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

**\*Beaton D, Boers M, Bingham CO, Maxwell LJ, Conaghan PG, Grosskleg S, et al. Summary of findings tables for measurement property reviews: the evolution and application of OMERACT's summary of measurement properties (SOMP) Table. *Seminars in Arthritis and Rheumatism*. 2025; 72:152664.**

<https://doi.org/10.1016/j.semarthrit.2025.152664>

**Abstract:** BACKGROUND: Literature reviews of measurement properties of an outcome measurement instrument are fast becoming the evidence base for making decisions about the suitability of the instrument for a given application. In our case at OMERACT it is the fitness of an instrument for inclusion in a Core Outcome Set. Transparency in the processes and decision making at each step are important to allow consumers of the literature review to have a clear understanding of the decision-making process. We used an iterative process between methodologists and users to develop a summary of measurement properties table (SOMP) as a knowledge translation tool to communicate what was done, what was found, and what recommendations can be made from it. This, in turn, would provide a readily accessible, summary of findings for those who may need this information to make informed decisions about the adequacy of evidence concerning a measurement instrument. METHODS: Working with key collaborators and end users, including patients, clinical trialists, clinicians, and methodologists across several disease areas, the information that is needed to be included in a SOMP was determined, and initial designs laid out. Users provided feedback and revisions, which were integrated while ensuring the core elements were also being communicated. RESULTS: Several features emerged for inclusion in the SOMP: the

background context for the review, all the evidence that went into the review, what was done in the review process, and the decision made based on the review. The SOMP was designed to capture this in a single document. Working group feedback helped to improve overall understandability. CONCLUSIONS: The SOMP was designed to capture the body of evidence available on the measurement properties for a given instrument, and the processes used to come to a decision about its fit with the intended application. In our case whether it was of good enough quality for use in a Core Outcome Set to represent the domain of interest. The SOMP's iterative development within a multidisciplinary consensus-based organization has helped us develop a tool useful in transparent communication about methods and decision-making made in a given review

**\*Buettgen A, Gardiola A, and Tompa E. Engaging workers with disabilities in the financial sector: exploring promising practices through key informant interviews and a rapid literature review. *Equality, Diversity and Inclusion*. 2024; [epub ahead of print].**

<https://doi.org/10.1108/EDI-12-2023-0457>

**\*Kinitz DJ, Tran NK, Shahidi FV, Maslak JT, Flentje A, Lubensky ME, et al. Associations of minority stress and employment discrimination with job quality among sexual- and gender-minority workers. *Scandinavian Journal of Work, Environment & Health*. 2025; [epub ahead of print].**

<https://doi.org/10.5271/sjweh.4221> [open access]

Abstract: Objectives: This study aimed to describe how minority stress and employment discrimination are associated with job quality (ie, employment type and income) among sexual- and gender-minority (SGM) workers. Methods: We conducted a pooled cross-sectional analysis of the 2021 and 2022 surveys from a national study of SGM adults in the United States. Using multinomial logistic regression models and stratification by six gender groups, we examined associations of minority stress and past-year employment discrimination with job quality. Results: Among 4221 workers, 22.0% experienced precarious employment and 6.8% were unemployed. Approximately half earned =US\$50 000. The mean minority stress score was 14.41, indicating moderate-to-severe minority stress. A one-standard-deviation increase in minority stress was associated with higher odds of precarious employment [adjusted odds ratio (ORadj) 1.17, 95% confidence interval (CI) 1.08–1.26], unemployment [ORadj 1.36 (95% CI 1.19–1.56)], earning =US\$20 000 USD [ORadj 1.57 (95% CI 1.36–1.80)], and earning US\$20 001–50 000 [ORadj 1.48 (95% CI 1.32–1.66)]. Employment discrimination was reported by 14.4% of all workers and was associated with precarious employment [ORadj 1.25 (95% CI 1.01–1.54)], unemployment [ORadj 2.11 (95% CI 1.54–2.89)], and earning US\$20 001–50 000 compared to =US\$100 001 [ORadj 1.45 (95% CI 1.07–1.96)]. Transgender and gender-diverse (TGD) workers faced poorer job quality, greater minority stress, and employment discrimination than cisgender sexual minority workers. Conclusions: Higher minority stress levels and employment discrimination were associated with worse job quality among SGM workers. Future labor market reforms should reduce

minority stress and employment discrimination, as well as improve job quality, for SGM workers.

**\*Rizzo RR, Cashin AG, Wand BM, Ferraro MC, Sharma S, Lee H, O'Hagan E, Maher CG, Furlan AD, et al. Non-pharmacological and non-surgical treatments for low back pain in adults: an overview of Cochrane reviews. Cochrane Database of Systematic Reviews. 2025; 3:CD014691.**

<https://doi.org/10.1002/14651858.CD014691.pub2>

Abstract: Background: Low back pain (LBP) is a significant public health issue due to its high prevalence and associated disability burden. Clinical practice guidelines recommend non-pharmacological/non-surgical interventions for managing pain and function in people with LBP. Objectives: To provide accessible, high-quality evidence on the effects of non-pharmacological and non-surgical interventions for people with LBP and to highlight areas of remaining uncertainty and gaps in the evidence regarding the effects of these interventions for people with LBP. Methods: We searched the Cochrane Database of Systematic Reviews from inception to 15 April 2023, to identify Cochrane reviews of randomised controlled trials testing the effect of non-pharmacological/non-surgical interventions, unrestricted by language. Major outcomes were pain intensity, function and safety. Two authors independently assessed eligibility, extracted data and assessed the quality of the reviews using AMSTAR 2 (A Measurement Tool to Assess Systematic Reviews) and the certainty of the evidence using GRADE. The primary comparison was placebo/sham. Main results: We included 31 Cochrane reviews of 644 trials that randomised 97,183 adults with LBP. We have high confidence in the findings of 19 reviews, moderate confidence in the findings of two reviews, and low confidence in the findings of 10 reviews. We present results for non-pharmacological/non-surgical interventions compared to placebo/sham or no treatment/usual care at short-term (= three months) follow-up. Placebo/sham comparisons Acute/subacute LBP Compared to placebo, there is probably no difference in function (at one-week follow-up) for spinal manipulation (standardised mean difference (SMD) -0.08, 95% confidence interval (CI) -0.37 to 0.21; 2 trials, 205 participants; moderate-certainty evidence). Data for safety were reported only for heated back wrap. Compared to placebo, heated back wrap may result in skin pinkness (6/128 participants versus 1/130; 2 trials; low-certainty evidence). Chronic LBP Compared to sham acupuncture, acupuncture probably provides a small improvement in function (SMD -0.38, 95% CI -0.69 to -0.07; 3 trials, 957 participants; moderate-certainty evidence). Compared to sham traction, there is probably no difference in pain intensity for traction (0 to 100 scale, mean difference (MD) -4, 95% CI -17.7 to 9.7; 1 trial, 60 participants; moderate-certainty evidence). Data for safety were reported only for acupuncture. There may be no difference between acupuncture and sham acupuncture for safety outcomes (risk ratio (RR) 0.68, 95% CI 0.42 to 1.10; I<sup>2</sup> = 0%; 4 trials, 465 participants; low-certainty evidence). No treatment/usual care comparisons Acute/subacute LBP Compared to advice to rest, advice to stay active probably provides a small reduction in pain intensity (SMD -0.22, 95% CI -0.02 to -0.41; 2 trials, 401 participants; moderate-certainty

evidence). Compared to advice to rest, advice to stay active probably provides a small improvement in function (SMD -0.29, 95% CI -0.09 to -0.49; 2 trials, 400 participants; moderate-certainty evidence). Data for safety were reported only for massage. There may be no difference between massage and usual care for safety (risk difference 0, 95% CI -0.07 to 0.07; 1 trial, 51 participants; low-certainty evidence). Chronic LBP Compared to no treatment, acupuncture probably provides a medium reduction in pain intensity (0 to 100 scale, mean difference (MD) -10.1, 95% CI -16.8 to -3.4; 3 trials, 144 participants; moderate-certainty evidence), and a small improvement in function (SMD -0.39, 95% CI -0.72 to -0.06; 3 trials, 144 participants; moderate-certainty evidence). Compared to usual care, acupuncture probably provides a small improvement in function (MD 9.4, 95% CI 6.15 to 12.65; 1 trial, 734 participants; moderate-certainty evidence). Compared to no treatment/usual care, exercise therapies probably provide a small to medium reduction in pain intensity (0 to 100 scale, MD -15.2, 95% CI -18.3 to -12.2; 35 trials, 2746 participants; moderate-certainty evidence), and probably provide a small improvement in function (0 to 100 scale, MD -6.8, 95% CI -8.3 to -5.3; 38 trials, 2942 participants; moderate-certainty evidence). Compared to usual care, multidisciplinary therapies probably provide a medium reduction in pain intensity (SMD -0.55, 95% CI -0.83 to -0.28; 9 trials, 879 participants; moderate-certainty evidence), and probably provide a small improvement in function (SMD -0.41, 95% CI -0.62 to -0.19; 9 trials, 939 participants; moderate-certainty evidence). Compared to no treatment, psychological therapies using operant approaches probably provide a small reduction in pain intensity (SMD -0.43, 95% CI -0.75 to -0.11; 3 trials, 153 participants; moderate-certainty evidence). Compared to usual care, psychological therapies (including progressive muscle relaxation and behavioural approaches) probably provide a small reduction in pain intensity (0 to 100 scale, MD -5.18, 95% CI -9.79 to -0.57; 2 trials, 330 participants; moderate-certainty evidence), but there is probably no difference in function (SMD -0.2, 95% CI -0.41 to 0.02; 2 trials, 330 participants; moderate-certainty evidence). It is uncertain whether there is a difference between non-pharmacological/non-surgical interventions and no treatment/usual care for safety (very low-certainty evidence). Authors' conclusions: Spinal manipulation probably makes no difference to function compared to placebo for people with acute/subacute LBP. Acupuncture probably improves function slightly for people with chronic LBP, compared to sham acupuncture. There is probably no difference between traction and sham traction for pain intensity in people with chronic LBP. Compared to advice to rest, advice to stay active probably reduces pain intensity slightly and improves function slightly for people with acute LBP. Acupuncture probably reduces pain intensity, and improves function slightly for people with chronic LBP, compared to no treatment. Acupuncture probably improves function slightly for people with chronic LBP, compared to usual care. Exercise therapies probably reduce pain intensity, and improve function slightly for people with chronic LBP, compared to no treatment/usual care. Multidisciplinary therapies probably reduce pain intensity, and improve function slightly for people with chronic LBP, compared to usual care. Compared to

usual care, psychological therapies probably reduce pain intensity slightly, but probably make no difference to function for people with chronic LBP.

**Alhassan JAK, Rohatinsky N, Peru T, Levandoski C, Kendel D, Dmytrowich J, et al. Health care providers' perceptions of burnout and moral distress during the COVID-19 pandemic: qualitative study from Saskatchewan, Canada. *Journal of Health Services & Research Policy*. 2025; 30(2):109-116.**

<https://doi.org/10.1177/13558196241287336> [open access]

Abstract: OBJECTIVES: This study sought to describe feelings and perceptions of burnout and moral distress experienced by health care providers in the Canadian province of Saskatchewan during the COVID-19 pandemic. METHODS: This study was part of a larger mixed methods project, and we here report on the qualitative results relating to burnout and moral distress experienced by medical doctors, registered nurses and respiratory therapists. We used an exploratory, qualitative descriptive design involving one-one-one interviews with 24 health care providers. Interview data were analysed using a reflexive thematic analysis approach. RESULTS: We identified three overarching themes each for health care provider burnout and moral distress. Interviews revealed that providers experienced burnout through (i) increased expectations and (ii) unfavourable work environments, which led most of them to recognise (iii) a need to step back. Regarding moral distress, key themes were: (i) a sense of compromised care, (ii) feelings of bumping heads with authorities and patient families, and (iii) seeing patients make difficult decisions. CONCLUSION: Our study found that medical doctors, registered nurses and respiratory therapists working during the COVID-19 pandemic experienced and continue to experience significant burnout and moral distress. This was often driven by both institution- and system-level factors. There is a need for sustained investment to build and support a motivated health care workforce to prepare for future pandemics and health emergencies

**Beckman S, Andamel N, and Harrison R. California warehouse industry worker injury rates in the occupational health and safety administration's Injury Tracking Application, 2018-2023. *American Journal of Industrial Medicine*. 2025; 68(3):295-303.**

<https://doi.org/10.1002/ajim.23697>

Abstract: BACKGROUND: Occupational health and safety surveillance in the US relies primarily on federal and state administrative data sources which all have limitations created by underreporting and different sampling frames. To begin closing data gaps, in 2019 the federal Occupational Health and Safety Administration began requiring many US business establishments to submit injury and illness data to the Injury Tracking Application (ITA). We present an example use of these data by characterizing injuries in the California warehousing industry. METHODS: Yearly ITA data for 2018-2023 were obtained and cleaned to exclude invalid records, resulting in 3717 records from California General Warehousing and Storage (GWS, NAICS 493110) establishments. Annual rates of total reportable injuries and cases of injuries requiring days of job transfer or restriction (DJTR) were calculated. RESULTS: Total

injury rates peaked in 2021, with 5.87 injuries per 100 workers. While total injury rates subsequently declined, 2023 DJTR rates remained elevated over 2018 rates (3.21 vs. 1.84 per 100 workers). The primary analytical limitations were potential bias due to underreporting, and difficulty in identifying warehouse establishments. **CONCLUSION:** The ITA data are a valuable addition to existing administrative data sources, with several limitations similar to those in other administrative datasets. The findings of consistently elevated total and DJTR injury rates in California's warehousing industry are consistent with previous research and indicate that outreach and enforcement efforts should be expanded to protect the health and safety of warehouse workers

**Chungkham HS, Hognas R, Alexanderson K, Zaninotto P, Farrants K, Hyde M, et al. Association between job strain and working life expectancy: a longitudinal study of older people in Sweden. *European Journal of Public Health*. 2025; 35(1):85-90.**

<https://doi.org/10.1093/eurpub/ckae186> [open access]

**Abstract:** Many European countries have increased retirement ages to address the challenge of population ageing. However, job strain which is the combination of high job demands and low job control may be an obstacle to extending the working lives of older workers. Job strain is associated with poor health and early work exit among older workers, but less is known about whether job strain impacts working life expectancy (WLE)-an increasingly employed summary measure capturing the length of working lives. This study aims to fill this gap in the literature. The sample included n = 13 225 individuals aged 50 years or older at baseline providing 53 004 persons-observations from the Swedish Longitudinal Occupational Survey of Health in 2008 through 2020. We used continuous time multi-state Markov models to assess the average number of years people may be expected to work beyond age 50 years by job strain, and stratified by sex, occupational class, and level of education. Job strain was associated with a significantly shorter WLE (by about 6 months to a year) among those who experienced job strain compared to those who did not experience job strain. Our findings suggest that job strain may play a role in shortening the working lives of older people. The findings further suggest that if older workers are to remain in the labor market for longer periods, this may require improvements of psychosocial working conditions.

**Eriksen E, Daae HL, Afanou AK, Madsen AM, and Graff P. Occupational health of drilling waste workers as related to microbial exposure and waste treatment methods. *Annals of Work Exposures and Health*. 2025; 69(3):261-272.**

<https://doi.org/10.1093/annweh/wxae102>

**Abstract:** **OBJECTIVES:** Exposure to microorganisms is a known contributor to occupational disease. This study assessed drilling waste workers' health status and investigated the potential of inhalable bioaerosols to elicit an immune response in vitro and in vivo. **METHODS:** Venous blood and self-reported health data were collected from 56 and 73 Norwegian drilling waste workers, respectively. Immunological effects were assessed as Toll-like receptor (TLR) activation potential of personal air samples in vitro and biomarker

expression in workers' plasma samples in vivo. Parameters, such as BMI, sex, and smoking habits, were considered along with factors such as purification technology of drilling waste when biomarker expression was interpreted. Symptom prevalence among exposed workers was compared to an unexposed control group. RESULTS: Personal air samples activated TLR signalling in vitro in 90% of all cases. The activation potential correlated significantly with work exposure to microbial agents and total dust. Significant differences in biomarker expression and symptom prevalence were identified between purification technologies and exposure groups. Drilling waste workers had significantly increased OR of skin irritation and respiratory symptoms compared to the control group. CONCLUSIONS: Exposure to microorganisms during the treatment of offshore drilling waste is an occupational health concern

**Garcia-Buades ME, Montanez-Juan M, Blahopoulou J, Ortiz-Bonnin S, Chela-Alvarez X, Bulilete O, et al. Psychosocial work factors, job stress, and self-rated health among hotel housekeepers. Workplace Health & Safety. 2025; 73(3):116-130.**

<https://doi.org/10.1177/21650799241282787> [open access]

Abstract: BACKGROUND: Hotel housekeeping is widely recognized as a poor-quality job due to its high demands and limited resources. Hotel housekeepers (HHs) face both hard physical work and mentally demanding conditions, yet psychosocial factors in this feminized and precarious occupation remain under-researched. To address this gap, this study examines HHs' exposure to psychosocial factors at work and their impact on job stress and self-rated health. METHODS: A cross-sectional survey of a random sample of 926 HHs in the Balearic Islands (Spain) assessed job stress, self-rated health, psychosocial factors (job demands and resources), and sociodemographic variables using the Copenhagen Psychosocial Questionnaire II (COPSOQ-II) and the National Health Survey. Descriptive analysis and hierarchical linear regression models were applied. RESULTS: The prevalence of job stress was 61.1% (95% confidence interval [CI] = [57.8%, 64.1%]), while the prevalence of poor self-rated health was 59.9% (95% CI = [56.6%, 62.9%]). Hotel housekeepers were highly exposed to job demands such as intense work pace, job-specific stressors, work-life conflict, and emotional demands; highly available job resources were role clarity, task meaning, and social support. Regression models revealed work pace, work-life conflict, nationality, and weak leader support as key predictors of job stress; and work-life conflict and leadership quality as key predictors of self-rated health. CONCLUSION/APPLICATION TO PRACTICE: Although considered an eminently physical job, psychosocial work factors play a key role in explaining HHs' job stress and self-rated health. Occupational health professionals should design workplace interventions to reduce work pace, mitigate work-life conflict, and enhance resources such as leader support, sense of community, and leadership quality

**Hon CY, Fairclough C, and Randhawa J. Perception of occupational health and safety in the manufacturing sector: a qualitative evaluation. *International Journal of Occupational Safety & Ergonomics*. 2025; 31(1):274-279.**

<https://doi.org/10.1080/10803548.2024.2435707>

**Abstract:** Objectives. Earlier work found gaps with respect to legislative compliance and disparities in perceptions, attitudes and beliefs towards occupational health and safety in the Ontario manufacturing sector. The current follow-up study was undertaken to gain a more thorough understanding of the cause of these gaps and differences in perspectives. Methods. Focus group discussions were held with workers and managers separately. Key questions related to health and safety in general, health and safety training, and health and safety communication were asked of each focus group. The discussions were qualitatively analysed. Results. Overall, 12 worker focus groups (n = 76) and seven manager focus groups (n = 38) were conducted. Individuals who felt safe in their workplace indicated that it was a supportive environment, and that health and safety was a priority. Health and safety training was considered important but improvements in engagement and frequency were suggested. Conclusions. Health and safety communication might be hindered by technical terms and language barriers. Delivering this communication in multiple ways as well as the tone of communication should be taken into consideration. Overall, safety culture was lacking and manufacturing workplaces should be mindful of the gaps identified to improve health and safety performance.

**Jupille J, Deloffre S, Leguay D, and Chirio-Espitalier M. Disability, recruitment and job retention: identifying barriers and facilitators from the employers' point of view. *Work*. 2025; 80(1):202-211.**

<https://doi.org/10.3233/WOR-230444>

**Abstract:** BACKGROUND: Despite increased public awareness of the professional, integration of people with disabilities, they encounter more difficulties than their non-disabled counterparts in accessing employment. OBJECTIVE: The aim of this study was to gain a better understanding of the barriers and facilitators to hiring and retaining people with disabilities from the perspective of employers in the private and public sector in France. METHODS: This was a qualitative study using semi-structured interviews with forty-two employers from public structures or private companies. The Consolidated Criteria for Reporting Qualitative Research was used as a guideline to secure accurate and complete reporting of the study. RESULTS: Among barriers we found that 1. Stereotypes persist about disability, still associated with lower productivity and dangerous behaviour; 2. Disabilities were associated with costs that were considered too high; 3. Disabilities management was seen as an administrative burden. 4. The bumps of inclusion. We also highlighted facilitators such as 1. A public sector is a more favourable environment 2. Employer's personal motivation to hire people with disabilities; 3. The support by Job Coaches was seen as a powerful facilitator. CONCLUSIONS: The decision to hire people with disabilities depends on many personal, societal and organisational factors. This study has contributed to a better understanding of

their interrelationships and could be useful in developing more effective strategies for the inclusion of people with disabilities

**Lecours A, Bedard-Mercier R, Hong QN, Maclure J, Vincent C, and Lord MM. Challenges in teleworking management related to accommodations, inclusion, and the health of workers: a qualitative study through the lens of social exchanges. *Work*. 2025; 80(1):338-351.**

<https://doi.org/10.3233/WOR-240208> [open access]

**Abstract:** BACKGROUND: Telework is increasingly prevalent and holds the potential to serve as an accommodation, facilitating inclusion and promoting healthy participation among various segments of the workforce, such as aging employees, individuals with chronic illnesses or those living alone with one or more dependents. Nevertheless, this promising avenue presents management challenges that remain underexplored in the literature.

**OBJECTIVE:** This study aimed to identify the challenges in telework management related to accommodations, inclusion and the health of workers with life situations entailing specific needs. **METHODS:** We conducted a descriptive interpretative study grounded in Social Exchange Theory, by collecting data through interviews with 9 managers and conducting focus groups involving 16 workers. We used a thematic-analysis approach to analyze the data. **RESULTS:** We identified seven overarching themes encapsulating management challenges that relate to accommodation (e.g., maintaining a balance between the benefits for the worker and the impacts on the organization) inclusion (e.g., maintaining team cohesion) and health (e.g., managing teleworkers' emotions). **CONCLUSIONS:** The findings underscore the significance of fostering robust social exchanges across hierarchical levels, and they highlight the necessity of equipping managers with the requisite tools to navigate the ethical quandaries arising from accommodation requests

**Lyubykh Z, Zhong R, Vuong TT, Robinson SL, and Hershcovis MS. Understanding the impact of witnessed workplace mistreatment: a meta-analysis of observer deontic reactions and employee outcomes. *Journal of Applied Psychology*. 2025; 110(3):381-403.**

<https://doi.org/10.1037/apl0001239>

**Abstract:** This meta-analysis aims to understand the impact of witnessed workplace mistreatment. Bringing together two streams of research, it examines (a) the boundary conditions of observer reactions that reflect a principled moral disapproval of violations of interpersonal justice (i.e., deontic reactions) and (b) the extent to which witnessed mistreatment explains incremental variance in a range of employee outcomes beyond the effects of experienced mistreatment. The results demonstrate that observer psychological and behavioral deontic reactions are not straightforward. For example, while observers have negative reactions toward perpetrators, they fail to intervene and have mixed reactions toward targets. Findings from a series of moderator analyses illuminate the role of perpetrator rank, mistreatment severity, and study context in explaining these disparate observer deontic reactions. Further, although experienced mistreatment explains more variance in most employee outcomes than witnessed mistreatment, witnessed mistreatment

still has a unique and sizable contribution. The implications of these findings and future directions for research on witnessed mistreatment are discussed. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

**Meyer JS, Brinck EA, Weathers MD, Park S, Qisti DA, Zencir AC, et al. Vocational rehabilitation outreach to diverse populations: identifying underserved populations through demographic analysis. *Journal of Vocational Rehabilitation*. 2025; 62(1):39-48.**

<https://doi.org/10.1177/10522263241301196> [open access]

**Abstract:** Background Underserved populations face many barriers to vocational rehabilitation (VR) services. However, outreach can build bridges with underserved populations. Objective This study compares Rehabilitation Services Administration (RSA) client data with US Census data to identify which demographic groups are underserved at the national level. This data analysis strategy can also be applied by agencies and providers to identify underserved populations at the local level. Method RSA 911 data from 77 agencies in the United States and its territories between the first quarter of 2021 through the third quarter of 2023 was compared to US Census data. RSA 911 data was analyzed, quantifying VR populations by demographic type. Diachronic analysis was utilized to identify service changes over time. Results This study found that several historically underserved demographic groups—including African Americans and Native Americans—were being served by VR at or above those groups' representation among the general population. However, Hispanic/Latino, Asian, and female populations were underrepresented in VR applications. Conclusion VR agencies and providers have made significant progress with many traditionally underserved groups. However, Hispanic/Latino, Asian, and female populations are groups that require enhanced outreach efforts. In addition, agencies and providers can compare local client data with local Census figures to identify local underserved populations.

**Ollivier S, Nelisse H, and Voix J. On the potential benefits of wide dynamic range compression for workers in loud environments: a scoping literature review. *International Journal of Occupational Safety & Ergonomics*. 2025; 31(1):181-194.**

<https://doi.org/10.1080/10803548.2024.2418688>

**Abstract:** This literature review investigates the application of wide dynamic range compression (WDRC) to enhance hearing protection and communication among workers in a noisy environment. Given the prevalence of noise-induced hearing loss, there is a major need to provide workers, with or at risk of hearing loss, with a solution that not only protects their hearing but also facilitates effective communication. WDRC, which amplifies softer sounds while limiting louder sounds, appears a promising approach. This review explores 46 articles investigating WDRC performance on speech intelligibility and loudness perception in noise for individuals with normal hearing or mild to moderate hearing loss. The findings illustrate a complex interplay between several factors such as WDRC parameters, noise types and personal factors. Although WDRC holds promise for enhancing auditory protection and communication in noisy work settings, targeted research towards customizable and adaptive

WDRC configurations is crucial for optimizing its application across industrial noise environments

**Popovic M, Reynolds L, Noel C, Cooper L, and Maranzan KA. Conceptualizing stigma in the injured worker literature: a scoping review. Journal of Occupational Rehabilitation. 2025; [epub ahead of print].**

<https://doi.org/10.1007/s10926-025-10280-9>

**Abstract:** PURPOSE: Injured workers experience stigmatization, but the current literature has not applied a stigma lens to this demographic. Stigmatizing experiences are described, but not by readily using the term "stigma," making it difficult to locate these works. The purpose of this scoping review was to identify the terms and phrases that are being used to describe the stigmatizing experiences of injured workers. METHODS: A scoping review was conducted, searching MEDLINE, PsycINFO, and CINAHL for papers that described the stigma experiences of injured workers. The main objectives were to determine (i) whether the term "stigma" was used (and if it was a major or minor term) and (ii) what terms were used to describe these stigmatizing experiences. Post hoc, the terms were grouped into components of popular stigma theories (Attribution Theory, Modified Labeling Theory, and the Regressive Self-Stigma Model). RESULTS: 100 articles were included in the review. 48% of the studies used the term "stigma," but of these studies, only 11 (23%) used "stigma" consistently throughout their papers. There were 271 unique terms identified that described the stigmatizing experiences injured workers face, which most commonly described cognitive and behavioral forms of stigma. CONCLUSIONS: This review confirmed that a stigma lens has not been adopted to describe the experiences of injured workers, but that prominent theories of public and structural stigma explain these experiences well. This review also consolidated the various terms used to describe stigma experiences of injured workers, which will improve accessibility of the current literature for knowledge users and interested parties

**Salmela J, Heinonen NA, Knop J, Virtanen M, Fagerlund P, Kouvonen A, et al. Sickness absence trajectories among young and early midlife employees with psychological distress: the contributions of social and health-related factors in a longitudinal register linkage study. International Archives of Occupational & Environmental Health. 2025; 98(1):59-77.**

<https://doi.org/10.1007/s00420-024-02114-7> [open access]

**Abstract:** Purpose: Psychological distress has been associated with sickness absence (SA), but less is known about whether there are distinct patterns in the development of SA among people with psychological distress. We examined trajectories of short- and long-term SA among employees with psychological distress and how social and health-related factors are associated with them. Methods: We used the employer's register data on all-cause short- (= 10 working days) and long-term (> 10 working days) SA with a two-year follow-up. We prospectively linked the Helsinki Health Study survey data on 19-39-year-old employees of the City of Helsinki, Finland, in 2017, to the SA data. We included 1060 participants (81% women) who reported experiencing psychological distress, measured by the emotional

wellbeing scale of RAND-36. Survey responses of age; gender; education; marital status; social support, procedural and interactional organisational justice, and bullying at work; physical activity; diet; tobacco and alcohol use; prior SA; and the level of psychological distress were included as exposures. Group-based trajectory modelling and multinomial logistic regression were used for the analyses. Results: We identified four short-term SA trajectories: 'low' (n = 379, 36% of participants), 'descending' (n = 212, 20%), 'intermediate' (n = 312, 29%), and 'high' (n = 157, 15%); and two long-term SA trajectories: 'low' (n = 973, 92%) and 'high' (n = 87, 8%). A higher education, fewer prior SA, and lower levels of psychological distress were associated with the 'low' short- and long-term SA trajectories. Conclusion: SA trajectories differ among employees with psychological distress. Early intervention and support are needed among employees with mental health symptoms to prevent future SA.

**Wang ML, Narcisse MR, Rodriguez K, and McElfish PA. Gender disparities in job flexibility, job security, psychological distress, work absenteeism, and work presenteeism among U.S. adults. *SSM - Population Health*. 2025; 29:101761.**

<https://doi.org/10.1016/j.ssmph.2025.101761> [open access]

**Abstract:** Background: While international research has examined the relationship between job characteristics and mental health, including gender differences, few studies have assessed these associations at the national level in the U.S., which has unique labor markets, health care systems, and societal structures that may exacerbate gender disparities. This study investigates gender differences in the associations between job flexibility, job security, mental health outcomes, work absenteeism, work presenteeism, and mental health care utilization among a representative sample of working U.S. adults. Methods: We analyzed cross-sectional population-based survey data from employed adults in the 2021 National Health Interview Survey. Job characteristics included perceived job flexibility and security. Outcomes included serious psychological distress, frequency of anxiety, work absenteeism, work presenteeism, and mental health care utilization. Multivariable logistic and binomial regression analyses examined associations of interest, with statistical interaction tests conducted to assess gender differences. Findings: The study sample included 18,112 respondents weighted to represent a population of 168,068,586 civilian, non-institutionalized working U.S. adults (47.7% female). Females with low job security had a decreased probability of serious psychological distress than males with low job security ( $F(3,589) = 2.79$ ;  $p = 0.040$ ). Females with the lowest job flexibility reported more days worked while ill than males over the past 3 months, while males with higher job flexibility reported more days worked while ill than females ( $F(3,589) = 4.1$ ;  $p = 0.007$ ). The average number of work days missed over 12 months was lower among females than males when job security was perceived as fairly low and higher among females than males as job security increased ( $F(3,589) = 4.3$ ;  $p = 0.005$ ). Interpretation: Findings highlight the need for policies and practices that recognize and address gender-specific workforce experiences and needs. Tailored interventions that enhance job flexibility and security, support caregiving

responsibilities, and provide comprehensive mental health services can address such challenges.

**Xia T, Pritchard E, van Vreden C, Collie A, Newnam S, Lubman DI, et al. Factors associated with psychological distress among Australian truck drivers: the role of personal, occupation, work, lifestyle, and health risk factors. Journal of Transport & Health. 2025; 41:101973.**

<https://doi.org/10.1016/j.jth.2024.101973> [open access]

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