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**Avellone L, Rounds R, Temple P, and Claude C. Increasing quality employment outcomes for people with disabilities: insight from agencies who have successfully transformed from subminimum wage to competitive integrated employment. *Journal of Vocational Rehabilitation*. 2025; 62(3):209-217. <https://doi.org/10.1177/10522263251326016>**

**Baek SU and Yoon JH. Association of precarious employment with unmet healthcare needs and health checkup participation. *American Journal of Preventive Medicine*. 2025; 68(6):1120-1129. <https://doi.org/10.1016/j.amepre.2025.02.012>**

Abstract: INTRODUCTION: Precarious employment has emerged as a public health concern. This study explored the association between precarious employment and unmet healthcare needs and participation in health checkups. METHODS: This study analyzed data from a nationally representative sample of 12,215 wage workers, comprising a total of 65,405 observations, obtained from the Korean Welfare Panel Study (2008-2022). Precarious employment was characterized by insecure employment, inadequate wages, and lack of worker rights, and categorized into quartiles: lowest, low, high, and highest. The study focused on two outcomes: unmet healthcare needs due to financial constraints and nonparticipation in health checkups over the past year. Robust Poisson regression models were used to calculate prevalence ratios and 95% CIs under the framework of generalized estimating equations. RESULTS: Of the respondents, 0.7% reported unmet healthcare needs, while 44.2% did not attend health checkups. Compared with workers in the lowest precarious employment quartile, those in the high and highest precarious employment quartiles had a 5.83-fold (95% CI=2.73, 12.45) and 12.53-fold (95% CI=5.88, 26.70) increase in the prevalence of experiencing unmet healthcare needs, respectively. Similarly, compared to the lowest precarious employment quartile, those in the high and highest precarious employment quartiles had a 2.38-fold (95% CI=2.26, 2.51) and 2.92-fold (95% CI=2.77, 3.08)

increase in the prevalence of nonparticipation in health checkups, respectively. **CONCLUSIONS:** Precarious employment is associated with unmet healthcare needs and nonparticipation in health checkups. This study underscores the need for policies that improve healthcare access for workers in precarious conditions

**Chan GCK, He E, Leung J, and Verspoor K. A comprehensive systematic review dataset is a rich resource for training and evaluation of AI systems for title and abstract screening. *Research Synthesis Methods*. 2025; 16(2):308-322.**

<https://doi.org/10.1017/rsm.2025.1> [open access]

**Abstract:** When conducting a systematic review, screening the vast body of literature to identify the small set of relevant studies is a labour-intensive and error-prone process. Although there is an increasing number of fully automated tools for screening, their performance is suboptimal and varies substantially across review topic areas. Many of these tools are only trained on small datasets, and most are not tested on a wide range of review topic areas. This study presents two systematic review datasets compiled from more than 8600 systematic reviews and more than 540000 abstracts covering 51 research topic areas in health and medical research. These datasets are the largest of their kinds to date. We demonstrate their utility in training and evaluating language models for title and abstract screening. Our dataset includes detailed metadata of each review, including title, background, objectives and selection criteria. We demonstrated that a small language model trained on this dataset with additional metadata has excellent performance with an average recall above 95% and specificity over 70% across a wide range of review topic areas. Future research can build on our dataset to further improve the performance of fully automated tools for systematic review title and abstract screening

**Dong S, Zhou K, and Wu J. Accommodation requests among older workers: the role of disability acceptance and other psychosocial factors. *Work*. 2025; 80(3):1053-1065.**

<https://doi.org/10.1177/10519815241289823> [open access]

**Abstract:** **Background** With an aging workforce becoming increasingly prevalent in the United States, the intersection of older age and disability presents significant challenges for employment, particularly in the context of workplace accommodations. **Objective** This study aimed to elucidate the psychosocial factors influencing older workers' requests and receipts of job accommodations, focusing on the pivotal role of disability acceptance. **Methods** Employing a quantitative approach, we included 217 older workers (50 years and older) across various employment sectors, analyzing their experiences with accommodation requests, workplace support, knowledge of the Americans with Disabilities Act (ADA), and levels of disability acceptance. **Results** Logistic regression models revealed that perceived workplace support significantly predicted the likelihood of requesting and receiving accommodations, whereas disability acceptance, despite its hypothesized importance, did not emerge as a significant predictor in our models. **Results** highlight the critical role of workplace support in facilitating accommodation processes for older workers and suggest that interventions to increase ADA awareness and foster supportive work environments may enhance accommodation outcomes. **Conclusion** This study contributes to a nuanced understanding of the dynamics surrounding accommodation requests among the aging workforce, emphasizing the need for inclusive workplace practices and policies

**Gerard T, Lachance PL, Rabey M, and Tousignant-Laflamme Y. Predicting work disability related to spinal pain: a systematic review of the most clinically relevant tools. Journal of Occupational Rehabilitation. 2025; [epub ahead of print].**

<https://doi.org/10.1007/s10926-025-10294-3>

**Abstract:** Purpose: Musculoskeletal disorders, especially spinal conditions, are leading causes of disability, contributing significantly to work absenteeism and socio-economic burden. Rehabilitation is essential for promoting sustainable return to work (RTW). However, clinicians need reliable tools with appropriate psychometric properties to determine patients' risk of persistent work disability and tailor interventions. This systematic review objectives were to (1) identify clinically useful questionnaires that enable clinicians to identify individuals with spinal pain (back or neck pain) at risk of work disability, and (2) document the psychometric properties of the identified questionnaires. Methods: A systematic search was conducted in three databases from inception to 01/10/2025, to retrieve relevant studies. Studies were included if they reported self-administered questionnaires with = 15 items predicting RTW outcomes in spinal disorders. Tools were evaluated based on psychometric properties (calibration, discrimination), and pragmatic characteristics (number of items, readability). Results: Seventeen studies were retrieved including 16 unique questionnaires of which four demonstrated sufficient discrimination capability. From these, the Örebro musculoskeletal pain questionnaire 10-items (ÖMPQ- 10), STarT Back screening tool (SBST), and a single item from the ÖMPQ- 25 demonstrated acceptable to excellent discrimination for low back pain populations, but showed lower discrimination for mixed or neck pain populations. Conclusion: The SBST, ÖMPQ- 10, and single items from the ÖMPQ- 25 performed best in predicting RTW outcomes for low back pain. No questionnaire had sufficient discriminatory capability for neck pain. These results should be interpreted with caution, as the overall risk of bias assessment remains unclear for the ÖMPQ- 10 and high for the SBST. Further research is necessary to develop or validate tools specific to neck pain and mixed populations.

**Johnson JK, Vingilis E, Seeley J, Beirness D, Brubacher JR, Jonah B, et al. Canadian population-based survey of commercial drivers during the COVID-19 pandemic: health- and safety-related factors affecting collision risk. Journal of Transport & Health. 2025; 42:102038.**

<https://doi.org/10.1016/j.jth.2025.102038>

**Karasu E, Karasu L, and Unalan D. Occupational health literacy and affecting factors on healthcare workers. Occupational Medicine. 2025; [epub ahead of print].**

<https://doi.org/10.1093/occmed/kqaf014>

**Abstract:** Background: In the realm of occupational accidents, the healthcare sector holds a significant position as it is classified as a highly hazardous workplace, thus bearing a heightened probability of accidents. Consequently, it becomes imperative to assess the occupational Health Literacy (OHL) of healthcare workers and identify the influencing factors. Aims: The aim is to determine the OHL levels of healthcare workers and examine their relationship with demographic, socio-cultural characteristics, and variables related to the work environment. Methods: This cross-sectional survey was conducted among 200 healthcare workers employed in healthcare services, administrative services, and support services at an education and research hospital in Nigde, Turkey, from November-December 2023. Data collection involved the utilization of a personal information form encompassing participants' socio-demographic characteristics and occupational health practices, along with the OHL Scale. Descriptive statistics, intergroup difference analyses, and multiple regression analysis were employed for data analysis. Results:

The participants demonstrated an average OHL score of  $94.07 \pm 11.33$ . They scored highest in Understanding occupational health and safety (OHS) Information (40.93) and lowest in Evaluating OHS Information (9.57). OHL among healthcare workers varied based on demographics, socio-cultural factors, and work-related variables. Age, education, tenure, vaccination, regular health screenings, workplace accidents and personal protective equipment (PPE) usage positively impacted OHL. Conclusions: Findings revealed participants possess a certain level of OHL. Age, education, tenure, vaccination, regular health screenings, workplace accidents and PPE usage accounted for 53% of OHL variance. Enhancing workplace safety measures and improving healthcare workers' OHL are recommended.

**Kyriakidis S, Mose S, Sogaard K, Holtermann A, Rasmussen CDN, and Gupta N. Occupational and leisure-time physical activity and prospective musculoskeletal pain-relief prescribed medication among blue-collar workers: 24-h device-measured physical activity and Danish registers. *Journal of Pain*. 2025; 31:105387.**

<https://doi.org/10.1016/j.jpain.2025.105387> [open access]

Abstract: Musculoskeletal pain is the biggest contributor to burden of disease, causing excessive use of pain-relief medication. Non-pharmaceutical measures are called on for handling this burden. Guidelines recommend physical activity as an effective non-pharmaceutical measure. However, it is unknown if occupational physical activity has the same preventive effects on redeeming pain-relief medication as when performed during leisure-time ("The Physical Activity Paradox"). We aimed to investigate if the paradox contributes to the redemption of prescribed pain relief-medication. 24-h device-measured physical activity data [sitting, standing, light physical activity, moderate-to-vigorous physical activity (MVPA) and time in bed]] were collected from 824 workers using a thigh-worn accelerometer during work and leisure-time. Redeemed pain-relief prescribed medication was retrieved from the Danish National Prescription Registry during a 4-year follow-up. The prospective association between occupational and leisure-time physical activity and number of redeemed pain-relief prescribed medication was analyzed using a generalized linear model, adjusted for potential confounders. During follow-up, 53% of the workers redeemed a pain-relief medication. In leisure-time, 30 min more of MVPA per day were associated with 23% lower risk (RR = 0.77; 95% CI 0.64 - 0.94) of redeeming pain-relief medication. In contrast, occupational physical activity was not associated with the risk of redeeming pain-relief medication [RR = 1.04 (95% CI 0.89 - 1.20)]. Leisure-time MVPA was associated with lower risk of redeeming pain-relief medication, while no beneficial association was found for occupational MVPA. These findings support the paradox that the domain of physical activity is important for redeeming pain-relief medication. PERSPECTIVE: Leisure-time MVPA differs from occupational MVPA in its association with redeeming pain-relief medication. Increasing leisure-time MVPA may serve as an effective non-pharmacological strategy to reduce pain-relief medication redemption. These findings could potentially inform guidelines for managing musculoskeletal pain, highlighting the need to differentiate between occupational and leisure-time physical activity

**Luder T, Meier M, Neuweiler R, and Lambercy O. Evaluation of the support provided by a soft passive exoskeleton in individuals with back pain. *Applied Ergonomics*. 2025; 127:104514.**

<https://doi.org/10.1016/j.apergo.2025.104514> [open access]

Abstract: Physically straining occupations involving repetitive lifting and forward leaning increase risk of back pain. In response, back exoskeletons have been developed to alleviate strain on back muscles and potentially prevent such pain. In people experiencing back pain, these may also help decrease the pain-

related activity limitations during work or leisure. This experimental study evaluated the effects of a soft passive back exoskeleton on muscle activity, acute pain, kinesiophobia, and movement kinematics. Individuals experiencing mild to moderate back pain ( $n=35$ ) performed forward leaning and lifting tasks, both with and without the support of the back exoskeleton. Electromyography data were collected for trunk and hip muscles, alongside hip and spine kinematics, reported pain levels and concerns regarding daily activities. Back exoskeleton support reduced back muscle activity during forward leaning by up to 35% ( $p(\text{Exo}) < 0.001$ ) and during lifting tasks by up to 24% ( $p(\text{Exo}) < 0.001$ ). Participants reported reduced lumbar pain ( $p < 0.01$ ) and decreased kinesiophobia ( $p < 0.001$ ) across all tasks when supported by the exoskeleton. Minimal influence on movement kinematics was observed and there were no observable changes in abdominal co-activation compared to tasks performed without exoskeleton support. These results indicate that the LiftSuit, a passive back exoskeleton, can effectively reduce back muscle activity, acute pain, and kinesiophobia among individuals with back pain during forward leaning and repetitive lifting tasks. These findings suggest that passive back exoskeletons may be beneficial during physically demanding tasks in workers experiencing mild to moderate back pain.

**Medeni I, Tonbuloglu Altiner O, Medeni V, and Necmi Ilhan M. Working conditions, health status and musculoskeletal disorders among hotel employees: a cross-sectional study in Türkiye. *Work*. 2025; 80(2):660-669.**

<https://doi.org/10.3233/WOR-240346>

**Abstract:** Background: Hotel employees perform a variety of jobs that expose them to numerous occupational health and safety risks, each with distinct dynamics. Objective: This study aims to evaluate the occupational health and safety of hotel employees. Methods: This cross-sectional study was conducted in Türkiye. The study population consisted of employees working in touristic facilities for at least one month. Six touristic facilities, with 177 employees, were selected for the study. We aimed to include all employees from these facilities. Data were collected using a form that included socio-demographic variables, work characteristics, and health examination findings. The final sample consisted of 150 employees. Results: Among the participants, 74.0% were male. A total of 34.6% were aged between 40-49, and 38.7% were high school graduates. Over a quarter worked in the housekeeping department, and one-third had 1-5 years of employment. Half of the participants were smokers and rated their health status as good. Two-fifths reported working under stress. More than half mentioned that they stood for long periods while working and worked at a fast pace. Nearly half of the participants expressed dissatisfaction with their wages. Significant differences were found in neck pain according to the working department, in back pain according to perceived health status and heavy lifting, and in knee pain according to long-term standing. Conclusions: Hotel workers encounter various occupational risk factors and frequently suffer from related physical ailments. This study highlights the importance of addressing stress factors and ergonomic issues in hotel working conditions to improve workers' health and well-being.

**Oftung B and Tyssen R. Occupational stress among Norwegian physicians: a literature review of long-term prospective studies 2007-2019. *Scandinavian Journal of Public Health*. 2025; 53(3):302-310.**

<https://doi.org/10.1177/14034948241243164> [open access]

**Abstract:** AIMS: There are signs of increased stress at work among Norwegian physicians over the last decades, not least among general practitioners (GPs). In this review, we identify trends in both occupational stress and adverse work-related predictors of such stress and burnout in Norwegian

physicians. **METHODS:** We performed an extensive literature search using MEDLINE, Embase and PsycINFO. We included prospective and repeated cross-sectional studies of work stress among Norwegian physicians published in 2007-2019. **RESULTS:** Nine studies with observation periods of 1-20 years were included. Occupational stress (global measure) among all doctors decreased gradually from medical school to 20 years later. The prevalence of an effort-reward imbalance increased fourfold among GPs during the period 2010-2019. Five studies reported higher levels of occupational stress among female physicians than among their male colleagues. Work-home conflict levels increased after graduation until 10 years after leaving medical school and plateaued thereafter. Physicians who graduated in a later cohort reported lower levels of work-home conflict and less workplace violence. Work-home conflict, low colleague support, number of work hours and workload/low autonomy were all independent predictors of occupational stress. **CONCLUSIONS:** The reduction in occupational stress during the years after leaving medical school may result from increased competency in clinical work and decreased on-call work. The Co-ordination Act implemented in 2012 may explain the increase in occupational stress among GPs. These findings suggest that both reducing work-home conflict and increasing colleague support are important for doctors' well-being

**Soubra L, Al-Mohannadi A, Berzan Y, Consunji R, El-Menyar A, Al-Thani H, et al. Impact of risk mitigation strategies on non-fatal injuries in the construction sector in Qatar: a retrospective analysis. International Archives of Occupational & Environmental Health. 2025; 98(3):283-296.**

<https://doi.org/10.1007/s00420-025-02126-x>

**Abstract:** Purpose: The construction sector has the highest risk of fatal and non-fatal injuries worldwide. This study examined the impact of risk mitigation strategies implemented in Qatar's construction sector between 2013 and 2021 on non-fatal injuries. Methods: This study employed quantitative and qualitative methods. Data on implemented strategies were gathered through a systematic website search and structured interviews with Safety and Occupational Health officers. Retrospective injury data were obtained from Hamad Trauma Center medical records. Systematic website search identified key legislation and guidelines. Interview transcripts were analyzed using qualitative content analysis. Injury data were categorized into pre- and post-implementation data. Differences were assessed using means, standard deviations, percentages, effect sizes, and confidence intervals. Results: Eight safety legislation/policies and guidelines were issued. Interview analysis identified technical, behavioral, and organizational measures as key themes in risk mitigation strategies. Comparing pre- and post-implementation data, non-fatal injury incidence (effect size (ES): 0.21, 95% CI 0.19-0.28) and severity (ES: 0.32, 95% CI 0.25-0.40) were reduced. Hospital and ICU stays were shorter post-implementation (ES: 0.2, 95% CI 0.12-0.27 and 0.014, 95% CI 0.010-0.021). Injury reductions were observed across major affected areas, except for the chest and skin. Non-fatal injuries remained more common among general laborers (ES: - 0.26, 95% CI - 0.34, 0.18) and those wearing protective devices (ES; - 0.1, CI - 0.12, - 0.07). Conclusion: Implemented risk mitigation strategies collectively reduced non-fatal injury incidence and severity and improved outcomes in the construction sector. Future research should explore observed trends through prospective studies and job hazard analysis.

**Wu JR, Mahr M, Chan F, Rumrill P, Bezyak J, and Ysasi N. Supported employment as a mental health and employment intervention for people recovering from addiction: a propensity score-matched retrospective case control study. *Work*. 2025; 81(1):2079-2085.**

<https://doi.org/10.1177/10519815251321957>

**Abstract:** Background There is substantial research evidence to suggest that supported employment is an evidence-based mental health and employment intervention for people with intellectual and developmental disabilities (IDD) and persons with severe mental illness (SMI). The effectiveness of supported employment may also extend to people recovering from addiction because alcohol and substance use disorder is considered a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). However, there is a paucity of research validating the effectiveness of supported employment for individuals recovering from addiction. **Objective** This study examined the effect of supported employment on the employment outcomes of individuals recovering from addiction in the state vocational rehabilitation system. **Method** We conducted a case-control study using propensity score matching to create a treatment group (individuals recovering from addiction who received supported employment) and a control group (individuals recovering from addiction who did not receive supported employment), using data extracted from the Rehabilitation Services Administration Case Service Report database. Chi-square tests and t-tests were computed to determine if there were any differences between the treatment and control groups on employment outcomes and quality of employment. **Results** Individuals recovering from addiction in the treatment group had significantly higher employment rates than those in the control group. **Conclusion** Supported employment is an effective employment intervention for individuals recovering from addiction receiving services from the state vocational rehabilitation system

**Zhu Y, Ding Y, and Qin S. Work type rather than working hours influences depression: a longitudinal study of middle-aged and older adults in China. *Journal of Affective Disorders*. 2025; 382:17-29.**

<https://doi.org/10.1016/j.jad.2025.04.057>

**Abstract:** Background: Research on the impact of working hours and work types on depression among middle-aged and older adults is relatively scarce, especially in China. **Method:** This study employs a longitudinal research design, utilizing data from the 2011-2020 China Health and Retirement Longitudinal Survey (CHARLS). Depression was measured using the 10-item CESD-10 scale. The Latent Growth Curve Models (LGCM) were used to analyze the impact of working hours on depression, while the Multilevel Generalized Estimating Equation was applied to explore the relationship between work types (including work sector and employment type) and depression. **Results:** A total of 3045 Chinese individuals aged  $\geq 45$  were studied. Female workers had a higher average depression score (9.6) than males (7.1;  $P < 0.001$ ). The LGCM model showed no significant impact of initial working hours or their changes on depression levels or rates of change. In terms of work type sector, non-agricultural workers reported lower depression levels ( $\beta = -0.92 [-1.14, -0.70]$ ) than agricultural workers. According to work employment type, self-employed individuals had higher depression scores ( $\beta = 0.59 [0.38, 0.81]$ ) than employed workers. No significant gender differences were found in the effects of working hours or work type on depression. **Conclusion:** It is not yet certain whether working hours are significantly associated with depression in middle-aged and older adults in China. However, different work types impact depression. Therefore, the government should pay more attention to the mental health of women, agricultural and self-employed workers.

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