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

Anders R, Frapsauce A, Sauvezon C, and Gilibert D. Police officer occupational health: a model of organizational constraints, trauma exposure, perceived resources, and agency. *Journal of Occupational Medicine and Toxicology*. 2024; 19(1):46.

<https://doi.org/10.1186/s12995-024-00444-3> [open access]

Abstract: Background: Police officers constitute a work force at high risk due to their highly demanding work conditions. In a realistic paradigm, these conditions, and other determinants of their psychological health, can be linked to a multitude of variables that interplay altogether. However, current literature that simultaneously models-quantitatively from observed data-such a multitude of variables is sparse. This study took upon this objective to further theoretical and applied understandings through a measurement framework on empirical data, and allow the data to drive some features of model development, such as variable groupings into factors, and paths between factors. Methods: A total of 1312 officers from various police bureaus fully responded to a questionnaire composed of validated instruments for assessing factors related to psychological and occupational health, consisting of more than 25 variables. Statistical analyses were performed in progressing complexity, namely t-tests, correlations, multiple regression, factor analysis, and path analysis with latent factors. Results: The regression analysis identified 10 significant variables, in which decision latitude, organizational justice, and work recognition/meaning were the most protective, and these 10 variables coincided with those found significant in the t-test and correlational results. In higher complexity, the latent path analysis resulted in a model of 6 factors: Psychological Health, Organizational Constraints, Trauma Exposure, Perceived Resources, Sense of Agency, and Esteem. Organizational Constraints ($\beta = -0.32$, inferred by psychological demands and role conflict), Perceived Resources ($\beta = 0.31$, social support, a self/work-esteem subfactor, and organizational justice), Sense of Agency ($\beta = 0.30$, decision latitude, hierarchical position, right to carry

a firearm), and Trauma Exposure ($\beta = -0.14$, frequency/time since event, used a firearm, years of service) were found significantly associated with Psychological Health. Within each factor, specific variables could be identified as the most associated, such as role conflict for constraints, self/work-esteem for resources, decision latitude for agency, and frequency of and time since trauma for trauma exposure. Our results therefore encourage us to take into account not only agency, but also past professional experiences in models for managing well-being. Conclusions: Providing police officers with social support at work, recognition, work meaning, fair proceedings and pay (organizational justice, especially for female and young officers), decision-making power (decision latitude), and minimizing conflictual information and procedures (role conflict) is of utmost importance. Officers with higher years of service, working in lower population cities, and who recently used their firearm, should be considered for trauma counseling. The degree of psychological demands of police officers should be regularly assessed, and reduced if possible. Reminders of support and integration in the force for officers with variables linked to a perceived lack of agency may be useful in their facing work challenges. Future integrative modeling research may be crucial to better understanding the relative contribution of each variable and their interplay in realistic settings, providing also a framework for measurement.

Bostanpara A, Hemmati Z, and Varmazyar S. Investigating the relationship between body structure status, work activity type, and the prevalence of musculoskeletal disorders among detergent industry workers. *Work*. 2024; 79(3):1225-1235.

<https://doi.org/10.3233/WOR-240118> [open access]

Abstract: Background: The physical condition of workers' body structure and assigned duties, can contribute to the prevalence of musculoskeletal disorders. Objective: This study aimed to investigate the relationship between body structure status, type of work activity, and the prevalence of musculoskeletal disorders among workers in the detergent industry. Methods: This cross-sectional study involved 148 industrial workers selected based on inclusion criteria and their medical checkup records. Data collection for the study included a demographic information questionnaire, a body map questionnaire, and an assessment of the workers' musculoskeletal system conducted by three physiotherapists simultaneously. Results: 54.1% of the participants had a total body structure score classified as poor or fair. The neck region showed the highest prevalence of musculoskeletal disorders (51.4%), followed by the lower back region (35.1%). Significant associations were found between abnormalities in the upper and middle limbs of the body and the prevalence of pain in the right shoulder region (Fisher/F = 9.29, P=0.05) as well as the intermediate back region (F = 10.28, P=0.01). Office workers experienced a higher prevalence of neck pain than workers in the product line and technical roles, with a statistically significant Odds Ratio (OR) ranging between 2.7 and 6.6 times. Conversely, industrial workers who operate powered machinery showed a higher prevalence of pain in the left shoulder (OR = 3.93) and left foot (OR = 4.07). Meanwhile, workers involved in loading and unloading tasks had a higher prevalence of pain in the middle back (OR = 3.61) and right foot (OR = 4.5) compared to office workers. Conclusions: The prevalence of pain in the right shoulder and middle back may be due to abnormalities in the upper and intermediate body structure. Production line workers reported a higher prevalence of pain in the left shoulder, middle back, and foot compared to office workers.

Colbeth HL, Riddell CA, Thomas M, Mujahid M, and Eisen EA. Impact of increasing workforce racial diversity on black-white disparities in cardiovascular disease mortality. *Journal of Epidemiology and Community Health*. 2024; 79(1):42-48.

<https://doi.org/10.1136/jech-2024-222094> [open access]

Abstract: Background: Structural racism's influence on workforce policies and practices presents possible upstream targets for assessing and reducing racial health disparities. This study is the first to examine workforce racial diversity in association with racial disparities in cardiovascular disease (CVD) outcomes. Methods: This retrospective cohort study of 39 693 hourly autoworkers from three Michigan automobile plants, includes 75 years of follow-up (1941-2015). Workforce racial diversity (per cent black autoworkers) was a plant and year level variable. Annual exposure was cumulated over each individual's working life and divided by time since hire. This time-varying measure was categorised into low, moderate and high. We estimated age-standardised rates of CVD and Cox proportional HRs by race. Results: CVD mortality per 100 000 person-years decreased among autoworkers over the study period; however, black workers' rates remained higher than white workers. Among black workers, we observed a strong protective association between greater workforce racial diversity and CVD mortality. For example, at the Detroit plant, the HR for moderate exposure to racial diversity was 0.94 (0.83, 1.08) and dropped to 0.78 (0.67, 0.90) at the highest level. Among white workers, results were mixed by plant, with protective effects in plants where less than 20% of workers were black and null results where black workers became the majority. Conclusion: Our findings provide evidence that workplace racial diversity may reduce CVD mortality risk among black workers. Workplace practices encouraging diverse hiring and retention have potential to improve all workers' health; particularly the socially racialised groups in that workforce

van Dinter R, Reneman MF, and Post MWM. Relation between work hours, work control, work stress, and quality of life in persons with spinal cord injury. *Disability and Health Journal*. 2025; 18(1):101682.

<https://doi.org/10.1016/j.dhjo.2024.101682> [open access]

Abstract: Background: Work participation is related to a better quality of life (QoL) for people with spinal cord injury (SCI), however, the specific work characteristics that are related to QoL in people with SCI are largely unknown. Objectives: To investigate which work characteristics are related to QoL in people with SCI. Methods: Cross-sectional survey of people with SCI in the Netherlands. The survey consisted of demographic, SCI-related, and work-related items. Work control was measured with the short Job Content Questionnaire and work stress with the effort-reward imbalance (ERI). People of working age with at least 1 h of paid work per week were included. Hierarchical regression analysis was performed to examine the contribution of work characteristics to QoL while controlling for potential clinical and demographic confounders. Results: The study included 169 persons with SCI (74.6 % male, 47.8 ± 9.3 years, time since injury 18.9 ± 11.1 years). The final hierarchical regression model explained 31 % of the variance in QoL. The number of SCI-related health complications contributed the strongest to QoL ($\beta = -.36$), followed by work hours ($\beta = .24$), and work stress ($\beta = .24$). However, work control did not contribute significantly to QoL in our final model. Conclusion: Work hours and work stress contributed to QoL in people with SCI, but the number of SCI-related health complications was the strongest contributor. Future research and vocational rehabilitation should be directed to both medical and work-related variables to enhance the QoL of working people with SCI.

Dong RK, Li X, and Hernan BR. Psychological safety and psychosocial safety climate in workplace: a bibliometric analysis and systematic review towards a research agenda. Journal of Safety Research. 2024; 91:1-19.

<https://doi.org/10.1016/j.jsr.2024.08.001> [open access]

Abstract: Introduction: Research on workplace safety has seen significant growth in academic and industry-focused literature over the past 20 years. However, the extant literature on workplace safety tends to focus on safety outcomes of physical accidents and injuries while relegating its conceptual and theoretical development to the background. Psychological safety and psychosocial safety climate in the workplace are essential to workers' health and safety. These concepts are crucial in enabling job satisfaction, work engagement, and performance productivity. Progressing the literature on this subject is necessary to keep abreast with the changing dynamics of the post-COVID challenges, such as working from home, isolation, and stress from AI, among others. A significant gap in the extant literature burrows in the lack of conceptual clarity of workplace safety from a psychological perspective and the poor understanding of its substantive effects on organizations. Hence, re-examining workplace safety's conceptual and theoretical foundations from a psychological lens offers a more nuanced understanding of its potential to contribute to employee well-being and organizational resilience, pursuing a better work-life safe and more comfortable working environment. Method: This study: (a) synthesizes the theoretical propositions and empirical findings from 990 research articles published between 2000 and 2023 to map the existing body of knowledge about psychological safety and psychosocial safety climate, including their theoretical underpinnings and mechanisms, to offer a state-of-the-art overview of the scope of workplace occupational health and safety research from a psychological perspective; (b) applied a data-based research design adhering to PRISMA; (c) compiled descriptive synthesis and textual narrative syntheses through bibliometric analysis and a systematic literature review; and (d) opens the black box of workplace safety research by presenting significant findings to inform future conceptual, theoretical, and methodological research as well as the practice of workplace safety through the lens of psychology. Results: This study's findings further offer managerial implications to workplace safety policy-making and human resource management practices to enhance employees' psychological safety and eliminate workplace psychosocial hazards

Ezekekwa E, Johnson C, Karimi S, Lorenz D, and Antimisiaris D. A longitudinal analysis of long working hours and the onset of psychological distress. Journal of Occupational & Environmental Medicine. 2025; 67(1):11-18.

<https://doi.org/10.1097/JOM.0000000000003231>

Abstract: OBJECTIVES: There is a paucity of longitudinal studies examining the relationship between working hours and the development of psychological distress (PD) among US workers. This study utilized a longitudinal approach to examine this relationship. METHODS: The 2010-2019 Medical Expenditure Panel Survey (MEPS) data was utilized. PD was analyzed among full-time US employees without PD at baseline using a fixed effect approach. RESULTS: The sample comprised 27,548 full-time workers. Individuals working 61 hours or more weekly had the highest risk of PD onset, at 9.9% (95% CI = 1.9%-17.8%, $P < 0.05$), compared to those working 30 to 35 hours weekly. Interestingly, an increased risk of PD onset was found among individuals working 36 to 40 hr/wk at 6.6% (CI = 1.5%-

11.6%, $P < 0.05$). CONCLUSIONS: Long working hours were associated with the increased development of PD

Hollerbach BS, Jitnarin N, Koeppel MDH, Valenti M, Beitel S, Goodrich JM, et al. Examination of stress among recruit and incumbent women firefighters. *Safety and Health at Work*. 2024; 15(4):452-457.

<https://doi.org/10.1016/j.shaw.2024.10.003>

Abstract: BACKGROUND: Firefighting is risky and impacts the mental and physical health of personnel. While most research focuses on men firefighters, recent work has highlighted mental health concerns among women including depression, anxiety, and post-traumatic stress disorder (PTSD). Social support is a known protective factor for mental health; however, women may be excluded from the supportive peer network of the firehouse. METHODS: This cross-sectional study compared the prevalence of perceived stress, peer (functional) support, anxiety, depression, PTSD, chronic work discrimination and harassment, resilience, and job satisfaction in recruit ($n=184$) and incumbent ($n=200$) career women firefighters. RESULTS: While depression and perceived stress did not differ between recruits and incumbents, recruits were more likely to score in the range of concern for anxiety (26.1% and 15.5%, respectively). Incumbents were more likely to score at risk for PTSD (16.5% and 10.3%, respectively) and more likely to report sex discrimination, sexual harassment, and sexist behaviors in the workplace. Compared to the low stress group, those who reported moderate or high stress were more likely to score in the range of concern for anxiety (OR=3.86, CI=1.76-8.89) and PTSD (OR=1.30, CI=1.15-1.47), and report poor organizational cohesion (OR=1.13, CI=1.02-1.25). CONCLUSION: Addressing mental health in the context of women firefighters requires a comprehensive and multi-faceted approach including collaboration between fire departments, mental health professionals, advocacy groups, and the broader community

Kauppinen I and Poutvaara P. Decomposing migrant self-selection: education, occupation, and unobserved abilities. *ILR Review*. 2024; 78(1):86-112.

<https://doi.org/10.1177/00197939241300066> [open access]

Abstract: The authors analyze self-selection and sorting of emigrants from Finland, using full-population administrative data. Their analysis focuses on employed Finnish citizens aged 25 to 54 years, who had no immigrant background. Findings show that emigrants are more educated, have higher earnings, and are more likely to have worked as managers or professionals when compared to those who did not emigrate (the stayers). These findings hold for short-term and long-term emigrants. Emigrant self-selection in terms of residual earnings is U-shaped, which holds when adding occupational controls, as well as when married and unmarried men and women are studied separately. Results also show strong evidence of sorting: Men who emigrate outside Nordic countries are considerably better educated, have higher earnings, and are more likely to have worked as managers or professionals than men who emigrate to other Nordic countries. Also, language is important: Swedish-speaking Finns are much more likely to emigrate to other Nordic countries than Finnish speakers

Kausto J, Airaksinen J, Oksanen T, Vahtera J, Kivimaki M, and Ervasti JM. Trajectories of work ability and associated work unit characteristics from pre-COVID to post-COVID pandemic period. *Occupational and Environmental Medicine*. 2024; 81(11):557-563.

<https://doi.org/10.1136/oemed-2024-109475> [open access]

Abstract: OBJECTIVES: To identify trajectories of work ability from pre-COVID to post-COVID-19 pandemic period and to examine work unit characteristics associated with these trajectories. METHODS: The study population was a cohort of Finnish public sector employees (n=54 651) followed from 2016 until 2022. We used trajectory analysis to identify trajectories of work ability and multinomial regression to examine their associations with prepandemic work unit characteristics and pandemic-related changes at workplaces. RESULTS: We identified three trajectories of work ability: (1) suboptimal work ability decreasing over time (12%); (2) relatively consistent good work ability (73%) and (3) consistent optimal work ability (15%). The strongest associations with belonging to the suboptimal work ability trajectory were found for employees in work units characterised by high job strain (OR 2.29, 95% CI 1.82 to 2.88), poor team climate (OR 0.74, 95% CI 0.64 to 0.86) and low organisational justice (OR 0.64, 95% CI 0.57 to 0.72) when compared with the most optimal trajectory. The least favourable work ability trajectory was also associated with team reorganisation (OR 1.22, 95% CI 1.04 to 1.44) and a low share of those working from home (OR 0.86, 95% CI 0.78 to 0.94) during the pandemic. CONCLUSION: Prepandemic psychosocial risk factors and pandemic-induced changes at work were associated with poor and declining work ability during the COVID-19 pandemic. Employers and occupational health services should better identify and support vulnerable employees to enhance their work participation

Kirkegaard T, Dalgaard VL, and Grytnes R. Repeated short-term sickness absence: a problem to be handled or a symptom to be prevented? A qualitative case study. *Industrial Relations Journal*. 2025; 56(1):3-21.

<https://doi.org/10.1111/irj.12447> [open access]

Abstract: Abstract Repeated short-term sickness absence has been linked to poor psychosocial work environment. However, the handling of short-term sickness absence is often driven by a formal monitoring of employees' absence records rather than by a focus on enhancing well-being at work. In this paper, based on interview data, we found that repeated short-term sickness absence was primarily addressed as an individual employee issue, with limited focus on prevention through improvements in the work environment such as fostering trust between employees' and managers and promoting overall well-being at work

Lawrence D, Ridders W, Bartlett J, Barrett S, Seth R, Van Hooff M, et al. Development of the post-traumatic stress disorder assessment scale for emergency services. *Archives of Environmental & Occupational Health*. 2024; 79(7-8):235-246.

<https://doi.org/10.1080/19338244.2024.2430968>

Abstract: This paper describes the development and validation of the Post-Traumatic Stress Disorder Assessment Scale for Emergency Services (PASES). The PASES was developed to address the needs of Australia's first National Mental Health and Wellbeing Study of Police and Emergency Services, Answering the Call (AtC) which covered Police, Ambulance, Fire and Rescue and State Emergency Services personnel. PASES offers several advantages for use in the emergency services sector over other Post-Traumatic Stress Disorder (PTSD) screening scales, including assessment of functional impairment, a dimensional measure of severity which includes identification of sub-threshold cases experiencing distress and impairment, and allowing for experience of cumulative trauma. Analysis of Composite International Diagnostic Interview (CIDI) data from a large national sample identified PTSD symptoms that usually co-occur allowing streamlining of the scale with minimal information loss. In a

large sample, PASES had high specificity and adequate sensitivity in comparison to self-reported PTSD diagnosis. Data from AtC supported there being a strong dimensional gradient in distress and associated harms, including suicidal behaviors, across the levels of severity of the PASES. In a subsample of 191 fire sector employees who completed both PASES and PCL-5, both scales had equivalent discrimination compared with self-reported diagnosis of PTSD by a mental health professional. The paper also presents population data for Australian volunteer and employed emergency services personnel collected in AtC

McLeod CB and Macpherson RA. Evaluating the effectiveness of an occupational health and safety management system certification program on firm work injury rates in Alberta, Canada. *American Journal of Industrial Medicine*. 2025; 68(2):175-183.

<https://doi.org/10.1002/ajim.23690> [open access]

Abstract: BACKGROUND: Occupational health and safety management systems (OHSMS) certification programs have the potential to improve workplace health and safety. In Canada, the Certificate of Recognition (COR) program is an example of such program and has been introduced in many industries and provinces. This study's objective was to identify whether the implementation of the COR program led to greater reduction in firm work-related injuries in Alberta, Canada. METHODS: Using firm- and claim-level data from the Workers' Compensation Board of Alberta and COR registration data from Government of Alberta, the effect of becoming COR-certified on firm-level injury rates was assessed using a matched difference-in-differences study design with population-averaged negative binomial regression models. RESULTS: A total of 14,377 certified firms were matched with 11,338 non-certified firms during the years 2000 to 2015. Firms that became certified had a greater reduction in the lost-time injury rate (IRR: 0.86, 95% CI 0.83-0.88) and disabling injury rate (IRR 0.97, 95% CI 0.94-1.00) relative to the change in injury rates among similar non-certified firms. The effectiveness of OHSMS certification was strongest in the transportation, manufacturing and trade sectors, in more recent years, and among firms certified using the standard COR program as opposed to the program adapted for small employers. CONCLUSIONS: The findings suggest that COR can be an effective program, but that the effectiveness of this program is dependent on the context in which it is implemented, such as the industry sector, time period, and type of audit program

Nakayama S, Ginger E, Pinheiro-Mehta N, and Sheehan L. A silent hazard: a regional survey on mental health & suicide in construction. *Professional Safety*. 2025; 70(01):22-31.

[\[doi unavailable as of January 16, 2025\]](#)

Raza M, Bhushan RK, Khan AA, Ali AM, Khamaj A, and Alam MM. Prevalence of musculoskeletal disorders in heavy vehicle drivers and office workers: a comparative analysis using a machine learning approach. *Healthcare*. 2024; 12(24):2560.

<https://doi.org/10.3390/healthcare12242560> [open access]

Abstract: PURPOSE: Job profiles such as heavy vehicle drivers and transportation office workers that involve prolonged static and inappropriate postures and forceful exertions often impact an individual's health, leading to various disorders, most commonly musculoskeletal disorders (MSDs). In the present study, various individual risk factors, such as age, weight, height, BMI, sleep patterns, work experience, smoking status, and alcohol intake, were undertaken to see their influence on MSDs. METHODS: The modified version of the Nordic Questionnaire was administered in the present cross-sectional study to collect data from 48 heavy vehicle drivers and 40 transportation office

workers. RESULTS: The analysis revealed low back pain (LBP), knee pain (KP), and neck pain (NP) to be the dominant pains suffered by the participants from both occupational groups. LBP, KP, and NP were suffered by 56%, 43.75%, and 39% heavy vehicle drivers and 47.5%, 40%, and 27.5% transport office workers, respectively. From the insignificant value of Chi-square, it can be inferred that the participants from both occupations experience similar levels of LBP, KP, and NP. The Bayesian model applied to the total sample showed that NP influenced KP, which further influenced the LBP of the workers. Age was predicted as LBP's most significant risk factor by the logistic regression model when applied to the total sample, while NP was found to decrease with an increase in per unit sleep. CONCLUSIONS: The overall results concluded that heavy vehicle drivers and office workers, irrespective of their different job profiles, endured pain similarly

Silva S, Singh S, Kashif S, Ogilvie R, Pinto RZ, and Hayden JA. Many randomized trials in a large systematic review were not registered and had evidence of selective outcome reporting: a metaepidemiological study. *Journal of Clinical Epidemiology*. 2024; 176:111568.

<https://doi.org/10.1016/j.jclinepi.2024.111568> [open access]

Abstract: Objectives: The primary objectives were to describe characteristics of trial registration in the chronic low back pain (CLBP) field and assess the association of trial registration status (registered vs unregistered, prospectively registered vs retrospectively registered) with risk of bias, sufficient sample size, quality of reporting, and treatment effect estimates. Secondary objectives were to describe trial registration consistency with the final report and assess its association with risk of bias, sufficient sample size, and treatment effect estimates. Study design and setting: A cross-sectional metaepidemiological study of trials included in a large Cochrane review on exercise treatments for CLBP. We extracted relevant trial and registration information and assessed trials' risk of bias using the Cochrane Risk of Bias 1 tool. We performed descriptive analyses, logistic regressions, and subgroup meta-analyses. Results: We included 361 trials, of which 23.3% were prospectively registered. Registered trials had lower risk of bias (odds ratio [OR] 0.6; 95% confidence interval [CI] 0.5, 0.7) and higher reporting quality (OR 1.6; 95% CI 1.4, 1.8) than unregistered trials. Prospectively registered trials were more likely to have low risk of reporting bias (OR 2.7; 95% CI 1.2, 6.5) and higher quality of reporting (OR 1.3; 95% CI 1.1, 1.6) than retrospectively registered trials. Trial registration status was not associated with effect estimates. Among prospectively registered trials, 64.3% clearly defined primary outcome(s) in their registration, 58.3% had consistent sample sizes, and 22.6% had no evidence of selective outcome reporting. Trials that clearly defined primary outcome(s) were more likely to report larger effect estimates for pain intensity (mean difference -15.8; 95% CI -22.7, -8.9 vs -6.0; 95% CI -10.6, -1.5; $Q = 6.7$, $P = .01$), although the difference was small, the 95% CIs overlapped, and no difference was found for functional limitations. Conclusion: A small proportion of trials in the CLBP field were registered prospectively and many presented registration inconsistencies. Registered trials tend to have lower risk of bias and higher quality of reporting. Policies are needed to improve prospective registration and registration consistency in the field. Plain language summary: Prospective trial registration is the practice of documenting the planned methods of a randomized controlled trial on a publicly available online platform (ie, website) before enrolling participants. Medical journals require trialists to prospectively register their trials to encourage the conduct of high-quality research and reduce the chance of trialists changing their research plan to report only positive or significant results (known as selective outcome reporting). We investigated whether trialists within the chronic low back pain field were registering their trials, and whether they followed their registered research

plan. We used data from a large systematic review of 456 trials that tested the effectiveness of exercise as a treatment for chronic low back pain. We assessed each trials' registration status and whether prospectively registered trials had inconsistencies between their registered research plan and their research conduct (eg, evidence of selective outcome reporting). We also looked at the association among trial registration with trials' quality of reporting (ie, a marker of research transparency), risk of bias (ie, a marker of research quality), and the amount of low back pain improvement reported by the trials (ie, effect estimates). We found that less than 25% of trials were prospectively registered, and many had inconsistencies between their registered research plan and their research conduct. Overall, registered trials had lower risk of bias and higher quality of reporting. However, trial registration status and selective outcome reporting were not associated with effect estimates (the amount of back pain improvement reported by trials). Our findings highlight the need for trialists and journals to better follow trial registration guidelines and policies in the chronic low back pain field. Knowledge users should be cautious when consuming information from unregistered trials as they appear to be more likely to have quality concerns.

Weir J, Fary R, Lee S, Mitchell T, Johnston V, Wyatt M, et al. Wellbeing and the lived experience of injured workers following finalisation of a workers' compensation claim. *Journal of Occupational Rehabilitation*. 2025; [epub ahead of print].

<https://doi.org/10.1007/s10926-024-10264-1>

Abstract: Purpose: Workers' compensation claims can negatively affect the wellbeing of injured workers. For some, these negative effects continue beyond finalisation of the workers' compensation claim. It is unclear what factors influence wellbeing following finalisation of a workers' compensation claim. Therefore, the aim of this study was to explore wellbeing through the lived experience of individuals who have finalised a workers' compensation claim in the state of Western Australia. Methods: A qualitative study with individual, in-depth, semi-structured interviews was performed (n = 20, 55% female, average claim length 22.9 months, average time since claim end 33.4 months). Claim finalisation modes included full medical recovery, claim settlement with permanent impairment, direct settlement with the insurer and settlement with the insurer facilitated by a lawyer. The interview schedule was informed by a previous scoping review and cross-sectional survey completed by this research team. Qualitative data were analysed utilising a reflexive, interpretative phenomenological analysis approach. Results: Five superordinate and their associated subordinate themes were identified; (1) The role of support; (2) Stigma and discrimination; (3) A new normal; (4) The importance of information; and (5) Recommended resources. Conclusions: Injured workers experience a range of outcomes related to their wellbeing and employment following the finalisation of their workers' compensation claim. Based on their experiences, resources to facilitate a transition and adjustment to life following a claim have been suggested by injured workers, including information regarding seeking employment, seeking welfare support, educational materials regarding future expectations, and individualised support care packages.

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