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***Cashin AG, Wand BM, O'Connell NE, Lee H, Rizzo RR, Bagg MK, O'Hagan E, Maher CG, Furlan AD, et al. Pharmacological treatments for low back pain in adults: an overview of Cochrane Reviews. Cochrane Database of Systematic Reviews. 2023; 4(4):CD013815. <https://doi.org/10.1002/14651858.CD013815.pub2>**

Abstract: BACKGROUND: Pharmacological interventions are the most used treatment for low back pain (LBP). Use of evidence from systematic reviews of the effects of pharmacological interventions for LBP published in the Cochrane Library, is limited by lack of a comprehensive overview. OBJECTIVES: To summarise the evidence from Cochrane Reviews of the efficacy, effectiveness, and safety of systemic pharmacological interventions for adults with non-specific LBP. METHODS: The Cochrane Database of Systematic Reviews was searched from inception to 3 June 2021, to identify reviews of randomised controlled trials (RCTs) that investigated systemic pharmacological interventions for adults with non-specific LBP. Two authors independently assessed eligibility, extracted data, and assessed the quality of the reviews and certainty of the evidence using the AMSTAR 2 and GRADE tools. The review focused on placebo comparisons and the main outcomes were pain intensity, function, and safety. MAIN RESULTS: Seven Cochrane Reviews that included 103 studies (22,238 participants) were included. There is high confidence in the findings of five reviews, moderate confidence in one, and low confidence in the findings of another. The reviews reported data on six medicines or medicine classes: paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, benzodiazepines, opioids, and antidepressants. Three reviews included participants with acute or sub-acute LBP and five reviews included participants with

chronic LBP. Acute LBP Paracetamol There was high-certainty evidence for no evidence of difference between paracetamol and placebo for reducing pain intensity (MD 0.49 on a 0 to 100 scale (higher scores indicate worse pain), 95% CI -1.99 to 2.97), reducing disability (MD 0.05 on a 0 to 24 scale (higher scores indicate worse disability), 95% CI -0.50 to 0.60), and increasing the risk of adverse events (RR 1.07, 95% CI 0.86 to 1.33). NSAIDs There was moderate-certainty evidence for a small between-group difference favouring NSAIDs compared to placebo at reducing pain intensity (MD -7.29 on a 0 to 100 scale (higher scores indicate worse pain), 95% CI -10.98 to -3.61), high-certainty evidence for a small between-group difference for reducing disability (MD -2.02 on a 0-24 scale (higher scores indicate worse disability), 95% CI -2.89 to -1.15), and very low-certainty evidence for no evidence of an increased risk of adverse events (RR 0.86, 95% CI 0.63 to 1.18). Muscle relaxants and benzodiazepines There was moderate-certainty evidence for a small between-group difference favouring muscle relaxants compared to placebo for a higher chance of pain relief (RR 0.58, 95% CI 0.45 to 0.76), and higher chance of improving physical function (RR 0.55, 95% CI 0.40 to 0.77), and increased risk of adverse events (RR 1.50, 95% CI 1.14 to 1.98). Opioids None of the included Cochrane Reviews aimed to identify evidence for acute LBP. Antidepressants No evidence was identified by the included reviews for acute LBP. Chronic LBP Paracetamol No evidence was identified by the included reviews for chronic LBP. NSAIDs There was low-certainty evidence for a small between-group difference favouring NSAIDs compared to placebo for reducing pain intensity (MD -6.97 on a 0 to 100 scale (higher scores indicate worse pain), 95% CI -10.74 to -3.19), reducing disability (MD -0.85 on a 0-24 scale (higher scores indicate worse disability), 95% CI -1.30 to -0.40), and no evidence of an increased risk of adverse events (RR 1.04, 95% CI 0.92 to 1.17), all at intermediate-term follow-up (> 3 months and ≤12 months postintervention). Muscle relaxants and benzodiazepines There was low-certainty evidence for a small between-group difference favouring benzodiazepines compared to placebo for a higher chance of pain relief (RR 0.71, 95% CI 0.54 to 0.93), and low-certainty evidence for no evidence of difference between muscle relaxants and placebo in the risk of adverse events (RR 1.02, 95% CI 0.67 to 1.57). Opioids There was high-certainty evidence for a small between-group difference favouring tapentadol compared to placebo at reducing pain intensity (MD -8.00 on a 0 to 100 scale (higher scores indicate worse pain), 95% CI -1.22 to -0.38), moderate-certainty evidence for a small between-group difference favouring strong opioids for reducing pain intensity (SMD -0.43, 95% CI -0.52 to -0.33), low-certainty evidence for a medium between-group difference favouring tramadol for reducing pain intensity (SMD -0.55, 95% CI -0.66 to -0.44) and very low-certainty evidence for a small between-group difference favouring buprenorphine for reducing pain intensity (SMD -0.41, 95% CI -0.57 to -0.26). There was moderate-certainty evidence for a small between-group difference favouring strong opioids compared to placebo for reducing disability (SMD -0.26, 95% CI -0.37 to -0.15), moderate-certainty evidence for a small between-group difference favouring tramadol for reducing disability (SMD -0.18, 95% CI -0.29 to -0.07), and low-certainty evidence for a small between-group difference favouring

buprenorphine for reducing disability (SMD -0.14, 95% CI -0.53 to -0.25). There was low-certainty evidence for a small between-group difference for an increased risk of adverse events for opioids (all types) compared to placebo; nausea (RD 0.10, 95% CI 0.07 to 0.14), headaches (RD 0.03, 95% CI 0.01 to 0.05), constipation (RD 0.07, 95% CI 0.04 to 0.11), and dizziness (RD 0.08, 95% CI 0.05 to 0.11). Antidepressants There was low-certainty evidence for no evidence of difference for antidepressants (all types) compared to placebo for reducing pain intensity (SMD -0.04, 95% CI -0.25 to 0.17) and reducing disability (SMD -0.06, 95% CI -0.40 to 0.29). **AUTHORS' CONCLUSIONS:** We found no high- or moderate-certainty evidence that any investigated pharmacological intervention provided a large or medium effect on pain intensity for acute or chronic LBP compared to placebo. For acute LBP, we found moderate-certainty evidence that NSAIDs and muscle relaxants may provide a small effect on pain, and high-certainty evidence for no evidence of difference between paracetamol and placebo. For safety, we found very low- and high-certainty evidence for no evidence of difference with NSAIDs and paracetamol compared to placebo for the risk of adverse events, and moderate-certainty evidence that muscle relaxants may increase the risk of adverse events. For chronic LBP, we found low-certainty evidence that NSAIDs and very low- to high-certainty evidence that opioids may provide a small effect on pain. For safety, we found low-certainty evidence for no evidence of difference between NSAIDs and placebo for the risk of adverse events, and low-certainty evidence that opioids may increase the risk of adverse events

Ameri M, Kruse D, Park SR, Rodgers Y, and Schur L. Telework during the pandemic: patterns, challenges, and opportunities for people with disabilities. *Disability and Health Journal*. 2023; 16(2):101406.

<https://doi.org/10.1016/j.dhjo.2022.101406>

Abstract: **BACKGROUND:** Telework has benefits for many people with disabilities. The pandemic may create new employment opportunities for people with disabilities by increasing employer acceptance of telework, but this crucially depends on the occupational structure. **OBJECTIVE:** We compare people with and without disabilities in the expansion of telework as the pandemic began, and the evolution of telework during the pandemic. **METHODS:** We use U.S. data from the American Community Survey from 2008 to 2020 and the Current Population Survey over May 2020 to April 2022 period. Prevalence and trends are analyzed using linear probability and multinomial logit regressions. **RESULTS:** While workers with disabilities were more likely than those without disabilities to telework before the pandemic, they were less likely to telework during the pandemic. The occupational distribution accounts for most of this difference. Tight labor markets, as measured by state unemployment rates, particularly favor people with disabilities obtaining telework jobs. While people with cognitive/mental health and mobility impairments were the most likely to telework during the pandemic, tight labor markets especially favored the expansion of telework for people with vision impairments and difficulty with daily activities inside the home. **CONCLUSIONS:** Many people with disabilities benefit from working at home, and the

pandemic has increased employer acceptance of telework, but the current occupational distribution limits this potential. Tighter labor markets during the recovery offer hope that employers will increasingly hire people with disabilities in both telework and non-telework jobs

Arvidsson L, Skytt B, Lindberg M, and Lindberg M. Nurses' assessed self-efficacy levels to medical asepsis and their relation to structural empowerment, work engagement and work-related stress. *Work*. 2023; 74(2):501-513.

<https://doi.org/10.3233/WOR-211305> [open access]

Abstract: BACKGROUND: Nurses' working conditions are important for their well-being at work and for their ability to provide patients with safe care. Self-efficacy can influence employees' behaviour at work. Therefore, it is valuable to study self-efficacy levels to medical asepsis in relation to working conditions. OBJECTIVE: To investigate the relationship between nurses' assessed self-efficacy levels to medical asepsis in care situations and structural empowerment, work engagement and work-related stress. METHODS: A cross-sectional study with a correlational design was conducted. A total of 417 registered nurses and licensed practical nurses at surgical and orthopaedic units responded to a questionnaire containing: the Infection Prevention Appraisal Scale, the Conditions of Work Effectiveness Questionnaire-II, the Utrecht Work Engagement Scale-9 and the Health & Safety Executive Management Standards Indicator Tool. Correlational analyses and group comparisons were performed. RESULTS: The nurses rated high levels of self-efficacy to medical asepsis in care situations. The correlational analyses revealed that correlation coefficients between structural empowerment, work engagement, work-related stress and self-efficacy to medical asepsis were 0.254-0.268. Significant differences in self-efficacy were found in the grouped working conditions. CONCLUSIONS: This study revealed that nurses rated high self-efficacy levels to medical asepsis and, to some extent, this seemed related to structural empowerment, work engagement and work-related stress. This valuable knowledge could enable improvements at the managerial and organisational levels, benefiting both nurses and patients in the long run

Chen WC and Yang HY. Relationship of long working hours and night shift working hours with incident diabetes: a retrospective cohort study in Taiwan. *Annals of Epidemiology*. 2023; 80:9-15.

<https://doi.org/10.1016/j.annepidem.2023.01.013>

Abstract: Purpose: The relationship among long working hours, night shift working hours, and diabetes is still unclear. We aimed to evaluate the association of long working hours and night shift working hours with diabetes among health care workers. Methods: We conducted a retrospective cohort study among health care workers in a tertiary medical center in Taiwan from 2002 to 2019. We compared the risk of diabetes among tertiles of total working hours (35-41, 42-45, and =46 h per week) and evaluated the relationship between long working hours and diabetes risk. We divided participants into three work patterns: day work

only, evening shift workers, and night shift workers. In night shift workers, we further evaluated night shift working hours and incident diabetes using tertiles of night shift working hours (<17, 17-45, and =46 h per month). We estimated hazard ratios and 95% confidence intervals for incident diabetes using multivariable Cox proportional hazards models. Results: The study included 7081 participants. There were 301 incident cases of diabetes during 52,454 person-years. The adjusted hazard ratio (95% confidence interval) for participants who worked greater than or equal to 46 working hours per week was 3.45 (1.27, 9.39) compared with those who worked 35-41 hours. Compared with night shift workers who worked less than 17 h, the adjusted hazard ratios (95% confidence interval) for those who worked 17-45 and =46 night shift working hours per month were 2.26 (1.08, 4.75) and 2.60 (1.27, 5.33), respectively. Conclusions: Long working hours and night shift working hours increased the risk of diabetes.

Damen JA, Heus P, Lamberink HJ, Tijdink JK, Bouter L, Glasziou P, et al. Indicators of questionable research practices were identified in 163,129 randomized controlled trials. *Journal of Clinical Epidemiology*. 2023; 154:23-32.

<https://doi.org/10.1016/j.jclinepi.2022.11.020> [open access]

Abstract: Objectives: To explore indicators of the following questionable research practices (QRPs) in randomized controlled trials (RCTs): (1) risk of bias in four domains (random sequence generation, allocation concealment, blinding of participants and personnel, and blinding of outcome assessment); (2) modifications in primary outcomes that were registered in trial registration records (proxy for selective reporting bias); (3) ratio of the achieved to planned sample sizes; and (4) statistical discrepancy. Study design and setting: Full texts of all human RCTs published in PubMed in 1996-2017 were automatically identified and information was collected automatically. Potential indicators of QRPs included author-specific, publication-specific, and journal-specific characteristics. Beta, logistic, and linear regression models were used to identify associations between these potential indicators and QRPs. Results: We included 163,129 RCT publications. The median probability of bias assessed using Robot Reviewer software ranged between 43% and 63% for the four risk of bias domains. A more recent publication year, trial registration, mentioning of CONSolidated Standards Of Reporting Trials-checklist, and a higher journal impact factor were consistently associated with a lower risk of QRPs. Conclusion: This comprehensive analysis provides an insight into indicators of QRPs. Researchers should be aware that certain characteristics of the author team and publication are associated with a higher risk of QRPs.

Gray SE, Di Donato M, Sheehan LR, Iles R, and Collie A. The prevalence of mental health service use in Australian workers with accepted workers' compensation claims for low back pain: a retrospective cohort study. *Journal of Occupational Rehabilitation*. 2023; [epub ahead of print].+

<https://doi.org/10.1007/s10926-023-10098-3>

Abstract: PURPOSE: Low back pain (LBP) is a leading cause of disability globally and interferes

with work performance and quality of life. For work-related LBP, Australian workers can receive workers' compensation and access funded healthcare to promote recovery, including mental health services, as there are strong links between chronic LBP and mental health. The objective of this study was to determine the prevalence of funded mental health services for workers with compensated LBP. METHODS: Claims and services data from four Australian workers' compensation jurisdictions were analysed. Prevalence of accessing at least one mental health service was reported as a percentage of all claims overall and by duration of time loss, age group, sex, financial year of claim lodgement, jurisdiction, socioeconomic status and remoteness. Odds of accessing at least one service was determined using logistic regression. RESULTS: Almost 10% of LBP claims accessed at least one mental health service (9.7%) with prevalence increasing with time loss. Prevalence was highest in Victoria however a higher percentage of workers with LBP accessed mental health services earlier in Queensland. Odds of accessing services was highest with longest time loss duration, among females and in Queensland. Lower odds were observed in regional areas and among those aged over 56 years. CONCLUSION: Findings suggest opportunities for workers' compensation regulators and insurers to provide greater access to appropriate mental health services alongside physical treatment as standard practice, such as those in more remote locations or earlier in a claim, to improve recovery outcomes for workers with LBP

de Groot S, Veldman K, Amick BC, and Bultmann U. Single and cumulative exposure to psychosocial work conditions and mental health among young adults. *European Journal of Public Health*. 2023; 33(2):257-263.

<https://doi.org/10.1093/eurpub/ckad015> [open access]

Abstract: BACKGROUND: The consequences of a single point-in-time compared to cumulative exposure to psychosocial work conditions (PWCs) for young adults' mental health have received relatively little attention. This study investigates (i) the associations between single and cumulative exposure to adverse PWCs at ages 22 and 26 with mental health problems (MHPs) among young adults at age 29 and (ii) the effect of early life MHPs on MHPs at age 29. METHODS: Data were used from 362 participants in the TRacking Adolescents' Individual Lives Survey (TRAILS), a Dutch prospective cohort study with 18-year follow-up. PWCs were assessed at ages 22 and 26 with the Copenhagen Psychosocial Questionnaire. Internalizing (i.e. depressive and somatic complaints, anxiety) and externalizing MHPs (i.e. aggressive and rule-breaking behaviour) were measured by the Youth/Adult Self-Report at ages 11, 13, 16, 19, 22 and 29. Regression analyses were conducted to examine the associations between single and cumulative exposure to PWCs and MHPs. RESULTS: Single exposure to high work demands at ages 22 or 26 and high-strain jobs at age 22 were associated with internalizing problems at age 29; the association attenuated after adjustment for early life internalizing problems but remained significant. No associations were found between cumulative exposures and internalizing problems. No associations were found between single or cumulative exposures to PWCs and externalizing problems at age 29. CONCLUSIONS: In view

of the mental health burden in working populations our findings call for early implementation of programmes targeting both work demands and MHPs to keep young adults working

Hurri H, Vanni T, Muttonen E, Russo F, Iavicoli S, and Ristolainen L. Functional tests predicting return to work of workers with non-specific low back pain: are there any validated and usable functional tests for occupational health services in everyday practice? A systematic review. International Journal of Environmental Research and Public Health. 2023; 20(6):5188.

<https://doi.org/10.3390/ijerph20065188> [open access]

Abstract: The literature predominantly advocates subjective perception of disability and pain as an outcome measure for the functional evaluation of patients with low back pain (LBP). Physical outcome measurements are almost completely ignored. In this systematic review, we focused on physical functional measurements that can contribute to the prediction of patients' return to work (RTW) readiness after sick leave or rehabilitation. Searches were conducted in July 2022 without any time limit in the Cochrane Library, PEDro, PubMed and Scopus databases for functional and clinical tests reliable and applicable in clinical practice without demanding equipment. Two independent researchers extracted the data from the included articles in a standardised data collection form, and a third researcher validated the data extraction. No date restriction was applied. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines in conducting the review. We found seven original articles, including six with an impact on predicting RTW. We found four fair and three poor original studies fulfilling our criteria. We found the Back Performance Scale (BPS) and back endurance test to be the most promising tests for occupational health service and the clinical practitioner. Radiation of back pain, with or without neurological deficiencies, had some predictive value in terms of RTW, too. The working conditions vary a lot, which causes inconsistency in the studies and in their interpretation. Functional tests could complete the widely used working ability evaluations methods such as the Work Ability Index (WAI) and are worth considering for future research. Overall, more research is needed in this field. The question of when LBP patients can resume everyday activities and work is not possible to determine with functional tests alone. Psychosocial aspects and work demands must be considered. PROSPERO: CRD42022353955. The study was funded by the University of Helsinki

Johnson AL, Anderson JM, Bouvette M, Pinero I, Rauh S, Johnson B, et al. Clinical trial data-sharing policies among journals, funding agencies, foundations, and other professional organizations: a scoping review. Journal of Clinical Epidemiology. 2023; 154:42-55.

<https://doi.org/10.1016/j.jclinepi.2022.11.009>

Abstract: BACKGROUND AND OBJECTIVES: To identify the similarities and differences in data-sharing policies for clinical trial data that are endorsed by biomedical journals, funding agencies, and other professional organizations. Additionally, to determine the beliefs, and opinions regarding data-sharing policies for clinical trials discussed in articles published in

biomedical journals. METHODS: Two searches were conducted, a bibliographic search for published articles that present beliefs, opinions, similarities, and differences regarding policies governing the sharing of clinical trial data. The second search analyzed the gray literature (non-peer-reviewed publications) to identify important data-sharing policies in selected biomedical journals, foundations, funding agencies, and other professional organizations. RESULTS: A total of 471 articles were included after database search and screening, with 45 from the bibliographic search and 426 from the gray literature search. A total of 424 data-sharing policies were included. Fourteen of the 45 published articles from the bibliographic search (31.1%) discussed only advantages specific to data-sharing policies, 27 (27/45; 60%) discussed both advantages and disadvantages, and 4 (4/45; 8.9%) discussed only disadvantages specific. A total of 216 journals (of 270; 80%) specified a data-sharing policy provided by the journal itself. One hundred industry data-sharing policies were included, and 32 (32%) referenced a data-sharing policy on their website. One hundred and thirty-six (42%) organizations (of 327) specified a data-sharing policy. CONCLUSION: We found many similarities listed as advantages to data-sharing and fewer disadvantages were discussed within the literature. Additionally, we found a wide variety of commonalities and differences-such as the lack of standardization between policies, and inadequately addressed details regarding the accessibility of research data-that exist in data-sharing policies endorsed by biomedical journals, funding agencies, and other professional organizations. Our study may not include information on all data sharing policies and our data is limited to the entities' descriptions of each policy

Lu P, Kezios K, Milazzo F, Jawadekar N, Shelley M, and Zeki Al Hazzouri A. Racial differences in employment and poverty histories and health in older age. American Journal of Preventive Medicine. 2023; 64(4):543-551.

<https://doi.org/10.1016/j.amepre.2022.10.018>

Abstract: Introduction: Black Americans encounter more barriers in the job market and earn less than White Americans. However, the extent to which racial disparities in employment and poverty histories impact health is not fully understood. This study characterized employment-poverty histories for Black and White middle-aged adults and examined their association with health. Methods: Respondents born in 1948-1953 and enrolled in the 2004 Health and Retirement Study (NBlack=555, NWhite=2,209) were included. Sequence analysis grouped respondents with similar employment-poverty trajectories from 2004 to 2016, and confounder-adjusted regression analyses estimated the associations between these trajectories and health in 2018. Analyses were conducted in 2021-2022. Results: More than 23% of Black respondents experienced both employment and poverty fluctuations, including bouts of extreme poverty (<50% of the federal poverty threshold), whereas no trajectory for White respondents included extreme poverty. Adversities in employment-poverty were associated with worse health. For example, among Black respondents, those who experienced both employment and poverty fluctuations had worse cognition than those employed and not poor ($\beta = -0.55$ standardized units, 95% CI= -0.81, -0.30). Similarly, among

White respondents, those who experienced employment fluctuations had worse cognition than those employed ($\beta = -0.35$, 95% CI = -0.46, -0.24). Notably, the employed and not poor trajectory was associated with worse survival among Black respondents than among White respondents. Conclusions: Employment fluctuations were associated with worse health, especially cognitive function, where the association was stronger among Black Americans who experienced both employment fluctuations and poverty. Findings highlight the importance of enhancing employment stability and of antipoverty programs, especially for Black Americans.

Marti AR, Degerud E, and Sterud T. Work-life interference and physician-certified sick leave: a prospective study of a general working population. *European Journal of Public Health*. 2023; 33(1):69-73.

<https://doi.org/10.1093/eurpub/ckac149> [open access]

Abstract: Background: Work-life interference has been associated with adverse health outcomes. Here, we quantify the association between work-life interference and subsequent sick leave. Methods: Respondents from a randomly drawn cohort of the general working Norwegian population were interviewed in 2009, 2013 and/or 2016. Mixed-effects logistic regression models were used to assess prospective associations of self-reported work-life interference and risk of subsequent physician-certified sick leave of 1-16 days (low-level) and >16 days (high-level) in strata of men and women. To quantify the importance of work-life interference as risk factors for sick leave, we estimated the population attributable risk (PAR). Results: Both low- and high-level sick leave were most prevalent among women while the prevalence of work-life interference was similar between sexes. Risk of sick leave was higher among women reporting work-life interference sometimes or often in comparison with seldom or never {low- and high-level sick leave odds ratio (OR) = 1.21 [95% confidence interval (CI) = 1.07-1.37] and 1.30 (95% CI = 1.14-1.49), respectively}. The associations for high-level sick leave progressively increased with the level of work-life interference [highest OR = 1.44 (95% CI = 1.19-1.75)]. In men, there was no consistent higher risk of sick leave according to more frequent work-life interference [low- and high-level sick leave OR = 1.00 (95% CI = 0.87-1.14) and 0.98 (95% CI = 0.84-1.16), respectively], but the risk of high-level sick leave tended to be higher among men reporting work-life interference often (OR = 1.21, 95% CI = 0.98-1.50). Estimating PAR, 6.69% (95% CI = 1.52-11.74) of low-level and 9.94% (95% CI = 4.22-15.45) of high-level sick leave could be attributed to work-life interference among women. Conclusions: Self-reported work-life interference was associated with a higher risk of sick leave, with the most consistent results among women.

Pulignano V, Dean D, Domecka M, and Vermeerbergen L. How state influence on project work organization both drives and mitigates gendered precarity in cultural and creative industries. *British Journal of Industrial Relations*. 2023; 61(2):313-335.

<https://doi.org/10.1111/bjir.12737>

Rhodes S, Beale S, Wilkinson J, van Veldhoven K, Basinas I, Mueller W, et al. Exploring the relationship between job characteristics and infection: application of a COVID-19 job exposure matrix to SARS-CoV-2 infection data in the United Kingdom. *Scandinavian Journal of Work, Environment & Health*. 2023; 49(3):171-181.

<https://doi.org/10.5271/sjweh.4076> [open access]

Abstract: OBJECTIVE: This study aimed to assess whether workplace exposures as estimated via a COVID-19 job exposure matrix (JEM) are associated with SARS-CoV-2 in the UK. **METHODS:** Data on 244 470 participants were available from the Office for National Statistics Coronavirus Infection Survey (CIS) and 16 801 participants from the Virus Watch Cohort, restricted to workers aged 20-64 years. Analysis used logistic regression models with SARS-CoV-2 as the dependent variable for eight individual JEM domains (number of workers, nature of contacts, contact via surfaces, indoor or outdoor location, ability to social distance, use of face covering, job insecurity, and migrant workers) with adjustment for age, sex, ethnicity, index of multiple deprivation (IMD), region, household size, urban versus rural area, and health conditions. Analyses were repeated for three time periods (i) February 2020 (Virus Watch)/April 2020 (CIS) to May 2021, (ii) June 2021 to November 2021, and (iii) December 2021 to January 2022. **RESULTS:** Overall, higher risk classifications for the first six domains tended to be associated with an increased risk of infection, with little evidence of a relationship for domains relating to proportion of workers with job insecurity or migrant workers. By time there was a clear exposure-response relationship for these domains in the first period only. Results were largely consistent across the two UK cohorts. **CONCLUSIONS:** An exposure-response relationship exists in the early phase of the COVID-19 pandemic for number of contacts, nature of contacts, contacts via surfaces, indoor or outdoor location, ability to social distance and use of face coverings. These associations appear to have diminished over time

Siegrist J and Bollmann U. Promoting good and sustainable work in occupational health education. *Occupational Medicine*. 2023; 73(2):61-65.

<https://doi.org/10.1093/occmed/kqac018>

Abstract: BACKGROUND: The world of work is facing severe challenges due to rapid technological change, globalization, climate change and, more recently, the Covid-19 pandemic. Occupational health professionals must deal with these challenges, but it is unclear how well they have been prepared for this task by their academic training programmes. AIMS: To explore content and learning objectives related to these challenges in the curricula of Occupational Medicine (OM) and Occupational Safety, Industrial Hygiene and Ergonomics (OSH), we conducted an online survey among academic leaders of these

programmes in universities of several European countries. In addition, related programmes in Human Resource Management (HRM) training were included. METHODS: Selected study programmes were explored in terms of the main topics and learning objectives related to the challenges for promoting good and sustainable work in universities in Europe. The study programmes were identified through contacts with professional associations and a website search. Given the exploratory, non-representative study design, data analysis was limited to description. RESULTS: OM and OSH programmes addressed the above challenges to a very limited extent, except for their disciplinary approach to work-related diseases and injuries. In contrast, HRM programmes were dealing more extensively with globalization, climate change and digitisation. CONCLUSIONS: Significant limitations of knowledge and competences in dealing with the key challenges of the modern world of work were identified. More relational, ethical and interdisciplinary learning is needed in these programmes, addressing core issues of today's world of work

Stynen D, Houkes I, van Amelsvoort L, Jansen N, and Kant I. Opportunities, barriers and facilitators of an indicated prevention strategy to prevent future long-term sickness absence in SMEs: a qualitative study. *Work*. 2023; 74(3):871-889.

<https://doi.org/10.3233/WOR-210282>

Abstract: Background: The efficacy of an indicated prevention strategy for long-term absence due to sickness has been demonstrated and is implemented in multinational companies. Such a strategy may also be beneficial for small and medium-sized enterprises (SMEs). However, due to the different contexts, adoption, and implementation of this strategy in SMEs may be quite different. Objective: This study aims to investigate the opportunities, barriers, and facilitators for adoption and implementation of this preventive strategy, as anticipated by employers and employees of SMEs. Methods: A qualitative needs assessment was conducted using semi-structured interviews with higher managers (n = 15) and a focus group with employees (n = 8). Purposive sampling was used, and data were analyzed using content analysis. Results: Employers had positive expectations concerning the gains of the preventive strategy, whereas employees had more reservations. Anticipated gains and intentions to implement the preventive strategy were rooted in underlying conceptions of the causes of sickness absence and the responsibilities of stakeholders. One key barrier shared across employers and employees concerned the potential lack of confidentiality. For employees, the role of the occupational health professional in the prevention of sickness absence was perceived as uncommon. Employers stressed lack of capacity and resources as a barrier, whereas employees stressed lack of follow-up by the employer as a barrier. Conclusions: SMEs are considerably receptive to the implementation of an indicated prevention strategy for long-term absence. Insight into the barriers and facilitators gives clues for wider and optimal implementation across a wider range of organizational settings.

Weziak-Bialowolska D, Lee MT, Cowden RG, Bialowolski P, Chen Y, VanderWeele TJ, et al. Psychological caring climate at work, mental health, well-being, and work-related outcomes: evidence from a longitudinal study and health insurance data. *Social Science & Medicine*. 2023; 323:115841.

<https://doi.org/10.1016/j.socscimed.2023.115841> [open access]

Abstract: Psychological climate for caring (PCC) is a psychosocial factor associated with individual work outcomes and employee well-being. Evidence on the impacts of various psychological climates at work is based mostly on self-reported health measures and cross-sectional data. We provide longitudinal evidence on the associations of PCC with subsequent diagnosed depression and anxiety, subjective well-being, and self-reported work outcomes. Employees of a US organization with a worker well-being program provided data for the analysis. Longitudinal survey data merged with data from personnel files and health insurance claims records comprising medical information on diagnosis of depression and anxiety were used to regress each outcome on PCC at baseline, adjusting for prior values of all outcomes and other covariates. PCC was found to be associated with lower odds of subsequent diagnosed depression, an increase in overall well-being, mental health, physical health, social connectedness, and financial security, as well as a decrease in distraction at work, an increase in productivity/engagement and possibly in job satisfaction. There was little evidence of associations between PCC and subsequent diagnosed anxiety, character strengths, and work-family conflict. Work policies focused on improving PCC may create a promising pathway to promoting employee health and well-being as well as improving work-related outcomes

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