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**\*Munoz-Grajales C, Barraclough ML, Diaz-Martinez JP, Su J, Bingham K, Kakvan M, Kretzmann RP, Tartaglia MC, Ruttan L, Choi MY, Appenzeller S, Marzouk S, Bonilla D, Katz P, Beaton D, et al. Association of elevated serum S100A8/A9 levels and cognitive impairment in patients with systemic lupus erythematosus. *Arthritis Care and Research*. 2025; 77(11):1303-1312.**

<https://doi.org/10.1002/acr.25575> [open access]

Abstract: OBJECTIVE: Cognitive impairment (CI) is common in patients with systemic lupus erythematosus (SLE). Despite its prevalence, the immune mechanisms are not well understood. We previously reported elevated serum levels of S100A8/A9 and matrix metalloproteinase 9 (MMP-9) in patients with SLE and CI. This study aims to validate those findings by examining the relationship between serum levels and CI in patients with SLE at baseline and after one year. METHODS: We assessed cognitive function in 112 patients with SLE using the adapted American College of Rheumatology-Neuropsychological Battery, defining CI as impairment in two or more domains. Serum S100A8/A9 and MMP-9 levels were measured by enzyme-linked immunosorbent assay. We compared serum levels between CI and non-CI groups, evaluated cognitive domain performance at baseline and one year, and explored associations between serum changes and cognitive status changes. RESULTS: At baseline, 48 patients (42.8%) had CI. After one year, the cognitive function remained stable in 55%, improved in 31.2%, and worsened in 13% of patients. Serum S100A8/A9 levels were significantly higher in CI patients at baseline ( $P = 0.0007$ ,  $r = 0.413$ ) and one year ( $P = 0.0045$ ,  $r = 0.359$ ), correlating inversely with multiple CI domains. The worsened group showed a significant increase in S100A8/A9 levels, whereas the improved group exhibited a reduction. CONCLUSION: In this large cohort of patients with well-characterized SLE, serum S100A8/A9 levels were elevated in those with CI and showed an inverse relationship with cognitive performance across multiple domains. Changes in

S100A8/A9 levels corresponded with changes in cognitive status over one year. These findings warrant further investigation into the role of S100A8/A9 in CI within the context of SLE

**\*Zahiriharsini A, Gilbert-Ouimet M, Lavigne-Robichaud M, Trudel X, Talbot D, Smith P, et al. Sex and gender differences in the associations between psychosocial stressors at work and coronary heart disease incidence: an 18-year longitudinal study of 5192 Canadian workers. *American Journal of Preventive Cardiology*. 2025; 24:101340.**

<https://doi.org/10.1016/j.ajpc.2025.101340> [open access]

**Abstract:** Background Psychosocial stressors at work (PSW) are modifiable occupational stressors associated with an increased coronary heart disease (CHD) incidence. While systematic reviews suggest differences between women and men, there has been limited examinations of potential effect modifiers. This study aimed to explore the effect modifications of characteristics related to sex (biological) and gender (sociocultural) in the associations between PSW and CHD incidence over an 18-year follow-up. **Methods** This study relied on a prospective cohort of 5192 white-collar workers (50 % women) from 19 public and semi-public enterprises in Quebec, Canada. PSW, defined according to the job strain and effort-reward imbalance (ERI) models, were assessed using self-administered, validated questionnaires. Incident CHD cases were identified from medico-administrative databases using validated algorithms. Cox proportional hazard models were used to estimate hazard ratios (HR) and 95 % confidence intervals (CI) for the associations between PSW and CHD incidence, stratified by sex, and characteristics related to sex (age) and gender (education level, occupational position, and children load). **Results** Associations between PSW and CHD incidence differed by sex. In men, being exposed to both job strain and ERI was associated with a 2-fold increased CHD risk (HR: 2.01, 95 % CI: 1.52–2.65), rising to a 2.80-fold risk among those aged 60 and older (HR: 2.80, 95 % CI: 1.90–4.13). Amplified associations were also observed in men with lower education (HR: 3.23, 95 % CI: 1.73–6.03) and a low children load (HR: 2.48, 95 % CI: 1.74–3.54). In women, the association between ERI and CHD was stronger, although it remained marginally non-significant, among those under 60 years-old (HR: 1.57, 95 % CI: 0.96–2.57), with a lower education level (HR: 1.84, 95 % CI: 0.95–3.56) and with an intermediate to high children load (HR: 1.72, 95 % CI: 0.96–3.10). **Conclusions** This study reinforces the importance of considering sex- and gender-related characteristics — such as age, education, and caregiving responsibilities — when examining the associations between PSW and CHD incidence. However, the findings observed among women require replication in larger prospective cohorts.

**Bjorndal MT, Frederiksen KP, Gjengedal RG, Bull-Hansen B, Osnes K, Hannisdal M, et al. Negative beliefs about working with health problems and support at work as predictors for return to work for people struggling with common mental disorders. *Journal of Occupational Rehabilitation*. 2025; 35(4):838-847.**

<https://doi.org/10.1007/s10926-024-10243-6> [open access]

**Abstract:** Purpose The purpose of this study was to investigate predictors for return to work for people struggling with common mental disorders on sick leave or at risk of sick leave. The first aim of this study was to evaluate the psychometric properties of a set of statements exploring different conditions at the workplace and assumptions about working with health problems, by investigating the factor structure, reliability and construct validity of these statements. The second aim of this study was to investigate the predictive value of the identified factors. **Methods** A total of 797 patients from an outpatient mental health clinic were included in a naturalistic observational study. The study

design was longitudinal. The participants filled out self-report questionnaires pre- and post-treatment. Results A principal component factor analysis with a varimax rotation identified two factors, Negative beliefs about working with health problems and Support at work, displaying high internal consistency, 0.83 and 0.84, respectively. Separately, both factors were significant predictors of full return to work after treatment. The final multivariable analysis including both factors left Negative beliefs about working with health problems as a significant predictor explaining unique variance. Conclusions Negative beliefs about working with health problems and Support at work are important predictors for work status after treatment and should therefore be addressed during treatment for common mental disorders to assist people return to work.

**Cloeren M, Dement J, Quackenbush J, Quinn P, and Ringen K. Is work-related hearing loss associated with dementia? Evidence from a high-risk population. *American Journal of Industrial Medicine*. 2025; 68(11):1013-1027.**

<https://doi.org/10.1002/ajim.70026> [open access]

Abstract: Background: Age-related hearing loss is associated with increased dementia risk. We examined the association between hearing loss and dementia in a population at high risk for hearing loss from occupational noise exposures. Methods: We conducted cross-sectional and longitudinal analyses using logistic regression and interval-censored Cox models using data from the Building Trades National Medical Screening Program (BTMed), from inception in 1996 through March 2024. Hearing loss was defined as a speech-frequency pure-tone average  $\geq 20$  decibels (dB) in the better ear and categorized as mild (20-34 dB), moderate (35-49 dB), moderately severe (50-64 dB), or severe to complete ( $\geq 65$  dB). Dementia was defined using criteria from medical history, physical exams, and medication data across all medical screening examinations. Results: The study included 44,000 exams in 24,958 BTMed participants; 54.6% had hearing loss. Hearing loss was strongly associated with dementia prevalence (211 cases,  $p < 0.001$ ), with prevalence increasing by severity. Cross-sectional analysis found a significant association between hearing loss  $\geq 20$  dB and dementia (adjusted odds ratio = 1.88, 95% confidence interval (CI) = 1.15-3.07). In longitudinal analysis, a Cox model adjusted for confounders estimated a hazard ratio of 1.60 (95% CI = 0.99-2.59,  $p$ -trend = 0.0928) for incident dementia. Discussion: Cross-sectional results support an association between occupational hearing loss and dementia, consistent in direction with findings for age-related hearing loss; longitudinal estimates were not significant but were directionally similar. If confirmed in other high-risk cohorts with repeated audiometry, these findings underscore the potential for hearing conservation and hearing loss rehabilitation in dementia prevention.

**Domenech-Abella J, Mundo J, Haro JM, and Muntaner C. Workplace and non-workplace loneliness: a cross-sectional comparative study on risk factors and impacts on absenteeism and mental health among employees in Spain. *Social Psychiatry and Psychiatric Epidemiology*. 2025; 60(10):2289-2299.**

<https://doi.org/10.1007/s00127-025-02899-z> [open access]

Abstract: Purpose: The aim of this study is to (1) evaluate prevalences and concordance between workplace and non-workplace loneliness, (2) compare sociodemographic risk factors between workplace and non-workplace loneliness, (3) compare working conditions-related risk factors between the two contexts of loneliness, and (4) compare the impact of workplace and non-workplace loneliness on absenteeism, depression, anxiety and substance use disorder. Methods: A sample of the employee residing in Spain ( $n = 5400$ ) was surveyed using computer-assisted web interviews (CAWI)

during August and September 2024. Logistic regression models were constructed to compare the effects of risk factors for workplace and non-workplace loneliness (including sociodemographic factors, and factors related to working conditions), as well as the association of workplace and non-workplace loneliness on absenteeism, and symptoms of depression, anxiety, and substance use disorder. Results: Among active workers, 40.7% report experiencing workplace loneliness, while 42.0% report non-workplace loneliness. The level of concordance between both types of loneliness is low (Kappa = 0.36). Both types are more prevalent among younger and immigrant workers. Other sociodemographic risk factors (being female, non-married, and non-heterosexual) were significantly associated with non-workplace loneliness. Meanwhile, risk factors related to working conditions - particularly working under stress and labor precariousness- were associated with both types of loneliness, which showed an independent impact on absenteeism, depression, anxiety, and substance use disorder. Conclusion: Most of the social determinants of workplace loneliness are rooted in the work environment, indicating that effective interventions should focus on addressing labor conditions and precariousness to improve both workplace and non-workplace loneliness and their impacts on absenteeism and mental health.

**Fageraes CF, Smedbold HT, Romundstad PR, Thomassen MR, Hoper AC, Tjalvin G, et al. Work-related asthma symptoms and lung function among workers in the Norwegian salmon processing industry: a cross-sectional study. *Occupational and Environmental Medicine*. 2025; 82(8):388-395. <https://doi.org/10.1136/oemed-2025-110208>**

Abstract: OBJECTIVES: Exposure to bioaerosols from salmon processing is associated with occupational asthma. The prevalence of work-related asthma symptoms in fish processing workers has earlier been reported to be 12%-24%, but small sample sizes and heterogeneity in exposure across studies make generalisability to today's salmon processing industry questionable. Studies comparing filleting workers and slaughtering workers have shown conflicting results. METHODS: Questionnaire and spirometry data from workers in nine different salmon processing plants were gathered during 2021-2023. Exposure to salmon bioaerosols was defined by work tasks and total time working with salmon. Asthma symptoms and lung function were compared between exposure groups using logistic regression and adjusting for relevant confounding variables. RESULTS: Of the 867 workers regularly or variably exposed to salmon bioaerosols, 170 (20%) had work-related asthma symptoms. Exposure was associated with symptoms, but not with lung function. Of the 440 exposed workers with spirometry data, 9.8% had expiratory airflow limitation, and all mean lung function measures were below the reference values. The prevalence of work-related asthma symptoms was slightly higher among gutting workers than filleting workers (OR 1.7, 95% CI 1.1 to 2.8). CONCLUSIONS: The prevalence of work-related asthma symptoms is high in salmon processing, probably due to bioaerosol exposure. Salmon processing workers had more expiratory airflow limitation and lower lung function compared with the reference values. Although gutting workers had slightly higher risk for work-related asthma symptoms than filleting workers, all exposed workers seem to be at risk and preventive measures should be taken in all areas where bioaerosols are present

**Frohlich P, Rehwaldt R, Kortsch T, Radaca E, and Diestel S. Newcomers' happiness at work trajectories and their relation to servant leadership and innovative performance. *European Journal of Work and Organizational Psychology*. 2025; 34(5):518-532.**

<https://doi.org/10.1080/1359432X.2025.2495988> [open access]

Abstract: Newcomers bring vital innovation potential to organizations. Although research highlights how leadership and happiness can drive innovation, we lack knowledge about developmental patterns of newcomers' happiness at work (HAW) and how these relate to leadership and innovative performance. Therefore, this study aims to explore longitudinal patterns of newcomers' HAW development. We also investigate initial levels of servant leadership as a predictor and innovative performance as an outcome of distinct HAW trajectories. We used longitudinal data from 340 organizational newcomers with seven waves throughout their first year of employment. Latent class growth analysis identified three distinct classes of HAW trajectories: high and stable (43%), medium and decreasing (52%), and low and decreasing (5%). Higher levels of servant leadership experienced immediately after organizational entry were related to a higher likelihood of belonging to the high and stable class. The high and stable class demonstrated the highest level of innovative performance in the latter half of the first year. Our findings indicate that servant leadership is related to a higher and more stable development of newcomers' HAW and that stable trajectories facilitate their innovative performance. We discuss contributions to research regarding HAW, newcomer socialization, entry experiences, and innovative performance and present practical implications.

**Hinton P, Rodriguez-Villamizar LA, Prince P, Prendergast T, Do MT, Demers PA, et al. Protracted exposure to low-dose ionising radiation and cancer incidence among Canadian nuclear power plant workers. *Occupational and Environmental Medicine*. 2025; 82(8):370-379.**

<https://doi.org/10.1136/oemed-2025-110257> [open access]

Abstract: Objectives: Ionising radiation is a human carcinogen; however, there are uncertainties about the shape of the exposure-response function at low doses. We evaluated the relationship between radiation dose and cancer incidence in a cohort of Canadian nuclear power plant workers (NPPWs) with protracted exposures to low-dose ionising radiation. Methods: The cohort included 75 350 workers employed at one of five Canadian nuclear power plants any time between 1945 and 2010. Exposure to cumulative whole-body effective dose was determined through personal monitoring. A total of 4370 incident cancers were identified through record linkage of these workers to national cancer registries (1969-2010). Vital status was determined through linkages to national mortality and tax databases. Standardised incidence ratios (SIRs) were calculated to compare cancer incidence rates of the cohort with the Canadian general population. Poisson regression was used to characterise dose-response relationships via categorical and linear excess relative risk (ERR) models. Results: Significantly elevated SIRs were found for solid cancers (combined), melanoma, colon and prostate cancer, while a reduced SIR was found for lung cancer. Positive, but not statistically significant excess risks were found for melanoma (ERR/100 mSv=0.32; 95% CI: -0.23 to 0.87) and prostate cancer (ERR/100 mSv=0.12; 95% CI: -0.05 to 0.29). An inverse association was found for lung cancer (ERR/100 mSv=-0.18; 95% CI: -0.01 to -0.36). Conclusions: Our findings suggest that Canadian NPPWs have increased risks of prostate cancer and melanoma from low-dose ionising radiation exposure. Estimates should be cautiously interpreted due to the inability to adjust for demographic and lifestyle factors.

**Jeong H, Xu J, Warren JR, Luo L, Grodsky E, and Muller C. Intergenerational occupational mobility and health in the United States. *Social Science and Medicine*. 2025; 382:118271.**

<https://doi.org/10.1016/j.socscimed.2025.118271>

Abstract: Does intergenerational occupational mobility impact health and well-being net of occupational origins and destinations? Are the net effects of mobility homogeneous across demographic subgroups? Using data from High School and Beyond cohort (HS&B:80) and two mobility effect models (Luo's Mobility Contrast Model and Sobel's Diagonal Reference Model), we find no evidence of mobility effects on physical (i.e., hypertension, diabetes), mental (i.e., depression, loneliness), self-rated global, or cognitive health in mid-life at the population level. However, we find heterogeneity in mobility effects across gender and racial subgroups. The effects of origin and destination statuses vary across health outcomes, and the (dis)advantages associated with origin status are sometimes fully offset by those of destination status for intergenerationally mobile individuals

**Lee ASY, Burrell S, Courtnall S, Wake S, and Rhodes RE. Safe patient handling musculoskeletal injury-prevention smartphone app for community health care workers: mixed methods feasibility study. *JMIR Formative Research*. 2025; 9:e70681.**

<https://doi.org/10.2196/70681> [open access]

Abstract: Background: Safe patient handling is critical for reducing musculoskeletal injuries among health care workers; yet, community health care workers often face barriers such as limited access to training and real-time resources. Objective: This study had three objectives: (1) provide detailed insights into the unmet needs of Island Health community health care workers with respect to safe patient handling resources and access to information, (2) translate those needs into a user-centered prototype of the Safe Patient Handling Musculoskeletal Injury-Prevention (SPH MSIP) smartphone app through an iterative co-design process, and (3) establish the acceptability and feasibility of SPH MSIP app to support community health care workers' safe patient handling practices using a mixed methods design. Methods: A 3-phase participatory study was conducted. Phase 1 identified unmet safe patient handling needs through participatory meetings with 6 community health care workers, aligning with objective 1. Phase 2 involved developing the SPH MSIP app using co-design methods, integrating user feedback to address challenges such as guidance for high-risk tasks and intuitive design, addressing objective 2. Phase 3 evaluated the app's feasibility and acceptability, aligning with objective 3. The study recruited 28 participants who used the app for one month. A single-group mixed methods design was used, incorporating quantitative metrics such as recruitment (=50%), retention (=75%), and satisfaction (mean score =4). Qualitative feedback was gathered through small-group interviews to understand usability, usefulness, and integration into workflows. Results: In phase 1, community health care workers identified barriers, including limited safe patient handling, refresher training, and isolation during tasks. In phase 2, the app was developed to address these safe patient handling needs, incorporating features like scenario-specific guidance for high-risk tasks. In phase 3, the app exceeded success criteria for recruitment, retention, and satisfaction, with participants highlighting its usefulness, usability, and adoption. Qualitative feedback emphasized the app's practical value as a real-time resource, particularly its step-by-step guidance and user-friendly design. Conclusions: This study met its objectives, highlighting the SPH MSIP app's potential to address community health care workers' unmet safe patient handling needs and improve support in real time patient handling scenarios. While the findings suggest strong feasibility and acceptability,

future research should focus on large-scale, extended effectiveness trials to evaluate the app's impact on reducing musculoskeletal injury rates and improving patient care outcomes.

**Logdal N, Mathiassen SE, Jackson JA, and Hallman DM. Differences in the temporal patterns of occupational time on feet and sitting between homecare and nursing home workers. *Annals of Work Exposures and Health*. 2025; 69(8):855-867.**

<https://doi.org/10.1093/annweh/wxaf049> [open access]

**Abstract:** Background: Eldercare work is physically demanding, which may contribute to high rates of sickness absence. Understanding the temporal patterns of time on feet and sitting, the latter assumed to represent recovery, and how they depend on organizational and individual factors is key to a better work organization that can effectively promote health, but this has not been studied before. Aim: To describe temporal patterns of time on feet and sitting among homecare and nursing home workers and examine their associations with setting, job demands and resources, job title, and age. Methods: Swedish homecare (n = 101) and nursing home (n = 73) workers wore accelerometers for 7 consecutive days to assess physical behaviors. Short ( $\leq 5$  min), moderate ( $> 5$  to  $\leq 30$  min), and long ( $> 30$  min) bouts of time on feet and sitting were identified, with their relative distribution expressed in 5 ratios and analyzed using compositional data analysis procedures. Workers also completed a questionnaire on job organizational factors (job demands and resources) and individual factors (job title and age). MAN(C)OVA models were used to analyze differences in behaviors between eldercare settings, with organizational and individual factors being added in 2 consecutive models. Univariate analyses followed the multivariate models. Results: Homecare and nursing home workers spent most of the workday on their feet (51.9% and 56.9%, respectively). The only statistically significant difference between settings was that homecare workers spent 30.1% less time sitting in long bouts relative to moderate and short compared to nursing home workers ( $P = 0.011$ ), and this difference remained after adding covariates. Higher age was associated with more time on feet relative to sitting ( $P = 0.002$ ,  $\eta^2 = 0.06$ ) and more time on feet in long bouts relative to moderate and short bouts ( $P = 0.001$ ,  $\eta^2 = 0.06$ ) with medium effect sizes, as well as to more time on feet in moderate bouts relative short bouts ( $P = 0.011$ ,  $\eta^2 = 0.04$ ), and less sitting in long bouts relative to moderate and short bouts ( $P = 0.019$ ,  $\eta^2 = 0.03$ ) with small effect sizes. Conclusions: Temporal patterns varied by setting and age, with homecare workers sitting less in long bouts than nursing home workers, and older workers spending more time on feet than younger workers. These findings suggest that work setting and worker characteristics are associated with temporal patterns of physical behavior, although most effects were small-to-moderate and their practical relevance remain uncertain and warrants further study.

**Oiestad BE, Maas E, Aanesen F, Tingulstad A, Rysstad T, van Tulder M, et al. Effectiveness of two vocational interventions on sickness absence and costs for people with musculoskeletal disorders: 12 months results from the MI-NAV multi-arm randomized trial. *Scandinavian Journal of Work, Environment & Health*. 2025; 51(6):505-515.**

<https://doi.org/10.5271/sjweh.4248> [open access]

**Abstract:** Objectives: This study aimed to assess 12-month outcomes on return to work (RTW) and cost-effectiveness in adults on sick leave due to musculoskeletal disorders who were randomized to either usual case management (UC), UC+motivational interviewing (MI) or UC+stratified vocational advice intervention (SVAI). Methods: The study was conducted in the Norwegian Labor and Welfare

Administration (NAV). Workers on sick leave due to musculoskeletal disorders for  $\geq 50\%$  of their contracted work hours for  $\geq 7$  consecutive weeks were included. Trained caseworkers delivered MI in two face-to-face sessions, and physiotherapists provided SVAI and identified RTW obstacles. The main outcomes were sick leave days over 12 months and cost-effectiveness, cost-utility and cost-benefit. Results: The trial included 509 workers with a mean age of 48 years. There were statistically significant differences between UC+MI versus UC [-15.6 days, 95% confidence interval (CI) -31.0- -0.2], and UC+SVAI versus UC (-17.6 days, 95% CI -33.0- -2.2). Compared to UC, odds ratios (OR) for receiving wage replacement benefits each month were lower for UC+MI (OR=0.73, 95% CI 0.64-0.84), and UC+SVAI (OR 0.74, 95% CI 0.64-0.84). The probabilities of cost-effectiveness were high for adding either MI or SVAI to UC (ceiling ratio 0.90), and the net benefit for MI was €5225 (95% CI -592-10 985) and for SVAI €7214 ((95% CI 1548-12 851) per person. Conclusions: Adding MI or SVAI to UC significantly improved RTW outcomes and was cost-effective among people on sickness absence due to musculoskeletal disorders.

**Reimann LE, Binnewies C, Kruse L, Kuskes K, Thorbrugge H, Ozimek P, et al. Workplace fear of missing out in the context of working remotely versus in the office: a multimethod perspective from three studies. Journal of Occupational and Organizational Psychology. 2025; 98(4):e70058.**

<https://doi.org/10.1111/joop.70058> [open access]

Abstract: In recent years, remote work has gained significant traction. While this shift enhances employee flexibility and work-life balance, it also introduces challenges, particularly regarding social connectedness and information exchange. Due to these challenges, it may be harder when working remotely to fulfil central work-related needs, as described by self-determination theory (SDT), resulting in workplace fear of missing out (wFoMO) – the anxiety of not being up-to-date stemming from physical disconnection from the office. This article addresses the underexplored relationship between remote work and wFoMO. We present three studies employing a multimethodological approach: Study 1 offers cross-sectional insights into the relationship between remote work and wFoMO; Study 2 and Study 3 are experimental, and their results indicate that wFoMO is heightened when individuals' needs, specifically those associated with relatedness, competence, and autonomy, are unmet in a remote work environment. Additionally, Study 3 reveals that when the need for autonomy is unmet, this leads to lower employee well-being via wFoMO. Collectively, these studies illuminate the complexities of remote work, specifically conditions under which remote work may be challenging for employees. Furthermore, these studies emphasize implications of remote work for wFoMO, and consequently, employee well-being.

**Sumerlin TS, Kim JH, and Chung RY. The role of stress and perceived social support in the association between perceived discrimination and mental health among migrant domestic workers in Hong Kong. Journal of Immigrant and Minority Health. 2025; 27(5):677-686.**

<https://doi.org/10.1007/s10903-025-01694-x> [open access]

Abstract: International migrant workers often face discrimination and poor work conditions that may negatively affect their mental health. Female migrant domestic workers (MDW), who often must reside in their place of work, may face additional daily stressors and discrimination compared with other international migrant workers. To address the stresses from discrimination and other challenges faced by MDWs, use of social support networks are often encouraged to improve mental well-being. This study seeks to examine the mediating effect of stress between perceived discrimination and self-

reported mental health and the moderating role of perceived social support. An online cross-sectional survey was conducted during August 2020 - August 2021 among female MDWs in Hong Kong, China (n = 1965). In addition to assessing the association between perceived discrimination with anxiety (GAD-7) and depression (PHQ-9), a moderated mediation analysis examined the mediating role of stress and moderating role of perceived social support. Of respondents, 60.4% experienced at least occasional discrimination. Higher levels of perceived discrimination were significantly directly associated with both increased anxiety and depression ( $p < 0.05$ ). Stress significantly mediated this association. Perceived social support significantly moderated the mediation pathway but did not moderate the direct effect of perceived discrimination on mental health. Increasing social support channels may alleviate the effects of increased stress from perceived discrimination on MDWs' mental health. Policy-level campaigns to reduce discrimination against migrant workers should be considered.

**Terzi Kumandas M and Murat N. Is the information about occupational health and safety on YouTube reliable for users? *International Journal of Occupational Safety & Ergonomics*. 2025; 31(3):631-639.**

<https://doi.org/10.1080/10803548.2025.2455284>

Abstract: Companies provide employees with occupational health and safety (OHS) training through videos on YouTube. In this study, the reliability of 118 YouTube videos related to OHS was evaluated by two experts using Journal of the American Medical Association (JAMA) and global quality score (GQS) scales. Six video variables - video duration, number of subscribers, likes, views, publication time and comments - were evaluated based on video source (five groups) and type (seven groups). The correlation analysis found a positive significant relationship between all variables except publication time-number of comments. Scores according to video source and type were 1.9 out of 4 on the JAMA scale and 2.3 out of 5 on the GQS scale. These scores show that the videos are inadequate and of poor quality. There was a statistically significant difference between video durations according to video type. Moreover, video sources differ depending on the number of subscribers and comments

**Zemrani C, Vincent C, Dumont FS, Julien-Gauthier F, Caouette M, Jolicoeur E, et al. The 'work rehabilitation and adaptation profile' for adults with autism, a validated French-Canadian observation grid. *Journal of Vocational Rehabilitation*. 2025; 63(3):282-298.**

<https://doi.org/10.1177/10522263251376329> [open access]

Abstract: Background There is a critical absence of standardized assessment tools necessary for comprehensively evaluating the skills and competencies of adults with autism to establish their employability profile and support them in the development of their socio-professional skills, in pre-employment transitions services (Pre-ETS). Objective To validate the 'Work Rehabilitation and Adaptation Profile' for adults with Autism Spectrum Disorder (WRAP-ASD) by assessing its psychometric properties and confirming its suitability across multiple Pre-ETS. Method A scale development and validation method was applied across day activity center, workshops, work programs and internships (n = 41 trainees with autism, n = 19 vocational rehabilitation professionals). Work functioning was observed with WRAP-ASD for motivation, attendance, peer relationships, communication, cognitive skills, rules/safety, independence, physical demand, tool/machinery handling, productivity/quality. WRAP-ASD is an Excel-based observation grid ( $\approx 3$ -h-over-2-weeks) with 59 items using 4-point scales from 3-almost always to 0-never. Results The WRAP-ASD demonstrated strong construct and convergent validities and high internal consistency. Predictive validity identified

key items exclusive for each Pre-ETS. The WRAP-ASD was updated with 49 items, by removing 8 items, merging 4, and revising 4. Conclusion WRAP-ASD is sensitive to the different vocational needs and support requirements for Autism Levels 1–3. This is an added value over the six existing measurement tools.

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