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

***Chaput JP, Tremblay MS, Goldfield GS, Prince SA, Biswas A, Colley RC, et al. Is working from home good for mental health and well-being? Associations between work location, self-rated mental health, life satisfaction, and life and work stress among Canadian adults. *Mental Health & Prevention*. 2025; [epub ahead of print].**

<https://doi.org/10.1016/j.mhp.2025.200418>

Arroyo-Machado W, Herrera-Viedma E, and Torres-Salinas D. The botization of science? Large-scale study of the presence and impact of Twitter bots in science dissemination. *Journal of the Association for Information Science and Technology*. 2025; [epub ahead of print].

<https://doi.org/10.1002/asi.24998>

Bhattacharjee K, Bugalia N, and Mahalingam A. Differences in pathways to resilient safety culture for construction projects of different sizes. *Journal of Construction Engineering and Management*. 2025; 151(5):04025026.

<https://doi.org/10.1061/JCEMD4.COENG-15046>

Brouwers EPM, Bergijk M, van Weeghel J, Detaille S, Kerkhof H, and Dewinter J. Barriers to and facilitators for finding and keeping competitive employment: a focus group study on autistic adults with and without paid employment. *Journal of Occupational Rehabilitation*. 2025; 35(1):54-65.

<https://doi.org/10.1007/s10926-024-10181-3> [open access]

Abstract: Purpose: The aim of the study was to gain more insight into barriers to and facilitators for finding and keeping competitive employment for autistic adults. Research questions were: (1) What barriers and facilitators do autistic adults report in finding and keeping competitive employment?; and (2) What are differences and similarities between autistic adults with and without paid

employment regarding barriers and facilitators for sustainable employment? Methods: Eight focus groups were conducted (N = 64 autistic adults). Four groups included only participants without paid employment (N = 24), and four groups consisted exclusively of participants with current paid employment (including part-time, N = 40). All discussions were audiotaped and transcribed verbatim to enable inductive thematic content analysis. Data were analyzed using ATLAS.ti 9. Results: Ten themes and thirty-four subthemes were found. Many were interconnected. Themes facilitating sustainable employment included a positive workplace atmosphere, a supportive supervisor, being able to do work that aligns with interests and talents, favorable physical working conditions, coaching, higher self-insight, higher self-esteem, and proactivity. Most themes and subthemes emerged from both groups. Differences between the groups were that those with paid employment seemed to have experienced more friendly workplaces and supervisors, had received better coaching in finding and keeping employment, had higher self-insight and higher self-esteem, were more assertive and proactive. Conclusions: As many (sub-)themes were interrelated, the results suggest that to improve work participation, particularly two key areas are promising: (1) to realize more friendly, well-being oriented and inclusive workplaces, and (2) to increase autistic adults' self-insight into personal needs for positive wellbeing and self-knowledge regarding talents, wishes and well-being boundaries.

Coatsworth-Puspoky R, Duggleby W, Dahlke S, and Hunter KF. Prioritizing qualitative meta-synthesis findings in a mixed methods systematic review study: a description of the method. *Research Synthesis Methods*. 2025; 16(1):123-138.

<https://doi.org/10.1017/rsm.2024.8> [open access]

Abstract: Aim(s) To describe a sequential mixed methods review method that prioritized synthesized qualitative evidence from primary studies to explain the complexities of older persons with multiple chronic conditions' unplanned readmission experiences. Background Segregated mixed methods review studies frequently prioritize quantitative evidence synthesis to examine the effectiveness of interventions; utilizing qualitative evidence to explain quantitative data. There is a lack of guidance about how to prioritize qualitative evidence. Results Five procedural steps were developed to prioritize qualitative evidence synthesis. In Step 1, research questions were developed. In Step 2, databases were searched, studies were mapped to their method (qualitative or quantitative) and appraised. In Step 3, meta-synthesis and applied thematic analysis were used to synthesize extracted qualitative evidence about the psychosocial processes and factors that influenced unplanned readmission. In Step 4, quantitative evidence was synthesized using vote counting to determine the factors influencing unplanned readmission. In Step 5, a matrix was used to compare, determine the agreement between the qualitative and quantitative evidence, juxtapose findings, and uphold validity. Factors were mapped to the model of psychosocial processes and analytic themes. Conclusion Prioritizing qualitative evidence synthesis in a mixed methods review study prioritizes participants' experiences, perspectives, and voices to understand complex clinical problems from participants who experienced the event. Synthesizing and integrating evidence facilitates the construction of holistic new understandings about phenomenon and expands mixed methods systematic review methods. Implications Prioritizing patients' perspectives is useful for developing new client-centered interventions, establishing best practices for future reviews, generating theories, and expanding research methods.

Fagerlund P, Jousilahti JP, Kouvonon A, Salo K, Salmela J, and Lallukka T. Recurrent pain among young and early midlife employees: the role of workload and health-related factors. Archives of Public Health. 2025; 83(1):108.

<https://doi.org/10.1186/s13690-025-01595-3> [open access]

Abstract: Background: Recurrent pain is associated with subsequent sickness absence and disability retirement, however, its modifiable risk factors have been less frequently studied among young and early midlife employees. This study aimed to identify workload and health-related factors associated with recurrent pain among young and early midlife employees, as this could help specify targets for pain prevention in this age group to mitigate its adverse consequences. Methods: The Helsinki Health Study data, covering 3245 (79% women) Finnish municipal employees who were 19-39-years-old at phase 1, were collected by surveys in 2017 (phase 1) and 2022 (phase 2). Data on workload and health-related factors were derived from phase 1, and data on pain from both surveys. The associations of workload and health-related factors with pain recurrence were investigated using multinomial logistic regression analysis. Results: Recurrent pain was reported by 25% of the employees. Pain either only at phase 1 or at phase 2 was reported by 16% and 18% of the participants, respectively, whereas 41% of the participants reported no pain at either phase. High physical and mental workload, non-daily vegetable consumption, obesity, and average sleep duration other than 7-8 h were associated with recurrent pain. Conclusions: Recurrent pain affects a substantial proportion of young and early midlife employees. Improving physical and psychosocial working conditions, through workplace interventions and multilevel interventions to support healthy behaviors, are recommended to prevent recurrent pain.

Gimeno Ruiz de Porras D, Patel J, Conway S, Pompeii L, Mitchell LE, Carson A, et al. A qualitative assessment of changes in occupational exposures among healthcare facility workers. Workplace Health & Safety. 2025; 73(2):53-62.

<https://doi.org/10.1177/21650799241284085> [open access]

Abstract: Adult-onset asthma, notably prevalent among healthcare professionals, especially nurses, is often attributed to occupational factors such as exposure to cleaning agents. Studies consistently underscore the substantial role of such exposure in work-related asthma among hospital staff. We aimed to (a) identify and characterize current practices in cleaning and aerosolized medication administration; (b) assess changes in practices since a similar 2003 study of Texas healthcare workers; and (c) identify factors contributing to diverse exposures within healthcare job categories. We conducted focus groups with 38 participants in 6 healthcare settings, analyzing current practices, changes since 2003, and factors contributing to exposure diversity. We used a three-step approach for data analysis, including sociodemographic characterization, a scissor-and-sort technique for exposure description, and qualitative content analysis. Participants were primarily healthcare providers (76%) and housekeepers/cleaners (11%) who reported exposure to aerosolized medications, cleaning products, adhesives, and solvents. Participants reported transitioning from cleaning practices to new formulas with reduced odors and shifting from spray cleansers to wipes. Personal protective equipment (PPE) used during cleaning tasks varied, with training differing among job categories. Aerosolized medication administration varied among facilities, with reported medication types and protocol changes over time. The results emphasized the significance of maintaining uniform protection, disseminating knowledge, and consistently adhering to PPE protocols in the healthcare

environment. Addressing the identified gaps in comprehension and potential sources of exposure variability requires additional focus on occupational health and safety initiatives

Gunn V, O'Campo P, and Muntaner C. Exploring indigenous health and employment: methods to capture diversity and intersecting factors. *American Journal of Public Health*. 2025; 115(5):634-636. <https://doi.org/10.2105/AJPH.2025.308030>

Hanley J, Ventura Sanchez G, Goswami P, Mayell S, McLaughlin J, and Hennebry J. The false promise of return to work for migrant workers injured on the job in Canada: when public policies intersect to create exclusion. *Work*. 2025; [epub ahead of print]. <https://doi.org/10.1177/10519815251325646>

Abstract: Background: Migrant workers in Canada work in the most dangerous industries, with documented difficulties with occupational health and safety (OHS) and workers' compensation (WC). Little is known, however, about migrant workers' experiences with "return-to-work", the ultimate objective of WC for those who recover from their illness or injury. Objective: The objective of this study was to understand migrant workers' "return-to-work" experiences after facing occupational injury/illness for in Québec, Canada. Methods: Part of a broader multi-disciplinary project exploring how Canadian policies can ensure "return-to-work" for injured workers, this article draws on policy analysis and semi-structured interviews with 21 migrant workers in Quebec who experienced workplace illness or injury. Interviews (in Spanish, English, and French) lasted 1-2 h and were transcribed verbatim and thematically coded. Results The first group of workers with occupational injuries never left their job out of fear of consequences. A second group of workers stopped working, with some receiving WC, while others did not. Most workers in this group never returned to work. Among the reasons provided by migrant workers, the data suggest following as the most common: abandoning the job out of fear of re-injury; repatriation and not being called back; and lasting repercussions of the injury leaving them unable to perform the same work. Others returned but experienced a range of problems: working without being fully recovered; constructive dismissal; or quitting because of ongoing risk or exacerbation of health problems. None were able to access retraining programs. Conclusions: The structural components of Canada's migrant worker programs create conditions of unfree labor that impede the possibility of true "return-to-work". OHS and WC regimes must implement specific protections for migrant workers to increase their access to protections.

Kostev K, Yon DK, Gyasi RM, Hajek A, and Jacob L. Conflict at work and incident chronic low back pain: a retrospective cohort of more than 101,000 adults from Germany. *International Archives of Occupational and Environmental Health*. 2025; 98(2):181-190. <https://doi.org/10.1007/s00420-025-02120-3>

Abstract: Purpose: Little is known about the relationship between conflict at work and incident chronic low back pain (CLBP). Thus, this retrospective cohort study analyzed the association between conflict at work and the five-year incidence of CLBP in adults living in Germany. Methods: This study included individuals aged 18-65 years reporting conflict at work for the first time in one of 1,293 general practices in Germany between 2005 and 2022 (index date). Patients not reporting conflict at work were matched (5:1) to those reporting conflict at work using a propensity score based on multiple demographic and clinical variables. In people not reporting conflict at work, the index date was a randomly selected consultation in 2005-2022. CLBP corresponded to two diagnoses of LBP at

least three months apart. The relationship between conflict at work and incident CLBP was studied using Cox regression models. Results: There were 16,925 patients reporting (mean [SD] age 39.5 [13.0] years; 63% women) and 84,625 patients not reporting conflict at work (mean [SD] age 39.6 [12.9] years; 64% women). Conflict at work was not associated with incident CLBP in the overall population (HR = 1.07, 95% CI = 0.99-1.14). However, there was a positive and significant association for CLBP without sciatica, individuals aged 18-30 years, and those with no history of low back pain before the index date. Conclusion: Conflict at work may be a predisposing factor for CLBP without sciatica, highlighting the need to prevent conflict in the workplace. Further research is warranted to corroborate these results in other countries.

Martinez MF, O'Shea KJ, Kern MC, Chin KL, Dinh JV, Bartsch SM, et al. The health and economic burden of employee burnout to U.S. employers. *American Journal of Preventive Medicine*. 2025; 68(4):645-655.

<https://doi.org/10.1016/j.amepre.2025.01.011>

Abstract: INTRODUCTION: Although an increasing number of headlines have highlighted the problem of employee burnout, an employer may not be aware of how specifically disengagement and burnout may be affecting their employees' health and their bottom line. METHODS: To quantify the burden of disengagement and burnout among different employee types, in 2024, the authors developed a computational model representing different engagement/burnout states they could be in and different stressors within and outside the workplace on the basis of the work-life framework, which impact movement among these states and subsequent productivity losses (i.e., missed workdays and reduced productivity at work) and health effects in each state. RESULTS: Employee disengagement, overextension, ineffectiveness, and burnout over the course of 1 year costs an employer an average of \$3,999 (95% range=\$3,958-\$4,299) for an average U.S. nonmanagerial hourly employee; an average of \$4,257 (95% range=\$4,215-\$4,299) for an average nonmanagerial salaried employee; \$10,824 (95% range=\$10,700-\$10,948) for an average manager; and \$20,683 (95% range=\$20,451-\$20,915) for an average executive. At an average U.S. 1,000-person company (assuming average wages by employee type and an employee distribution of 59.7% nonmanagerial hourly, 28.6% nonmanagerial salaried, 10% managers, and 1.7% executives), employee disengagement/burnout resulted in \$5.04 million (95% range=\$5.03-\$5.05 million) in costs and 801.7 (95% range=801.5-801.9) quality-adjusted life years lost annually. CONCLUSIONS: Employee disengagement/burnout can cost employers 0.2-2.9 times the average cost of health insurance and 3.3-17.1 times the cost of training per employee

Parolin Z and Pignatti C. Employment and consumption responses to the withdrawal of unemployment benefits. *ILR Review*. 2025; 78(3):543-570.

<https://doi.org/10.1177/00197939251322173>

Schulte PA, Pot FD, Iavicoli I, Leso V, Fontana L, Almeida IM, et al. Furthering decent work by expanding the role of occupational safety and health. *Work*. 2025; 80(2):680-690.

<https://doi.org/10.3233/WOR-240230> [open access]

Abstract: BACKGROUND: The International Labour Organization (ILO) and the United Nations (UN) have promoted the concept of decent work as a Sustainable Development Goal for 2030 to address critical global problems. Occupational safety and health (OSH) are components of decent work, primarily through the ILO social protection objective of the goal, and are linked to various other

objectives. **OBJECTIVE:** This Commentary applies a previously published staging framework to stimulate thinking about how the OSH field can contribute further to the achievement of decent work. **METHODS:** To advance the contribution of the framework, the different functions of OSH (research, practice, advocacy, governance, and professional education) were used to identify impediments to achieving decent work and develop recommendations for each determinant in the framework. **RESULTS:** Promoting and achieving decent work are complex issues that require a multifactorial approach. Numerous recommendations supporting systems thinking and transdisciplinary approaches are provided. **CONCLUSIONS:** The OSH field can expand to further address decent work

Sousa-Duarte F and Brown P. (Dis)trust in the care of work related mental health problems in Brazil: between multiple systems and shared lifeworlds. *Social Science and Medicine*. 2025; 369:117827. <https://doi.org/10.1016/j.socscimed.2025.117827> [open access]

Abstract: Sociologists have understood trust in healthcare contexts chiefly in terms of how the patient relates understandings of the system and the professional, amid unfolding interactions and relations. This theoretical framing, where trust is usually considered in relation to a relatively coherent healthcare system, tends to neglect the multiplicity of organisations, systems and institutions shaping patients' (dis)trust. Embedded within this 'system' is often a global-north-western typification of the benevolent, well-paid healthcare professional in stable employment. In this article we adopt a phenomenological approach to partially build upon these conceptual bases as a way of extending our understandings of (dis)trust amid healthcare constellations. We draw upon a study of (dis)trust in Brazilian contexts of work-related mental health problems (WRMHPs), within a highly fragmented network of multiple systems, where the mental health professionals themselves worked in low paid and often precarious work situations. Drawing on 14 in-depth interviews with patients with WRMHPs, and their psychological-therapists, we found the fragmentation of systems and distance between them was fundamental to analysing emerging relations of (dis)trust. In turn, these multiple system dynamics configured lifeworld structures of shared assumptions, shared critiques of biomedical models, shared precarity and negative experiences in the Brazilian labour market. These lifeworld structures formed the basis of professionals' trust in their patients and facilitated the listening and deeper communicative action which slowly built patients' trust. The Brazilian case of WRMHPs is useful in rendering more explicit the multiple abstract systems, epistemic traditions and organisational structures pertinent to understanding (dis)trust amid healthcare contexts, and the role of increasingly precarious professionals within these

Sy MP, Frey S, Baldissera A, Pineda RC, and Toribio FNRB. The role of occupational therapists in return-to-work practice for people with post-COVID condition: a scoping review. *Work*. 2025; 80(2):498-513.

<https://doi.org/10.1177/10519815241289658>

Abstract: Background Return to work has become more valuable today more than ever especially for adult workers who experience post-COVID condition. Objective This scoping review aims to map the extant literature on the role of occupational therapists for people with post COVID condition returning to work. Specifically, we described the roles of occupational therapists, identified the professionals occupational therapists work with in this practice setting, and determined whether the concept of return to work is perceived as an outcome or a process .Method The review followed Arksey and O'Malley's framework and reported the results using PRISMA extension. A systematic

database search was performed in June 2024 and was updated in February 2024 to retrieve literature published from 2021 onwards. Results A total of 33 papers from 5106 records were included. The included records were studies from varying designs and largely coming from Western and developed countries. Our results revealed that occupational therapists have a wide-ranging role from providing clinical assessments and interventions, facilitating and advocating activities to prepare for work participation, and working within teams to target clinical and return-to-work outcomes. To be effective in their role, occupational therapists work interprofessionally within teams composed of health, social, legal and service professionals. The concept of return to work was largely perceived as an outcome of rehabilitation and recovery, and less likely as a dynamic process that bridges patients from the health system to societal integration. Conclusion Occupational therapists have a crucial role in return-to-work practice especially for people with post COVID condition

Tamura S, Hiratsuka K, Oonuki M, Yokochi M, Matsuzaka D, Satou Y, et al. The association between ambiguity tolerance and psychological well-being among physical therapists engaged in geriatric rehabilitation: a multicentre collaborative cross-sectional study. *Clinical Rehabilitation*. 2025; 39(3):366-376.

<https://doi.org/10.1177/02692155241310324>

Abstract: Objective This study clarifies the association between ambiguity tolerance and psychological well-being in physical therapists engaged in geriatric rehabilitation. Design Multicentre cross-sectional study. Setting: Five facilities in Japan. Methods and Measures A total of 143 physical therapists (response rate: 58.1%) participated in geriatric rehabilitation. The main outcome measures were the multidimensional attitude scale towards ambiguity, professional quality of life scale and quick inventory of depressive symptomatology. Results Hierarchical regression analyses showed associations of need for complexity ($\beta = 0.40$) with compassion satisfaction, discomfort with ambiguity ($\beta = 0.30$) with compassion fatigue, need for complexity ($\beta = -0.34$) and discomfort with ambiguity ($\beta = 0.33$) with burnout and discomfort with ambiguity ($\beta = 0.30$) with quick inventory of depressive symptomatology ($p < .05$). Sub-group analyses revealed that in the group with less than five years' experience, need for complexity was not associated with burnout, and in men, there were no significant variables for compassion fatigue and quick inventory of depressive symptomatology. Conclusions Among physical therapists in geriatric rehabilitation, discomfort with ambiguity was associated with compassion fatigue, burnout and depressive symptoms, whereas need for complexity was associated with compassion satisfaction. Management and education that reduces discomfort with ambiguity and increases need for complexity may improve physical therapists' psychological well-being.

Xia N, Ding S, Zhai F, and Xia M. Sharing psychological safety climate at the group level among construction workers: the roles of group identification and interactional justice. *Journal of Construction Engineering and Management*. 2025; 151(5):04025038.

<https://doi.org/10.1061/JCEMD4.COENG-14933>

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