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***Fuller AE, Shahidi FV, Comeau J, Wang L, Wahi G, Dunn JR, et al. Parental employment quality and the mental health and school performance of children and youth. *Journal of Epidemiology and Community Health*. 2025; [epub ahead of print].**

<https://doi.org/10.1136/jech-2024-223366> [open access]

Abstract: BACKGROUND: Lower-quality employment, characterised by excessive or part-time hours, irregular schedules and inadequate earnings, is a key social determinant of health among adults. Research examining parental employment quality in relation to the mental health and school performance of children is lacking. The study objective was to measure the associations between parental employment quality and child mental health symptoms and school performance. METHODS: We conducted a secondary analysis of the cross-sectional 2014 Ontario Child Health Study. Dependent variables were parent-reported child mental health symptoms and school performance. We used latent class analysis (LCA) to characterise employment status, hours, scheduling and earnings of parents. We used linear and multinomial regression to model the associations between parental employment quality, mental health symptoms, and school performance. RESULTS: Our study sample consisted of 9,927 children. The LCA of dual-parent households yielded three classes of parental employment quality, which we labelled 'Dual Parent, High Quality', 'Dual Parent, Primary Earner Model' and 'Dual Parent, Precarious'. The LCA of single-parent households yielded two further classes, which we labelled 'Single Parent, High Quality' and 'Single Parent, Precarious'. Compared with children in the 'Dual Parent, High Quality' group, children in all other groups had higher-level mental health symptoms and lower school performance. Children with 'precarious' parental employment in both groups showed the least favourable outcomes. CONCLUSIONS: Lower-quality parental employment was associated with increased mental health symptoms and poorer school performance

among children. A clearer understanding of these relationships and their underlying mechanisms can help inform relevant policies and interventions

***LaMontagne AD, Greiner B, Kawakami N, Rugulies R, Keegel T, Martin A, Noblet A, Papas A, Reavley N, Smith P, et al. Letter to: Mishiba, T (2023): The legal regulation of psychological hazards at work: the hypothesis regarding the benefits of the mental health approach compared to the psychosocial risk (PSR) approach. J Work Health Saf Regul 2023; 2: 97-109. DOI: 10.57523/jaohlev.ed.23-002. Journal of Work Health and Safety Regulation. 2025; [epub ahead of print].**

<https://doi.org/10.57523/jaohlev.lte.24-017> [open access]

Arrandale VH, Shakeel A, Hedges K, O'Connell K, and Gorman NM. Recent trends in respirable crystalline silica and elemental carbon exposure in the Ontario, Canada mining industry. Annals of Work Exposures and Health. 2025; 69(2):220-224.

<https://doi.org/10.1093/annweh/wxae094> [open access]

Abstract: Introduction Mining is a high-hazard industry with significant occupational disease risks. Despite this there is limited data describing current exposure conditions. The aim of this short communication is to share recent exposure data from underground mines in Ontario, Canada. Methods Data from underground mines were accessed through a freedom of information request. Data were cleaned and standardized. Data contained measurements of several hazards from 2013 to 2018; analysis focused on personal samples for respirable crystalline silica (RCS) and elemental carbon (EC) from 2014 to 2018. Descriptive statistics were calculated overall and by sampling year; comparisons were made to current occupational exposure limits. Linear regression models were constructed to examine time trends. Results EC exposures decreased significantly, ~10% per year over the measurement period (2014 to 2018). Overall 14% of EC measurements were above the current mining exposure limit (0.12 mg/m³ EC) in Ontario, Canada. Results for silica did not show a statistically significant trend but did suggest a reduction of ~1.8% per year. Almost one-third of the RCS measurements were above the American Conference of Governmental Industrial Hygienists (ACGIH) recommended threshold (0.025 mg/m³). Conclusions Current exposure data is needed to understand workers' exposure and support occupational disease prevention. Recent data from the Ontario mining industry suggests that exposure to elemental carbon decreased significantly from 2014 to 2018, but the annual reduction for silica exposure was not nearly as substantial. Mining workers continue to be exposed to levels of EC and RCS that are hazardous to health.

Brignardello-Petersen R, Santesso N, and Guyatt GH. Systematic reviews of the literature: an introduction to current methods. American Journal of Epidemiology. 2025; 194(2):536-542.

<https://doi.org/10.1093/aje/kwae232> [open access]

Abstract: Systematic reviews are a type of evidence synthesis in which authors develop explicit eligibility criteria, collect all the available studies that meet these criteria, and summarize results using reproducible methods that minimize biases and errors. Systematic reviews serve different purposes and use a different methodology than other types of evidence synthesis such as narrative reviews, scoping reviews, and overviews of reviews. Systematic reviews can address questions regarding effects of interventions or exposures, diagnostic properties of tests, and prevalence or prognosis of diseases. All rigorous systematic reviews have common processes that include (1) determining the

question and eligibility criteria, including a priori specification of subgroup hypotheses, (2) searching for evidence and selecting studies, (3) abstracting data and assessing risk of bias of the included studies, (4) summarizing the data for each outcome of interest, whenever possible using meta-analyses, and (5) assessing the certainty of the evidence and drawing conclusions. There are several tools that can guide and facilitate the systematic review process, but methodological and content expertise are always necessary

Cherry N, Fedun M, Galarneau JM, Senkevics D, and Zadunayski T. Health effects of repeated exposures during wildland firefighting: a data-linkage cohort study from Alberta, Canada. *Annals of Work Exposures and Health*. 2025; 69(2):132-146.

<https://doi.org/10.1093/annweh/wxae089> [open access]

Abstract: INTRODUCTION: Very little is known about the effects on the health of work as a wildland firefighter over repeated fire seasons. In Alberta, where the fire season runs from 1 March to 31 October, the great majority of firefighters are hired seasonally. We examined whether there was a dose-response relationship between hours of firefighting and ill-health. METHODS: A cohort was established linking employment records from Alberta Wildfire to administrative health data and cancer records. The employment records contained information on each deployment for all firefighters with employment from 1998 to 2022. Health records had details of diagnoses recorded at all physician consultations for the same period. Cancer records included diagnostic information for all confirmed cancers in the province. Exposure indices (hours worked) were related to health outcomes, with relative risk estimated by multilevel Poisson regression, using data lagged by 10 years for cancer outcomes. RESULTS: Of 16,816 firefighters with employment records, 12,731 were matched on name, age, and sex in health records and were living in Alberta at the end of at least one fiscal year. One in three had only been employed for one fire season with 10% employed in 10 or more years. The overall mean cumulative exposure was 795 h with 568 h of sustained attack (SA). In multivariable regression, adjusted for age, sex, and inferred First Nation origin, the risk of chronic obstructive pulmonary disease (COPD) and pneumonia increased with hours of firefighting on foot and decreased with fighting less complex fires or holding a permanent appointment. Hours of firefighting in the year of health report were protective for cardiovascular disease (CVD) and mental ill-health but the risk of injury from external causes increased with firefighting hours. The risk of COPD, pneumonia, and asthma increased with cumulative hours over multiple fire seasons of SA firefighting and decreased with cumulative hours fighting less complex fires. Risks of CVD and mental ill-health were also positively related to cumulative hours of SA. No increase in risk was found with cancer incidence (all cancers, bladder cancer, lung cancer, skin: melanoma or nonmelanoma), with exposures unlagged or lagged by 10 years. CONCLUSION: Wildland firefighters were found to be at increased risk of lung conditions, both acutely in the year of firefighting and in subsequent years. No increased risk was found for cancer

Devos L, Lippens L, Lens D, Rycx F, Volral M, and Baert S. Labour market disadvantages of citizens with a migration background in Belgium: a systematic review. *De Economist*. 2025; 173(1):121-175.

<https://doi.org/10.1007/s10645-024-09443-5> [open access]

Abstract: Labour markets struggle to be inclusive, while diversity is increasing. This literature review examines labour market challenges faced by first- and second-generation migrants in Belgium. We systematically review articles published between 2010 and 2023 in the Web of Science Core

Collection to delineate underlying mechanisms, associated solutions, policy recommendations and literature gaps. The literature reveals that individuals with a migration background generally experience poorer labour market outcomes than natives. These outcomes vary based on specific origin and gender and persist from the first into the second generation. The mechanisms underlying these poorer outcomes are discrimination, individual preferences, and human and social capital differences. Recommendations for employers include implementing standardised hiring procedures and fostering awareness of discrimination among recruiters. On the employee side, investing in human capital, increasing labour market knowledge, and having competencies formally recognised can help to narrow employment gaps. Our review also advocates for policy refinement to combat biases and suggests that alternative pathways to attaining employment, such as self-employment and volunteering, are promising areas for future research.

Fauser S and Mooi-Reci I. Non-standard employment and underemployment at labor market entry and their impact on later wage trajectories. *Human Relations*. 2025; 78(3):249-278.

<https://doi.org/10.1177/00187267241239568> [open access]

Abstract: Using data from the Australian Household, Income, and Labour Dynamics in Australia (HILDA) Survey (2001–2020), we examine how combined patterns of non-standard employment and underemployment in the early career shape later wage trajectories, paying careful attention to gender differences on a representative sample of Australian young men (N = 470) and women (N = 497). By combining multichannel sequence analysis and random effects panel models, we make three central findings. First, we identify seven distinct early employment trajectories, with the "standard" career, characterized by stable, full-time permanent jobs in the first 5 years post-education, being the most prevalent. Second, we find that combined patterns of non-standard employment and underemployment during early careers are associated with significant wage penalties. However, these wage penalties diminish within 10 years. Third, enduring and widening wage disparities are found only among youth primarily unemployed or inactive early in their careers. These penalties are particularly pronounced among men, underscoring the influence of the "ideal" worker norm. Overall, integrating underemployed jobseekers into the workforce and addressing gender-based biases should be a priority for policymakers to ensure equal opportunities and fair treatment for all workers in the labor market.

Kaergaard A, Rudolf EM, Palmqvist J, Jakobsen ME, and Ajslev JZN. The psychosocial hierarchy of controls: effectively reducing psychosocial hazards at work. *American Journal of Industrial Medicine*. 2025; 68(3):250-263.

<https://doi.org/10.1002/ajim.23694> [open access]

Abstract: BACKGROUND: Psychosocial hazards in the workplace contribute to mental disorders, cardiovascular diseases, and musculoskeletal ill-health. The Hierarchy of Controls applied to NIOSH Total Worker Health (TWH HOC) aims to mitigate these hazards through effective interventions. This study proposes a revision of the model resulting in a HOC for psychosocial hazards (P-HOC) and explores its application in improving the working environment. METHODS: We reviewed recent literature on organizational and individual interventions to revise the TWH HOC to a psychosocial HOC framework. Subsequently, the modified P-HOC was applied to a qualitative case study of nine Danish companies participating in the Danish "Agreement to problem-solve" labor inspection strategy. We analyzed the types of initiatives implemented and gathered qualitative data on employee and

management perspectives on their effectiveness. **RESULTS:** The study led to a revision of the TWH HOC resulting in a P-HOC prioritizing organizational measures with documented effect, and indicating the importance of comprehensive measures. Findings from the qualitative study indicate a predominant contemporary focus on lower-level P-HOC initiatives, such as individual-based approaches and administrative controls. While these interventions show some improvements in mental well-being and work culture, they seem insufficient to enhance the comprehensive psychosocial environment. Companies implementing higher-level interventions experienced greater efficacy, particularly when employing multifaceted approaches. **CONCLUSIONS:** The study emphasizes the need for a more robust application of higher-level measures and multifaceted interventions to better improve the psychosocial working environment. Future research should investigate the P-HOC's varying impact and explore alternative frameworks for better intervention outcomes

Laposa JM, Cameron D, Corace K, Bullock HL, Flavelle L, Quick N, et al. Ontario healthcare workers who sought treatment for their mental health during the first five waves of the COVID-19 pandemic: a snapshot of self-referrals across the province. Health Promotion and Chronic Disease Prevention in Canada. 2025; 45(2):98-107.

<https://doi.org/10.24095/hpcdp.45.2.04>

Abstract: **INTRODUCTION:** Healthcare workers (HCWs) have reported COVID-19 pandemic-related adverse mental health impacts. We examined the demographic profile of HCWs who self-referred for mental health treatment, how referrals changed over time in relation to waves of COVID-19, what the main problem was for which HCWs sought treatment, and how this changed during the pandemic. **METHODS:** Five major healthcare institutions provided mental health supports to HCWs across Ontario during the pandemic. Data from May 2020 to March 2022 were collected from 2725 HCW self-referrals regarding referral frequency, main presenting mental health problem and demographic information including ethnicity, gender, age, healthcare setting, profession and whether the HCW had a prior mental health diagnosis or had received prior mental health treatment. **RESULTS:** Treatment-seeking HCWs who self-referred predominantly self-identified as female and White. Almost half were nurses, and almost half had received previous mental health treatment; a slightly higher percentage reported a prior mental health diagnosis. Over 60% of the overall sample of HCWs worked in hospitals. The timing of increases and decreases in monthly new referrals roughly aligned with the onset and ending, respectively, of COVID-19 waves. The top five most common presenting problems for treatment-seeking were generalized anxiety/worry symptoms, depression, situational crisis/acute stress response, difficulty with stress/occupational or financial, and posttraumatic stress symptoms. **CONCLUSION:** Ontario HCWs self-referred to access mental health supports during the COVID-19 pandemic. The majority sought treatment for generalized anxiety/worry or depression symptoms. Results of this study may inform system planning for future pandemics, as well as for HCW wellness programs for continued workplace stress in the postpandemic period

Lopez-Bueno R, Calatayud J, Koyanagi A, Smith L, Casana J, and Andersen LL. Occupational physical activity and mortality risk among 756 377 adults: a prospective cohort register-based study with 13 years follow-up. Safety Science. 2025; 184:106768.

<https://doi.org/10.1016/j.ssci.2024.106768> [open access]

Abstract: Background Recent research from Nordic countries observed higher levels of occupational physical activity (OPA) to increase mortality risk. However, research is required to clarify

generalizability to other countries as several studies have found no or even an inverse association for certain subgroups. Objectives We aimed to investigate the association between OPA and mortality, retrieving administrative data from a Spanish population. Methods In a prospective cohort study, individuals from the Continuous Working Life Sample (CWLS), a representative sample with administrative registers of the workforce in Spain were followed up from baseline (January 1, 2006) to either death date or end of follow-up (September 1, 2019). Results During 13.6 years from baseline to the end of follow-up, 23,975 (3.2 %) of the participants died. The full adjusted model showed significant associations for men aged 18–36 years in moderate (HR, 1.54; 95 % CI, 1.26–1.88), high (HR, 1.26; 95 % CI 1.01–1.58), and very high OPA (HR, 1.44; 95 % CI, 1.15–1.80). Men aged 37–64 years solely showed a significant HR for moderate OPA (HR, 1.10; 95 % CI, 1.04–1.16), whereas no significant association was found in women. Conclusion These results warrant preventative measures to address early mortality among young working men in highly demanding physical jobs.

Neiterman E, MacEachen E, McKnight E, Crouch MK, Kaminska K, Malachowski C, et al. Negotiating safety: facilitation of return to work for individuals employed in high-risk occupations. *Journal of Occupational Rehabilitation*. 2025; 35(1):96-104.

<https://doi.org/10.1007/s10926-024-10189-9>

Abstract: PURPOSE: Return-to-work (RTW) after absence due to a mental illness is a largely understudied area, especially in industries already struggling with retention like those posing unique and high risks for public or personal safety (i.e., pilots, police officers, and health professionals), otherwise known as safety-sensitive sectors. The goal of this paper is to examine how RTW coordinators work with individuals who took a leave of absence for mental illness in safety-sensitive occupations and navigate the RTW process. METHODS: Qualitative methodology was utilized to explore the experiences of 47 RTW coordinators who had worked with individuals employed in safety-sensitive industries. The participants were recruited across Canada using convenience sampling to participate in semi-structured interviews. The interviews were transcribed, anonymized, uploaded to NVIVO 11, and coded using inductive thematic analysis. RESULTS: Our analysis shows that despite the presumed rigidity of occupational health and safety standards for safety-sensitive positions, the notion of "safety" becomes ambiguous in navigating RTW processes, and concerns about safety are often interpreted as the potential risk workers may pose to themselves, other individuals, or the workplace image. Institutional constraints of safety-sensitive jobs shape the ability of RTW coordinators to advocate on behalf of the workers, ultimately placing the workers at a disadvantage by prioritizing safety concerns for organizations over employees' needs. CONCLUSION: It is important to consider how to protect workers in safety-sensitive occupations during the RTW process after absence due to a mental illness to ensure effective integration to the workplace

Ryu H, Cho SS, Kim JI, Choi SH, and Kim N. Commuting time and musculoskeletal pain in the relationship with working time: a cross-sectional study. *Annals of Occupational and Environmental Medicine*. 2025; 37:e4.

<https://doi.org/10.35371/aoem.2025.37.e4> [open access]

Abstract: Background Commuting is essential for working life; however, prolonged travel times can negatively affect health, particularly musculoskeletal pain. This study aims to examine the relationship between commuting time and musculoskeletal pain (back, upper extremity, and lower extremity pain), in the context of working time. Methods This cross-sectional study used data from the Sixth

Korean Working Conditions Survey conducted in Korea between October 2020 and April 2021. Variables such as commuting time, weekly working hours, and shift work were assessed using the survey questions. Musculoskeletal pain was determined based on self-reported pains in the previous year. The covariates included demographics, employment status, ergonomic risks, and job stress. The association between commuting time and musculoskeletal pain stratified by weekly working hours or shift work was analyzed by survey-weighted logistic regression analysis. Results This study found a significant association between longer commuting times and increased prevalence of musculoskeletal pain, particularly back, upper extremity, and lower extremity pain. When commuting time was ≤ 60 , 61–120, >120 minutes, the odds ratio was 1.00, 1.33 (95% confidence interval [CI]: 1.16–1.52), and 2.41 (95% CI: 1.77–3.29) for back pain; 1.00, 1.29 (95% CI: 1.13–1.46), and 2.27 (95% CI: 1.71–3.00) for upper extremity pain; and 1.00, 1.24 (95% CI: 1.05–1.45), and 1.53 (95% CI: 1.13–2.08) for lower extremity pain, respectively. Furthermore, except for upper extremity pain, this trend was amplified when participants were concurrently exposed to long working hours, and for lower extremity pain, this trend was aggravated among shift workers. Conclusions Long commuting time may be a risk factor for musculoskeletal pain, and its' effects could be aggravated when combined with long working hours or shift work. This study observed the detrimental impact of prolonged commuting on musculoskeletal health, particularly among employees with extended working hours or shift work.

Schmidt N, Romero Starke K, Sauter M, Burr H, Seidler A, and Hegewald J. Sitting time at work and cardiovascular disease risk: a longitudinal analysis of the Study on Mental Health at Work (S-MGA). International Archives of Occupational & Environmental Health. 2025; 98(1):119-133.

<https://doi.org/10.1007/s00420-024-02118-3> [open access]

Abstract: Purpose: This study analyzed longitudinal data to examine whether occupational sitting time is associated with increases in body mass index (BMI) and five-year cardiovascular disease (CVD) risk. **Methods:** We included 2,000 employed men and women (aged 31-60) from the German Study on Mental Health at Work (S-MGA) for a BMI analysis and 1,635 participants free of CVD at baseline (2011/2012) for a CVD analysis. Occupational sitting time was categorized into five groups (< 5, 5 to < 15, 15 to < 25, 25 to < 35, and = 35 h per week). BMI change was measured from baseline (2011/2012) to follow-up (2017). Incident CVD included hypertension, heart disease, myocardial infarction, and stroke (all self-reported). Multiple linear regression examined the association between sitting time and BMI change, while modified Poisson regression analyzed CVD incidence, adjusting for age, sex, occupation, shift work, leisure activity, and smoking by sex. Covariates were self-reported. **Results:** Over five years, the average BMI change was 0.49 (SD 1.9). We found no association between baseline occupational sitting time and BMI changes, with consistent results in sensitivity analyses. During this period, 245 participants developed cardiovascular disease. There was no increased risk of CVD among those with more sitting time compared to less. No differences in risk were found between women and men. **Conclusion:** There was no association between occupational sitting time and five-year changes in BMI or incident CVD.

Sherman BW. Amplifying the voices of low-wage workers in health and well-being research to promote health equity. American Journal of Public Health. 2025; 115(3):253-254.

<https://doi.org/10.2105/AJPH.2024.307966>

Tiesman HM and Hendricks S. Suicides and overdoses at work: census of fatal occupational injuries, 2011-2022. American Journal of Preventive Medicine. 2025; 68(3):527-534.

<https://doi.org/10.1016/j.amepre.2024.11.015>

Abstract: INTRODUCTION: The worsening life expectancy of middle-aged White Americans due to suicides and substance overdoses has been hypothesized to be caused by various societal conditions. Work is a social determinant of health, but its role in this demographic shift has not been examined. This article describes the characteristics and trends of suicides and overdose fatalities occurring in U.S. workplaces among all workers between 2011 and 2022. METHODS: Data originated from the Census of Fatal Occupational Injury database. Fatality rates were calculated using the Current Population Survey. Fatality rates were calculated and compared among demographic and occupational groups. Annual rates were modeled with a first-order auto-regressive linear regression to account for serial correlation. Analyses were conducted in 2023-2024. RESULTS: Between 2011 and 2022, the rate of workplace overdose fatality rates increased from 0.05 per 100,000 workers to 0.33- an increase of 560%. Workplace suicide rates were relatively stable (0.19 per 100,000 to 0.17). Most industries and occupations experienced significant increases in workplace overdose rates and nonsignificant decreases in workplace suicide rates. The largest workplace overdose rates occurred in the transportation and warehousing industry (0.47, 95% CI=0.27, 0.67) and farming, fishing, and forestry occupations (0.68, 95% CI=0.27, 1.08). CONCLUSIONS: Fatal workplace suicides and substance overdoses have different trends and impact industries, occupations, and demographic groups differently. The rise in workplace overdoses deserve immediate attention

Worthington NM and Grainger C. Exhibiting lived experiences of disability in a hospital workplace: a qualitative evaluation. Disability and Health Journal. 2025; 18(2):101752.

<https://doi.org/10.1016/j.dhjo.2024.101752>

Abstract: BACKGROUND: Beyond the Stigma (BTS) was an exhibition of stories about staff with physical and hidden impairments at the Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham, UK. OBJECTIVE: Evaluative research aimed to examine BTS's long-term impact on participants who publicly shared lived experiences of disability in their hospital workplace. It also sought to discover how arts-based interventions can effectively identify and promote nuanced disability understandings and the wellbeing of disabled people working in healthcare. METHODS: Interpretative Phenomenological Analysis (IPA) interviews were conducted with six hospital staff. Transcripts were analyzed in depth. RESULTS: Three superordinate themes emerged from the data, Process of Hesitancy and Comfort, Perceptions of Impact and Contribution, and Journeying with Disability Understandings. These captured personal narratives of how it felt to disclose impairment and perceptions of the project's impact. Long-term benefits of taking part in BTS were identified as increased self-confidence, openness, self-acceptance, and empowerment. Shifts in participants' personal disability views pointed to improved quality of life inside and outside the workplace through new awareness of diverse and shared experiences, new ease with disability definitions, language, self-identity, and community participation. CONCLUSION: Study findings exposed levels of risk, resilience, and compromise associated with sharing personal experiences of disability, and how these can be managed effectively in the workplace. BTS offers a model for health promotion and community participation across disabled and non-disabled communities that can be repeated and adapted to

support employment strategies, shift understandings, and promote notions of disability gain and disability pride across healthcare settings

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