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

**\*Jessiman-Perreault G, Smith PM, Thompson A, and Gignac MAM. The relationship between meeting workplace accommodation needs and job disruptions among Canadians working with disabilities: a cross-sectional analysis. *Journal of Occupational and Environmental Medicine*. 2025; 67(1):e54-e60.**

<https://doi.org/10.1097/JOM.0000000000003262> [open access]

Abstract: OBJECTIVE: This research explores whether having accommodation needs met reduces job disruptions. METHODS: A cross-sectional survey (n = 955) of Canadians working with physical and/or mental/cognitive disabilities was used to assess the association between having workplace accommodations (ie, flexibility, modifications) needs met and four types of job disruptions. Analyses used marginal effects models to adjust for demographic and work context variables. RESULTS: Participants with work modification needs met had a 7.7% decrease in lost work time. Participants with workplace flexibility needs met had a 9.9% increase in lost work time. Having workplace flexibility or modification needs met were not associated with the other job disruption outcomes. CONCLUSIONS: Modifications may help to reduce lost work time for workers with disabilities. Flexibility may increase lost time, which is explained by it enabling workers to attend to personal needs during working hours

**Abasilim C, Shannon B, Ogungbe O, McCoy KE, Forst L, and Friedman LS. Association between employment factors and prevalence of cardiovascular disease in US law enforcement workers: the National Health Interview Survey, 2006-2018. *American Journal of Industrial Medicine*. 2025; 68(1):53-67.**

<https://doi.org/10.1002/ajim.23674> [open access]

Abstract: Background: Law enforcement workers face a higher risk of cardiovascular disease (CVD),

however, employment factors impacting CVD remain systematically understudied, particularly in a national US sample. We describe temporal trends in prevalent CVD including coronary heart disease (CHD), angina, myocardial infarction (MI) and other heart disease; and investigate associations of select employment factors with CVD among law enforcement workers using the National Health Interview Survey (NHIS) from 2006 to 2018. Methods: We analyzed prevalent CVD in law enforcement workers employed in local, state, and federal establishments using the NHIS, a nationally representative sample of US workers. We estimated odds ratios (OR [95% confidence interval, CI]) of CVD in relation to employment factors using survey-weighted multivariable logistic regression models adjusted for sociodemographic and traditional CVD risk factors. Results: Among 2177 law enforcement workers, mean age 46 years, 19% female, prevalence of CVD was higher among disabled (OR = 5.37; 95% CI: 2.53, 11.38 for aggregate CVD outcome) and retired (OR = 2.14; 95% CI: 1.18, 3.88 for aggregate CVD outcome) workers compared to currently employed workers. Workers employed in smaller (1-24 employees) or larger ( $\geq 500$  employees) departments and those with tenure  $> 20$  years also demonstrated higher prevalence odds of select CVD outcomes. Although not statistically significant, higher prevalence odds across CVD outcomes were observed in local government employees, hourly paid workers, and workers with 10-19 years of tenure. Conclusions: Our study highlights that select employment factors, some previously underexplored, may be associated with prevalent CVD in law enforcement workers. Leveraging national surveys and worker cohorts to enhance surveillance of identified groups in this high-risk population could help elucidate the role of employment on CVD development and inform workplace interventions.

**Cardoso B, Mateus C, Magalhaes R, and Rodrigues MA. Ergonomic intervention program for office workers: a case study about its effect in Computer Vision Syndrome and musculoskeletal discomfort. *Ergonomics*. 2025; 68(1):51-62.**

<https://doi.org/10.1080/00140139.2023.2288543>

Abstract: This study aims to develop and implement an ergonomic intervention program at the workplace of knowledge workers, and to evaluate its impact on the reduction of Computer Vision Syndrome (CVS) and musculoskeletal symptoms. 84 workers were part of the study (mean age  $43.2 \pm 9.7$  years). The intervention included training, delivery of a packaging of artificial tears, and adjustments in workstations. It was conducted intensively along 6 weeks. Data was collected on-site, with questionnaires administered pre-intervention, 2 months after, and 4 months after. Participants exhibited behavioural changes, especially in workplace adjustments and visual rest. By the intervention's end, over 90% had correctly adjusted screens and adopted appropriate postures, while 42.7% adhered to the 20x20x20 rule. CVS severity and prevalence decreased, but not significantly across the three time points. Significant improvements were observed in upper back and neck musculoskeletal symptoms at the end of workdays. Findings suggest that an ergonomic intervention program can benefit employees by reducing visual and musculoskeletal symptoms.

**Das N, Majumdar IK, Agius PA, Lee P, Robinson S, and Gao L. Absenteeism and presenteeism among caregivers of chronic diseases: a systematic review and meta-analysis. *Social Science & Medicine*. 2024; 363:117375.**

<https://doi.org/10.1016/j.socscimed.2024.117375> [open access]

Abstract: Introduction: Productivity-adjusted life-year (PALY) is a relatively new measure for quantifying the impact of disease on productivity. This study aims to systematically review the

productivity factors such as absenteeism and presenteeism among informal caregivers of patients with a wide range of chronic health conditions to inform the PALY quantifications. Method: A literature search across MEDLINE, Embase, EconLIT, PsychInfo, and CINAHL identified 3578 studies from which a final 23 studies were included in the analysis. To explore the pooled estimate of caregiver absenteeism/presenteeism across diseases and possible drivers, a meta-analysis and meta-regression were conducted using studies where relevant data was available. Result: The pooled proportion for absenteeism, presenteeism, and work productivity loss (WPL) was 14% (95% Confidence Interval [CI]:9-19%; I2 = 96.3%), 32% (95% CI:22-42%; I2 = 98.0%) and 44% (95% CI:35-53%; I2 = 95.4%) respectively with a high a level of heterogeneity. Factors such as the disease type, and disease severity can influence the caregivers' work productivity. Conclusion: The data derived in this study will enable the derivation of productivity indices to estimate PALY among caregivers. Future studies can explore the work productivity impact among caregivers of patients with other chronic conditions where they have a significant role but are unexplored, and severity-wise studies in conditions such as stroke and dementia to understand the caregivers' societal productivity impact.

**Gates T, Scott B, Merlo K, Charles D, Dunn E, Miklaszewski C, et al. Occupational burnout: Florida public health workforce during the COVID-19 pandemic. *Journal of Occupational and Environmental Medicine*. 2024; 66(12):1000-1008.**

<https://doi.org/10.1097/JOM.0000000000003244>

Abstract: OBJECTIVE: Florida's public health workforce faced unprecedented challenges during the compounding COVID-19 pandemic and record-setting hurricane seasons. The objective of this study was to understand burnout within this essential workforce and identify strategies to better support them. METHODS: A cross-sectional survey addressing burnout, job satisfaction, turnover intention, job demands, job resources, and organizational support in 2021 was completed by 891 Florida Department of Health workers and analyzed by the research team. RESULTS: Approximately half of the respondents reported experiencing burnout, which is linked to job dissatisfaction and turnover intention. Strategies to effectively support and retain this essential workforce include improving staffing, salaries, flexibility, trainings, resources, and leadership. CONCLUSIONS: As infectious disease outbreaks and extreme weather events continue to occur, effectively supporting the public health workforce is critical to protecting and promoting the health and well-being of all Floridians

**Hendricks KJ, Hendricks SA, and Marsh SM. Workplace injury and death: a national overview of changing trends by sex, United States 1998-2022. *American Journal of Industrial Medicine*. 2024; [epub ahead of print].**

<https://doi.org/10.1002/ajim.23687>

Abstract: Women represent a substantial portion of the US workforce. However, injury and fatality rates for female workers have, historically, remained lower than rates for male workers. Fatal occupational data from the Census of Fatal Occupational Injuries (CFOI) and nonfatal injury data from the National Electronic Injury Surveillance System-Occupational Supplement (NEISS-Work) for the years 1998-2022 were examined to produce rate ratios of male to female fatal and nonfatal occupational injury rates for all workers in the United States. Auto-regressive linear models were developed to analyze rate ratios by sex for fatal and nonfatal occupational injuries by age group, injury event, and select industries to determine if female occupational fatal and nonfatal injury rates were following trends comparable to male rates. Over the 25-year study period, male injury and

fatality rates were consistently higher than females. Occupational fatality rates for males were more than nine times higher than female rates, and for nonfatal occupational injuries, male rates were 1.4 times higher than female rates. These analyses indicate that the differences in nonfatal injury rates by sex may be attenuating, however, the large gap by sex in workplace fatalities has remained unchanged. Occupational safety and health research with a more specific focus on these sex differences is needed to gain a clearer understanding of how sex differences affect hiring, job training, task assignment and completion, and injury risk, to identify areas where prevention efforts could be most successful

**Kaboth A, Hunefeld L, and Himmelreicher R. Employment in low-skilled jobs as trigger and consequence of poor health: a longitudinal perspective from Germany. *European Journal of Public Health*. 2024; 34(6):1052-1058.**

<https://doi.org/10.1093/eurpub/ckae157> [open access]

Abstract: Despite evidence of correlations between low-skilled jobs and poor health, the longitudinal perspective on this research topic has been neglected in Germany for decades. Therefore, we investigate (i) the causal relationship between accumulated employment in low- or medium-skilled jobs on self-rated health and (ii) the selective association of self-rated health on transitions from medium- to low-skilled jobs. About 26313 dependent employees and persons aged 25-50 from 2010 to 2020 in the German Socio-Economic Panel were included. Linear fixed-effects models were used to analyse the impact of accumulated employment in low- or medium-skilled jobs on self-rated health. Linear probability models with fixed effects were calculated to identify the effect of self-rated health on transitions between low- and medium-skilled jobs. Accumulated employment in low-skilled jobs impacts self-rated health significantly. There is no confirmation for accumulated employment in medium-skilled jobs concerning health. Poor self-rated health increases the probability of transitioning from medium- to low-skilled jobs but does not impact the reverse transition. Poor self-rated health can push employees into low-skilled jobs. Against the background of extended working lives and preserving the labour force potential, there is a need for action and research concerning employees in low-skilled jobs

**Khoshakhlagh AH, Sulaie SA, Cousins R, Yazdanirad S, and Laal F. Understanding the effect of occupational stress on sleep quality in firefighters: the modulating role of depression and burnout. *International Archives of Occupational & Environmental Health*. 2024; 97(9):1007-1016.**

<https://doi.org/10.1007/s00420-024-02104-9> [open access]

Abstract: OBJECTIVES: Sleep quality of firefighters can be negatively affected by occupational stressors. A cross-sectional investigation was conducted to understand how work-related stress, post-traumatic stress, burnout and depression collectively contribute to sleep quality. METHODS: Professional firefighters in Northern Iran completed a survey comprised of demographic information, the Pittsburgh Sleep Quality Index, HSE's Stress Indicator Tool, the Posttraumatic Stress Disorder Checklist, Maslach's Burnout Inventory, and the Beck Depression Inventory during a work rest break. Data were analysed using structural equation modelling. RESULTS: Mean age of the 2339 firefighters who completed the survey was 32.30 (5.74) years. Most experienced poor sleep quality, scoring above the established cut-off of 5. Levels of work-related stress, post-traumatic stress, burnout and depression were high. Fit indices of the final theoretical model were all adequate: the obtained and adjusted goodness-of-fit indices were 0.925 and 0.917 respectively. Comparative, and incremental fit

indices were 0.946 and 0.948 respectively. Root mean squared error of approximation was 0.061. Post-traumatic stress was directly and indirectly related to sleep quality through eight paths, modulated by burnout variables and depression. Work-related stress was negatively related to sleep quality through four paths modulated, by burnout variables and depression. CONCLUSIONS: The findings illustrate the complex relationships of work-related stress and post-traumatic stress and sleep quality. High levels of poor sleep quality in this occupation emphasise the need to develop targeted and sustainable interventions to manage occupational stressors, burnout and depression to improve sleep quality in firefighters

**Liu Y, Cheng Y, Tsai PH, Yang YC, Li Y, and Cheng W. Psychosocial work conditions and health status of digital platform workers in Taiwan: a mixed method study. *Safety Science*. 2025; 182:106722. <https://doi.org/10.1016/j.ssci.2024.106722>**

**Lugo-Palacios DG, Bidulka P, O'Neill S, Carroll O, Basu A, Adler A, et al. Going beyond randomised controlled trials to assess treatment effect heterogeneity across target populations. *Health Economics*. 2025; 34(1):85-104.**

<https://doi.org/10.1002/hec.4903> [open access]

Abstract: Methods have been developed for transporting evidence from randomised controlled trials (RCTs) to target populations. However, these approaches allow only for differences in characteristics observed in the RCT and real-world data (overt heterogeneity). These approaches do not recognise heterogeneity of treatment effects (HTE) according to unmeasured characteristics (essential heterogeneity). We use a target trial design and apply a local instrumental variable (LIV) approach to electronic health records from the Clinical Practice Research Datalink, and examine both forms of heterogeneity in assessing the comparative effectiveness of two second-line treatments for type 2 diabetes mellitus. We first estimate individualised estimates of HTE across the entire target population defined by applying eligibility criteria from national guidelines ( $n = 13,240$ ) within an overall target trial framework. We define a subpopulation who meet a published RCT's eligibility criteria ('RCT-eligible',  $n = 6497$ ), and a subpopulation who do not ('RCT-ineligible',  $n = 6743$ ). We compare average treatment effects for pre-specified subgroups within the RCT-eligible subpopulation, the RCT-ineligible subpopulation, and within the overall target population. We find differences across these subpopulations in the magnitude of subgroup-level treatment effects, but that the direction of estimated effects is stable. Our results highlight that LIV methods can provide useful evidence about treatment effect heterogeneity including for those subpopulations excluded from RCTs.

**Nyanchoka M, Alade OT, Petkovic J, Duque T, and Wieland LS. A review of health equity considerations in Cochrane reviews of lifestyle interventions for cardiovascular health in adults. *Journal of Clinical Epidemiology*. 2024; 176:111546.**

<https://doi.org/10.1016/j.jclinepi.2024.111546>

Abstract: OBJECTIVES: Cardiovascular disease (CVD) is the leading cause of global disease burden and rising health-care costs. Systematic reviews (SRs) rigorously evaluate evidence on health interventions' effects and guide personal, clinical, and policy decision-making. Health equity is the absence of avoidable and unfair differences in health between groups within a population. Assessing equity in lifestyle interventions for cardiovascular health is important due to persisting health inequities in CVD burden and access to interventions. We aim to explore how health equity considerations are addressed in Cochrane SRs of lifestyle interventions for cardiovascular health.

**STUDY DESIGN AND SETTING:** This is a methodological review of Cochrane SRs of lifestyle interventions for cardiovascular health using the PROGRESS-Plus framework. PROGRESS-Plus stands for Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, and Social capital, while "Plus" stands for additional factors associated with discrimination and exclusion such as age, disability, and comorbidity. Using predefined selection criteria, two authors independently screened all Cochrane reviews published in the Cochrane Database of Systematic Reviews (CDSR) between August 2017 and December 2022. PROGRESS-Plus factors in the SRs were sought in the Summary of Findings (SoF) table, Methods/Inclusion criteria, Methods/Subgroup analyses, Results/Included studies, Results/Subgroup analyses, and Discussion/Overall completeness and applicability of evidence. **RESULTS:** We included 36 SRs published by 10 Cochrane groups, addressing 11 health conditions with mostly dietary and exercise interventions. The most common PROGRESS-Plus factors assessed were gender/sex, age, and comorbidity. PROGRESS-Plus factors were most addressed in the inclusion criteria (64%), the discussion (75%), and the included studies (92%) sections of the SRs. Only 33% of SoF tables referenced PROGRESS-Plus. Sixty-nine percent of the included SRs planned for subgroup analyses across one or more PROGRESS-Plus factors, but only 43% of SRs conducted subgroup analyses, suggesting limited reporting of PROGRESS-Plus factors in primary studies. **CONCLUSION:** Equity factors are not sufficiently addressed in Cochrane reviews of lifestyle interventions for cardiovascular health. Low reporting of PROGRESS-Plus factors in implications for practice and research sections of Cochrane SRs limit equity-focused guidance for current clinical practice, public health interventions, and future research

**Rabinovich L, Junghaenel D, and Ozawa T. Understanding disability benefits decision-making among adults with self-reported work disabilities: a qualitative study. *Disability and Health Journal*. 2025; 18(1):101681.**

<https://doi.org/10.1016/j.dhjo.2024.101681>

**Abstract:** **BACKGROUND:** Take-up gaps in safety net programs, long documented in the US, are an important policy problem as non-take up compromises the equity objectives and efficacy of programs. The Social Security Disability program is an example of this: more than 20 million adults report a work disability, but only around 11 million currently receive disability benefits through the Social Security Disability Insurance or Supplemental Security Income programs. **OBJECTIVES:** We examine decision-making around benefits application among adults with self-reported work disability who have never applied for disability benefits. **METHODS:** We conducted 39 interviews with work-disabled adults who have never applied for disability benefits. Thematic analysis identified key barriers and inhibitors to disability application. **RESULTS:** High transaction costs involved in disability applications coupled with the widespread perception of low approval rates was mentioned as a critical deterrent. Uncertain and lengthy medical processes after disability onset were also frequently reported as a key deterrent. Stigma about receiving disability benefits did not emerge as a factor in application behavior, although a change in self-concept involving an adjustment to benefit-receiving, work-disabled status was cited as a barrier to claiming. **CONCLUSION:** Our results broadly align with those of other research that examined the information, transaction, and social costs of applying for benefits. Nevertheless, the qualitative data afford a more in-depth, grounded understanding of the primary factors affecting application decisions, and how those interact. These insights are important

to inform targets for interventions to reduce barriers to take-up of benefits among potentially eligible adults with disabilities

**Rogerson S and Brearley M. Suspected exertional heat stroke: a case study of worker cooling in a hot and humid field environment. *Work*. 2024; 79(4):2103-2108.**

<https://doi.org/10.3233/WOR-240060>

Abstract: BACKGROUND: In the event of a severe occupational heat-related illness, paramedic assistance may not be immediately available. A worker's survival may depend on their co-workers access to efficacious field-based cooling modalities. One cooling method that has been claimed to be practical in field-based settings is the ice towel method. OBJECTIVES: This case study assessed the practicality of the ice towel method in an industrial setting, where criteria for use include cost effectiveness, portability, scalability, and implementation by a single worker under the stress of an emergency. METHODS: This case study describes the emergency application of the ice towel method while awaiting paramedics, for a worker suffering suspected exertional heat stroke on a remote job site. RESULTS: Ice towels were able to be transported to a remote field site and applied successfully by a single worker under the stress of a potentially life-threatening emergency. CONCLUSIONS: The ice towel method was cost effective, scalable, transportable, and rapidly applied in a field-based emergency. This case study demonstrates the importance of organizations assessing their heat-related risks, and determining controls based upon their efficacy and practicality for their unique setting

**da Silva JMN, Bispo LGM, dos Santos Leite WK, de Araujo Vieira EM, Lisboa AHS, and de Sa Teixeira R. Assessing the link between occupational risk factors, work-related musculoskeletal disorders and quality of work life: an analysis using PLS-SEM. *International Journal of Industrial Ergonomics*. 2024; 104:103658.**

<https://doi.org/10.1016/j.ergon.2024.103658>

**Skovlund SV, Ostergaard MSE, Seeberg KGV, Suetta C, Aagaard P, Andersen LL, et al. Workplace-based prevention and management of knee pain: a systematic review. *Scandinavian Journal of Work, Environment & Health*. 2024; 51(1):3-14.**

<https://doi.org/10.5271/sjweh.4195> [open access]

Abstract: OBJECTIVE: Knee pain is highly prevalent and disabling among the general and working population. This systematic review explored the effectiveness of workplace-based interventions on knee pain among workers. METHODS: A PICO-guided systematic search was performed in PubMed and Web of Science Core Collection for articles published from 2003 until January 2023. Eligible articles included randomized and non-randomized controlled trials assessing the effect of workplace-based interventions on knee pain among currently employed adult workers. The quality assessment and evidence synthesis adhered to the systematic review approach, which the Institute for Work & Health developed, and was focused on developing practical recommendations for stakeholders. RESULTS: Of the 13 identified studies, 11 medium- and high-quality studies were entered into the evidence synthesis. Importantly, none of the included studies specifically aimed at reducing of knee pain. Still, among the included studies, a strong level of evidence suggested no benefit of workplace-based physical exercise/activity intervention on knee pain. The level of evidence was deemed too uncertain to guide current policy/practices for ergonomic and multifaceted interventions. No intervention types were associated with negative effects on knee pain. CONCLUSIONS: The current

evidence-base pertaining to workplace-based prevention and management of knee pain is insufficient to guide effective preventive workplace practice or policy development. Considering the global prevalence and health impact of knee pain, development and implementation of effective workplace interventions aimed at prevention and management of knee pain is needed

**Solovieva S, Descatha A, Mehlum IS, Viikari-Juntura E, Undem K, Berglund K, et al. Development of a gender-specific European job exposure matrix (EuroJEM) for physical workload and its validation against musculoskeletal pain. *Scandinavian Journal of Work, Environment & Health*. 2024; [epub ahead of print].**

<https://doi.org/10.5271/sjweh.4203> [open access]

Abstract: OBJECTIVES: The aim was to develop a gender-specific European job exposure matrix (EuroJEM) for occupational physical workload and study its predictive validity for musculoskeletal pain in four European cohorts. METHODS: National, gender-specific JEM from Finland, France, Norway and Sweden, based on self-reported exposure information, were evaluated for similarities in exposures, exposure definitions, and occupational coding. The EuroJEM harmonized five exposures: heavy lifting, faster breathing due to heavy workload, kneeling/squatting, forward bent posture, and working with hands above shoulder level. Our expert panel addressed disagreements and missing information to reach consensus on exposure levels across occupations. To assess predictive validity of the EuroJEM, we examined associations between the harmonized exposure measures and self-reported musculoskeletal pain across the four cohorts. RESULTS: The EuroJEM provides semi-quantitative exposure estimates for 374 ISCO-88 (COM) occupational codes. Five categories of exposure were defined by the proportion of workers exposed within each occupation. Comparable and statistically significant associations were found between EuroJEM exposures and low back, shoulder, and knee pain across all cohorts and genders, except for knee pain among women in the Finnish cohort. For instance, in both genders heavy lifting, faster breathing due to heavy workload, and forward bent posture were statistically significantly associated with low-back pain in all four cohorts, with OR ranging from 1.25-2.18 (men) and 1.23-2.04 (women). CONCLUSIONS: Despite differences in study populations and outcome definitions, good predictive validity was observed in each national cohort, suggesting that EuroJEM can be an effective tool for exposure assessment in large-scale European epidemiological studies

**Willis VJ, Levin JL, and Nessim DE. A review of job assignments and asbestos workplace exposure measurements for TAWP mesothelioma deaths through 2011. *American Journal of Industrial Medicine*. 2025; 68(1):89-95.**

<https://doi.org/10.1002/ajim.23675>

Abstract: INTRODUCTION: Asbestos workers have a higher risk of developing mesothelioma; however, few studies have looked at specific jobs and job locations within asbestos factories. The purpose of this study was to investigate asbestos exposure in different job locations of the Tyler, Texas asbestos plant to determine if there was a relationship between the duration of exposure and air fiber concentration burden in workers who developed pleural versus peritoneal mesothelioma. METHODS: This study used a patient information database to compile secondary data on 23 workers who died from mesothelioma through 2011. The airborne fiber exposure burdens for each of the 23 workers were estimated and then stratified by job location category and by type of mesothelioma for analysis. RESULTS: Most of the worker cases were assigned to the forming area which had the overall highest



fiber concentration of all the plant's job locations. Workers who developed pleural mesothelioma spent the most time in the packing and miscellaneous locations, whereas workers who developed peritoneal mesothelioma worked mostly in the forming and miscellaneous locations. There were significant differences in days worked and estimated airborne exposure fiber burden between the pleural and peritoneal mesothelioma cases in the forming and curing locations. CONCLUSION: Results from this study reiterate the association between occupational asbestos exposure and mesothelioma, emphasizing the importance of concentration of respirable asbestos dust levels and duration of exposure

**Zadunayski T, Durand-Moreau Q, Adishes A, Burstyn I, Labreche F, Ruzycki S, et al. Determinants of post-COVID ill-health in a cohort of Canadian healthcare workers. *Journal of Occupational and Environmental Medicine*. 2025; 67(1):1-10.**

<https://doi.org/10.1097/JOM.0000000000003226>

Abstract: OBJECTIVE: We aimed to estimate prevalence of post-COVID conditions (PCCs) among healthcare workers (HCWs) and to identify predisposing factors. METHODS: A cohort of Canadian HCWs completed four questionnaires during the pandemic. At the final questionnaire, HCWs reported conditions attributed to earlier COVID-19. The proportion developing a PCC was estimated. Risk factors were evaluated by logistic regression. RESULTS: Among 4964 HCWs, 995 had one positive COVID test >90 days before completing the final questionnaire. A total of 266 (27%) developed a PCC. Factors predisposing HCWs to a PCC included depression and increased alcohol consumption reported preinfection, chronic ill-health pre-pandemic, and a perception that the infection was work-related. PCCs were less likely following vaccination. Most HCWs (98%) returned to work within 30 days, with 8% reporting severe PCC (n = 80). CONCLUSIONS: Predisposing factors reflected poor health preinfection. Most conditions were mild

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