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***Raskin N, Hiligsmann M, Rebutoc AR, Bansback N, Boonen A, Buchbinder R, Falahee M, Fraenkel L, Marshall DA, Maxwell L, Nieuwlaat R, Proulx L, Saadat P, Shea B, Tugwell P, Wiercioch W, Beaton D, et al. Standardizing health outcomes for people with rheumatoid arthritis receiving disease modifying drug therapy: a rapid review of patient-decision aids and preference studies to inform the development of OMERACT Health Outcome Descriptors. *Seminars in Arthritis and Rheumatism*. 2025; 74:152769.**

<https://doi.org/10.1016/j.semarthrit.2025.152769> [open access]

Abstract: BACKGROUND: Interest in standardizing descriptions of health outcomes is increasing. In a Health Outcome Descriptor (HOD), outcomes are systematically described covering four domains: Symptoms, Time horizon, Testing and Treatment, and Consequences. Given the lack of HODs for Rheumatoid Arthritis (RA), the aim of this study was to review published RA outcome descriptions and map them to the HOD framework. METHODS: We conducted a rapid review of patient-decision aids (PtDAs) and patient preference studies to assess how seven RA outcomes have been described in English to patients. These outcomes were selected by author consensus, from a living systematic review of RA drug therapy. After data extraction and a thematic content analysis, a narrative summary for each outcome was provided. RESULTS: We included 11 PtDAs and 27 patient preference studies. Overall, the descriptions of the same health outcome varied widely across studies. Adverse events (AEs) were described in most cases (N = 26/38). For both PtDAs and preference studies, few provided a description for patient-important outcomes like remission (N = 2/11 and N = 1/27 respectively) and pain (N = 2/11 and N = 6/27 respectively). From an HOD perspective, the descriptions focused primarily on symptoms patients may experience (94 %), and less on the other domains (18-38 %). CONCLUSION: There is wide variability in the content of the published RA outcome descriptions, as well as a lack of descriptions regarding common patient-important

outcomes. As this study provides a detailed overview of existing descriptions, it may inform future development of HODs for RA

Axon E, Kanellopoulou A, Tsokani S, Livingstone N, Hilgart J, and Richardson R. Incorporating non-randomized evidence in Cochrane intervention reviews: a scoping review. *Journal of Clinical Epidemiology*. 2025; 183:111814.

<https://doi.org/10.1016/j.jclinepi.2025.111814>

Abstract: BACKGROUND AND OBJECTIVE: "Non-randomized studies of interventions" (NRSI) can provide valuable insights into the real-world performance of interventions, especially when randomized controlled trials (RCTs) are impractical, unethical, or lack generalizability. We investigated how Cochrane authors have incorporated evidence from NRSI in their reviews and whether this has changed over time. STUDY DESIGN AND SETTING: We conducted a scoping review and identified Cochrane reviews, including NRSI which were published in the Cochrane Library in 2019 or 2023. We extracted data including how NRSI had been analyzed and assessed for risk of bias, and to what extent the authors had followed guidance in the Cochrane Handbook. This allowed us to identify the areas where review authors may need further guidance and support. RESULTS: We identified 87 Cochrane reviews, 60 published in 2019 and 27 in 2023. In general, adherence to the guidance was low. Our key findings were that less than half of the reviews justified the inclusion of NRSI (36 reviews, 41%), less than a third stated prioritizing adjusted effect measures (25 reviews, 29%), and six analyzed RCTs and NRSI in the same meta-analysis, with no justification of this approach. Despite being the recommended tool for use in Cochrane reviews, only 25 reviews (29%) used the Risk Of Bias In Non-randomized Studies-of Interventions (ROBINS-I). We did find that adherence to the guidance improved between 2019 and 2023 but remained low. CONCLUSION: Cochrane should consider how to increase the use of NRSI guidance, especially with the launch of Cochrane's Scientific Strategy, which may lead to an increase in the demand for reviews including NRSI evidence

Borges A, Greve M, and Massoudi K. An investigation of work precarity among paid domestic cleaning workers in Switzerland. *Journal of Career Assessment*. 2025; 33(3):569-591.

<https://doi.org/10.1177/10690727241287534> [open access]

Abstract: Work precarity, referring to the work-related psychological state of insecurity, instability, and powerlessness, is on the rise. Despite being employed, workers are increasingly exposed to work precarity due to the global disparities of access to decent work. Paid domestic cleaning (PDC) workers represent a vulnerable group, exposed to adverse employment conditions and limited labor rights and protections. Yet, the working conditions in PDC have not been studied in the light of precariousness and precarity. Drawing from the work precarity framework (WPF), the present study utilizes semi-structured interviews with 24 PDC workers in Switzerland to investigate if and how they experienced work precarity in the face of adverse working conditions, and to what extent they could access protective resources against such precarity. Experiences of precarity stemmed from insufficient and insecure income, lack of labor protections and rights, lack of social recognition, and unsafe physical and psychological working conditions. Participants reported negative work-related outcomes in terms of health impairment, social stigmatization, and ambivalent attitudes towards their job. Moreover, protective personal, social, and institutional resources were identified as limited or inconsistent. Among the study's contributions, we highlight precarity-derived challenges vulnerabilized workers face. Implications for research, policy, and practice will be discussed

Cioce G, Pero D, and Korczynski M. Informal cultures of resistance and worker mobilization: the case of migrant workers in the Italian logistics sector. *Work, Employment and Society*. 2025; 39(3):574-595.

<https://doi.org/10.1177/09500170241268365> [open access]

Abstract: In the context of the rising power of capital over labour, research on labour mobilization is important. From the research literature, we know that labour mobilizations might be initiated by trade unions or via workers' self-organization. Yet, we know little about the cultural and social processes through which individual workers come to self-organize in the first place. To address this gap, we present ethnographic research on precarious migrant workers mobilizing with the support of an Italian independent union called SICobas. Our study highlights three processes of self-organizing: formulating shared meanings of discontent, identifying as a group using symbols of inequality and exclusion, and forming communities of struggle. Drawing on Scott's understanding of resistance, we theorize these three processes as 'informal cultures of resistance'. This concept contributes to emergent research on workers' self-organization, showing the significance of the cultural and social processes that can often underpin formal labour mobilizations.

Hakansta C, Asp A, and Palm K. Effects of work-related digital technology on occupational health in the public sector: a scoping review. *Work*. 2025; 81(2):2477-2490.

<https://doi.org/10.1177/10519815251320274> [open access]

Abstract: Background Despite a growing literature on how digitalisation affects service quality, justice, and accountability in the public sector, research on the effects on the work and work environment of public employees is scarce. Objective To present and discuss existing evidence and identify knowledge gaps related to how digitalization affects the work and work environment of public sector employees. Methods This scoping review is based on peer reviewed academic journal articles in English found in PubMed, PsycINFO, Business Source Premier (EBSCO) and Scopus. Results The review included 52 studies, of which most focused on office or care workers. An increase in studies since 2020 indicates growing interest in the topic. Challenges among screen-level bureaucrats included work-life balance problems, technostress and fear of job loss. Among street-level bureaucrats, reported challenges included curtailed discretion, lack of user involvement and ethical stress. Identified knowledge gaps include the small number of studies with a work environment focus in general and on sectors beyond office and health settings in particular, few studies set outside of Europe and absence of studies on recent phenomena such as AI or algorithmic management. Conclusions In view of the presented scarcity of research, we suggest that relevant questions are included in national and local surveys to enable more research, that more studies are conducted in occupational sectors, countries and regions lacking this type of research, and that comparative research is stimulated to uncover differences between the effects of digitalisation on occupational health in private and public sector work settings

Jung J, Lee KE, Hong S, Park JB, and Jeong I. Relationship between multiple unemployment spells and cardiovascular disease mortality in South Korean workers. *Journal of Epidemiology and Community Health*. 2025; 79(7):539-543.

<https://doi.org/10.1136/jech-2024-222846>

Abstract: Background: It is necessary to explore the health problems of vulnerable workers who experience repeated unemployment spells. The number of unemployment spells should be considered in the relationship between unemployment and cardiovascular disease (CVD) mortality.

Using nationwide data, we aimed to investigate the relationship between unemployment and CVD mortality and examine whether this effect varies depending on the number of unemployment spells. **Methods:** Using data from Statistics Korea and employment insurance databases from 2018 to 2019, we identified an average of 1387 CVD deaths per year among 7.76 million workers who had at least one employment record prior to their death. The number of unemployment spells was calculated based on the employment history over the past 5 years. Crude mortality rates per 100 000 individuals and age-standardised mortality rates (SMRs) and sex-SMRs were calculated. **Results:** The crude mortality rate due to CVD was 17.9 per 100 000 individuals among workers. Workers with one unemployment spell in the past 5 years had a significantly higher SMR than those without (2.01; 95% CI 1.87 to 2.16). Additionally, as unemployment spells increased, the SMR increased. The impact was more substantial among older workers than among younger workers. These findings remained consistent when CVD was divided into ischaemic heart disease and cerebrovascular disease. **Conclusion:** Repeated unemployment spells may be a risk factor for increased CVD mortality. These findings underscore the vulnerability of individuals facing repeated unemployment spells, highlighting the necessity for economic as well as health and psychological support.

Levinstein Y, Zerach G, Levi-Belz Y, and Dekel R. The contribution of exposure to potentially morally injurious events to trajectories of posttraumatic stress symptoms among discharged veterans: a five-year study. *Social Psychiatry and Psychiatric Epidemiology*. 2025; 60(5):1113-1123.

<https://doi.org/10.1007/s00127-024-02766-3>

Abstract: PURPOSE: Combatants and veterans are at risk of developing post traumatic stress symptoms (PTSS). The long-term responses to traumatic events are variable and can be classified into distinct PTSS trajectories. In this prospective study, we evaluated PTSS trajectories among combat veterans during the initial year after discharge from military service. Subsequently, we analyzed how combat exposure and PMIEs contributed to these trajectories. METHODS: Our study encompassed 374 combat veterans who participated in a five-year prospective study, with four waves of measurements, T1 - one year before enlistment, T2 - one month prior to discharge from military service (July 2021), and then again at six months (T3 - February 2022) and twelve months after discharge (T4, July-August 2022) . RESULTS: The utilization of Latent Profile Analysis (LPA) revealed a diverse array of PTSS trajectories. Predominantly, a resilient trajectory emerged as the most frequently observed (69.3%), with 'delayed onset'(13.6%), 'improving'(9.9%) and 'chronic'(6.1%) trajectories following in order. Importantly, multinomial regression analysis indicated that combat exposure and PMIE-betrayal contributed to alignment with symptomatic trajectories. CONCLUSIONS: This study represents the first of its kind to establish longitudinal, time-dependent associations between PMIEs and PTSS trajectories. These results emphasize the critical importance of ongoing screening and the development of tailored interventions for combat veterans

Marie Ruzycki S, Adisesh A, Durand-Moreau Q, Labreche F, Zadunayski T, Stroud E, et al. Supports for mental well-being valued by healthcare workers: qualitative analysis of data from a Canadian cohort of healthcare workers during the COVID-19 pandemic. *New Solutions*. 2025; 35(2):162-172.

<https://doi.org/10.1177/10482911251322502> [open access]

Abstract: A prospective cohort of 4964 HCWs from four Canadian provinces was established early in the COVID-19 pandemic. Participants were invited to comment about workplace mental health supports at three time points. We performed a thematic content analysis of responses from 1738

participants using the Social Support Behaviour Code framework to categorize barriers to support as informational, tangible, emotional, social, or expressing esteem. Themes were synthesized into suggestions for healthcare organizations to prepare for future crises. Formal and informal peer support, workplace mental health supports, and one-on-one counseling were most often mentioned as valued. Analysis suggested that workplace social networks as a source of support and mental health supports would have been appreciated. HCWs perceived that a lack of tangible workplace supports, such as staffing, compensation, and time off, were barriers to well-being. Medical workplaces could consider the availability of tangible supports in addition to developing formal mental health supports for healthcare workers

Muley S, Wang C, and Aghazadeh F. Effect of physical exertion on workers safety awareness: a biosensing and eye-tracking study. *International Journal of Industrial Ergonomics*. 2025; 107:103737.

<https://doi.org/10.1016/j.ergon.2025.103737>

Nagra G, Hung P, Peters MR, Guptill C, Ezeugwu VE, Cooper L, et al. Considerations for engaging in patient-oriented research with injured workers. *Frontiers in Health Services*. 2025; 5:1589643.

<https://doi.org/10.3389/frhs.2025.1589643> [open access]

Abstract: BACKGROUND: Patient-oriented research (POR) incorporates patient-identified priorities and lived experiences into research. Despite their central role in return-to-work (RTW) planning, perspectives and priorities of injured workers are under-represented in Occupational Therapy research. Occupational therapists (OTs) play a key role in RTW research and practice, implementing evidence-based plans and patient-centered care, which positions them well to conduct POR. PURPOSE: The purpose of this paper is to identify considerations for POR approaches for OTs to engage injured workers in RTW research. KEY ISSUES: The engagement of injured workers as research partners is not well described or understood in POR. This paper outlines practical considerations for conducting POR with injured workers, addressing challenges such as power imbalances, communication barriers, fears of unemployment, and varying levels of vulnerability. OTs can facilitate knowledge transfer and act as knowledge brokers within the RTW process, leveraging their client-centered practice to lead research that optimally engages injured workers. CONCLUSION: Conducting POR with injured workers can shed light on their interactions with health, insurance, and compensation systems. POR approaches can highlight strengths and limitations of available services and systems and promote improved collaboration and knowledge translation and exchange. OTs can apply POR in research and practice to bridge this gap

Rosenman KD and Reilly MJ. Work-related asthma mortality, Michigan 2003-2023. *Journal of Occupational & Environmental Medicine*. 2025; 67(6):459-461.

<https://doi.org/10.1097/JOM.0000000000003377>

Abstract: OBJECTIVE: The aim of the study was to identify causes and factors associated with work-related asthma. METHODS: There were 13 work-related asthma (WRA) deaths identified over 21 years in a statewide lung disease surveillance system. RESULTS: The deceased ranged from 19 to 77. Eight had new onset, and five had aggravated WRA. Five deaths from exposure to isocyanates, two to welding fumes, two to food products, and one death each from exposure to secondhand cigarette smoke, milk tank cleaning agents, chemicals used in construction, and molding machine release spray. CONCLUSIONS: Even when health care practitioners note that work is a trigger of a patient's asthma,

there is typically a delay in the recognition and action to address the workplace exposure(s). A WRA death is the ultimate consequence of a practitioner's delay in not addressing work exposure(s) as an asthma trigger

Sadeghi H, Cheung CM, Yunusa-Kaltungo A, and Manu P. A systematic review of occupational safety and health in modular integrated construction. *Safety Science*. 2025; 189:106897.

<https://doi.org/10.1016/j.ssci.2025.106897> [open access]

Abstract: The construction industry is facing increased pressure to enhance efficiency and safety, owing to its high incident rates. Modular integrated construction (MiC) has gained significant attention as a viable means of enhancing the overall performance of the industry. Despite its numerous advantages, MiC presents occupational safety and health (OSH) challenges due to its unique characteristics, like off-site manufacturing, standardisation, and specialised assembly processes. These complexities necessitate comprehensive management of OSH risks. Although existing studies have addressed some OSH issues in MiC, a comprehensive review that thoroughly covers OSH hazards, risk outcomes and management strategies throughout the entire lifecycle of MiC is lacking. To address this gap, a systematic literature review (SLR) following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach was conducted, resulting in the identification of 130 relevant articles from Scopus and Web of Science (WoS). This SLR identified the OSH areas addressed by MiC, types of OSH hazards and risk outcomes associated with MiC, hierarchies of control, types of construction work and MiC lifecycle stages, technologies used for OSH management, challenges in OSH management of MiC, and future research directions. The results show that the most commonly researched hazards that have been mitigated and introduced by MiC are fall- and health-related hazards, respectively. Additionally, administrative controls are the most common hierarchy of control in the previous studies. This in-depth knowledge offers practitioners valuable insights into hazards and risk outcomes associated with MiC while emphasising the technologies used in various studies to mitigate these risks

Stimpson JP, Billig J, Gurley T, and Liao JM. The impact of employment status, income, and occupation on the association between workplace benefits and health-related work absences. *American Journal of Industrial Medicine*. 2025; 68(7):598-606.

<https://doi.org/10.1002/ajim.23733> [open access]

Abstract: Background: Workplace benefits such as paid sick leave and employer-sponsored health insurance influence workers' ability to take time off when ill or injured. We examined whether and to what extent these workplace benefits complement each other in affecting health-related work absences, and whether associations varied by employment status, income, and occupation. Methods: This cross-sectional study analyzed pooled data from the 2021 and 2023 National Health Interview Survey (NHIS), a nationally representative survey of US adults. The sample included 31,280 employed adults. Workers were classified into four workplace benefits groups: paid sick leave only, employer-sponsored health insurance only, both benefits, and neither benefit. The primary outcome was health-related work absence in the past 12 months. Interaction terms assessed differences in probability of absence by employment status (full-time vs. part-time), income (< 400% vs. = 400% of the federal poverty level), and occupation type (Management, Professional, Service, Sales, and Production). Results: Compared to those with neither benefit, the probability of work absence was 7.3 points higher with employer-sponsored health insurance only ($p < 0.001$), 4.6 points higher with paid

sick leave only ($p = 0.002$), and 12.0 points higher with both benefits ($p < 0.001$). The association between workplace benefits and health-related work absence varied by employment status, income level, and occupation type ($p < 0.001$ for all interactions). Conclusions: Access to paid sick leave and health insurance increased the likelihood of taking time off due to illness or injury, with differences by employment status, income, and occupation.

Topcu MB, Tepe S, Eti S, Cabuk A, Aslantas S, and Guneri AF. Evaluation of flight crew risk factors in aviation occupational health and safety: application of Fermatean Fuzzy DEMATEL approach and machine learning. Work. 2025; [epub ahead of print].

<https://doi.org/10.1177/10519815251346469>

Abstract: Background Flight crews operate in an environment surrounded by a wide array of physical, chemical, biological, ergonomic, and psychosocial risks. It is inevitable that flight crews working under such challenging conditions face numerous unresolved issues, which pose significant threats to occupational safety. To prevent workplace accidents and occupational diseases in this sector, detailed studies in this area are essential. Objective Civil aviation operates on a strict timetable with no tolerance for delays, and it is a sector where the costs of errors are exceedingly high. For flight crews, who are among the most critical stakeholders in this industry, mitigating all identified risks and developing appropriate strategies incurs additional costs and processes for the organization. Therefore, it is imperative to prioritize these risks and focus on addressing the most significant ones first. Methods This study employs a novel approach and proposes a framework for identifying flight crew risk factors from an aviation safety perspective and develops the Fermatean Fuzzy Decision-Making Trial and Evaluation Laboratory (FF-DEMATEL) method to analyze the interrelationships among these factors. Study offers a comprehensive view of flight crew risk factors, facilitating decision-making and strategy development to enhance effectiveness in an uncertain and interconnected environment. The rankings of the risks were determined using the FF-DEMATEL method, with expert opinions serving as the primary data source. Expert weights were determined through machine learning based on their age, education level, and professional experience. This methodology presents a unique contribution to existing literature, offering fresh insights into this critical area of study. Results Evaluation of 11 factors reveals personnel-related risks, route-based risks and time-related risks as primary concerns, underscoring the multifaceted nature of these challenges. Conclusions To effectively control the risks in the working environment of flight crews and enhance occupational safety, it is essential to conduct detailed analyses of flight routes, increase awareness initiatives, provide comprehensive safety training, enhance improvement monitoring, and encourage the sharing of near-miss incidents

Vargas-Salas O, Alcazar-Gonzales JC, Fernandez-Fernandez FA, Molina-Rodriguez FN, Paredes-Velazco R, and Carcausto-Zea ML. Neurodivergence and the workplace: a systematic review of the literature. Journal of Vocational Rehabilitation. 2025; 63(1):83-94.

<https://doi.org/10.1177/10522263251337564> [open access]

Abstract: Background Neurodivergence, which includes conditions such as autism, ADHD, and dyslexia, is increasingly recognized in workplace diversity discussions. Despite this, neurodivergent individuals face numerous barriers to accessing and retaining employment, often influenced by stigma and inconsistent inclusion policies. Objective This systematic review aims to organize the literature on neurodivergent individuals and their interaction with the work environment, identifying key

challenges and opportunities for improvement. **Methods** A systematic search of multiple databases was conducted to gather peer-reviewed articles on neurodivergence and employment. Studies were selected based on predefined criteria, focusing on hiring processes, workplace inclusion, and long-term retention. **Results** The findings reveal significant challenges, including the impact of stigma and ineffective inclusion policies. While some organizations have begun adapting hiring practices, inconsistencies in defining neurodivergence versus neurodiversity complicate policy implementation. Key gaps remain in understanding career development and job retention for neurodivergent employees. **Conclusions** The review highlights the need for standardized terminology, evidence-based inclusion practices, and further research into long-term career outcomes for neurodivergent individuals. Addressing these gaps is crucial for promoting a more inclusive and supportive work environment that values neurodiversity

Yap SH, Zainal LNB, Yusoff SZB, and Tan XR. Exploring the use of mindfulness for prevention of burnout in allied health professionals in Singapore. *Work*. 2025; 81(2):2574-2581.

<https://doi.org/10.1177/10519815241313115> [open access]

Abstract: Background Burnout is becoming increasingly prevalent among healthcare professionals where it impacts quality of care and staff turnover, especially in the wake of the COVID-19 pandemic. One promising strategy to reduce burnout is the use of mindfulness-based programs, which may aid allied health professionals (AHPs). **Objective** To explore the usefulness of a 10-week mindfulness program on reducing burnout symptoms in AHPs in Singapore, as well as to identify AHPs' attitudes and perceptions towards adopting mindfulness in practice. **Methods** In this mixed methods study, a purposive sample (n = 8) of physiotherapists, occupational therapists, and therapy assistants were recruited. Participants underwent a mindfulness program, comprising 5 face-to-face sessions every other week for 10 weeks. Quantitative data were collected at pre- and post-intervention stages using a survey on participant characteristics and the Maslach Burnout Inventory - Human Services Survey for Medical Personnel to assess burnout symptoms. Qualitative data were collected through semi-structured interviews. **Results** There was a decrease in emotional exhaustion scores (34.50 to 25.50, p = 0.012) while depersonalization (p = 0.107) and personal accomplishment (p = 0.062) scores showed no significant changes. Qualitative benefits reported include increased introspection, improved emotional regulation and communication, and fostering of supportive workplace culture. Advocacy from superiors and the perceived effectiveness of mindfulness techniques can facilitate the adoption of the mindfulness program. **Conclusion** A 10-week mindfulness program reduced burnout symptoms, specifically emotional exhaustion, among AHPs. Future studies should explore the application of the program within a larger participant sample to develop an optimal model for feasible and pragmatic adoption within the clinical setting

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