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

***Hossain S, Nasir K, Carolli A, Gignac MAM, Van Eerd D, and Jetha A. Strategies for supporting disability-inclusive employment in the future of work. *Journal of Occupational Rehabilitation*. 2025; [epub ahead of print].**

<https://doi.org/10.1007/s10926-025-10339-7> [open access]

Abstract: Purpose: The world of work is rapidly changing and is expected to create new challenges and opportunities for young adults living with disabilities. This study aimed to identify strategies that might enhance inclusion for young people with disabilities as they navigate the future of work. **Methods:** Two survey rounds informed by a Delphi approach were completed by 125 participants that included subject matter experts and individuals with lived expertise of a disability. In the first survey, participants were asked about dimensions of the future of work that could affect the employment of young adults living with disabilities and related workplace, community-based, and policy supports that might enhance disability employment inclusion. In the second survey, participants reviewed strategies suggested to promote inclusion in the future of work and ranked them based on their potential impact in supporting the employment of young adults living with disabilities. **Results:** Six specific challenge areas in the future of work for young adults with disabilities were identified and included the impact of digital technologies, artificial intelligence (AI) in human resource decision-making, digital globalization, populism and attitudes toward workplace inclusivity, climate change, and external shocks accelerating the pace of change. Top-ranked strategies spanned workplace, social policy, and educational settings and involved delivering lifelong skill-building initiatives, enforcing minimum accessibility standards, enhancing employer disability confidence, and protecting employment rights internationally. **Conclusion:** Strategies identified in this study provide solutions to enhance employment inclusion in the future of work. Findings may be utilized by policymakers,

employers, and employment service providers as considerations in the design of employment policies and programs for young adults with disabilities that may sustain employment in a shifting work landscape.

Allan BA, Kim T, Autin K, Segura CM, and Wilkins-Yel K. Development and validation of the work precarity scale. *European Journal of Work and Organizational Psychology*. 2025; 34(6):628-641.

<https://doi.org/10.1080/1359432X.2025.2517589> [open access]

Abstract: Given the increasing insecurity and instability of work, scholars have begun studying precarious work and its outcomes. However, the literature has primarily focused on objective indicators of precarious work, with no measures comprehensively assessing its psychological corollary – work precarity, the psychological and emotional experience of uncertainty, anxiety, and powerlessness related to one's work. Therefore, drawing from the work precarity framework, the goal of the current study was to develop a multidimensional, subjective scale of work precarity across two samples of working adults. In Study 1, we developed and refined a pool of items into a final measure with nine subscales – Unpredictability, Job Threat, Technological Precarity, Reemployment Insecurity, Interpersonal Precarity, Physical Precarity, Union Backlash, Deprivation of Basic Needs, and Meaninglessness. In Study 2, we tested factor structures and found the correlational and bifactor models to best explain the data. We also established construct and incremental validity, with work precarity predicting mental health and stress beyond existing measures. Finally, we collected eight-month follow up data and found scale scores to exhibit high test-retest reliability, longitudinal measurement invariance, and predictive validity over time. Therefore, the Work Precarity Scale is a reliable and valid measure that is useful for further research in this area.

Chen Q, Wang H, Ma C, and Ru P. How professionals respond to disruptive effects of artificial intelligence on their jurisdiction: the role of interactive governance. *Social Science & Medicine*. 2025; 386:118626.

<https://doi.org/10.1016/j.socscimed.2025.118626> [open access]

Abstract: The increasing adoption of artificial intelligence (AI) in professional work has disrupted established jurisdiction, frequently eliciting defensive responses from professionals. However, limited research has systematically examined how professionals respond to such disruptions. Based on 86 interviews, 240 hours of non-participatory observation, and 20 documents collected over 47 months of fieldwork in Chinese public hospitals, this article investigates the Intelligent Prescribing Review (IPR) system - an AI tool designed to assist physicians with prescribing and dispensing - in order to analyze professionals' responses to AI disruption. The study identifies four models of interactive governance employed by professionals: intra-professional division, inter-professional coordination, professional-AI collaboration, and professional-organization consultation. These responses are shown to be shaped by the interplay of the institutional environment, organizational strain, and a relationship-oriented society. By presenting interactive governance as the central mechanism, the analysis moves beyond dichotomous narratives that depict professional responses as mere acceptance or resistance. The findings highlight an important shift in professional jurisdiction, from reliance on individual knowledge-based expertise toward interactive governance through collaborative negotiation

Cross AG, Zunnu Rain U, Makhni EC, Schnettler EN, Jayakumar P, Berry S, et al. Clinical and engagement efficacy of a virtual musculoskeletal integrated practice unit in health system employees: aggregate and comparative results from two employers. *Frontiers in Rehabilitation Sciences*. 2025; 6:1541508.

<https://doi.org/10.3389/fresc.2025.1541508> [open access]

Abstract: INTRODUCTION: Integrated Practice Units are whole-person models of care designed to deliver a comprehensive range of treatment strategies centered around a patient's preferences, values, and needs. The purpose of this study was to assess the efficacy of a virtual IPU (V-IPU) for employees of two large health systems experiencing back, neck or joint pain. Specifically, we evaluated improvements in pain interference, physical health, and user satisfaction/experience. **METHODS:** This was a prospective cohort study with a total of 167 employees from two health systems who were recruited through e-mail outreach and completed a brief health assessment, including patient reported outcome measures (PROMs) for physical, emotional, and pain health. Upon sign-up, employees began a 12-week multidisciplinary program consisting of musculoskeletal (MSK) physician telehealth treatment and oversight, supervised one-to-one physical therapy, registered dietitian counseling, health coaching, and platform to in-person specialty services when clinically appropriate. National Institutes of Health (NIH) Patient-Reported Outcomes Measurement Information System (PROMIS) scores for physical health, mental health, and pain interference were assessed at intake, 6-weeks, and 12-weeks after program initiation. Net promoter score (NPS) was measured to evaluate participant experience and satisfaction with the program. **RESULTS:** The average age was 50.56 years, and a large majority of responders were female (89.2%). There were clinically meaningful improvements for PROMIS measures of physical health, mental health and pain interference (5.6, 4.4 and 6.9 points, respectively). The Net Promoter Score was 85 for engaged individuals. Additionally, the V-IPU was successful in connecting employees to additional surgical-avoiding services offered by the employer and which complemented the digital participation of the V-IPU. **CONCLUSION:** The V-IPU improves health outcomes and care coordination for health system employees. These findings support the use of virtual multidisciplinary models to enhance access and outcomes in employer-based health initiatives

Donati S, Toscano F, and Zappala S. Advantage of remote workstation and job performance: the impact of worktime autonomy and remote work intensity. *Ergonomics*. 2025; 68(11):1829-1843.

<https://doi.org/10.1080/00140139.2024.2439914>

Abstract: Grounded on the Affective Event Theory and the Quality of Telework Model, this cross-sectional study examined the impact of perceived advantage of remote workstation on remote work performance and if this relationship is mediated through remote work intensity and moderated by worktime autonomy. The perceived advantage of remote workstation was operationalised as the arithmetical difference between perceived home office and in-site office workstation quality. A sample of 349 Italian researchers involved in hybrid work arrangements completed an online questionnaire. Results show that employees who preferred their home office than in-office workplace tended to perform better remotely; the mediating effect of remote work intensity was not observed; finally, worktime autonomy positively moderated the relationship between perceived advantage of remote workstation and remote work intensity. This study offers theoretical and practical insights for

designing effective hybrid workplaces, emphasising the importance of workstation quality and worktime autonomy in determining remote work performance

Fang J, Goodman MS, Wizentier MM, Cuevas AG, and Bather JR. Three underused statistical methods in social epidemiology: multiple informant models, fractional regression, and restricted mean survival time. *American Journal of Epidemiology*. 2025; 194(11):3140-3147.

<https://doi.org/10.1093/aje/kwae480>

Abstract: We recommend 3 well-established yet underused statistical methods in social epidemiology: multiple informant models, the fractional regression model, and the restricted mean survival time. Multiple informant models improve how we identify critical windows of exposure over time. The fractional regression model addresses the inadequacies of ordinary least squares and logistic regression when dealing with fractional outcomes that are naturally proportions or rates, thereby accommodating data at the boundaries of the unit interval without requiring transformations. The restricted mean survival time offers a robust alternative to the hazard ratio in the presence of nonproportional hazards, providing an interpretable summary of treatment effects over time that is not dependent on the proportional hazards assumption. We illustrate the utility of each method using simulated case examples. These methodologies enrich the analytical toolbox of social epidemiologists, offering refined approaches to unraveling the complexities of social determinants of health inequities. This article is part of a Special Collection on Methods in Social Epidemiology

Graversen BK, Hansen KS, Rugulies R, Sorensen JK, and Larsen AD. Economic gains from hypothetical improvements in the psychosocial work environment: a cohort study of 71 207 workers in Denmark. *Scandinavian Journal of Work, Environment & Health*. 2025; 51(6):472-482.

<https://doi.org/10.5271/sjweh.4244> [open access]

Abstract: Objectives: There is increasing interest in the economic effects of improving working conditions, however, evidence is sparse. This study aims to estimate the economic effects of hypothetical improvements in the psychosocial work environment (PSWE) experienced by Danish workers. Methods: We included 71 207 workers, reporting information on their psychosocial working conditions in the "Work Environment and Health in Denmark" survey and linked these workers to population-based register data. We used the parametric g-formula method to estimate the economic effects of hypothetical improvements of the general PSWE, in terms of costs related to sickness absence and healthcare use. We further examined which PSWE factors contributed most to the economic effects. Results: A hypothetical improvement of the PSWE - from the least to the most desirable situation - resulted in an annual gain of €1685 [95% confidence interval (CI) €1234-2135] per worker. When analyzing an improvement from the observed to the most desirable situation, the gain became weaker (€305, 95% CI €134-476). Gains were largely driven by reductions in sickness absence and were larger for women than men and for public sector workers than private sector workers. The PSWE factors with the largest contribution were eliminations of threats of violence and improvements in quality of leadership and social support from colleagues (least to most desirable) and improvements in social support from colleagues, influence at work and quality of leadership (observed to most desirable), respectively. Conclusions: Hypothetical improvements in the PSWE resulted in substantial economic gains, mostly driven by savings related to sickness absence.

Hannerz H, Andersen MF, Nielsen MBD, Aust B, Hansen JV, Bjorner JB, et al. Long-term follow-up of participants with mental ill health in the Danish return-to-work program: a secondary analysis of a controlled trial. *Work*. 2025; 82(2):440-453.

<https://doi.org/10.1177/10519815251344932> [open access]

Abstract: Background The Danish return-to-work (RTW) program was a coordinated, tailored and multidisciplinary intervention aimed at improving sickness benefit management at municipal jobs and benefits offices in Denmark. Objective To estimate long-term effects of the Danish RTW program for participants with mental ill health. Methods The study population consisted of 8655 20-54 year-old citizens in 21 Danish municipalities who were sick-listed due to self-reported mental health problems (anxiety (4%), depression (47%), stress/ burnout (37%), or other (12%)) in 2010-2012. Of these, 5252 received the intervention while 3403 (the control group) received ordinary case management. Multinomial logistic regression was used to estimate odds ratios (intervention vs. control) for health and non-health related welfare dependency at a 1, 3 and 5-year follow-up in national registers. Results We did not find effects on the odds of receiving health related welfare benefits at 1 (OR = 0.90, 99% CI: 0.78-1.05), 3 (1.00, 0.85-1.17) and 5 years (0.98, 0.85-1.14). We did also not find effects on the odds of receiving non-health related welfare benefits at 1 (1.11, 0.95-1.29) and 3 years (0.94, 0.81-1.09), but found an effect at the 5-year follow-up OR = 0.81 (0.69-0.96). Conclusion For persons with mental ill health at baseline, a structured RTW program reduced the risk of unemployment at 5-year follow-up, suggesting an impact on a process that can only be measured after several years. The intervention did not have long-term effects on the odds of receiving health related welfare benefits

Llamas Blazquez P. Predicting workplace absenteeism using machine learning: a pilot study in occupational health. *Journal of Occupational Medicine and Toxicology*. 2025; 20(1):38.

<https://doi.org/10.1186/s12995-025-00482-5> [open access]

Abstract: Background: Workplace absenteeism represents a significant challenge for organizations and occupational health practitioners, with substantial implications for productivity, healthcare costs, and employee well-being. Traditional approaches to absenteeism management remain largely reactive, highlighting the need for predictive models that enable proactive interventions. Objective: To develop and validate machine learning models for predicting workplace absenteeism patterns and identifying risk factors associated with prolonged absence in a pilot study framework, thereby demonstrating feasibility for evidence-based occupational health interventions. Methods: This pilot study employed machine learning algorithms on a publicly available workplace absenteeism dataset from a Brazilian company (2007-2010) obtained from the UCI Machine Learning Repository. The dataset comprised 740 instances with 19 variables including demographic characteristics, clinical indicators (BMI, ICD-10 coded absence reasons), and occupational factors. Random Forest and Gradient Boosting algorithms were implemented for both classification of prolonged absences and regression of absence duration. Statistical outliers (> 30 h, 3.8% of cases) were excluded to focus on typical absence patterns. Results: The developed models demonstrated feasibility for workplace absenteeism prediction within this pilot framework. The Random Forest classification model achieved 84% accuracy (AUC = 0.89) for distinguishing between typical and prolonged absences. For duration prediction of typical absences (<= 30 h), the Random Forest regression model yielded $R^2 = 0.13$, RMSE = 3.93 h, and MAE = 2.37 h. Key predictors included absence reason (ICD-10 classification), body mass index, and workload metrics, with notable interactions between workload intensity and specific absence categories. Conclusions: This pilot study demonstrates the feasibility of machine learning

approaches for occupational health management by enabling identification of employees at risk for prolonged absenteeism. While showing promise for supporting personalized health interventions and resource allocation, implementation requires external validation across multiple organizations and careful consideration of ethical implications regarding employee privacy and algorithmic fairness.

Hennum Nilsson K, Bodin T, Strauss P, Matilla-Santander N, Badarin K, Brulin E, et al. Algorithmic management is associated with psychological distress, musculoskeletal pain, and occupational accidents: a cross-sectional study in logistics. *International Archives of Occupational & Environmental Health*. 2025; 98(9-10):929-942.

<https://doi.org/10.1007/s00420-025-02180-5> [open access]

Abstract: Objective: Algorithmic Management (AM) is increasingly shaping work environments across various sectors, influencing how tasks are assigned and monitored. While concerns have been raised regarding its potential impact on worker health, empirical evidence remains limited. This study examines the association between level of AM exposure and adverse health outcomes among logistics workers. Methods: This cross-sectional study used an online survey, targeting logistics workers in Sweden. AM exposure was measured using an 11-item scale capturing aspects such as task allocation, surveillance, and performance monitoring. Health outcomes included psychological distress, musculoskeletal pain, headaches, sleep disturbances, and occupational accidents. Results: Higher AM exposure was associated with increased prevalence of psychological distress (PR 2.12, 95% CI 1.49-3.02), occupational accidents (PR 1.92, 95% CI 1.22-3.01), headaches (PR 1.68, 95%CI 1.09-2.58), and musculoskeletal pain (PR 1.54, 95% CI 1.23-1.92). Stratified analyses revealed stronger associations for drivers, particularly regarding psychological distress, headaches, and sleep disturbances, while warehouse workers exhibited less consistent patterns. Conclusions: These findings highlight AM as a potential occupational health hazard, particularly when involving high levels of automated oversight and direction. While AM can enhance efficiency, its impact on worker well-being and public health warrants further attention and potentially mitigation strategies to inform policies that balance technological advancements with worker health protection.

Rooker S, Willems SJ, Franken N, Heymans MW, Coppieters MW, Stenneberg MS, et al. Timelines and associated factors for return-to-work of patients with painful lumbar radiculopathy who undergo lumbar microdiscectomy followed by physiotherapy: a prospective cohort study. *Spine*. 2025; 50(23):1673-1681.

<https://doi.org/10.1097/BRS.0000000000005443> [open access]

Abstract: STUDY DESIGN: Prospective cohort study with a 52 weeks follow-up. OBJECTIVE: Medical absenteeism in patients with painful lumbar radiculopathy undergoing lumbar microdiscectomy followed by physiotherapy is associated with high socioeconomic costs. We lack good quality information about the time to return-to-work and the factors associated with returning-to-work in this patient group. The objective of this study is to describe the probability of return-to-work and explore associations between routinely collected preoperative factors and return-to-work for patients with painful lumbar radiculopathy undergoing lumbar microdiscectomy and postoperative physiotherapy. MATERIALS AND METHODS: We included 257 patients with clinical signs and symptoms of painful lumbar radiculopathy in whom nerve root compression was confirmed by magnetic resonance imaging, and who underwent microdiscectomy and postoperative physiotherapy. Time to return-to-work was evaluated using Kaplan-Meier survival analysis. The association between

independent factors and return-to-work was examined through Cox regression analysis. RESULTS: Full resumption of their original paid job (i.e. same role with the same physical demands and responsibilities) occurred in 178 (69.3%) of participants by 52 weeks. In these patients, the median (IQR) return-to-work time was 16 weeks (14-16), with 85.0% of patients resuming work within 26 weeks. Higher education (HR=1.82), self-employment (HR=1.84), and the absence of predominant physical work (HR=1.61) were significantly associated with a faster return-to-work, while higher disability scores negatively impacted return-to-work time (HR=0.56). CONCLUSION: At 52 weeks following lumbar microdiscectomy and postoperative physiotherapy for painful lumbar radiculopathy, approximately two-thirds of individuals returned to work in their original roles, while some transitioned to different roles. Work-related and personal factors play a key role in determining the timing of this return. Recognizing these predictors in clinical practice can help surgeons, physiotherapists, and occupational health professionals guide patient expectations, provide more individualized workplace counselling, and support realistic, timely, and sustainable work reintegration

Szer I, Lipecki T, and Szer J. The impact of work intensity on scaffolding workers' safety. *Safety Science*. 2026; 193:107013.

<https://doi.org/10.1016/j.ssci.2025.107013> [open access]

Abstract: This paper evaluates strain of worker's organism when working on scaffolds. Heart rate (HR) was measured for 167 people working on 86 scaffolds. The relationships between HR and scaffold characteristics, worker parameters, age, climate, and thermal indices (WBGT, UTCI, PET, and SET*) were examined. Distance covered and vertical movement on scaffolding caused HR increase. Higher worker weight and age led to HR increase and decrease, respectively. Scaffolding dimensions did not influence HR. Workers aged 50+ worked longer at HR approaching HRmax. HR trends depended on the type and value of thermal index. At cool thermal sensations (UTCI, SET*), HR slightly increased with indices values, and the highest ratio of time with high HR (80–100 % HRmax) appeared. At extreme hot (WBGT) and very hot (UTCI, PET) thermal sensations, HR increased with indices values, while there was a lower ratio of time with high HR. The lowest HR occurred in around-comfort conditions.

Tetzlaff EJ, Oddson BE, Janetos KT, Meade RD, and Kenny GP. Developing and refining a knowledge assessment instrument for individuals involved in managing occupational heat stress: paper A. *American Journal of Industrial Medicine*. 2025; 68(12):1062-1076.

<https://doi.org/10.1002/ajim.70024> [open access]

Abstract: Introduction: Occupational heat stress poses a critical threat to workers' health, safety, and productivity. To effectively manage this hazard, occupational health and safety (OHS) representatives must comprehensively understand heat stress, heat-associated injury and disease outcomes, and heat mitigation measures to protect workers. We developed the Human and Environmental Physiology Research Unit-Occupational Heat Stress Knowledge Assessment Test (HEPRU-OHSKAT) as an initial step toward facilitating research in this area. Method: The HEPRU-OHSKAT was developed using a mixed-methods approach. Preliminary items were developed after reviewing the academic and gray literature. A standardized content validity assessment was conducted with heat stress and OHS experts (n = 9); a trial distribution to refine and test feasibility was performed with an internal pilot group (n = 18). The instrument was then distributed to individuals involved with OHS (n = 216) and members of the general working population (n = 101) in Ontario, Canada (n = 317). Item analysis and

item response theory modelling were used to refine the scale and scope of the instrument. Results: Thirty-two items were developed for the preliminary instrument. Following expert consultation, a review of content validity, and the internal pilot, 31 items were retained in four subscales: General Heat Stress Knowledge (n = 8), Recognizing the Signs and Symptoms of Heat Stress and First Aid (n = 7), Exposure Limits and Heat Monitoring Practices (n= 13), and Workplace Controls for Heat (n = 3). Following item selection, the broader instrument was reduced to 20 items grouped into one scale. Conclusions: The HEPRU-OHSKAT is the first instrument to assess knowledge of heat stress among those responsible for OHS. The instrument showed good reliability and internal consistency across knowledge categories. Practical applications: The instrument can help OHS representatives better evaluate knowledge of, and manage training about, heat stress.

Tetzlaff EJ, Oddson BE, Janetos KT, Meade RD, and Kenny GP. An evaluation of health and safety personnel and workers' occupational heat stress knowledge in Ontario: paper B. American Journal of Industrial Medicine. 2025; 68(12):1077-1087.

<https://doi.org/10.1002/ajim.70025> [open access]

Abstract: Introduction: With the frequency and intensity of extreme heat events rising, occupational health and safety (OHS) personnel must be well-informed about heat management solutions. Consequently, assessing the knowledge level and technical expertise of OHS personnel is essential for equipping workplaces to operate safely in hotter conditions. Methods: The Human and Environmental Physiology Research Unit-Occupational Heat Stress Knowledge Assessment Test (HEPRU-OHSKAT) was distributed among OHS personnel and the general working population (GWP) (> 18 years) throughout Ontario, Canada, to assess their current knowledge regarding managing occupational heat stress. The instrument included 31 items grouped into four core competency areas including: (A) General Heat Stress Knowledge (items (q): 8, max score (ms): 13), (B) Knowing the Signs and Symptoms of Heat Stress and First Aid (q: 7, ms: 32), (C) Exposure Limits and Heat Monitoring Practices (q: 13, ms: 40), and (D) Workplace Controls for Heat (q: 3, ms: 15). The number of respondents and the percentage of the total sample were calculated based on individual response rates to each question. Results: A total of 317 respondents (female: 110, median age: 42 years, range: 18-74) from 17 industries (OHS: 68% vs. GWP: 32%) completed the HEPRU-OHSKAT. The average total knowledge score for all respondents was $54 \pm 22\%$ ($56 \pm 22\%$ vs. $48 \pm 21\%$), with no respondents exceeding 90% overall and scores on individual knowledge categories varying substantially. Conclusions: The HEPRU-OHSKAT identified knowledge gaps among OHS personnel in Ontario's workplaces, particularly for knowledge of control measures for reducing or preventing exposure to heat stress. Practical applications: Training and education are necessary across all HEPRU-OHSKAT knowledge categories to enhance heat stress management and minimize the OHS hazards associated with working in the heat.

Wijntjens GWM, Dehghani A, Motazed E, Franklin S, Maas JJJ, Galenkamp H, et al. The association between irregular working hours and cardiovascular diseases in a multi-ethnic population: the HELIUS study. Occupational Medicine. 2025; 75(7):442-450.

<https://doi.org/10.1093/occmed/kqaf069> [open access]

Abstract: BACKGROUND: Irregular working hours are a risk factor for cardiovascular diseases (CVD). AIMS: We studied ethnic disparities in the association between irregular working hours and CVD, as well as the mediating stress-related pathways. METHODS: Logistic regression was used to study the cross-sectional association between (a history of) irregular working hours and prevalent CVD (self-

reported myocardial infarction, dotter/bypass operation or stroke) in 18 284 participants (18-71 years) in a population of Dutch, South-Asian Surinamese, African Surinamese, Ghanaian, Turkish and Moroccan origin from the HELIUS study. We considered three mediator models adjusting for behavioural, physiological and psychosocial stress. We tested for interaction between irregular working hours and ethnicity and stratified the analysis by ethnicity. RESULTS: The prevalence of CVD was 18% (717 out of 4041) and 14% (1963 out of 14 243) in individuals with versus without irregular working hours. Working irregular hours was associated with prevalent CVD (OR 1.27, 95% CI 1.15-1.40) after adjusting for sociodemographic confounders. There was a significant interaction between ethnicity and irregular working hours on CVD. Strongest associations with prevalent CVD were found for South-Asian Surinamese (OR 1.47, 95% CI 1.18-1.82), African Surinamese (OR 1.29, 95% CI 1.06-1.57) and Moroccans (OR 1.43, 95% CI 1.11-1.84). There were considerable ethnic differences in the mediating stress-related pathways that associate irregular working hours with prevalent CVD. CONCLUSIONS: Working irregular hours is associated with an increased prevalence of CVD in a multi-ethnic population. We show ethnic disparities in the associations between irregular working hours and CVD, as well as in the stress-related pathways that mediate these associations

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