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

**\*Gignac MAM, Bowring J, Saunders R, Navaratnerajah L, Smith PM, Jetha A, et al. Why are disclosure decisions so difficult? Understanding factors that encourage and discourage workers with a chronic disabling condition from disclosing health information at work. *Journal of Occupational Rehabilitation*. 2025; [epub ahead of print].**

<https://doi.org/10.1007/s10926-025-10326-y> [open access]

Abstract: PURPOSE: The decision whether to disclose a disability at work is complex. Drawing on communication theories, we examined disclosure decision-making and how workers with disabling health conditions prioritized information that could simultaneously encourage and discourage disclosure. METHODS: An online, cross-sectional survey asked workers with physical and mental health/cognitive conditions creating job limitations (i.e., disability) at work about the health impacts on their employment, their disclosure goals, preferences, support availability, workplace culture, work context, and demographic information. Descriptive, multivariate, and latent profile analyses were used. RESULTS: Participants were 591 workers (51% men, 48% women, 1% non-binary) with physical (41%), mental health/cognitive (24%), or both groups of conditions (35%). Forty-two percent of participants had not disclosed health information or needs to their supervisor. Six profiles of decision patterns were identified: (1) little health impact, supports available; (2) some health impacts, positive support appraisals; (3) some health impacts, uncertain what to do; (4) some health impacts, considerable personal concerns; (5) little health impact, few concerns, few supports available; and (6) considerable health impacts but perceives many risks to sharing. Disclosure decisions often prioritized personal goals, preferences, and workplace culture over health impacts and support availability. Profiles were differentiated by health condition type and work context. CONCLUSION: Understanding how workers prioritize information when considering disclosing a disability at work has implications for organizational support practices and clinical efforts to support workers. It underscores that worker

decisions go beyond health impacts and highlights the need for support resources to help workers address decision uncertainty and stress

**\*Jetha A, Lee H, Smith MJ, Arrandale VH, Biswas A, Mustard C, Smith PM. Landscape of artificial intelligence use for occupational health and safety practice in two Canadian provinces. *American Journal of Industrial Medicine*. 2025; [epub ahead of print].**

<https://doi.org/10.1002/ajim.70018> [open access]

Abstract: BACKGROUND: Artificial intelligence (AI) can modernize occupational health and safety (OHS) practice and provide solutions to the most complex health and safety challenges. Empirical data on firm-level AI utilization in OHS practice remain limited. The objective of this study was to examine AI use for OHS and firm-level descriptive and OHS characteristics associated with AI use. METHODS: A total of 810 OHS professionals in British Columbia and Ontario, Canada were surveyed in the summer of 2024. Surveys asked about firm-level AI use for OHS and items asked about descriptive and OHS characteristics. Participants were also asked about perceived AI concerns and OHS impact. A multivariate logistic regression model was fitted to examine factors associated with firm-level AI use for OHS. RESULTS: In total, 29% reported firm-level AI use for OHS. Larger-sized firms and those with hybrid work arrangements had a greater odds of AI use for OHS. Also, firms with high workplace hazard exposure had a greater odds of AI OHS use. More positive perceptions of AI's impact on OHS were associated with firm-level AI use for OHS. CONCLUSIONS: AI use for OHS may be concentrated among hazardous firms and those with the conditions to support technological adoption. Research examining AI's effectiveness in OHS settings is needed to guide evidence-based implementation in occupational health practice

**\*Sobers M, Smith PM, Massaquoi N, Hamilton HA, and Gesink D. Mental health service use among Black adolescents in Ontario by sex and distress level: a cross-sectional study. *CMAJ*. 2025; 197(29):E901-E914.**

<https://doi.org/10.1503/cmaj.241733> [open access]

Abstract: BACKGROUND: Race is a social construct reflecting broader systemic forces that can affect health, including mental health. We sought to ascertain whether patterns of mental health care service use are associated with race among adolescents in Ontario. METHODS: We conducted a cross-sectional study using data from the 2015-2019 Ontario Student Drug Use and Health Survey. We assessed mental health care access for students in grades 7-12 younger than 20 years based on their responses about their care usage in the past 12 months. We used logistic and Poisson regression models to analyze differences in service utilization, with interaction terms for sex and mental distress (measured using the Kessler Psychological Distress Scale-6 Items). RESULTS: Black male students with low distress were nearly twice as likely as White males to report initiating care (odds ratio [OR] 1.50, 95% confidence interval [CI] 1.09-2.06). However, when Black males' distress worsened to moderate levels, they became less than half as likely to access care than their White peers (OR 0.41, 95% CI 0.20-0.84). Black females faced disparities at all distress levels, with the gap widening as distress increased (moderate distress OR 0.78, 95% CI 0.46-1.34; serious distress OR 0.60, 95% CI 0.40-0.89). Even after initiating care, Black females mostly had lower odds of access frequency than White females (low distress OR 0.78, 95% CI 0.66-0.92; moderate distress OR 1.00, 95% CI 0.84-1.19; serious distress OR 0.60, 95% CI 0.42-0.85). INTERPRETATION: Black survey respondents with psychological distress were less likely to report using mental health services than their White peers, with Black

female respondents being the least likely to access care. Policy and practice should seek to address systemic racism and a lack of culturally relevant care for Black adolescents with mental distress

**Banack HR, Fox MP, Platt RW, Garber MD, Li X, Schildcrout J, et al. Modern sources of controls in case-control studies. *American Journal of Epidemiology*. 2025; 194(9):2631-2640.**

<https://doi.org/10.1093/aje/kwae437> [open access]

Abstract: In 1992, Wacholder et al. developed a theoretical framework for case-control studies to minimize bias in control selection. They described 3 comparability principles (study base, deconfounding, and comparable accuracy) to reduce the potential for selection bias, confounding, and information bias in case-control studies. Wacholder et al. explained how these principles apply to traditional sources of control participants for case-control studies, including population controls, hospital controls, controls from a medical practice, friend or relative controls, and deceased controls. The goal of the present article is to extend this seminal work on case-control studies by providing a modern perspective on sources of control participants. Today, there are many more potential sources of control participants for case-control studies than there were in the 1990s. This is due to technological advances in computing power, internet access, and availability of "big data" resources. These advances have vastly expanded the quantity and diversity of data available for case-control studies. We discuss control selection from electronic health records, health insurance claims databases, publicly available online data sources, and social media-based data. We focus on practical considerations for unbiased control selection, emphasizing the strengths and weaknesses of each modern source of controls for case-control studies

**Blomqvist S, Hognas RS, Farrants K, Friberg E, and Magnusson Hanson LL. Exploring the link between perceived job insecurity and sickness absence for common mental disorders. *European Journal of Public Health*. 2025; 35(4):650-656.**

<https://doi.org/10.1093/eurpub/ckaf023> [open access]

Abstract: Perceived job insecurity is associated with poor mental health, but whether it affects sickness absence is not well understood. The present study examines the association between perceived job insecurity and sickness absence due to common mental disorders and whether changes in perceived job insecurity affects the risk of sickness absence due to common mental disorders. Data are from the Swedish Longitudinal Occupational Survey of Health and include those who participated at least once between 2010 and 2020 (n = 24 049). Two different types of analyses were conducted: (1) logistic regression with adjustments for baseline covariates and (2) pooled logistic regression with inverse probability weights, across 5 emulated target trials assessing onsets and/or offsets of job insecurity versus stable security or stable insecurity, on the risk of sickness absence for common mental disorders. Perceived job insecurity was associated with increased odds of sickness absence for common mental disorders over a 2-year period (odds ratio = 1.38, 95% confidence intervals (CI) 1.13-1.68). We found no statistically significant associations for an onset of job insecurity versus being stably secure (risk ratio (RR) 1.484, 95% CI 0.913-2.055) nor for offset versus stable insecurity (RR 0.855, 95% CI 0.308-1.402). The findings from our emulated target trials were, however, uncertain. Findings suggest that perceived job insecurity increases the risk of sickness absence for common mental disorders. The study implies that efforts to increase employee's sense of security may help reduce rates of sickness absence for common mental disorders if job insecurity is reduced long-term.

**Christensen B, Dahm MM, Chen IC, and Kelly-Reif K. Ethylene oxide measurements from OSHA workplace investigations: patterns in exposure by industry, occupation, and over time. *American Journal of Industrial Medicine*. 2025; 68(10):845-855.**

<https://doi.org/10.1002/ajim.70008> [open access]

**Abstract:** Background: Ethylene oxide (EtO) is an occupational carcinogen; however, contemporary exposure scenarios in US workplaces are not well characterized within the literature. We aim to describe EtO exposure trends in the US workplace using historical data from the Occupational Safety and Health Administration (OSHA) Chemical Exposure Health Database and the OSHA Information System. Method: We collated and analyzed air sampling data collected between 1979 and 2020 to characterize exposures across key industries and occupations. We evaluated exposure by industry and occupational category, examined changes in exposures over time, and quantified the proportion of samples that exceeded existing occupational exposure limits. Results: Exposures generally decreased over time. However, the magnitude and pattern of reductions were not consistent across industries. Within the aggregated dataset, approximately 46% of samples exceeded the National Institute for Occupational Safety and Health recommended exposure limit (NIOSH REL) of 0.1 parts per million (ppm), and approximately 18% of samples exceeded the OSHA permissible exposure limit (PEL) of 1 ppm. 70% of samples collected from industrial sterilization workplaces exceeded the NIOSH REL. Exposure data was limited between 2000 and 2020, most notably for the health services and chemical manufacturing industries. Conclusions: Contemporary EtO exposures for key industries and occupational categories are poorly characterized. Still, exposures in the industrial sterilization industry appear higher than in other industries and have proportionally declined the least over time. Additional exposure assessment research and further efforts in occupational risk assessment are important to better understand the health burdens of workers exposed to EtO

**Fazio JC, Garcia SR, Torres IR, Gandhi SA, Cummings KJ, Buhr RG, et al. Silica hazards in engineered stone countertop production: worker experiences and challenges in Los Angeles. *American Journal of Industrial Medicine*. 2025; 68(10):867-880.**

<https://doi.org/10.1002/ajim.70010>

**Abstract:** Background: Silicosis is a progressive occupational lung disease caused by inhalation of respirable crystalline silica. Stone countertop workers are at risk of developing silicosis associated with engineered stone (ES) due to its high silica content and widespread use. This qualitative study assessed countertop workers' knowledge, attitudes, and practices regarding silica hazards. Methods: We recruited 20 participants for semi-structured interviews through purposive sampling of workplaces in Los Angeles, California. Eligibility requirements: employment in countertop fabrication, exposure to engineered stone, = 18 years old, and English or Spanish proficiency. Interviews were recorded, translated, and transcribed. Two researchers employed thematic and content analysis to code transcripts using both inductive and deductive methods. Results: All respondents were Latino men, 90% of whom were foreign-born, with a median age of 44 years and a median work tenure of 20 years. We identified five themes: (1) Hazardous work environments: Respondents regularly engaged in dry-cutting practices (68%), and half reported that their employers did not reliably provide respirators. (2) Insufficient training and educational resources: Respondents possessed basic knowledge that dust caused lung disease (90%); however, most acquired knowledge through word-of-mouth or media. (3) Employment vulnerability: Workers feared being fired for raising safety concerns. (4) Workforce entrapment: Although many workers considered leaving the industry, they were

hindered by a lack of legal immigration status or alternative skills, as well as the presumed lower pay in a new industry. (5) Worker-identified solutions: Workers suggested wet cutting, workplace training, and regulation of ES, including its elimination. Conclusion: The results support continued policy, regulatory, and enforcement efforts aimed at minimizing silica exposure. Workers recommended workplace and upstream solutions, such as eliminating ES.

**Gariazzo C, Massari S, Taiano L, Bonafede M, Pompili M, and Marinaccio A. Occupational and social determinants of mortality from suicide: an Italian register-based case-control study. Occupational and Environmental Medicine. 2025; 82(6):285-292.**

<https://doi.org/10.1136/oemed-2025-110148>

Abstract: Objectives: Occupational suicides are an emerging issue in occupational epidemiology. Risk factors like economic sectors, professions and types of contracts are not well-investigated, particularly in Italy. Methods: A case-control study was carried out using mortality data collected in Italy from 2005 to 2018. We selected as cases those who died by suicide and as controls all other causes of death. The occupational characteristics were retrieved from two administrative archives, considering a working activity within the 3 years preceding the event. We fitted logistic regression models to calculate sex-specific mortality odds ratios (MORs) by employment sector, type of contract, professional qualification and working time. Results were adjusted for age class, education, marital status, professional status and territorial factors. Results: The study population included 8862 suicides and 177 027 controls. Unemployed workers were found to have twice the risk compared with employed workers in both sexes. Education level and marital status were found to be determinants for suicide. The sectors at higher risk for suicide included the security and investigation in males (MOR=2.34 (1.94-2.83)) and healthcare (MOR=1.79 (1.39-2.30)) and residential social care (MOR=1.55 (1.17-2.06)) in females only. Precarious work was identified as a risk factor compared with permanent jobs (MORs=1.29-2.08). Professions at higher risk are health specialists, qualified professionals in personal health services, farmers and fishing/hunting with different skills, and unqualified operators in fixed machinery, manufacturing, mining and construction. Risks were sex-dependent. Conclusions: The study highlights a potential role of occupation in the suicide risk and the need to investigate specific sectors and professions.

**Harduar Morano L, Kite Powell A, and Luckhaupt SE. Evaluation and revision of historical ESSENCE syndromic surveillance definition used to identify work-related emergency department visits. Public Health Reports. 2025; 140(2-3):192-202.**

<https://doi.org/10.1177/00333549241287929> [open access]

Abstract: OBJECTIVES: Occupational health surveillance programs have rarely incorporated syndromic surveillance. We documented a process for evaluating and revising syndromic surveillance definitions, using the example of work-related emergency department (ED) visits. MATERIALS AND METHODS: Of 140 331 481 ED visits in the National Syndromic Surveillance Program from May 15, 2016, through October 31, 2017, we extracted 391 827 records for phase 1 that met the previously unevaluated original work-related definition or included a work-related employment status ICD-10-CM code (Y99.0/Y99.1; International Classification of Diseases, Tenth Revision, Clinical Modification). Also for phase 1, we evaluated the performance of the original work-related definition using ICD-10-CM work-related employment status codes as a reference standard. In phase 2, we extracted 99 109 records containing candidate work-related keywords. Finally, in phase 3, we examined individual keywords

and developed and evaluated a revised definition. RESULTS: The revised work-related definition identified 259 153 visits by keyword alone, 104 342 visits by ICD-10-CM work-related employment status codes alone, and 16 385 ED visits by both methods. Sensitivity (13.6% vs 11.3%) and positive predictive value (5.9% vs 4.8%) were higher for the revised definition than for the original work-related definition. Manual review indicated that 91.3% (95% CI, 89.6%-93.0%) of visits identified by the revised definition keywords met the study criteria for work-related visits as compared with 75.5% (95% CI, 73.0%-78.4%) of visits for the original work-related definition. PRACTICE IMPLICATIONS: The original work-related definition performed suboptimally because keywords were not sufficiently specific. The revised definition is an improvement but requires testing in real-world scenarios. The presented methods for developing a syndromic surveillance definition are useful, not only for occupational health, but for identification of other subpopulations treated in the ED

**In't Hout L, van Hees SGM, Vossen E, Oomens S, van de Mheen D, and Blonk RWB. Factors related to the recurrence of sickness absence due to common mental health disorders: a systematic review. *Journal of Occupational Rehabilitation*. 2025; 35(3):435-449.**

<https://doi.org/10.1007/s10926-024-10224-9> [open access]

Abstract: PURPOSE: Employees who experience sickness absence (SA) due to common mental disorders (CMD) are at increased risk of recurrent sickness absence (RSA). This systematic literature review examines the factors at different levels in the work and non-work context that increase or decrease the likelihood of RSA due to CMD. The resulting knowledge enables more accurate identification of employees at risk of RSA. METHODS: We conducted a search in June 2023 using the following databases: PubMed, PsycInfo, Web of Science, Cumulative Index to Nursing & Allied Health Literature (Cinahl), Embase and Business Source Ultimate (BSU). Inclusion criteria were as follows: (self-)employees, CMD, related factors, RSA. The quality of the studies was assessed using the Mixed Methods Appraisal Tool (MMAT). The Individual, Group, Leader, Organisation and Overarching/social context (IGLOO) model were used to cluster the found factors and these factors were graded by evidence grading. RESULTS: Nineteen quantitative and one qualitative studies of mainly high and some moderate quality were included in this review. A total of 78 factors were found. These factors were grouped according to the IGLOO levels and merged in 17 key factors. After evidence grading, we found that mainly low socioeconomic status (SES) and the type of previous SA (short-term SA and SA due to CMD) are predictors of an increased risk of RSA. CONCLUSIONS: Having a low SES and previous experience of SA (short term, or due to CMD) are factors that predict the chance of RSA, implying the need for prolonged support from occupational health professionals after the employee has returned to work

**Jacquier-Bret J and Gorce P. Worldwide work-related musculoskeletal disorder prevalence among nurses: systematic review and meta-analysis. *Safety Science*. 2025; 191:106970.**

<https://doi.org/10.1016/j.ssci.2025.106970> [open access]

Abstract: Work-related musculoskeletal disorders (WMSDs) are very common among nurses, affecting their health and daily work activities. The aim of this study was to investigate the worldwide overall WMSD and for nine body areas prevalence among nurses. A systematic review and a meta-analysis were performed by scanning ScienceDirect, PubMed/Medline, Google Scholar, Science.gov, and Mendeley to find relevant studies. The article selection process, critical appraisal, and data extraction were performed independently by the two authors. PRISMA was used for reporting the search results.

Heterogeneity of the studies was assessed using Cochran's Q test and I2 statistic. A meta-regression analysis was performed to investigate the impact of publication year, participants' age, years of experience and body mass index on WMSD prevalence. Application of the inclusion/exclusion criteria identified 90 studies from the 15,751 unique records identified by the search, for a total of 45,985 nurses. A high heterogeneity was found between studies, requiring the use of a random-effects model to assess prevalence. The results of the meta-analysis showed an overall prevalence of 81.1%. The lower back (58.5%), neck (45.9%), and shoulder (40.9%), were the three areas most affected by WMSDs. A significant effect was found for 4 regressions: work experience (in years) on the wrist WMSD prevalence, age on the elbow and wrist WMSD prevalence, and year of publication on the neck WMSD prevalence. The development of ergonomic programs, organizational work strategies and assistive devices must be pursued to provide answers to the multifactorial problem of WMSDs for safe working environment.

**Khalil H, Welch V, Grainger M, and Campbell F. Methodology for mapping reviews, evidence maps, and gap maps. *Research Synthesis Methods*. 2025; 16(5):786-796.**

<https://doi.org/10.1017/rsm.2025.25> [open access]

Abstract: Mapping reviews are valuable tools for synthesizing and visualizing research evidence, providing a comprehensive overview of studies within a specific field. Their visual approach enhances accessibility, enabling researchers, policymakers, and practitioners to efficiently identify key findings, trends, and knowledge gaps. These reviews are particularly significant in guiding future research, informing funding decisions, and shaping evidence-based policymaking. In environmental science—similar to health and social sciences—mapping reviews play a crucial role in identifying effective conservation strategies, tracking interventions, and supporting targeted programs. Unlike systematic reviews, which assess intervention effectiveness, mapping reviews focus on broad research questions, aiming to chart the existing evidence on a given topic. They use structured methodologies to identify patterns, gaps, and trends, often employing visual tools to enhance data accessibility. A well-defined scope, guided by inclusion and exclusion criteria, ensures a transparent study selection process. Comprehensive search strategies, often spanning multiple databases, maximize evidence capture. Effective screening, combining automated and manual processes, ensures relevance, while data extraction emphasizes high-level categories such as study design and population demographics. Advanced software tools, including EPPI-Reviewer and MindMeister, support data extraction and visualization, with evidence gap maps highlighting robust areas and research voids. Despite their advantages, mapping reviews present challenges. The categorization and coding of studies can introduce subjective biases, and the process demands substantial resources. Automation and artificial intelligence offer promising solutions, improving efficiency while addressing integration and multilingual limitations. As methodological advancements continue, interdisciplinary collaboration will be essential to fully realize the potential of mapping reviews across scientific disciplines.

**Man SS, Wang D, Tsang SNH, Liu L, and Chan AHS. Relationships between occupational stress and occupational safety and health outcomes amongst construction workers: a meta-analysis of evidence from the past twenty years. *Safety Science*. 2025; 191:106939.**

<https://doi.org/10.1016/j.ssci.2025.106939>

**O'Reilly J, Bonaccio S, Li Y, and Lapierre LM. The "room to share": an ecological perspective on mental health disclosure at work. *Journal of Occupational Health Psychology*. 2025; 30(4):255-271. <https://doi.org/10.1037/ocp0000406>**

Abstract: How organizations address employee mental health conditions (MHCs) is an increasingly important topic in occupational health psychology. A key focus of this literature is on understanding how and why employees disclose their MHCs to colleagues. Concealing a stigmatized identity, such as a MHC, can cause distress, while disclosure has been associated with improved well-being and access to proper accommodations. However, employees who disclose a MHC also risk discrimination and mistreatment. Given such competing dynamics, past research has largely framed disclosure through a concerted decision-making lens, where employees weigh the benefits and risks before revealing their condition. Yet the disclosure process can be more complex than these models suggest, with scholars recognizing that no "one-size fits all." To investigate this complexity, we conducted an in-depth narrative interview study with 27 employees living with a MHC. Our findings challenge the assumption that MHC disclosure is typically premeditated. We develop the concept of disclosure opportunities-situations that enable employees to share their MHC at work. We also identify four key elements of the work environment-time and space, bureaucratic structure, social structure, and mental health programs-that shape these opportunities. These elements can either facilitate or constrain disclosure, depending on how they interact. Using these insights, we propose an ecological model of MHC disclosure that complements and extends existing decision-based models, offering a more complex and nuanced understanding of how disclosure unfolds at work. We then explain how this model can inform the practice of occupational health psychology. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

**Richards CA, Brumley C, Graves JM, Parker MM, Khot LR, and Postma J. Mapping research priorities for climate change adaptation in agriculture: a one health perspective. *Workplace Health & Safety*. 2025; 73(9):454-465.**

<https://doi.org/10.1177/21650799251334147>

Abstract: BACKGROUND: The climate emergency poses significant threats to agricultural productivity, the health and economic prospects of agricultural workers, and animal welfare. This requires development and implementation of adaptation strategies to mitigate the impact in the long-term. The purpose of this study was to identify and map research priorities for climate change adaptation in agriculture, focusing on protecting the health of agricultural workers and livestock animals. METHODS: Based on the One Health framework, we utilized a participatory, mixed-method approach called group concept mapping. In 2023, 20 faculty members from various disciplines at a land-grant university were recruited through email and purposive sampling, based on group concept mapping methodology. Fifteen faculty members brainstormed ways to reduce health risks for agricultural workers and livestock in the Pacific Northwest amid climate change. Forty ideas were sorted and rated for importance and feasibility by 11 and 10 faculty, respectively. FINDINGS: Multidimensional scaling yielded five clusters: wildfire smoke impacts, basic science, forecasting extreme weather, tradeoffs, and occupational health and labor. Key research areas include studying wildfire smoke's effects on agricultural products, animals, and workers, and identifying adaptive strategies for climate change's impact on humans and livestock. Overall, 25% included all three pillars of the One Health framework. CONCLUSIONS: Most research directions were focused on risk management, with limited emphasis on the One Health framework. APPLICATION TO PRACTICE: Transdisciplinary collaboration is

needed to apply a One Health approach in climate adaptation efforts for agriculture and can be enhanced through transdisciplinary education and training opportunities

**Shaw JF, Goldstein CE, Mazzetti T, Vieira Armond AC, Marouf Y, Lamprecht K, et al. Randomization procedures in parallel-arm cluster randomized trials in low- and middle-income countries: a review of 300 trials published between 2017-2022. *Journal of Clinical Epidemiology*. 2025; 184:111825.**

<https://doi.org/10.1016/j.jclinepi.2025.111825>

**Abstract:** OBJECTIVES: Cluster randomized trials (CRTs) are frequently used to evaluate interventions in low- and middle-income countries (LMICs). Robust execution and transparent reporting of randomization procedures are essential for successful implementation and accurate interpretation of CRTs. Our objectives were to review the quality of reporting and implementation of randomization procedures in a sample of parallel-arm CRTs conducted in LMICs. STUDY DESIGN AND SETTING: We selected a random sample of 300 primary reports of parallel-arm CRTs from a database of 800 CRTs conducted in LMICs between 2017 and 2022. Data were extracted by two reviewers per trial and summarized using descriptive statistics. RESULTS: Among 300 trials, 192 (64%) reported the method of sequence generation, 213 (71%) reported the type of randomization procedure used, 146 (49%) reported who generated the sequence, 136 (45%) reported whether randomization was implemented by an independent person, and 75 (25%) reported a method of allocation concealment. Among those reporting the methods used, suboptimal randomization procedures were common: 28% did not use a computer, 21% did not use restricted randomization, 58% did not use a statistician to generate the sequence, in 53% the person was not independent from the trial, and 80% did not use central randomization. Public randomization ceremonies were used in 10% of trials as an alternative method of allocation concealment and to reassure participants of fair allocation procedures. CONCLUSION: The conduct and reporting of randomization procedures of CRTs in LMICs is suboptimal. Dissemination of guidance to promote robust implementation of randomization in LMICs is required, and future research on the implementation of public randomization ceremonies is warranted. PLAIN LANGUAGE SUMMARY: Cluster randomized trials (CRTs) are trials where entire groups, rather than individuals, are randomly assigned to different treatments (eg, intervention or usual care). This randomization process can be challenging in CRTs; clear reporting and proper execution are important to ensure fairness and accurate results. In this study, we reviewed how well randomization procedures were reported and carried out in 300 CRTs, selected from a larger database of 800 CRTs, conducted in low- and middle-income countries (LMICs), and published between 2017 and 2022. We found that reporting on key aspects of randomization was often incomplete: 64% reported how they created the random allocation sequence, 71% reported the type of randomization method used, 49% reported who generated the sequence, 45% reported whether a person independent from the trial handled the randomization, and 25% reported how they kept group assignments hidden until the intervention was ready to begin. Even when trials did report these methods, many did not follow best practices: 28% did not use a computer, 21% did not apply techniques to ensure balanced treatment arms, 58% did not involve a statistician to generate the sequence, 53% had someone involved in the trial handle randomization (as opposed to an independent person), and 80% did not use central randomization to assign groups, where a third party reveals treatment assignment to groups. Interestingly, 10% of trials used public randomization ceremonies (events where group assignments are revealed in a public setting) to keep group assignments hidden until revelation and to reassure participants that the process was fair. Overall, we found that randomization procedures in

CRTs were often not well reported or carried out optimally. It is important for researchers to follow established guidelines to ensure randomization is done properly in CRTs in LMICs. More research is also needed to understand how public randomization ceremonies are used in practice

**Sundstrup E, Dyreborg J, Frost AD, Seeberg KGV, Andersen LL, and Clausen T. Barriers and facilitators of implementing workplace interventions supporting young workers' safety, work environment and health: a scoping review of qualitative and mixed-method studies. *Journal of Occupational Rehabilitation*. 2025; [epub ahead of print].**

<https://doi.org/10.1007/s10926-025-10313-3>

Abstract: Purpose: Young workers face higher risks of workplace accidents, mental health issues, and physical strain. This scoping review aims to identify and summarize available research literature on barriers and facilitators to implementing workplace interventions to support young workers' safety, work environment and health. Methods: We conducted a comprehensive search in bibliographic databases including PubMed, Web of Science and PsycInfo for articles published from 2007-2022. The PICO strategy guided the assessment of relevant studies and the bibliographical search for qualitative and mixed-method studies on interventions where (1) participants were young workers (mean age 15-29 years), (2) interventions were initiated and/or carried out at the workplace, and (3) barriers or facilitators to the implementation of interventions to support young workers' safety, work environment and health were described. We employed an iterative process to identify general thematic categories in the data. Results: In total, 11 relevant studies were identified. Seven primary themes related to facilitators and barriers emerged from our analysis. Facilitators: fit the organizational context, organizational support, balance between efforts and gains, employee motivation, and employee involvement; Barriers: high workload and time pressure, shift work and irregular working hours. Conclusion: There is a lack of intervention studies on young workers focusing on factors for implementation. The studies we find, reveal several factors to be aware of when designing and implementing interventions to support young workers' safety, work environment and health. The results emphasize a need for studies evaluating factors of importance for the successful implementation of workplace-based interventions among young workers. Review registration: PROSPERO CRD42022324299 ([https://www.crd.york.ac.uk/prospero/display\\_record.php?ID=CRD42022324299](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022324299)).

**Zola A, Naumann E, and Marzec P. COVID-19 labor market protection and support for the welfare state: job retention versus job loss in four European countries. *Social Policy & Administration*. 2025; 59(5):889-911.**

<https://doi.org/10.1111/spol.13090> [open access]

Abstract: The COVID-19 pandemic presents a natural setting to study how labor market protection policies may influence welfare attitudes because while lockdowns and economic recession threatened millions of jobs, job retention schemes shielded many workers from unemployment. We investigate support for unemployment protection and the unemployed among people active in the labor force and participating in the Mannheim Corona Study in Germany, Coping with COVID-19 in France, ResPOnSE in Italy, and the British Social Attitudes survey in Great Britain. Two-way fixed effects analyses on the German data show that there was a general increase in respondents' support over the onset of the pandemic and that while job loss significantly boosted support, there was little attitudinal difference between those who experienced job retention and those who continued working. We

confirm these patterns with cross-sectional analyses in all four countries, providing comparative insight into attitudes across the largest European economies. Unemployment is materially similar to job retention, but because it is associated with higher support, we contend that nonmaterial factors such as risk perceptions may be consequential in influencing preference changes when individuals lose their jobs.

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