdressers, and many leave the trade because of the disease. However, the exact impact of OHE on career length is unknown. OBJECTIVE: To assess the effect of OHE on career length and risk factors associated with leaving the trade because of OHE in hairdressers followed-up for up to 35 years. METHODS: A prospective cohort study of Danish hairdressers graduating between 1985 and 2007 (n=5219) was performed. A questionnaire was sent in 2009 and 2020. The Danish Labor Market Supplementary Pension Scheme provided information on affiliation to the hairdressing profession. Career length was assessed by Kaplan-Meier analyses. RESULTS: The median survival time was 12.0 (95% CI 11.0 to 13.0) years in graduates with OHE and 14.0 (95% CI 12.6 to 15.4) years in graduates without OHE (p<0.001). Graduates with a frequency of hand eczema (HE) of 'once', 'several times' and 'almost all the time' had a median survival time of 20.0 (95% CI 14.6 to 25.4), 12.0 (95% CI 10.7 to 13.3) and 7.0 (95% CI 5.6 to 8.4) years, respectively. Graduates with OHE that left the trade (partly) because of HE constituted 11.7% of the study population. Factors associated with leaving the trade because of HE included a history of atopic dermatitis (adjusted OR (aOR) 2.2 (95% CI 1.2 to 4.0)), a history of a positive patch test (aOR 5.1 (95% CI 2.3 to 11.0)) and allergy to hair dyes (aOR 9.4 (95% CI 3.4 to 25.6)). CONCLUSION: Career length is reduced in hairdressers with OHE, especially if frequently relapsing or caused by contact allergy, for example, to hair dyes

Jones H, Young M, Guyton K, Idemoto E, Ferraro A, and Alheresh R. Effectiveness of ergonomic interventions on work activity limitations in adults with rheumatoid arthritis: a systematic review. Work. 2022; 73(1):79-91.

<https://doi.org/10.3233/WOR-210016>

Abstract: BACKGROUND: Rheumatoid arthritis (RA) is one of the leading causes of work disability in the United States. Ergonomic interventions offer an individualized treatment approach, and when used in conjunction with pharmacological treatment interventions, may improve work outcomes and improve the overall quality of life for individuals with RA. OBJECTIVE: To identify the current body of evidence regarding the effectiveness of ergonomic interventions in reducing work activity limitations in adults with RA. METHODS: A systematic review was conducted to identify articles of ergonomic interventions targeting working adults with RA. The CONSolidated Standards of Reporting Trials (CONSORT) checklist and Non-Pharmacological Treatment (NPT) Extension evaluated the reporting quality of each randomized controlled trial (RCT), and the Grading of Recommendation Assessment, Development, and Evaluation (GRADE) evaluated the quality of the evidence. RESULTS: Six studies were identified and reviewed for the quality of their reporting on evidence related to work activity limitations. Sixty-six percent of the items on the CONSORT checklist were fully

reported by all studies and analysis through the GRADE framework demonstrated moderate confidence that the reported effects of ergonomic interventions on work activity limitations in the studies are accurate. This review revealed varied results for the effectiveness of ergonomic interventions on work activity limitations and at-work productivity. **CONCLUSION:** The results of this review indicate a need for further investigation. Future studies should focus on reviewing specific ergonomic interventions to determine the dosage needed to see results in reducing work activity limitations for working adults with RA

Lee Y, Seo E, and Lee W. Long working hours and the risk of glucose intolerance: a cohort study. International Journal of Environmental Research and Public Health. 2022; 19(18):11831.

<https://doi.org/10.3390/ijerph191811831> [open access]

Abstract: Long working hours have negative effects on the health of workers. Several studies have reported the association between long working hours and both diabetes and prediabetes. Therefore, we aimed to examine the temporal relationship between long working hours and glucose intolerance. Our cohort study collected data from 25,803 healthy male participants at baseline. To evaluate the risk of incident glucose intolerance, we estimated the hazard ratios (HRs) and 95% confidence intervals (CIs) using the Cox proportional hazards regression analyses. During 77,605.0 person-years of follow-up, 6741 participants developed glucose intolerance. Multivariable-adjusted HRs (95% CI) for weekly working 41-52 and >52 h compared with working 35-40 h, were 1.28 (1.17-1.40) and 2.80 (2.54-3.09), respectively. In the dose-response analyses, long working hours had a nearly linear relationship with the development of glucose intolerance across most working hours per week. The association between long working hours and incident glucose intolerance was stronger in the younger-age subgroups than in the older-age subgroups (p for interaction <0.001). Our large-scale cohort study demonstrated that long working hours were associated with incident glucose intolerance, with a dose-response relationship

Llorens-Serrano C, Salas-Nicas S, Navarro-Gine A, and Lluís SM. Delegation and consultation on operational and tactical issues: any difference in their potentialities for a healthier psychosocial work environment? American Journal of Industrial Medicine. 2022; 65(10):800-812.

<https://doi.org/10.1002/ajim.23414>

Abstract: Background: Despite the growing number of studies on direct participation labor-management practices, little is known about the role of their different discretionary degrees (delegation or consultation) and topics in their relationship with the psychosocial work environment by occupational groups. Methods: Cross-sectional study on the relationship between direct participation and work-related psychosocial risks (using COPSOQ-ISTAS21 v3) on a representative sample of the salaried and wage-earning employees in Spain (n = 1807). Prevalence ratios were calculated using adjusted Poisson regression models, controlling for 10 other labor-management practices, sex, and age, and stratified by occupational group.

Results: The use of direct participation was either associated consistently with a healthier psychosocial work environment (mostly in manual occupations, which presented twice as many positive associations as nonmanual occupations, and of greater strength, mostly in the control and social support dimensions) or there were no significant associations (mostly among nonmanual occupations and in relation to work pace). More frequent and stronger associations were observed when consultation and delegation were used in combination. If used separately, consultation achieved better results among manual occupations and delegation among nonmanual occupations. Direct participation topics were not important for results in manual occupations whereas results were better on tactical (vs. operational) issues in nonmanual occupations. Conclusions: Direct participation does not change power structure, but it may be a useful intervention at the company level to reduce work-related psychosocial exposures and associated diseases among workers in manual occupations, and consequently for decreasing occupational exposures and health inequalities.

Mathieu S, Ross V, Wardhani R, Brough P, Wishart D, Wen C, X, et al. Suicide among transport industry workers: a systematic review and meta-analysis. *Scandinavian Journal of Work, Environment & Health*. 2022; [epub ahead of print].

<https://doi.org/10.5271/sjweh.4059>

Abstract: OBJECTIVES: Working in high-stress and male-dominated occupations is associated with an elevated risk of suicide. The current study sought to conduct the first systematic literature review and meta-analysis aimed at determining suicide risk across the diverse, high pressure and male-dominated transport industry (commercial aviation, merchant seafaring, transit/driving) as compared to the general/employed population. METHODS: Searches of PubMed/Medline, Scopus and PsycINFO databases were conducted without date restriction until March 2021. Studies were included if they were written in English, were peer reviewed, and presented primary observational research data. Studies referring exclusively to suicidal ideation, suicide attempts, self-harm, and/or accidents were excluded. RESULTS: Following deletion of duplicates and non-English titles, a total of 4201 titles/abstracts were screened and 92 full-texts were read against inclusion/exclusion criteria. The final included sample consisted of 23 articles (16 used for meta-analysis). Results from the meta-analysis indicated that transport workers had a significantly elevated risk for suicide as compared to the general/employed population. Results were consistent across sensitivity analyses, and there was some variation across subgroup analyses. CONCLUSIONS: Overall, we found transport workers had a significantly higher risk for suicide than the general/employed population, and this appeared to be driven by the association for those working in merchant seafaring/maritime occupations. The findings are discussed in relation to an identified need for the development, implementation, and evaluation of tailored workplace suicide prevention strategies for transport industry workers

Pirdal BZ, Toplu FS, Esen BK, Aydin SN, Erginoz E, and Can G. An assessment on loss of workforce due to COVID-19 among healthcare personnel: a university hospital experience. *Work*. 2022; 73(1):59-67.

<https://doi.org/10.3233/WOR-211308>

Abstract: Background: Healthcare personnel are among the COVID-19 risk groups. For this reason, increased absence from work affects the loss of labor. Objective: This study aimed to evaluate the workforce loss amongst health personnel working in our hospital due to COVID-19 in a one-year period. Methods: Workforce loss of healthcare workers was assessed via absenteeism and life expectancy. Loss of workforce for COVID-19 PCR positive or PCR negative but CT findings compatible with COVID-19 and personnel with high-risk exposure for COVID-19 were determined with absenteeism. Healthcare personnel who passed away due to COVID-19 was determined with the consideration of the retirement age and expected life years. Results: Total lost time from work was 14635 days (excluding deaths). Loss of workforce rates resulting from COVID-19 positivity for male employees was greater in comparison to the results for females ($p = 0.018$). High-risk exposure of healthcare personnel working in clinical sciences was higher than those in other departments ($p < 0.001$). Total loss in workforce for 3 people passed away was 14 years 5 months, and total life expectancy was 64 years. Healthcare personnel under the age of 40 had less absenteeism than those over 40 years ($p < 0.001$). Conclusions: It was observed that all occupational groups working at the hospital were impacted by COVID-19. The two most important factors that influenced absenteeism were the reason for being affected (positivity and high risk) and age. Absenteeism and daily case tracing of healthcare personnel working on the frontlines will aid in both the pandemic control and management of workload for those left behind.

Rasanen T, Reiman A, Puolamaki K, Savvides R, Oikarinen E, and Lantto E. Finding statistically significant high accident counts in exploration of occupational accident data. *Journal of Safety Research*. 2022; 82:28-37.

<https://doi.org/10.1016/j.jsr.2022.04.003> [open access]

Abstract: INTRODUCTION: Finnish companies are legally required to insure their employees against occupational accidents. Insurance companies are then required to submit information about occupational accidents to the Finnish Workers' Compensation Center (TVK), which then publishes occupational accident statistics in Finland together with Statistics Finland. Our objective is to detect silent signals, by which we mean patterns in the data such as increased occupational accident frequencies for which there is initially only weak evidence, making their detection challenging. Detecting such patterns as early as possible is important, since there is often a cost associated with both reacting and not reacting: not reacting when an increased accident frequency is noted may lead to further accidents that could have been prevented. METHOD: In this work we use methods that allow us to detect silent signals in data sets and apply these methods in the analysis of real-world data sets related to important societal questions such as occupational accidents (using the national occupational accidents database). RESULTS: The traditional approach to determining whether an effect is random is

statistical significance testing. Here we formulate the described exploration workflow of contingency tables into a principled statistical testing framework that allows the user to query the significance of high accident frequencies. **CONCLUSIONS:** Our results show that we can use our iterative workflow to explore contingency tables and provide statistical guarantees for the observed frequencies. **PRACTICAL APPLICATIONS:** Our method is useful in finding useful information from contingency tables constructed from accident databases, with statistical guarantees, even when we do not have a clear a priori hypothesis to test

Ricci F and Bravo G. Live-action role playing for safety training: effectiveness evaluation in two Italian companies. *New Solutions*. 2022; 32(2):144-154.

<https://doi.org/10.1177/10482911221105785>

Abstract: Researchers, corporate decision-makers, government agencies, and international bodies want to know how to improve safety and limit the serious social and economic consequences of occupational injuries. Understanding how to deliver effective training is important to achieving this aim. Gamification is considered a new frontier in effective safety training. This study tested the use of gamification in safety training, considering two Italian companies that used a live-action role-play methodology called "PratiCARE la Sicurezza." Workers who were required by Italian law to receive safety training or retraining participated in a pre-post study. Collection of measures relating to knowledge, attitudes, behaviors, and perception of the health and safety climate took place at baseline and immediately after the intervention. Participants' average safety knowledge at the end of the training was significantly better than the initial level, indicating that the training improved workers' knowledge level

Salmon PM, Coventon L, and Read GJM. A systems analysis of work-related violence in hospitals: stakeholders, contributory factors, and leverage points. *Safety Science*. 2022; 156:105899.

<https://doi.org/10.1016/j.ssci.2022.105899>

World Health Organization. WHO guidelines on mental health at work. Geneva, Switzerland: World Health Organization; 2022.

<https://www.who.int/publications/i/item/9789240053052>

World Health Organization and International Labour Organization. Mental health at work: policy brief. Geneva, Switzerland: World Health Organization; International Labour Organization; 2022.

<https://www.who.int/publications/i/item/9789240057944>

Yin M, Pathak A, Lin D, and Dizdari N. Identifying racial differences in vocational rehabilitation services. Rehabilitation Counseling Bulletin. 2022; 66(1):13-24.
<https://doi.org/10.1177/00343552211048218>

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