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**Arsenault M, Cote D, and Dube J. Mistrust among injured immigrant workers: a conceptual framework. *Work*. 2025; 80(3):1472-1485.**

<https://doi.org/10.1177/10519815241290328>

**Abstract:** Background In Quebec, injured workers have access to medical assistance, wage replacement indemnities, and rehabilitation measures, with most injuries resolved easily. However, a small percentage of cases require a lengthy rehabilitation process, which is particularly complex when involving immigrants. The therapeutic alliance is at the heart of the process, involving mutual trust and confidence and a degree of consensus about the therapeutic interventions to be used and, ultimately, the return to work. Objective This article delves into the concept of mistrust as more than the absence of trust, and sheds light on its role in the rehabilitation process of immigrant workers. Method Drawing from a literature review on mistrust of immigrants in the healthcare setting and comprehensive studies on the rehabilitation process, a conceptual framework for understanding mistrust in this context is proposed. Results Vulnerable situations, such as precarious employment and/or temporary immigration status, create fertile ground for mistrust. Negative experiences with healthcare professionals or systems further exacerbate mistrust, as do social stigmas within the rehabilitation system. Cross-cultural miscommunications such as differences in communication styles or beliefs about illnesses further complicate matters, emphasizing the need for culturally sensitive approaches. Conclusion Addressing mistrust requires understanding its origins and consequences, as well as providing guidelines for practitioners to enable them to recognize and manage it effectively. Further research is crucial to deepen our understanding of mistrust among immigrant workers and develop strategies for promoting trust and cooperation throughout the rehabilitation process

**Budd JW and Lamare JR. Organizational governance and trade-offs between pay and subjective employee well-being: a comparative analysis. *British Journal of Industrial Relations*. 2025; 63(2):305-322.**

<https://doi.org/10.1111/bjir.12860> [open access]

Abstract: The incompleteness of labour contracts is expected to cause uncertainty among forward-looking employees as to whether implicit contracts with greater intrinsic rewards in lieu of pay will be breached by employers, thus reducing employee well-being. David Marsden theorized that an organization's form of governance can serve as a stable, easy-to-observe signal of the likelihood of a breach, and thus employees across governance types will exhibit different extrinsic–intrinsic trade-offs. Using the European Working Conditions Survey, we extend Marsden's theory and find supportive evidence across 35 European countries and 9 governance categories. We also extend Marsden's theorizing into the comparative domain and analyse patterns of subjective well-being, compensatory pay and organizational governance across varieties of political economies.

**Chandrasekaran B, Rao CR, Pesola AJ, and Arumugam A. Effectiveness of technology-assisted and self-directed interventions to sit less and move more among Indian desk-based office workers: a three-arm cluster randomised controlled trial (SMART-STEP trial). *Applied Ergonomics*. 2025; 127:104528.**

<https://doi.org/10.1016/j.apergo.2025.104528> [open access]

Abstract: This cluster-randomized controlled trial evaluated the effectiveness of technology-assisted programs in replacing sedentary time (ST) with physical activity (PA) among Indian office workers. A total of 136 sedentary workers were randomized into two intervention groups: technology-assisted (SMART) and self-directed (TRADE), along with a control group. The SMART group used a smartphone app featuring hourly exercise video prompts and a pedometer, while the TRADE group received a wellness manual with strategies for reducing ST and increasing PA. ST and PA levels were assessed using accelerometers at baseline, 3 months, and 6 months. The SMART group showed a marginal reduction in ST (~6 min/day) at 3 months ( $\beta = -0.340$ ,  $p = 0.015$ ) and 6 months ( $\beta = 0.114$ ,  $p = 0.030$ ). But the improvements were not sustained at 6 months in TRADE group ( $\beta = 0.105$ ,  $p = 0.064$ ). A significant decline in compliance ( $n = 57$ , 63 %) in both intervention groups. Future trials should incorporate organizational-level strategies to enhance compliance.

**Douphrate DI, Rodriguez A, Kines P, and Hossein Javid A. Effect of dairy farm supervisor leadership training on workplace safety climate. *Workplace Health & Safety*. 2025; 73(5):227-235.**

<https://doi.org/10.1177/21650799241304458> [open access]

Abstract: Background: Assessment of workplace safety climate is a recognized approach to assess safe culture in an organization. We developed, implemented, and evaluated a 12-module safety leadership and management e-learning training program tailored for front-line dairy farm supervisors and hypothesized that such a training program would have a positive effect on occupational safety climate. Methods: We enrolled 103 dairy farm supervisors from 35 U.S. farms to participate in a 12-module dairy leadership training program. We assessed safety climate change among supervisors and their workers using a pre-post training intervention methodology. A 24-item, 8-factor safety climate survey was developed and completed pre- and post-training by 65 supervisors and 313 (pre) and 238 (post) workers under their supervision. Findings: Significant improvements were seen on the 14-item supervisor safety climate scale, the 10-item group safety climate scale, and subscales regarding safety

priority, empowerment, and dealing with conflicts. No significant improvements were seen for the factor regarding leaders encouraging workers to report safety incidents, as these were already rated highly. Conclusions: Findings suggest safety leadership e-learning training among dairy farm supervisors can result in positive safety climate change among supervisors and subordinate workers. Application to Practice: This study provides a framework for researchers, safety professionals, and training developers for the successful implementation of a safety leadership training program, and its effect on safety climate. Additional research is needed on the effectiveness and sustainability of safety leadership training in high-risk industrial sectors such as agriculture

**Florence AC, Elwyn G, Mueser KT, McGurk SR, Liebmann EP, McLaren JL, et al. Adapting individual placement and support for unemployed adults with autism spectrum disorder. *Journal of Vocational Rehabilitation*. 2025; 62(2):115-127.**

<https://doi.org/10.1177/10522263241310028>

**Iwasaki S, Deguchi Y, Okura S, Maekubo K, and Inoue K. Quantifying the impact of occupational stress on long-term sickness absence due to mental disorders. *Work*. 2025; 80(3):1137-1143.**

<https://doi.org/10.1177/10519815241289654>

Abstract: Background Work-related stressors are a significant predictor of long-term sickness absence due to mental disorders (LTSA-MD) issues. Objective To examine the relationship between work-related stressors and LTSA-MD among Japanese public servants. Methods A retrospective cohort study design was utilized, analyzing data from public servants in City A, Japan, who underwent mandatory annual stress checks from 2011 to 2020. The study focused on LTSA-MD instances lasting over three months due to mental disorders. The Brief Job Stress Questionnaire (BJSQ) was employed to measure occupational stress factors. Cox Hazard Models adjusted for demographic and occupational variables were used to examine the relationship between BJSQ sub-items and the onset of LTSA-MD. Results Among the 1026 LTSA-MD instances identified, an association was found between the scores of job stressors, stress responses, and job satisfaction of BJSQ with increased LTSA-MD risk, whereas social occupational support was not related. Conclusions The findings highlight the critical role of occupational stress, stress response, and job satisfaction in predicting LTSA-MD among Japanese public servants. Mitigating these factors could significantly reduce the risk of LTSA-MD, underscoring the importance of implementing targeted workplace interventions

**Kjeldgaard M, Schiottz-Christensen B, Thomsen JNL, Skovsgaard CV, and Bjarkam CR. Analysis of primary referral patterns and return to work in patients with incident back pain due to lumbar disc herniation. *Acta Neurochirurgica*. 2025; 167(1):129.**

<https://doi.org/10.1007/s00701-025-06546-z> [open access]

Abstract: OBJECTIVE: To examine primary referral patterns and return to work in patients with incident back pain due to Lumbar Disc Herniation (LDH). METHODS: Nationwide register-based cohort study including all Danish residents aged 18-65 who were referred from primary to specialized healthcare in 2017 with incident back pain and subsequently received a diagnosis of lumbar disc herniation (LDH), defined by ICD-10 codes DM51X.X. Patients were identified using the Danish National Patient Registry (DNPR), including both those directly diagnosed with LDH and those who initially received a diagnosis of nonspecific low back pain (ICD-10: DM54) that progressed to LDH within one year. Demographic data were obtained from the Danish Civil Registration System (CRS), and work capacity outcomes were assessed over a two-year follow-up using the Danish Register for

Evaluation of Marginalization (DREAM). RESULTS: A total of 30,082 persons, corresponding to 0.8% of the Danish population aged 18-65, were referred from primary health care to specialized health care with incident back pain and a final diagnosis of LDH. Of these, 5356 (17.8%) were referred to an emergency department, 14,628 (48.6%) to a medical department, and 10,098 (33.6%) to a surgical department. However, the admission rate and the initial department referred to varied widely between regions. Overall, 1915 (6.4%) underwent surgery. Surgical departments operated more frequently on patients with previous high (11%) or intermediate (14%) work capacity than on those with low work capacity (4%), although the latter were more often referred for surgical evaluation. Over 80% of patients with high or intermediate work capacity maintained or returned to work within a year. CONCLUSION: In Denmark, referral from primary to specialized health care of patients with incident back pain due to LDH varies considerable between regions highlighting the need for more standardized referral pathways. Specifically, ensuring a better balance between emergency, medical, and surgical referrals could reduce unnecessary emergency admissions and improve the precision of surgical referrals optimizing the use of surgical capacity and healthcare resources in general

**Liu JJW, Nazarov A, Ein N, Easterbrook B, Le T, Baker C, et al. Treating posttraumatic stress disorder in military populations: a meta-analysis. Journal of Clinical Psychiatry. 2025; 86(2):24r15571.**

<https://doi.org/10.4088/JCP.24r15571>

Abstract: Background: Military and Veteran populations experience higher rates of posttraumatic stress disorder (PTSD) compared to civilians. While trauma focused psychotherapies are generally recommended as first-line treatments, the effectiveness of various treatments in military populations requires further investigation. Objective: This meta-analysis aims to synthesize the current literature regarding effectiveness of psychotherapies, pharmacotherapies, and combination treatments for PTSD in military populations. Data Sources: This preregistered review (PROSPERO: CRD42021245754) was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta Analyses and Cochrane guidelines. A search was conducted using PsycINFO, MEDLINE, Embase, CINAHL, and ProQuest Dissertations and Theses. Study Selection: The final sample included data from 414 studies. Data Extraction: Full study methodologies can be found in the published protocol (Liu et al, 2021). Results: The pooled random-effects model found effect size across all PTSD treatments ( $k = 712$ ) was  $g=0.96$ , compared to  $g=0.45$  for control conditions ( $k = 122$ ). Clinician administered measures indicated larger treatment effects ( $g= 1.02$ ) than self reported measures ( $g =0.82$ ). Combination therapies yielded the largest effects ( $g =2.17$ ), outperforming both psychotherapies and pharmacotherapies alone. No significant differences were found across control conditions. Conclusion: Findings suggest that integrating psychotherapies and pharmacotherapies may address multiple dimensions of PTSD more effectively than monotherapies. However, these results contrast with the prioritization of trauma-informed psychotherapies over pharmacotherapies, as recommended by the 2023 US Department of Veterans Affairs/Department of Defense guidelines. Future research should focus on subclass analyses and long-term outcomes to refine treatment strategies for PTSD in military populations. Tailoring treatment plans to individual needs remains crucial for optimizing recovery and long-term symptom management

**McFalls M, Virnig BA, Ryan A, Erickson DJ, Kim H, Jarosek SL, et al. Medicare work-related injuries: underutilization of workers' compensation leads to higher out-of-pocket costs for older adults. *Journal of Occupational & Environmental Medicine*. 2025; 67(5):344-352.**

<https://doi.org/10.1097/JOM.0000000000003323>

Abstract: OBJECTIVE: Older adults may pay healthcare-related costs for work injuries if Medicare covers claims over workers' compensation (WC). We assessed Medicare enrollee costs after a work-related injury by WC status. METHODS: We longitudinally analyzed Medicare fee-for-service claims (2016-2019) for Medicare enrollees aged 65 years and older with work-related injuries, estimating WC effects on healthcare use and enrollee costs using difference-in-differences and quantile regression models. RESULTS: WC covered at least one Medicare claim for 16% of the 13,039 enrollees with work-related injuries. Over 90 days, mean Medicare out-of-pocket costs were lower with WC (\$447) than without (\$778). With WC, enrollees owed \$1432 at the 90th percentile compared to \$2465 without, an adjusted difference of \$600 (95% CL, -767, -432). CONCLUSIONS: Although WC covers some costs, Medicare claim billing increases after a work-related injury, often leading to substantial patient expenses

**Nogues S and Tremblay DG. Work intensification, work-life conflict and turnover intentions in the teaching profession: evidence from school teachers in Quebec, Canada. *Industrial Relations Journal*. 2025; 56(3):251-259.**

<https://doi.org/10.1111/irj.12463>

**Rudolf EM, Kjaergaard A, Palmqvist J, Jakobsen ME, and Ajslev JZN. Improving occupational safety and health motivation through a dialogue-based inspection practice. *Safety Science*. 2025; 187:106857.**

<https://doi.org/10.1016/j.ssci.2025.106857> [open access]

Abstract: In this article, we have answered the question of how a dialogue-based inspection practice affects enterprises' motivation to improve their occupational safety and health. The question has been answered through a qualitative interview-based examination of ATP – a dialogue-based inspection practice that was implemented by the Danish WEA in 2020. 58 interviews were conducted with people from 20 different enterprises who have participated in an ATP. Through application of a realist evaluation approach and Self-Determination Theory an analysis was conducted to examine, which mechanisms motivate enterprises to improve their occupational safety and health. The study concludes that internally motivating and externally motivating mechanisms often co-exist to prompt enterprises to improve their occupational safety and health. As such, it may be fruitful for labor inspection authorities to consider both types of motivation in the development of new labor inspection strategies.

**Senthanar S, Koehoorn M, and McLeod CB. Provision of employment-related settlement services and relationship with paid employment for immigrants in Canada. *PLoS ONE*. 2025; 20(4):e0321927.**

<https://doi.org/10.1371/journal.pone.0321927> [open access]

Abstract: Immigrant workers are overly represented in high risk and precarious jobs that are not commensurate with their background, skills and experience. Some evidence exists to suggest that access to employment-related (ER) supports and services in the community can help leverage job opportunities. This study examined the association between use of government-funded ER services and paid employment of immigrants to Canada. ER service records were linked with immigration and

taxation records for individuals who immigrated to Canada between 2015-2017. The cohort was restricted to immigrants with no paid employment in their year of landing to examine the direct impact of ER service (measured as any ER service, intensity of service and type of ER service) on subsequent employment. The outcome of subsequent employment in the year following ER service provision was estimated using adjusted logistic regression models. Immigrants displayed a higher odds of paid employment the year following the ER service for individuals that accessed any ER service (OR = 1.57; 95% CI, 1.49 to 1.65), across the measures of ER intensity (ranging from OR = 1.26; 95%CI, 1.09 to 1.45 at the lowest intensity percentile to OR = 2.21; 95% CI, 1.95 to 2.52 at the highest intensity percentile), and by type of ER service (essential skills and aptitude training, OR = 1.35; 95% CI, 0.93 to 1.96; short-term intervention, OR = 1.57; 95% CI, 1.49 to 1.66; long-term intervention, OR = 1.45; 95% CI, 1.07 to 1.95) compared to immigrants who did not access ER services. This study finds that access to an ER service is associated with paid employment. It highlights key services that should be promoted to facilitate employment integration but also potential barriers to integration that warrant further investigations.

**Tantipanjaporn T, Povey A, Shiels HA, and Van Tongeren M. High levels of heat stress among sugarcane workers in Thailand. *Annals of Work Exposures and Health*. 2025; 69(4):401-414.**

<https://doi.org/10.1093/annweh/wxaf002> [open access]

**Abstract:** Objectives: With continued global warming, the effects of elevated temperatures on the health of agricultural workers are a particular concern. This study characterized the levels of heat stress in Thai sugarcane workers and investigated whether season and harvesting method were associated with it. Methods: Three hundred sugarcane workers in Nakhon Sawan Province, Thailand, were recruited, and information on demographics, working conditions, and clothing characteristics was collected from participants during the cooler months (n = 152 participants, mid-January to mid-February) and hotter month (n = 148, March). Heat stress was measured using the Wet Bulb Globe Temperature (WBGT) index, and the WBGT instruments were operated for a full work shift in the sugarcane fields where the participants worked. One-hour time weighted average (TWA) effective WBGT (WBGT<sub>eff-1hrTWA</sub>) estimates were determined for different times of the day based on the measured WBGT and clothing adjustment factor. Results: The average WBGT<sub>eff-1hrTWA</sub> in the cooler months ranged from 22.5 °C during the early morning to 31.3 °C during the hottest time of the day, and for the hotter month, it ranged from 25.4 °C to 33.9 °C, respectively. The measured WBGT, natural wet-bulb temperature (T<sub>nwb</sub>), dry-bulb temperature (T<sub>db</sub>), globe temperature (T<sub>g</sub>), air velocity (A<sub>v</sub>), and absolute water vapor pressure (e<sub>a</sub>) were all statistically significantly higher in the hotter month than in the cooler months. Harvesting during the hotter month and harvesting burnt sugarcane were significantly associated with increased effective WBGT. The harvesters' heat stress in both seasons exceeded the American Conference of Governmental Industrial Hygienists - Threshold limit value for 72.7% of the working time in the cooler months and 90.9% in the hotter month. Conclusions: The heat stress in Thai sugarcane workers was high in both seasons, particularly in the hotter month and when harvesting burnt sugarcane. This results in a very high risk of developing heat-related health effects, and measures are needed to reduce heat stress. Heat stress in agricultural and other outdoor work in tropical climates is an immediate and growing problem.

**Vos EE, van der Beek AJ, de Bruin SR, and Proper KI. Effects of a workplace participatory approach to support working caregivers in balancing work, private life and informal care: a randomized controlled trial. *Scandinavian Journal of Work, Environment & Health*. 2025; 51(3):181-190.**

<https://doi.org/10.5271/sjweh.4208> [open access]

**Abstract:** Objectives: Many employees combine their work with informal care responsibilities for family and friends, potentially impacting their well-being and sustained employability. This study aimed to investigate the effectiveness of a workplace participatory approach (PA) intervention in supporting working caregivers to prevent and solve problems related to balancing work, private life, and informal care tasks. Methods: We conducted a two-armed randomized controlled trial (ISRCTN15363783) in which working caregivers either received the PA (N=57), under guidance of an occupational professional serving as process facilitator, or usual care (N=59). We recruited 125 working caregivers from four Dutch organizations. Questionnaire-based measurements were assessed at baseline, 4, and 7 months. The primary outcome was work-life imbalance. Secondary outcomes were perceived social support from supervisors and colleagues, role overload, distress and perceived burden of combining work and informal care. Intervention effects were analyzed using intention-to-treat analysis and linear mixed models. Results: The PA was not effective in reducing work-life imbalance, improving support from colleagues or reducing role overload, distress and perceived burden of combining work and informal care. However, the PA significantly improved perceived social support from supervisors at 4 months [ $\beta=0.54$ , 95% confidence interval (CI) 0.21-0.88] and 7 months ( $\beta=0.36$ , 95% CI 0.02-0.70). Interaction effects indicated that improvement in supervisor support varied depending on the organization. Conclusion: The PA improved supervisor support but not work-life imbalance. Further research should explore PA effects on working caregivers with and without balance issues and the role of supervisor support in reducing work-life conflict.

**Zhao H and Wu P. Artificial intelligence job substitution risks, digital self-efficacy, and mental health among employees. *Journal of Occupational & Environmental Medicine*. 2025; 67(5):e302-e310.**

<https://doi.org/10.1097/JOM.0000000000003335>

**Abstract:** OBJECTIVE: Artificial intelligence (AI) becomes increasingly integrated into the workplace, its associated job substitution risks for employees are more evident, resulting in significant repercussions for their well-being. This study tries to elucidate the effects of AI-driven job substitution risks on employees' mental health. METHODS: Data was collected through questionnaires and structural equation modeling was used to analyze the relationships between variables. RESULTS: The job substitution risk of AI and digital self-efficacy can positively influence job insecurity, which in turn adversely affects mental health. In addition, job substitution risks of AI can amplify the negative impact of digital self-efficacy on job insecurity. CONCLUSIONS: It provides an in-depth exploration of the specific processes and mechanisms through which AI-driven job substitution impacts employees' mental health. Practically, it offers insights for the implementation of AI and strategies to safeguard employee mental health

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